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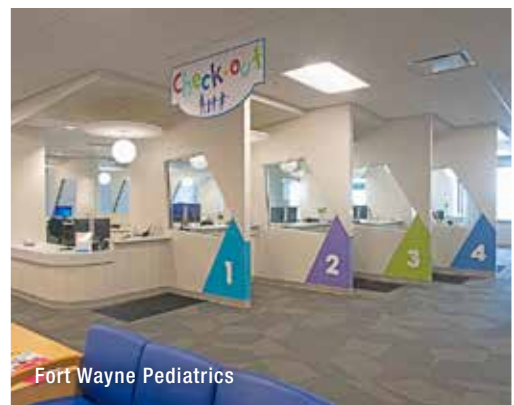


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Editorials are welcome and members are encouraged to respond to an opinion that might be different from their own.

References from articles will be included, if space allows. When not included, references can be obtained through the editor.



Over the last decade, the profession of medicine has seen a dramatic transformation in landscape from a structure that was once comprised of mostly boutique independent groups of professionals dedicated to the purity of the patient physician relationship, to

a model of large corporate structure inherent with conflicting goals between providers, facilities, and payers. In 2012, 60% of practices in the US were physician-owned, 23.4% of practices had some hospital ownership, and only 5.6% of physicians were direct hospital employees. After a spike in acquisitions of physician practices over the decade, and partially in response to a pandemic still appearing to show downstream effects, the percentage of physicians employed by hospitals or health systems reached 52.1% and 21.8% by other corporate entities in 2022, for a total of an estimated 74% of practicing physicians now in some form of an employment model.

While there are several reasons for this reshaping of the healthcare panorama, and many of the motivations do portray a desire to improve healthcare through more coordination of care, and the sharing of medical data through innovation in information technology, these efforts are proving to still require significant progress from a managerial standpoint. Often the many complex layers of these large corporate entities impede this progression, and the fruits of consolidation are proving difficult to produce.

Unfortunately, many of the motivations for this transformation involve aggressive strategic enterprise to pursue market share, control, and sheer size. These goals often contrast with that of the providers working under the layers of a corporate veil. While historically, physician interest was somewhat protected under a system of medical staff by-laws, the control and significance of this structure has largely degraded over time.

To further potentiate this problem in the future is the fact that graduate medical education has somehow taken a path to fully ignore the business of medicine, and

largely does not educate on the basics of finance, health-care law, political healthcare reform, or the importance of an independent medical staff. This has led to a new breed of physicians, who when unleashed into the current complex world of health care, are ready to simply punch a clock and may not ever consider a path of independence, which would in turn require educating themselves on the business of medicine. This will inevitably lead to a continued decline in the entrepreneurial efforts of incoming physicians, as well as feed their ambivalence in the slow deterioration of their autonomy.

Unionization is not the answer, and only seeks to further declare physician professionals as employed contractors under a larger corporate structure. Rather, as physicians we must seek to actively strengthen our professional societies and help focus their representation of the discretion of physicians in their delivery of care. It is through our professional societies that we as physicians can seek to maintain our identity as independent professionals with the notable desire to preserve the patient physician bond that is ever so critical in our delivery of compassionate expert care to our patients. The Fort Wayne Medical Society is clear in its mission, and it is now more than ever that a robust, and participatory membership is needed.

The leaders are out there, they are amongst us. However, most of them consume themselves with the singular effort of caring for their patients with a unique heartfelt discretion. In a professional field that is ever growing more complex at an exponential rate, with new obstacles to our delivery of top-level care to our patients appearing at a rapid pace, those leaders don't seem to have the time or the platform to engage in the ever important role of sustaining the autonomy, respect, and discretion to the profession of medicine.



**Fort Wayne
Medical Society**

DIRECTOR TO DIRECTOR

Joel Harmeyer, Executive Director and Dianne May, President & CEO, Cancer Services of Northeast Indiana



Dianne May has served as CEO and President of Cancer Services for nearly 20 years.

1. How do you describe Cancer Services to someone unfamiliar with the organization?

Cancer Services is the community's response to the needs of people with cancer. We are caring professionals who walk alongside a family and provide the non-medical resources that everyone needs when they experience a diagnosis of cancer.

Individuals and their families can access practical help, emotional support, and wellness activities. The organization offers a broad array of services to anyone with cancer who lives in the 11 counties of northeast Indiana including, Allen, Adams, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, or Whitley County.

Our programs include mental health counseling, peer support, help with medical co-pays, equipment loans, nutrition supplies and consults, wigs, transportation assistance and wellness activities like massage, and exercise. All services are offered at no or low cost and available to anyone living in northeast Indiana. Appointments are not required, and we connect with clients in person, by phone, or on Zoom based on their personal preference and comfort.

Referrals aren't required and I encourage physicians to talk with every patient who has a diagnosis of cancer about Cancer Services. It doesn't matter where a person receives cancer treatment, Cancer Services partners with all healthcare providers and is ready to help anyone in the 11-county area who has been diagnosed with cancer. Few people will need ALL the programs that Cancer Services offers, but there is something here for everyone.

2. What is the history of Cancer Services?

Cancer Services was founded in 1944 as the Allen County Cancer Society. Originally a local chapter of the American Cancer Society, the organization became independent in the 1950's in order to focus on the local community and provide direct help and support to people with cancer.

A major grant from the Robert Wood Johnson Foundation in 2002 supported the launch of the Client Advocate Program and allowed the organization to more robustly care for clients by hiring professional social workers and counselors.

In 2006, the board responded to requests from the medical community and others to expand and serve residents in all 11 counties of northeast Indiana. Last year, 4,420 individuals with cancer received help and attended programs at Cancer Services of Northeast Indiana.



Cancer Services is proud of our on-site warehouse which is well-stocked with healthcare supplies, nutritional supplement drink, and durable medical equipment.



Ribbon Walk is the largest fundraiser of the year for Cancer Services. We have a goal to raise \$120,000 at the 2023 Ribbon Walk on May 6.

As an independent nonprofit, the organization is entirely supported by charitable gifts from donors, foundations, corporations, and fundraising events.

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3. *What is a typical workday like for you?*

My focus is on the big picture – taking care of the people and taking care of the mission. I spend a lot of time meeting with individuals: donors, funders, physicians, community partners, and staff. Cancer Services is fortunate to have a highly engaged board of directors who are always looking for new and better ways to help families. We also have an amazing staff of people committed to excellence in whatever role they serve.

I work hard to hear what each of these people have to say and see how that fits with our mission and the organization’s strategic plan. In many ways Cancer Services is a very nimble organization and ideas or improvements can be readily implemented. Other times, a program concept needs to simmer so we can find the right staff or partner to bring it to reality. I’m fortunate to have Dr David Trenkner in a key role as Physician Liaison to share his insight. So, for me it’s about keeping my eye on the day-to-day happenings while always looking for the right time to make a change that will strengthen the programs and the organization’s sustainability.

I do have a special role that gives me great joy and satisfaction. Last year, 228 women received wigs through Cancer Services and my office is directly across from the wig room. Women are often nervous the first time they come to try on wigs. They bring a friend or sister or daughter with them. When they see the variety and possibilities the mood lightens. They try some on and they begin to laugh and play. It’s my job, when the door opens, to smile, give them a thumbs up, and tell them they look wonderful. And they do, because now they feel a little stronger and more ready to face the journey before them.

Experiences like this inspire us all to keep the mission growing and strong.



Chelsa's Place is one of the wig salons at Cancer Services. People who lose their hair can borrow two wigs at a time for as long as they need.



A Cancer Services client receives a relaxation massage. On-staff massage therapists are trained in oncology massage which is suitable for people with cancer.

4. *How do you strike a work/life balance?*

When you see people every day who aren't sure about their future, it really helps you keep things in balance. While my days can be jam-packed with meetings, writing, planning, and various administrative tasks, I do generally, keep it all within the workday. If a project requires extra time, I'm inclined to stay late at the office because I try to reserve home for family. I believe play is as important as work so, my husband and I enjoy traveling and I like to stretch my creativity muscle by making modern, no-rules quilts.

5. *What is the biggest challenge your organization faces?*

Being independent and client-focused doesn't happen by accident. Maintaining those values are possible because the organization is supported by charitable gifts and not more restrictive state and federal funds. So that means every year our staff and volunteers have to raise more than \$2M to underwrite the programs and services that people with cancer and their families need.

It's a big challenge but the payoff is worth it for our community.

6. *How can our members help?*

Encourage people to seek their own wellness wherever their health journey takes them. Refer patients, cancer survivors and family members to Cancer Services of Northeast Indiana. Assure them that the organization will follow their lead and connect them with resources to make the cancer experience a little easier.

Make a financial contribution. Seventy-nine years ago, local physicians and community leaders saw the need for social services that complement excellent medical care. They understood that the whole family is impacted by a cancer diagnosis, and they found the best way to help was by supporting Cancer Services.

Please help sustain that vision and mission through your charitable giving.



Yoga is a popular movement class at Cancer Services.

7. *What is one thing you'd like our physician members to consider when dealing with issues your organization faces?*

People are more than their diagnosis. When a family experiences a health crisis there are many needs beyond medical care. Recognizing that and connecting people to caring professionals at Cancer Services gives them a variety of expertise for their non-medical needs.

Organizations like ours offer a community of support that is friendly, accessible and empowering. The connections that our clients form with each other, with advocates, volunteers, and staff, feed their spirit and instill courage for the whole family. Show your patients that you understand that they are more than their diagnosis.



Doctors know best the emotional and financial toll of cancer on their patients.

Cancer Services of Northeast Indiana can help.

- Healthcare supplies, nutritional drink, and durable medical equipment
- Advance care planning
- Exercise classes, support groups, and more
- Financial assistance
- Oncology massage
- Transportation to cancer treatments
- Low cost mental health counseling

Encourage your patients to contact Cancer Services.



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We are proud to be an independent nonprofit serving our local community.

ChatGPT: Creating a New Challenge for Patient-Physician Trust?

Michelle M. Fleig-Palmer, Ph.D., Associate Professor & Director, Master of Healthcare Administration Program, College of Health Sciences, University of Saint Francis, Fort Wayne

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Despite an open letter on March 29 from Elon Musk, CEO of SpaceX, Steve Wozniak, co-founder of Apple, and other technology leaders seeking a six-month moratorium on new iterations of artificial general intelligence (AGI) systems such as ChatGPT¹, it appears that leaders responsible for AGI systems are forging ahead with new versions demonstrating enhanced capabilities². This area is moving fast with breakthroughs on a daily basis and widespread implications for healthcare practice and delivery.

AGI systems such as ChatGPT train on vast quantities of data to detect language patterns^{3,4}. These systems' deep learning algorithms respond to nonstandardized queries or prompts by predicting what word or phrase comes next in a sequence of text. Learning occurs through dialogic interactions with humans whose feedback in response to conversational prompts assists in the AGI machine learning⁴.

ChatGPT was created by OpenAI, which began as a nonprofit, but created a for-profit division in 2019 to secure more capital funding including \$1 billion from Microsoft Corp⁵. This year, Microsoft announced an additional investment of multiple billions in OpenAI.

In the four months since ChatGPT was released to the general public on November 30, 2022, there have been numerous articles about the impact of this technology on the practice and delivery of healthcare⁶. For example, ChatGPT's performance of higher than 60% on the National Board of Medical Examiners (NBME) free 120 question exam suggests that it achieved a passing rate equivalent to a third-year medical student and that there is potential for its use in medical education⁴. ChatGPT

is also being touted as a tool for improving patient outcomes by providing physicians with a summary of data, e.g., medications and lab results, from patients' medical records and the opportunity for enhanced personalized medicine^{6,3}.

In the area of patient education, a study examining ChatGPT's responses to common questions about diabetes self-management and education revealed both benefits and risks⁷. Benefits included the fact that responses used lay language for medical terms and were generally accurate in advice provided about basic diabetes care. Safety risks with Chat GPT were noted such as not distinguishing between storage of regular insulin and insulin analog pens, and not recognizing a need for flexible diet plans.

While physicians' medical education and training equips them to accurately evaluate the output from AGI systems such as ChatGPT, patients seeking medical information from these sources are more vulnerable to not recognizing inaccuracies in responses. Dr. Tamayo-Sarver, an ER doctor, entered anonymized detailed medical summaries for about 40 patients into ChatGPT to test its ability to identify differential diagnoses⁸. He expressed a concern with ChatGPT's 50% pass rate and suggested that it is accurate only when provided perfect information and classic patient cases. For example, one patient case involved a 21-year-old female patient presenting with acute abdominal pain in the right lower quadrant. ChatGPT's differential diagnosis options included appendicitis or ovarian cyst, but no consideration of ectopic pregnancy – the accurate diagnosis. If this patient relied on ChatGPT to self-diagnosis, Dr. Tamayo-Sarver states that the chatbot's response could have been a death sentence.

These examples provide insight into how AGI systems will transform the practice and delivery of healthcare;

however, less attention has been given to how AGI systems such as Chat GPT will transform the relationship between physicians and patients, for better or for worse.

Medical information, formerly the purview of the physician, is easily accessed by patients through Internet searches and now AGI systems^{9,10}. Patients' use of these technologies, especially chatbots such as ChatGPT, challenges the shared decision making (SDM) model that assumes physicians are the experts in medical knowledge^{11,12}. There is a desire among patients for medical information, especially those suffering from life-threatening diseases¹³. Because ChatGPT responses sound authoritative and are presented in lay language, they inspire a false confidence in the medical information provided even if such information is inaccurate⁷. Based on such information, patients may assume that they have accurate medical knowledge and may not simply request, but insist on inappropriate diagnoses and/or treatment¹¹. Such behavior could threaten the trust in the relationship between the physician and patient.

“Trust lies at the heart of the physician-patient relationship.”¹⁴ In the past, patients' vulnerability resided in part on their dependence on physicians' expertise and specialized knowledge. Recent technological advances, especially ChatGPT¹¹, along with the recognition that patients need information to participate in SDM¹³, suggests that trust building in physician-patient relationships requires a new perspective. A consideration of the trustworthiness factors that act as determinants of trust offers guidance for physicians in building trust with patients in this new era of AGI systems such as ChatGPT.

Research points to several factors of trustworthiness that influence a patient's willingness to trust a physician^{15,16}. The first trustworthiness factor is ability, which is defined as a patient's belief that a physician's knowledge in a specific area, e.g., family practice or gastroenterology, results in accurate diagnosis and treatment.

Integrity, as the second factor, is defined as the patient's perception that a physician's values are congruent with the patient's. For example, if a patient values eye contact and attentive listening, then a physician who exhibits these behaviors would be seen as more trustworthy.

As the third trustworthiness factor, benevolence is defined as the patient's belief that the physician will do

something for the patient without expecting anything in return. An oncologist sharing a personal cell phone number with a terminally ill cancer patient, for example, may do so without thought of remuneration.

Considering these three trustworthiness factors in light of chatbots such as ChatGPT suggests that a reconsideration of how physicians demonstrate their trustworthiness may be useful. Beginning with ability, physicians have used their credentials and medical knowledge to demonstrate their expertise in effective management of patients' medical conditions. With the advent of chatbots such as ChatGPT, physicians' ability to effectively mentor patients in the appropriate use of this technology also becomes important¹⁷. Physicians may need to move beyond demonstrating “what” they know to assisting patients to improve their health literacy by coaching them on “how” to access medical information in order for patients to evaluate physicians higher on trustworthiness¹⁷.

The second trustworthiness factor, integrity, is influenced by an alignment of patient and physician values. Research with diabetes patients indicates that physicians and patients concur on the importance of patient education¹⁸, yet physicians may be frustrated when patients' research using ChatGpt, for example, results in a false confidence in inaccurate information. In cases such as this, it may be helpful for physicians to protect the patient's self-esteem by trusting the patient and first acknowledging the patient's desire to better understand medical information is congruent with the physician's goal for the patient to be better educated^{17,19} before addressing the quality of the information. Patients who feel physicians respect them and their efforts to educate themselves are more likely to see physicians as more trustworthy¹⁷.

As benevolence is focused on the welfare of patients through sincere efforts to ease their suffering²⁰, a physician may demonstrate benevolence through active listening and attending to details including clinical, familial, and psychosocial^{16,17}. Especially in cases where the assessment of symptoms such as pain and fatigue is challenging, a physician's behaviors demonstrating caring through validating patients' importance in the relationship could foster greater trust in the physician¹⁹.

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Trust is important because physicians who have built a strong, trusting relationship with their patients observe improved patient outcomes including better adherence to medication regimens and follow-up care plans as well as higher patient satisfaction²¹. The introduction of ChatGPT and other AGI systems offer benefits and risks to the practice and delivery of healthcare by influenc-

ing the trust in the physician-patient relationship. Reflecting on the role of the trustworthiness factors of ability, integrity, and benevolence when partnering with patients seeking medical information will assist physicians in building a strong foundation of trust with their patients.

References:

1. Bengio, Y., Russell, S., Musk, E., Wozniak, S., et al. (2023, March 29). Pause Giant AI Experiments: An Open Letter. Future of Life Institute. <https://futureoflife.org/open-letter/pause-giant-ai-experiments/>
2. Jin, B., & Hagey, K. (2023, March 31). The Contradictions of Sam Altman, AI Crusader: The CEO behind ChatGPT navigates the line between developing artificial intelligence on the cutting edge and pushing technology to dystopia. Wall Street Journal. https://www.wsj.com/articles/chatgpt-sam-altman-artificial-intelligence-openai-b0e1c8c9?mod=hp_lead_pos7
3. Plumpre, B. (2023, February 2). ChatGPT: Health care’s next big thing? Medical Economics. <https://www.medicaleconomics.com/view/chatgpt-health-care-s-next-big-thing->
4. Gilson, A., Safraneck, C. W., Huang, T., Socrates, V., Chi, L., Taylor, R. A., & Chartash, D. (2023). How does CHATGPT perform on the United States Medical Licensing Examination? the implications of large language models for medical education and knowledge assessment. JMIR Medical Education, 9(1), <https://mededu.jmir.org/2023/1/e45312/>
5. Jin, B., & Kruppa, M. (2023, January 23). Microsoft to Deepen OpenAI Partnership, Invest Billions in ChatGPT Creator: Software giant to expand use of artificial intelligence in its products. Wall Street Journal. https://www.wsj.com/articles/microsoft-says-it-plans-multibillion-dollar-investment-in-openai-11674483180?mod=article_inline
6. Sallam, M. (2023, March). ChatGPT Utility in Health Care Education, Research, and Practice: Systematic Review on the Promising Perspectives and Valid Concerns. Healthcare, 11(6), 887. <https://doi.org/10.3390/healthcare11060887>.
7. Sng, G. G. R., Tung, J. Y. M., Lim, D. Y. Z., & Bee, Y. M. (2023, March 15). Potential and Pitfalls of ChatGPT and Natural-Language Artificial Intelligence Models for Diabetes Education. Diabetes Care. <https://diabetesjournals.org/care/article/doi/10.2337/dc23-0197/148587/Potential-and-Pitfalls-of-ChatGPT-and-Natural>
8. Tamayo-Sarver, J. (2023, March 13). I’m an ER doctor: Here’s what I found when I asked ChatGPT to diagnose my patients: ChatGPT recently passed the U.S. Medical Licensing Exam, but using it for a real-world medical diagnosis would quickly turn deadly. Fast Company: Future of Health. <https://www.fastcompany.com/90863983/chatgpt-medical-diagnosis-emergency-room>
9. Weintraub, K. (2023, February 26). ChatGPT is poised to upend medical information. For better and worse. USA Today. <https://www.usatoday.com/story/news/health/2023/02/26/chatgpt-medical-care-doctors/11253952002/>
10. Chandra, S., Mohammadnezhad, M., & Ward, P. (2018). Trust and communication in a doctor-patient relationship: A literature review. Journal of Healthcare Communication, 3(3), 36. https://www.researchgate.net/profile/Masoud-Mohammadnezhad/publication/327575093_Trust_and_Communication_in_a_Doctor-Patient_Relationship_A_Literature_Review/links/5ca3d2efa6fdcc12ee8ed438/Trust-and-Communication-in-a-Doctor-Patient-Relationship-A-Literature-Review.pdf
11. Schaffer, L. A. (2023, March 25). The pros and cons of using ChatGPT for your health care needs. MedpageToday’s KevinMD.com. <https://www.kevinmd.com/2023/03/the-pros-and-cons-of-using-chatgpt-for-your-health-care-needs.html>
12. Bomhof-Roordink, H., Gärtner, F. R., Stiggelbout, A. M., & Pieterse, A. H. (2019). Key components of shared decision making models: A systematic review. BMJ Open, 9(12), e031763. doi:10.1136/bmjopen-2019-031763
13. Ong, L. M., De Haes, J. C., Hoos, A. M., & Lammes, F. B. (1995). Doctor-patient communication: A review of the literature. Social Science & Medicine, 40(7), 903-918.
14. Davies, H. T., & Rundall, T. G. (2000). Managing patient trust in managed care. The Milbank Quarterly, 78(4), 609-624.
15. Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. Academy of Management Review, 20(3), 709-734.
16. Cook, K. S., Kramer, R. M., Thom, D. H., Stepanikova, I., Mollborn, S. B., & Cooper, R. M. (2004). Trust and Distrust in Patient-Physician Relationships: Perceived Determinants of High- and Low-Trust Relationships in Managed-Care Settings. In R. M. Kramer & K. S. Cook (Eds.), Trust and distrust in organizations: Dilemmas and approaches (pp. 65–98). Russell Sage Foundation.
17. c.f. Fleig-Palmer, M. M., & Schoorman, F. D. (2011). Trust as a moderator of the relationship between mentoring and knowledge transfer. Journal of Leadership & Organizational Studies, 18(3), 334-343.
18. Hill, A., Ellis, M., & Gillison, F. (2022). Qualitative exploration of patient and healthcare professional perspectives on barriers and facilitators to foot self-care behaviors in diabetes. BMJ Open Diabetes Research & Care, 10(6), e003034. <https://doi.org/10.1136/bmjdr-2022-003034>
19. Rogers W. A. (2002). Is there a moral duty for doctors to trust patients?. Journal of Medical Ethics, 28(2), 77–80. <https://doi.org/10.1136/jme.28.2.77>
20. c.f. Livnat, Y. (2004). On the nature of benevolence. Journal of Social Philosophy, 35(2), 304-317.
21. Ward, P. (2018). Trust and communication in a doctor-patient relationship: a literature review. Journal of Healthcare Communications, 3(3), 36. doi: 10.4172/2472-1654.100146

Fort Wayne Medical Society | New Members

**BRANDON BACCARI, DO**

Specialty: Family Medicine
Group: Lutheran Health Physicians-Family Medicine
12404 Lima Crossing Dr
Fort Wayne, In 46818
Med School: Kirksville College of Osteopathic Medicine,
2019
Residency: Reid Health, 2019-2022

**DIANE WALLACE, MD**

Specialty: Emergency Medicine
Group: Professional Emergency Physicians
608 Union Chapel Rd
Fort Wayne, In 46845
Med School: University of Vermont, 1995
Residency: York/Penn State University, 1995-1998

**JACOB HESS, MD**

Specialty: Internal Medicine & Hospitalist
Group: Parkview Physicians Group-Hospital Medicine
11109 Parkview Plaza Dr
Fort Wayne, In 46845
Med School: Indiana University, 2017
Residency: Grand Strand Medical Center, 2017-2020

**CAROL WEESNER, MD**

Specialty: Emergency Medicine
Group: Professional Emergency Physicians
608 Union Chapel Rd
Fort Wayne, In 46845
Med School: Indiana University, 1988
Residency: Medical College of Wisconsin,
1989-1992

**STEPHEN LEHNERT, MD**

Specialty: Diagnostic Radiology
Group: FW Radiology
3707 New Vision Dr
Fort Wayne, In 46845
Med School: Indiana University, 2016
Residency: Indiana University, 2018-2022

**ELIZABETH PFEIFFER, MD**

Specialty: Child/Adolescent Psychiatry & Pediatrics
Group: Parkview Physicians Group-Psychiatry
6920 Pointe Inverness Way, Ste 120
Fort Wayne, In 46804
Med School: Indiana University, 2009
Residency: University of Kentucky, 2009-2014

**ABHISHEK PRABHU, DO**

Specialty: Emergency Medicine
Group: Professional Emergency Physicians
608 Union Chapel Rd
Fort Wayne, In 46845
Med School: Chicago College of Osteopathic Medicine,
2020
Residency: Promedica, 2020-2023

**JASON SANTIAGO, MD**

Specialty: Neurology & Child Neurology
Group: Fort Wayne Neurological Center
7956 W Jefferson Blvd
Fort Wayne, In 46804
Med School: University of Colorado, 2017
Residency: Phoenix Children's Hospital & Barrow
Neurological Institute, 2017-2019 &
2019-2022



Fort Wayne Medical Society

Mission Statement

The Fort Wayne Medical Society is committed to the goals of the American Medical Association, the purpose of which is the preservation of the art and science of medicine, the personal development of member physicians and the protection and betterment of the public health.

The Fort Wayne Medical Society is committed to the principles of physician autonomy and self-determination in the practice of medicine.

The Fort Wayne Medical Society is committed to fulfilling the role of an active cohesive leader of the healthcare resources of our community by maintaining and assuring the quality, availability and the responsible economic utilization of our healthcare resources.

The Fort Wayne Medical Society is committed to active involvement in the decision-making process regarding medical, social, political and economic issues affecting patients and physicians within hospital and all various inpatient and outpatient settings.

MATTHEW 25

HEALTH AND CARE

Awarded \$20,000 from St. Joseph Community Health Foundation

Matthew 25 Health and Care of Fort Wayne, Indiana, has been awarded a \$20,000 grant from the St. Joseph Community Health Foundation. This grant will be used to purchase an A1C diabetic management machine and secure additional translation services that will be available to the entire organization.

Matthew 25 currently utilizes medically trained translators (staff and volunteers) to assist in communicating with to our growing ESL (English as a Second Language) population. This grant gives Matthew 25 the ability to utilize over-the-phone interpretation services with the capacity to converse in over 300 languages!

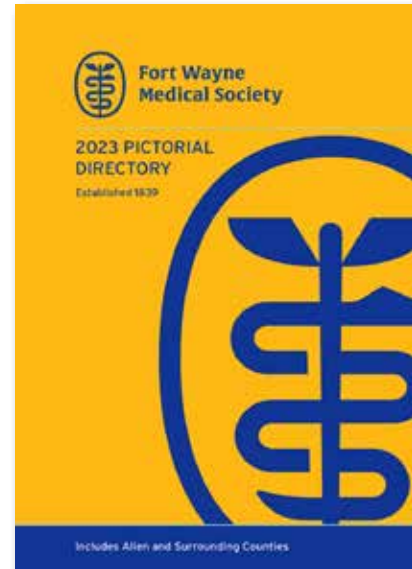
Matthew 25 provides medical, dental, mental health and vision care to adults with low income and no health insurance. Fort Wayne's only full-time safety-net health organization operates at no cost to patients and takes no governmental or insurance money.

"St. Joseph Community Health Foundation has been a significant supporter of Matthew 25 and our mission for over 12 years! We are so grateful for their dedication to making the community a healthier place; helping to provide access to quality healthcare for the most vulnerable populations," declares CEO, Michelle Creager, CPA. "We would not be able to fulfill our mission without the support of partners like St. Joseph Community Health foundation. Together we are changing lives!"

Matthew 25 relies on the generosity of individuals, companies, and foundations. For more information about Matthew 25 or to support its community efforts, please visit www.matthew25online.org or call the office at 260-469-0467. Matthew 25 is a 501(c)3 organization. Donations are 100% tax deductible.

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Students Aid in Preparing Next Generation for Success

First- and second-year students at IU School of Medicine-Fort Wayne (IUSM-FW) entered area classrooms this year to inspire younger students. Both the Public Health and Underrepresented Minorities

in Medicine (URM) Student Interest Groups (SIG) partnered with Fort Wayne Community Schools to mentor middle school and high school students in different ways. These programs, initiated by the students, will impact both the health and careers of the next generation of students.

Students in the Public Health SIG partnered with the Saint Joseph Community Foundation to provide food literacy events in middle schools. The goal of the program is to provide nutrition education and demonstrate the importance and practicality of healthy/nutritional eating. IUSM-FW students rolled up their sleeves and assisted with cooking classes throughout the months of February and March. The preparation of healthy meals contributes not only to students' food literacy, but also gives the middle school students new skills and knowledge that will serve their long-term health. Dr. Matthew Sutter, the faculty advisor for the SIG, provided support to our students throughout this pilot program.



The URM SIG implemented a mentoring program with five high schools and the Anthis Career Academy. Each month two to three students go to the participating high schools and speak with students during their biomed and science classes. The URM students serve on panels that answer questions, give advice on study strategies and goals, and provide information on college and graduate school experiences. The goal of this program is to inspire students from all backgrounds to pursue

degrees in higher education and medicine, with a focus on increasing diversity and inclusivity in medicine and other health-related fields.

“Our students have been mentoring undergraduate pre-med students for many years. And we have provided a week-long high school program for students interested in health care for several years, but this is the first time our students have met with high school and middle school students in their schools. Both programs were well-received and are a great opportunity for our students to further connect with our community,” said Dr. Jimmy Yen, faculty advisor for student activities.

In addition to these student-led initiatives, IUSM-FW recently added Michele Collins-Austin, MD as our Diversity, Equity and Inclusion Champion. In this role, Dr. Collins-Austin will support our students in creating and implementing programs and assist in networking with community leadership to expand Diversity, Equity and Inclusion resources and programs at our campus.



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Measles and Mumps, Oh My!

Scott Stienecker MD FACP FSHEA FIDSA CIC



Measles and Mumps are extinct, aren't they? Unfortunately, not. We continue to see cases of both measles and mumps in the United States usually among children and undervaccinated/unvaccinated college-aged kids. We have had 2 small measles outbreaks in the past 5 years related

to missions-related travel in under-vaccinated/unvaccinated travelers to the Philippines or Caribbean. Each was contained to the family unit. We have had 1 mumps case during this time associated with an outbreak at a major University in Indiana.

But the stats don't look good for our region. In fact, we may be sitting on a bit of a time-bomb. Whereas the US average vaccination rate for fully vaccinated is around 93% according to the CDC, state data isn't so good.

Data from the Indiana Department of Health reports low rates of overall vaccination with childhood vaccinations in our region. Mumps continues to be problematic and has had case reports in multiple states adjacent to us this year alone.

There have been fewer cases of measles, but there were well publicized cases in Detroit a couple of years ago, and in Ohio with about 85 cases in Columbus before that outbreak was brought under control. Recently, there was a Christian Revival event in Asbury, Kentucky lasting 2 weeks starting February 8 with the known exposure on

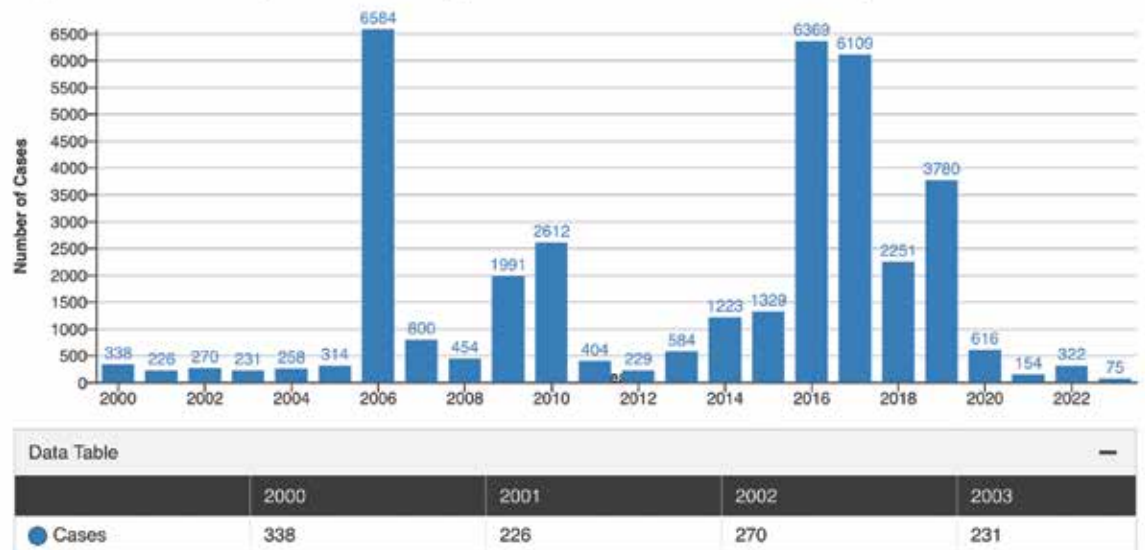
2/18/23. Over the course of a week, there were about 20,000 people that were exposed to an active case of measles. Given the 21-day incubation time, we might start seeing cases around March 11, 2023. Typically, the window for positive cases closes when there are no cases for 2 incubation periods, or 4/1/23 in this case.

The last records for Indiana from IDOH looking at children 19-35 months that have completed the 7-vaccine series in 2020 showed that the completion rate was 63.9% for Allen County and 49.7% for LaGrange County. Please note that CDC shows the 2-vaccine completion rate for Indiana is about 92% for MMR.

Please take a few moments to refamiliarize yourself with the appearance of measles and mumps just in case it pops up.



Reported Mumps Cases by Year — United States, 2000-2023**



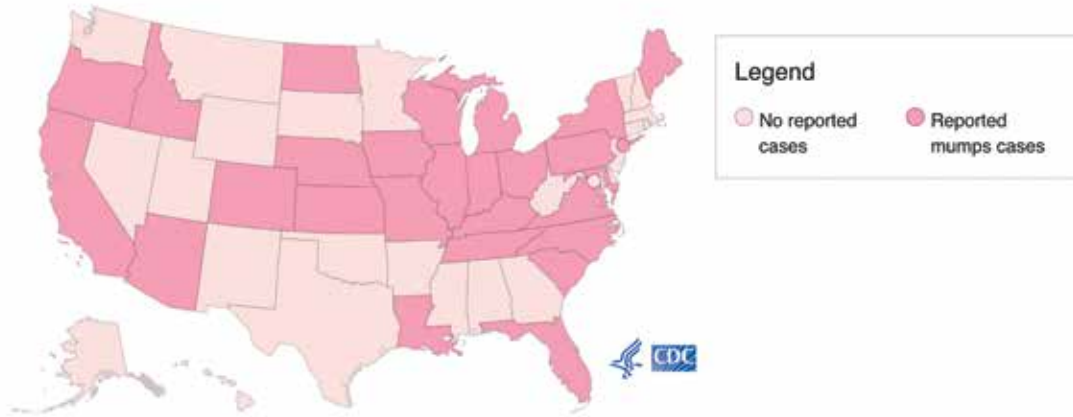
*Jurisdictions refer to any of the 50 states, New York City, and the District of Columbia.

**2023 map represents cases reported to CDC as of March 30, 2023; 2022 and 2023 case counts are preliminary and subject to change.

<https://www.in.gov/health/immunization/county-assessment/>
<https://www.cdc.gov/mumps/outbreaks.html>
<https://www.cdc.gov/measles/cases-outbreaks.html>

Reported US Mumps Cases by Jurisdiction and Year*

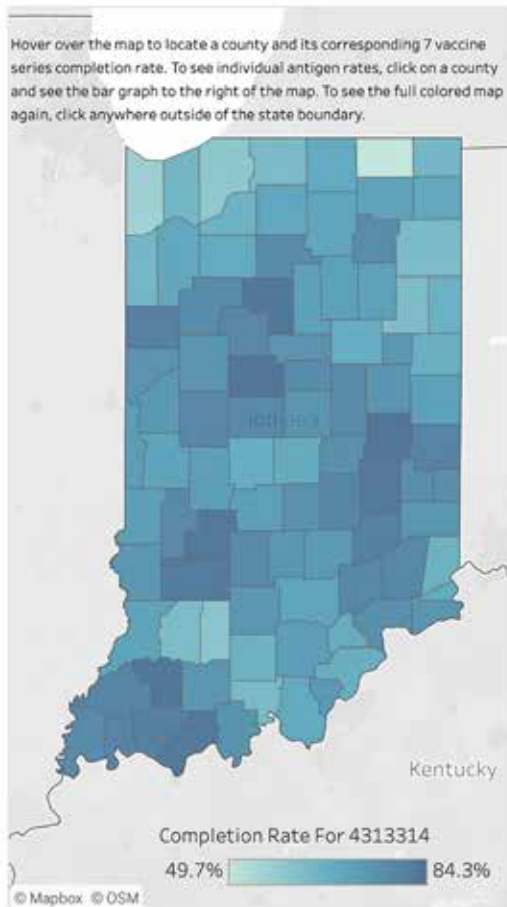
Reported Mumps Cases-2023



Completion Rate of the 4:3:1:3:3:1:4 Immunization Series among Children 19-35 Months as of March 31st of the Selected Year with an Active Immunization Record in CHIRP

4:3:1:3:3:1:4 Series Completion Rate by County

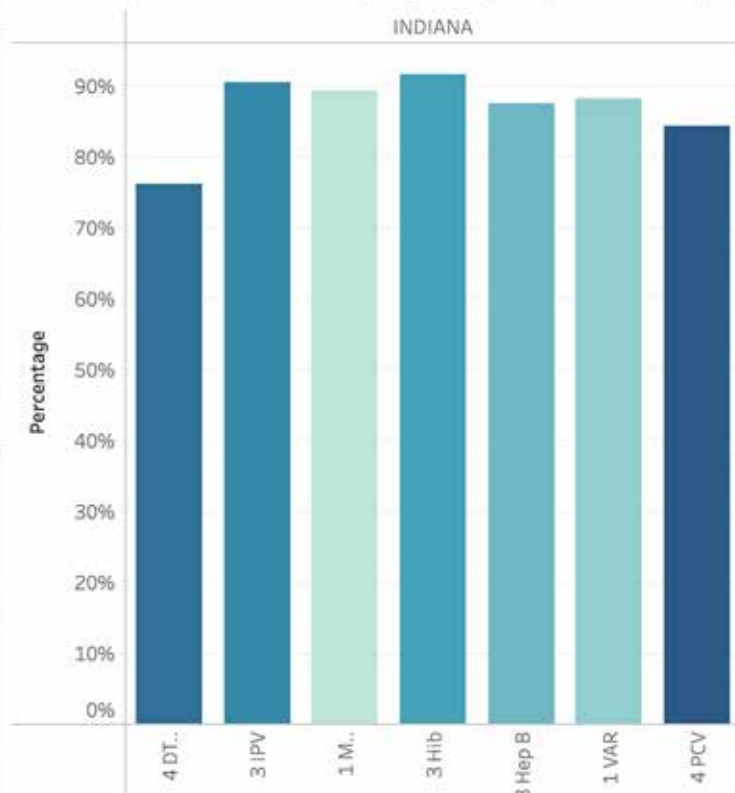
Hover over the map to locate a county and its corresponding 7 vaccine series completion rate. To see individual antigen rates, click on a county and see the bar graph to the right of the map. To see the full colored map again, click anywhere outside of the state boundary.



Year
 ● 2020
 ○ 2019
 ○ 2018
 ○ 2017

None County- Previous Year Comparison 2020 County Completion Rate for Vaccination Series

Percentage of Children Receiving Single Antigens by State & County



This dashboard depicts the completion rates for the 4-3-1-3-3-1-4 vaccination series and single antigens encompassed in the series for children with an active immunization record in the Indiana Immunization Registry - CHIRP as of March 31st of the selected year. These rates include those children who are up-to-date for the series and by single antigen. The reported data only reflects the children with reported immunizations in CHIRP; reporting in CHIRP became mandatory in 2015. The 4-3-1-3-3-1-4 series is as follows: 4 doses of DTaP, 3 doses of IPV, 1 dose of MMR, 3 doses of Hib, 3 doses of Hep B, 1 dose of varicella, and 4 doses of PCV. Please reference the County Rate Assessment Report for additional information.

Immunization Key: DTaP - Diphtheria, Tetanus, and Pertussis; IPV - Inactivated Polio Virus; MMR - Measles, Mumps, and Rubella; Hib - Haemophilus influenzae type b; Hep B - Hepatitis B; VAR - Varicella/chickenpox; PCV - Pneumococcal.



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A new federal law requires physicians to complete eight hours of training on opioids and opioid use disorder.

The Medication Access and Training Expansion (MATE) Act was included in the omnibus spending bill signed into law by President Biden in December. Starting June 27, it requires all physicians who prescribe controlled substances to affirm that they have received the training when they register with the DEA or renew their current registration.

The training is a one-time requirement, and hours completed before the law took effect do count toward the required eight-hour total. That includes Indiana's requirement to complete two hours of training every two years. Physicians who completed two hours of state-required training for their Controlled Substance Registration (CSR) in 2019 and again in 2021 would need just four additional hours this year, two of which can also be used to satisfy Indiana's requirement for 2023.

The Indiana State Medical Association offers free monthly live webinars which count toward both the state and federal requirements. Recorded ISMA training sessions are available free to ISMA members via the ISMA Online app. For more information, please visit www.ismanet.org/MATE-FAQ.



NEW DEA REQUIREMENT **MATE ACT** WHAT YOU NEED TO KNOW

On Dec. 29, 2022, President Joe Biden signed the Consolidated Appropriations Act of 2023. Section 1263 of the omnibus bill, also known as the Medication Access and Training Expansion (MATE) Act, necessitates ALL DEA-registered practitioners who prescribe schedule II, III, IV or V drugs undergo a one-time, eight-hour training requirement incorporating education on the treatment and management of patients with opioid or other substance use disorders.

ISMA has CME available to help you fulfill this requirement, and below are answers to questions frequently asked by practitioners regarding the new requirements.

WHO IS RESPONSIBLE FOR SATISFYING THIS NEW TRAINING REQUIREMENT?

All DEA-registered practitioners, except for practitioners that are solely veterinarians.

HOW WILL PRACTITIONERS BE ASKED TO REPORT SATISFYING THIS NEW TRAINING REQUIREMENT?

Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form — regardless of whether a registrant is completing their initial registration application or renewing their registration — affirming that they have completed the new training requirement.

WHAT IS THE DEADLINE FOR SATISFYING THIS NEW TRAINING REQUIREMENT?

The deadline for satisfying this new training requirement is the date of a prescriber's next scheduled DEA registration submission — regardless of whether it is an initial registration or a renewal registration — on or after June 27, 2023.

This one-time training requirement affirmation will not be a part of future registration renewals.

HOW CAN PRACTITIONERS SATISFY THIS NEW TRAINING REQUIREMENT?

There are multiple ways that practitioners can satisfy this new training requirement.

FIRST, the following groups of practitioners are deemed to have satisfied this training:

Group 1: All practitioners that are **board certified in addiction medicine or addiction psychiatry** from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.

Group 2: All practitioners that **graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school within five years of June 27, 2023**, and successfully completed a comprehensive curriculum that included at least eight hours of training on:

- Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or
- Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

SECOND, practitioners can satisfy this training by engaging in a total of eight hours of training on treating and managing patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:

1. The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.
2. Past training in treating and managing patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received relevant training from one of the groups listed below, before this new training obligation was enacted on Dec. 29, 2022, that training counts towards the eight-hour requirement.
3. Past DATA-Waived training counts towards a DEA registrant's eight-hour training requirement.
4. Training can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings.

DOES THE ISMA OPIOID EDUCATION/TRAININGS MEET THIS NEW REQUIREMENT?

YES!

Per the DEA MATE training letter, the following accredited groups may provide training. ISMA falls into the first category below:

- Any organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR), whether directly or through an organization accredited by a state medical society that is recognized by the ACCME or CCEPR. ISMA is directly accredited by the ACCME.
- The American Society of Addiction Medicine (ASAM)
- The American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- The American Osteopathic Association (AOA), or any organizations accredited by the AOA to provide continuing medical education
- The American Dental Association (ADA)
- The American Association of Oral and Maxillofacial Surgeons (AAOMS)
- The American Psychiatric Association (APA)
- The American Association of Nurse Practitioners (AANP)
- The American Academy of Physician Associates (AAPA)
- The American Nurses Credentialing Center (ANCC)
- Any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR

Learn more about the MATE Act and CME opportunities:
www.ismanet.org/MATE-FAQ

ISMA Works to Lower Rising Indiana Health Costs, Safeguard Quality of Care

Pardeep Kumar, MD, MBA, President, Indiana State Medical Association



Healthcare expenditures in Indiana are typically higher than in neighboring states. In 2020, Indiana per capita expenditures on healthcare were \$10,517, which was higher than in

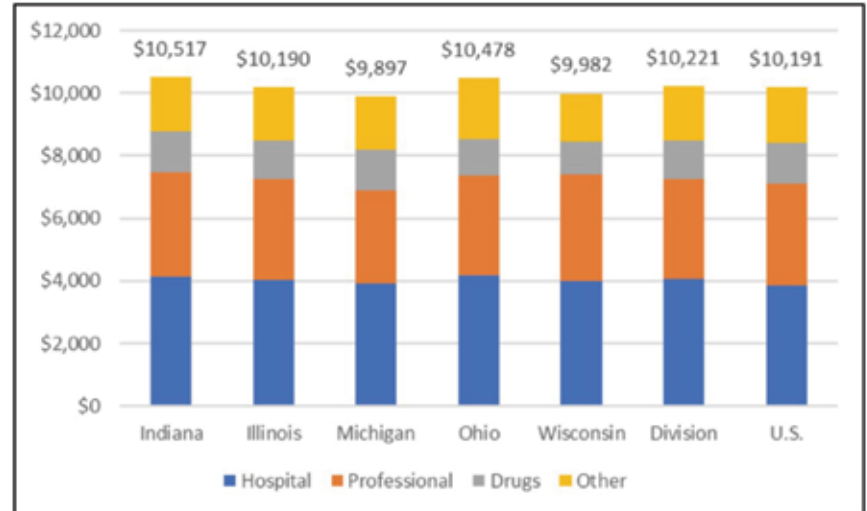
Illinois, Kentucky, Michigan, Ohio, Iowa and Wisconsin. And that gap is expanding. Indiana health care spending has increased by 48% in the past decade, faster than in most nearby states (35.3%). One of the main reasons for this disparity is the higher market concentration of hospitals, insurance companies, and physicians' groups in Indiana.

Studies show that the entrance of any one additional health insurer to the market is associated with a 3.3% decrease in insurance premiums. But Indiana's health insurance market is dominated by Anthem, which has more than double the market share of the next largest health insurer, United Healthcare.

Hospital concentration is another cause of higher healthcare expenses in Indiana. For employer-insured patients, The Fort Wayne Metropolitan Statistical Area (MSA) is the most expensive healthcare market in the state, with hospital outpatient and inpatient spending well above the national median. However, professional spending (physician professional services) was 17% below the national median; the main reasons for this were higher costs and utilization in other markets.

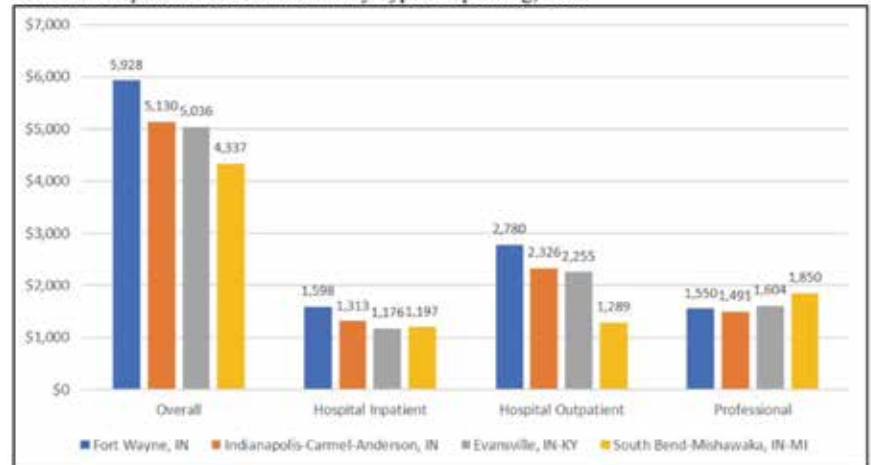
Having said that, Indiana as a state spends very little on public health care. Indiana's spending on public health is close to \$50 per capita, while the national average is in the range of \$90 or more; that is one reason that Indiana ranks very low in public health

Figure 2.1: Healthcare Expenditures per Capita by Spending Category and State, 2020



Notes: The categories of expenditures align with the national health expenditures estimates published by the Office of the Actuary (Hartman et al. 2022) with one exception: drug spending includes spending on nondurable medical products. Healthcare expenditures in this figure are technically called personal health care expenditures. Source: CMS Office of the Actuary (2022)

Figure 4.3: Healthcare Expenditures per Enrollee with Employer-Sponsored Insurance in the Four Most Populous MSAs in Indiana by Type of Spending, 2020



Notes: All values in the figure are in dollars. Source: Petris Center analysis of Health Care Cost Institute Healthy Marketplace Index (Health Care Cost Institute 2022b)

metrics such as smoking, obesity, etc. A renewed focus on public health in Indiana resulted in a public health commission being appointed by the governor in August 2021. The commission has already presented its report, and significant extra funding is being sought to revamp public health in Indiana, with the hope that a more dedicated focus on preventive care will decrease our per capita spending on sick care.

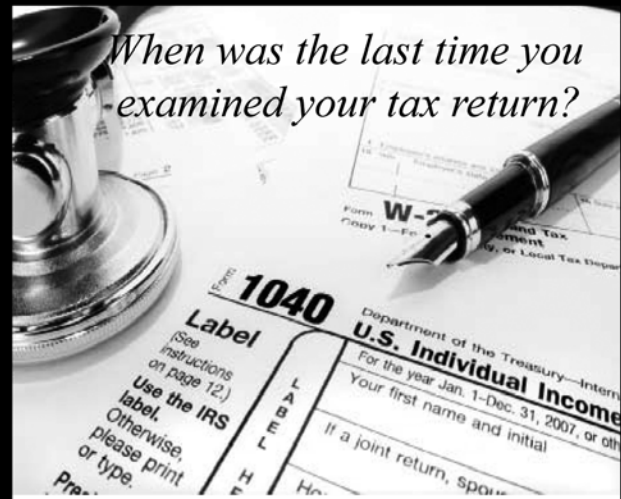
Nationally, our annual healthcare spending is more than \$4 trillion (close to 20% of the gross domestic product, or GDP) and growing. However,

our life expectancy has decreased for the past two years to its lowest level since 1996, mainly from COVID-19 related deaths and opioid abuse. Refocusing on national expenditures for public health can move the needle on life expectancy meaningfully.

While our national healthcare spending is probably increasing more each year than the GDP, physician Medicare reimbursement has been static for more than two decades. Adjusted for inflation, physician reimbursement is down 20% from 20 years ago. Meanwhile, the cost of operating a medical practice has increased 39% and inflation has risen 51%, making it increasingly unaffordable for physicians to practice. The end-of-year omnibus spending bill only partially alleviated further proposed cuts, calling for a 3.25% reduction over two years instead of an immediate 4.5% cut. Advocating to change the Medicare payment system will be a top priority for the AMA and other national and state medical societies in 2023.

In September, the Improving Seniors' Timely Access to Care Act of 2022 unanimously passed the U.S. House of Representatives. This bill would work to reduce the burden of prior authorization in the Medicare Advantage plans, and add more transparency, timeliness and accountability to the Medicare Advantage plans' prior authorization process. Unfortunately, this proposal was excluded from the omnibus bill. New proposed rules announced this month by the Centers for Medicare and Medicaid Services may address some of these concerns. The AMA and state medical associations will continue to work in the new Congress to have these changes passed into law. Doing so will free up valuable time physicians now must spend on prior authorization, will reduce physician burnout, and will improve physician wellness.

Here at home, the Indiana Physician Coalition, supported by the Indiana State Medical Association, will be working on scope of practice issues during the upcoming legislative session. Midlevel practitioners are expected to push again for expanded practice authority, a change which would worsen patient outcomes while increasing health care costs. The ISMA remains committed to safeguarding the importance of physician-led care. The ISMA will also continue striving towards lower medical malpractice rates for physicians, improving and protecting the physician-patient relationship, improving physician autonomy, and increasing GME funding to increase the physician workforce. All these goals will advance the ISMA's ongoing vision of making Indiana one of the best states in which to practice medicine, and Hoosiers among the healthiest people in the country.



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The Fort Wayne Medical Society Alliance hosted its 21st annual Cinderella Dress Day



on March 25 at the Grand Wayne Center. It was a record year with 1,089 teen girls attending – more than double the previous years number of 420.

The attendees started their morning with two speakers on the main stage in the line room. Connie Heflin, from Super Shot, talked about the importance of cancer prevention and HPV vaccination with the Gardasil shot. They then listened to Captain Kevin Hunter, head of Narcotics Fort Wayne Police Department, talk about fentanyl laced drugs. The goal of this event is to give teens an age appropriate health education at such a crucial time in their life. The teens left the line room in groups of 15 and headed into the health fair. We had 17 tables and health care professionals to educate on topics such as, Parkview Don't Text and Drive, Women's Health, Mental Health Parkview Behavioral Health, Suicide prevention from Remedy Live, self defense, and so much more.



After the health fair teens entered the “Prom Boutique”, where there were over 3,800 dresses for them to choose from. The girls spent most of the day in here. We had dresses, shoes, jewelry, and alterations all for them to choose for free, and there were over 60 cosmetologists volunteering their time to do hair and makeup.



Every girl deserves to feel like a princess. Sometimes this is the only avenue a girl may have to get a dress. If we can help put an ease on a parents budget while giving their teen girl a health education, we want to continue this as long as possible.

We couldn't do any of this without our 200 community volunteers and sponsors.

If you would like to donate a dress, shoes, or jewelry, you can drop them off at any Peerless Cleaners and tell them its for Cinderella Dress Day, and they will deliver them to us. We also sort dresses year round and welcome all help.

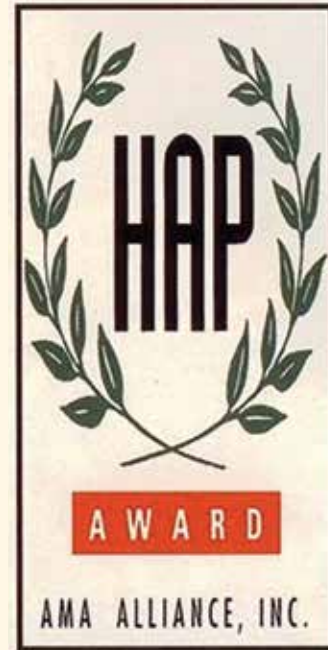


Mark your calendar for Cinderella Dress Day next February 2024.



Cinderella Dress Day photography by Amy Sprunger

The Fort Wayne Medical Society Alliance has been awarded the 2023 HAP Award




The **Health Awareness Promotion** is in recognition of excellence of Alliance members in health promotion programs and projects, the Health Awareness Promotion Awards were initiated in 1989.

The Fort Wayne Medical Society Alliance has won for their Narcan initiative. They have installed 9 Naloxone Boxes and 1 Vending Machine around Allen County. With installation of these new boxes, the non fatal overdoses have gone down 28%. There are now an additional 1900 narcan kits a month on the street.





 **ALLIANCE**
Fort Wayne Medical Society

Doctor's Day
at
Science Central
March 2023





▶ IU Health’s northeast region celebrated the opening of its newest medical office building



On January 30, IU Health’s northeast region celebrated the opening of its newest 55,000 sq ft medical office building on the southwest side of the city. The new facility, located on 137 acres on Ernst Road near I-69 and Lower Huntington Road, houses primary and specialty care offices as well as imaging services, infusion, and cardiopulmonary rehabilitation.

“The medical office building is crucial to our continued growth and commitment to increasing access to high quality care within Northeast Indiana,” said Bill Schenkel, chief of staff for IU Health’s northeast region. “We now have 8 total facilities in Fort Wayne, with over 40 primary care, internal medicine, advanced practitioner and surgical providers, and we are always looking for new opportunities to address the needs of the community.”

Primary and specialty care providers at this location include:

Primary care:

- Dr. Mark King
- Dr. Kevin Witt
- Dr. Stephanie Kidd
- Dr. Molly Kelly
- Dr. Jeff Witt
- Dr. Joel Valcarcel
- Dr. Ashraf Hanna
- Dr. Kent Farnsworth
- Dr. Jonathan Gries

Specialty care:

- Dr. Scott Mattson, cardiologist
- Dr. Matthew Noyes, orthopedic surgeon
- Dr. Kevin Lowe, general surgeon

Imaging services include MRI, CT, ultrasound, x-ray, nuclear medicine, fluoroscopy, DEXA, screening and diagnostic mammography, and automated breast ultrasound (ABUS).



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► Area's First Robotic Bariatric Surgery Completed at Lutheran Downtown Hospital

The area's first robotic-assisted bariatric procedure was recently completed by the surgical team at Lutheran Downtown Hospital.

Emanuel Nearing II, M.D., a board-certified surgeon specializing in weight loss surgery and trained in minimally invasive and robotic-assisted surgical techniques, completed the first robotic sleeve gastrectomy procedure on a patient alongside the surgical team at the downtown Fort Wayne hospital.

"Our team is excited to bring minimally invasive robotic-assisted surgery options to bariatric patients in our area," said Dr. Nearing. "This option can mean less pain and scarring and a quicker recovery for patients."

A sleeve gastrectomy procedure involves removing a portion of the stomach, leaving a slender stomach "sleeve." The new stomach is about one-third of its original size, helping patients feel full or satisfied after eating smaller amounts of food. This surgery also causes changes in hormones that work to promote a feeling of fullness.

Robotic-assisted surgery is a minimally invasive approach that can be the most-effective, least-invasive option for certain procedures. Surgery requires a few small incisions, rather than one larger one, and surgeons use special instruments that bend and rotate, a tiny camera and a 3D high-definition vision system to help guide and provide a magnified view resulting in enhanced vision, precision and control.

Previously, patients eligible for bariatric surgery were typically more than 100 pounds overweight or had a body mass index (BMI) of at least 35 and one or more severe obesity-related health conditions. Updated guidelines have lowered the threshold for surgery to a BMI of 35 or higher without the need for an obesity related comorbid condition, or a BMI of 30 with at least one obesity-related comorbidity, with diabetes being a major consideration. Often patients have tried other weight loss tactics like diet and exercise without the long-term success proven by surgery.

"The majority of patients who have bariatric surgery permanently lose more than half of their excess weight while also eliminating or reducing the risk of other chronic conditions," said Nearing. "This is not a shortcut to weight loss but a lifesaving surgery that improves a patient's quality of life."

To learn more about Lutheran Downtown Hospital's robotic bariatric surgery program visit lutherandowntownhospital.com/bariatric-weight-loss or call (260) 458-3410.



Lutheran Downtown Surgical team poses with Dr. Emanuel Nearing (2nd from left) after the first robotic bariatric surgery in the area.

Robotic-Assisted Bariatric Surgery

Congratulations to **Dr. Emanuel Nearing II*** and his team, who recently performed the first robotic-assisted bariatric surgery in the area at Lutheran Downtown Hospital.



Dr. Nearing is a board-certified surgeon experienced in minimally invasive and robotic-assisted techniques. He specializes in gastric bypass (Roux-en-Y) and sleeve gastrectomy, as well as acid reflux, esophageal function and other conditions of the upper GI tract.

Questions? **(260) 458-3410**



* Member of the medical staff of Lutheran Downtown Hospital. Lutheran Downtown Hospital is owned in part by physicians.

▶ **Lutheran Hospital on Money’s First “Best Hospitals for Bariatric Surgery” List**



The Lutheran Hospital Bariatric & Weight Management Center team, which was recently recognized as one of Money.com’s Best Hospitals for Bariatric Surgery.

Lutheran Hospital was among only 101 U.S. hospitals on Money.com’s first-ever “Best Hospitals for Bariatric Surgery” list, which the website announced in partnership with The Leapfrog Group.

Hospitals earning the distinction achieve Leapfrog’s standards for safety, including performing enough procedures to give patients the best odds of a positive outcome and keeping patients safe from errors, infections and complications.

“Lutheran Hospital’s accredited bariatric center has a history of successfully helping so many in our community permanently lose weight when other strategies don’t work.” said Clyde Wood, Lutheran Hospital CEO. “We are proud to have the team’s dedication to our patients’ long-term health recognized among the best in the nation.”

Patients who have bariatric surgery for weight loss performed at a hospital and by a surgeon with more experience have better outcomes — including lower mortality rates, lower complication rates and a shorter length of stay at the hospital.

Hospitals on the prestigious list must meet Leapfrog standards for the number of bariatric procedures performed at the hospital and by individual surgeons. The hospitals must also utilize a safe surgery checklist, prevent healthcare-associated infections and perform well on the bi-annual Leapfrog Hospital Safety Grade, which assigns a letter grade to all general acute care hospitals in the U.S. based on how well they protect patients from preventable harm.

Read more about the Best Hospitals here:

money.com/best-hospitals/bariatric/

Learn more about Lutheran’s bariatric weight loss services here:

lutheranhospital.com/bariatric-weight-loss

▶ **The Joint Commission Awards Lutheran Hospital Distinction for Advanced Certification in Ventricular Assist Device**

Lutheran Hospital’s heart transplant and ventricular assist device (VAD) program has earned The Joint Commission’s Gold Seal of Approval® by demonstrating continuous compliance with its performance standards. The Gold Seal is a symbol of quality that reflects a health care organization’s commitment to providing safe, quality patient care.

Lutheran Hospital underwent a rigorous onsite review during a visit with a team of Joint Commission reviewers who evaluated compliance with VAD program standards spanning several areas including compliance with national standards, clinical guidelines and outcomes of care.

The Joint Commission’s standards are developed in consultation with health care experts and providers, measurement experts and patients. They are informed by scientific literature and expert consensus to help health care organizations measure, assess and improve performance. The surveyors also conducted onsite observations and interviews.

“Working with The Joint Commission enables us to set the bar to ensure our program is providing the highest quality of care,” said Hannah Copeland, M.D., cardiothoracic surgeon at Lutheran Hospital. “This intensive review process has allowed us to demonstrate how our patients are not just surviving but thriving with their VAD – going back to work, participating in family and social activities they’ve missed for years and really doing whatever they were doing before heart failure with gusto.”

While the Lutheran Hospital VAD program uses The Joint Commission standards as guidelines to ensure there is always a high level of care for every patient, partnering with it through the certification process every two years also allows the team to share its successes and learn what other high-performing programs across the country are implementing to bring more best practices and innovations to local patients.

One particular program practice Lutheran Hospital was commended for was its enhanced recovery after surgery non-narcotic protocol. This effort in VAD post-surgery pain management has proven to be successful in helping patients recover more quickly without the use of narcotics.

Learn more about Lutheran Hospital’s VAD program at lutheranhospital.com/ventricular-assist-devices

▶ Lutheran Hospital Receives Leading Laboratories Recognition from ASCP & The Joint Commission

Lutheran Hospital received Leading Laboratories recognition from the American Society for Clinical Pathology (ASCP) and The Joint Commission. The two-year designation serves as proof of the hospital's commitment to laboratory excellence and to help improve patient outcomes.

Lutheran Hospital underwent a rigorous application process to receive the recognition, including a review of its outcomes, indicators, metrics and evidence. Additionally, the hospital lab team had to demonstrate excellence in

four key areas: elevating quality outcomes, supporting professional development, cultivating trusted leadership and promoting laboratory visibility.

"Our team is proud to be recognized with this distinction at a national level," said Brandon Duttaroy, market director of labs for Lutheran Health Network. "The Leading Laboratories designation is a culmination of initiatives we began two years ago to strengthen our commitment to accurate, reliable test results for patients and establish the highest level of standards and training for our team members"

One specific initiative was the development of a laboratory mentoring program, which pairs new and experienced staff to promote a positive workplace culture, establish comradery, provide



Members of the Lutheran Hospital lab team, who worked toward the Leading Laboratories recognition from the American Society of Clinical Pathology and The Joint Commission.

the opportunity for new employees to seek advice or answers to work-related questions and create a safe space for the lab team. Mentor candidates are identified by leadership, trained prior to joining the program and are also provided activities and interactions to help guide the mentorship process.

The Leading Laboratories recognition, developed and refined by laboratory leaders, is available to all Joint Commission-accredited hospital laboratories. To learn more about the program, visit [leadinglaboratories.org](https://www.leadinglaboratories.org).

Visit [lutheranhospital.com/laboratory-services](https://www.lutheranhospital.com/laboratory-services) for more information about the Lutheran Hospital laboratory services.

► Parkview Regional Medical Center opens final unit of new medical tower, expanding capacity by total of 142 beds

Parkview Regional Medical Center (PRMC) has opened the final unit of its new medical tower, marking an end to the hospital expansion project that increased its capacity by a total of 142 inpatient beds.

Construction for the new medical tower, also known as the South Tower, began in May of 2018 to accommodate the region's growing demand for inpatient and ambulatory care. Due to the COVID-19 pandemic, construction was expedited, and the South Tower's first inpatient beds opened on the sixth floor in August of 2020.

During the pandemic, Parkview Health also added inpatient beds at its other hospitals, including nearby Parkview Hospital Randallia and Parkview DeKalb Hospital, to accommodate the increase in demand for care. With the newest 22-bed unit opening at PRMC, the health system has expanded its total inpatient capacity by more than 250 beds in just over two years. To care for the community, Parkview hospitals also committed to avoiding diversion, which is when a hospital temporarily turns away ambulances or emergency patients.

"When the decision was made to build the South Tower, no one could have anticipated the emergent need for additional capacity due to the COVID-19 pandemic," said John Bowen, president, PRMC & Affiliates. "Largely because of the South Tower, Parkview was able to care for more than two-thirds of the COVID-19 patients in our region, never go on diversion and always say 'yes' when patients needed care. Without PRMC's additional capacity, the pandemic would have looked remarkably different."

The 168,000-square-foot South Tower has a total of six patient floors and a lower level. The lower level includes a maintenance area and co-worker entrance. The first floor features the newest unit, 1 South, which is a 22-bed progressive level unit, as well as the hospital's emergency department. Floors two through six of the South Tower are all 24-bed inpatient units.

All units in PRMC's two medical towers were built with a patient-centered design, including private rooms and an abundance of natural light to create a healing environment. The rooms can also be easily converted to accommodate different levels of care, a feature that is especially beneficial to capacity management.

"We continuously managed inpatient capacity during the COVID-19 pandemic by converting our units and adding, for example, more ICU beds as needed," Bowen said. "We have responded similarly to the recent increase in respiratory illnesses. Though we have adequate capacity thanks to our expansions, we will continue to make adjustments as needed to ensure our community has access to quality care."



▶ Parkview receives national recognition for meritorious outcomes from the American College of Surgeons

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has recognized Parkview Regional Medical Center and Affiliates, which includes Parkview Hospital Randallia, among 78 ACS NSQIP participating hospitals that achieved meritorious outcomes for surgical patient care in 2021.

As a participant in ACS NSQIP, Parkview is required to track the outcomes of inpatient and outpatient surgical procedures and collect data that assesses patient safety and can be used to direct improvement in the quality of surgical care.

The ACS NSQIP recognition program commends a select group of hospitals for achieving a meritorious composite score in either an “All Cases” category or a category which includes only “High Risk” cases. Risk-adjusted data from the July 2022 ACS NSQIP Semiannual Report, which presents data from the 2021 calendar year, were used to determine which hospitals demonstrated meritorious outcomes.

Parkview has been recognized on both the “All Cases” and “High Risk” Meritorious lists.

“Quality and safety are key pillars to every successful surgery,” said Michael Grabowski, MD, FACS, physician executive, surgery service line, Parkview Health. “From the pre-op stages through discharge and even follow-up appointments, we strive to create a positive patient experience and the best possible outcomes. This recognition from the ACS is a direct result of the world-class teamwork and dedication of our surgeons and co-workers, who provide excellent care to every person, every day.”

Each composite score was determined through a different weighted formula combining eight outcomes. The outcome performances related to patient management were in the following eight clinical areas: mortality, unplanned intubation, ventilator more than 48 hours, renal failure, cardiac incidents (cardiac arrest and myocardial infarction); respiratory (pneumonia); SSI (surgical site infections-superficial and deep incisional and organ-space SSIs); or urinary tract infection. The 78 commended hospitals achieved the distinction based on their outstanding composite quality score across the eight areas listed above.

ACS NSQIP is the only nationally validated quality improvement program that measures and enhances the care of surgical patients. This program measures the actual surgical results 30 days postoperatively as well as risk-adjusted patient characteristics to compensate for differences among patient populations and acuity levels.

The goal of ACS NSQIP is to reduce surgical morbidity (infection or illness related to a surgical procedure) and surgical mortality (death related to a surgical procedure) and to provide a firm foundation for surgeons to apply what is known as the “best scientific evidence” to the practice of surgery. Furthermore, when adverse effects from surgical procedures are reduced and/or eliminated, a reduction in healthcare costs follows.

ACS NSQIP is a major program of the American College of Surgeons and is currently used in nearly 850 adult and pediatric hospitals.

▶ Parkview Behavioral Health Institute receives Human Experience NDNQI Award for Outstanding Nursing Quality®

Parkview Behavioral Health Institute has been named a 2022 Human Experience (HX) National Database of Nursing Quality Indicators (NDNQI) Award for Outstanding Nursing Quality winner by Press Ganey, the global leader in healthcare experience solutions and services.



This award is part of Press Ganey’s annual ranking of the top hospitals and health systems in the country, according to performance in nursing quality.

As a winner of the Press Ganey HX NDNQI Award for Outstanding Nursing Quality, Parkview Behavioral Health Institute is one of seven healthcare organizations nationally to be honored for providing outstanding nursing quality. Press Ganey works with more than 41,000 healthcare facilities in its mission to reduce patient suffering and enhance caregiver resilience to improve the overall safety, quality and experience of care.

This is the third time Parkview Behavioral Health Institute has received NDNQI recognition from Press Ganey.

“While this is identified as a nursing award, it’s really an award for all of our co-workers and providers because it takes everyone to meet the needs of our patients and provide quality care,” said Paula Bostwick, vice president of hospital services, Parkview Behavioral Health Institute. “We are grateful to continue a culture of excellence at Parkview Behavioral Health Institute. This award demonstrates our unwavering commitment and compassion to those we serve.”

“As we recognize Parkview Behavioral Health Institute, we are humbled by the tireless dedication of their outstanding clinical nurses and nurse team leaders,” said Patrick T. Ryan, chairman and chief executive officer, Press Ganey. “They inspire us with the compassion, empathy and human connection they bring to the nursing profession and healthcare setting overall. We are honored to celebrate their achievement.”

► **Parkview physician leadership expands; Dusman overseeing healthcare delivery**



Ray Dusman, MD, is now serving in a newly expanded leadership role at Parkview Health.

As president of physician and clinical enterprise, Dr. Dusman provides executive oversight of all healthcare delivery. This now includes administrative and physician leadership within Parkview's hospitals, service lines and institutes. He also continues to lead safety and quality, physician enterprise (via Parkview Physicians Group) and graduate medical education.

Dr. Dusman's expanded leadership role follows the recent appointment of Rick Henvey as CEO.

"I am passionate about advancing physician leadership within our organization," said Henvey. "The expertise of our physicians is invaluable to the overall success of our health system, and I am confident Dr. Dusman will continue to guide us toward our aim

of excellent care for every person, every day."

A physician of 33 years, Dr. Dusman has been with Parkview since 2010, when Fort Wayne Cardiology – where he served as a cardiologist – joined the health system. He became chief physician executive of Parkview Health in 2013 and was instrumental in growing Parkview Physicians Group from approximately 360 to 1,200 physicians and advanced practice providers today.

"We've been so fortunate to have Dr. Dusman's leadership at Parkview Health and Parkview Physicians Group. As a physician, he brings a critical perspective to the health system's executive leadership team, and he is a tremendous asset to our focus on clinical best practice," said Mitch Stucky, MD, president, Parkview Physicians Group.

Dr. Dusman currently serves as vice-chairman of the Parkview Health Board of Directors and is also on the board of directors of Erin's House for Grieving Children.

► **Parkview Sports Medicine partners with Ayanna Patterson to create Ayanna Patterson EmPower Forward Weekend**

Parkview Sports Medicine (PSM) is partnering with former Indiana Miss Basketball Ayanna Patterson to create the Ayanna Patterson EmPower Forward Weekend, a first-of-its-kind event for northeast Indiana.

Patterson is a Homestead High School graduate, currently in her freshman season with the NCAA powerhouse UConn women's basketball team. In addition to being the 2022 Indiana Miss Basketball, she was also a member of the McDonald's All-American team and one of the country's top-ranked women's basketball prospects for the class of 2022.

Patterson is also a familiar face at PSM, where she worked out with PSM Performance Training from eighth grade through her senior year of high school to improve her strength and agility.

The Ayanna Patterson EmPower Forward Weekend will be focused on empowering female athletes and supporting individuals with autism – two causes that are important to Ayanna.

"I'm excited to embark on this new partnership with PSM, as they have played an integral part in my basketball performance and recovery," Patterson said. "Hosting a fun and memorable weekend in my hometown, while raising awareness and funds for a cause that is near and dear to me, is a dream come true."

"This partnership with Ayanna is a natural extension of our relationship," said Tommy Schoegler, vice president of orthopedics and outreach, PSM. "We supported Ayanna through her high school career, and we are thrilled to continue supporting her as an elite college athlete. We look forward to the Ayanna Patterson EmPower Forward Weekend this summer, as we know it will create a positive impact on other hometown athletes and families."

Scheduled for July 28-30, the Ayanna Patterson EmPower Forward Weekend will include a basketball camp for grades 6-12 and a three-on-three basketball tournament for all ages at the SportONE/Parkview Fieldhouse.

The weekend will also include a banquet at the Memorial Coliseum Expo Center, where Ayanna will present two new awards for northeast Indiana. The Women's Athlete of the Year Award will be given to an outstanding incoming senior athlete of any sport, and the Female Athletics Advocate of the Year award will be given to an outstanding coach or community member.

Proceeds from the Ayanna Patterson EmPower Forward Weekend will support the Autism Society of Indiana.

"We are excited and honored to tell our story as a part of the EmPower Forward weekend," said Courtney Wolley, executive director, Autism Society of Indiana. "Ayanna is a special young lady, and we know her passion for our community and her talents on the court will help us grow autism awareness so we can better serve not only this part of the state, but all of Indiana."

This partnership is the first NIL (Name, Image and Likeness) agreement for both PSM and Patterson, who earlier this year signed with KLUTCH Sports Group, a premier agency representing some of the world's biggest athletes across major professional and collegiate sports.



► **Parkview Physicians Group clinic at Electric Works opens with enhanced care model, convenient services**

The Parkview Physicians Group (PPG) clinic at Electric Works is now open, offering an enhanced care model and convenient services for people who live and work in the community.

The location includes a PPG – Family Medicine office and a Parkview Walk-In Clinic, as well as onsite lab and pharmacy services. After a soft opening in December, the clinic is now fully operational, with all providers accepting new patients.

The PPG – Family Medicine team at this clinic will offer what's known as enhanced primary care, which is a patient-centered model focused on preventative services and chronic disease management. It also integrates mental health as part of a patient's comprehensive care plan.

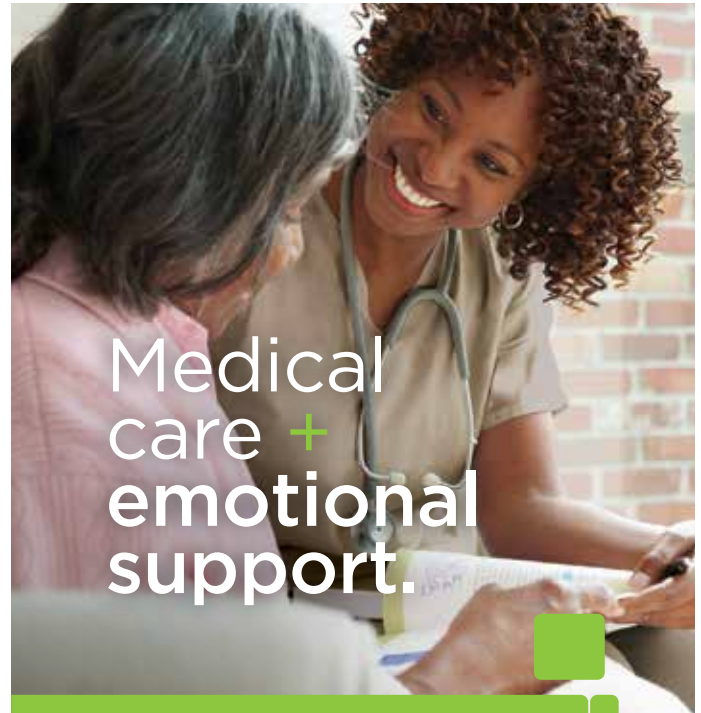
The enhanced primary care team will include the patient's primary care provider, a care navigator, a pharmacist, and behavioral health specialist, as needed. Lab and pharmacy services are onsite so patients can access their multidisciplinary care team in one convenient location.

"Electric Works is an innovative project, and this clinic is taking an innovative approach to care," said Joshua Kline, MD, chief medical officer, Parkview Physicians Group. "With integrated care coordination and access to essential services, we believe the enhanced primary care model will create improved health outcomes alongside an enriched patient experience."

The PPG Electric Works clinic will have four providers on staff. Jaspreet Jawanda, MD, and Delaney Kaiser, NP, will primarily care for family medicine patients. Adaku Nnodi, MD, and Paul Hayes, PA, see both family medicine and walk-in clinic patients at this location.

"This clinic is in a great location to improve access to care for area residents, as well as the tenants of Electric Works who may need healthcare for their employees," Kline said. "The start of a new year is a great time to set yourself up with a primary care provider who can help to improve your health and inspire you to take steps to improve your well-being."

The PPG clinic at Electric Works is located at 1660 Broadway St., Suite 165. To make an appointment with a PPG – Family Medicine provider at this location, call 260-266-9805. No appointment is needed for the Parkview Walk-In Clinic, which is open from 8 a.m. to 8 p.m. daily.



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