



FORT WAYNE

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MEDICINE

Official Publication of the Fort Wayne Medical Society

QUARTERLY



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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.

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Fort Wayne Medicine Quarterly is the official publication of the Fort Wayne (Allen County) Medical Society, Inc.

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The views expressed in *Fort Wayne Medicine Quarterly* articles are those of the authors and do not necessarily represent those of the Fort Wayne Medical Society.

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.



Oh, what a night!

After a three-year absence, our members returned on May 26th to the Fort Wayne Country Club for the 2022 Annual Dinner. The evening began with cocktails and entertainment from a local jazz trio consisting of Tim Beeler, Kent Klee, and Jim Steele.

One resident and two medical students were sponsored for the evening. Joining us from Fort Wayne Medical Education Program was Dr. Stephanie Flaig-Miller. Brandon Kimes and Kimberly Jones attended from Indiana University School of Medicine Fort Wayne. Special thanks to Dr. Bill Pond, Dr. Sharon Singleton, Dr. Sepideh Moghadam, and Dr. Scott Stienecker for sponsoring our resident and student guests.

Immediate Past President, Dr. Erin Jefferson welcomed us to our tables as cocktails ended. She thanked our hosts for the evening, Isa and Betty Canavati. Dr. Jefferson also shared the evening's agenda and announced that "dinner is served."

Guests got to choose between three entrees. Flat iron steak, seared salmon, and veggie stir fry were the main selections as well as either a chocolate tart, cheesecake, or vegan chocolate mousse for dessert. The jazz trio provided a wonderful soundtrack for the meal.

After dinner concluded, Dr. Jefferson welcomed current FWMS President, Dr. Isa Canavati. Together they honored members who have served twenty-five or fifty years in the medical profession (see list to the right). It was wonderful to recognize such important milestones, especially for those on our list who were able to join us.

After honoring our 25- and 50-year members, and after sharing the results of our Officer, Trustee, and Delegate voting, Dr. Canavati offered thoughts on his year as President (full remarks on page 7). After Dr. Canavati's talk, he passed the gavel to Dr. Brian Herr and a new era for the society began (Dr. Herr's remarks are featured on page 8).

As the night ended, guests were given potted succulents as a keepsake from this wonderful evening. Board of Trustees were also given a token of appreciation for their service.

It was absolutely invigorating to see member-to-member interactions again. The 2022 Annual Dinner felt like the first step toward complete normalcy. Oh, what a night, indeed!



Fort Wayne Medical Society

*Honoring our fellow members who have
practiced medicine for fifty years.*

Seetharamaiah Atluri, MD
Patrick Connerly, MD
John Crawford, MD
John Fouts, MD
Lee Harris, MD
James Heger, MD
Michael Isenberg, MD
William Kammeyer, MD
Shuishih Sage Lee, MD
Stephen McMurray, MD
Steven Meyer, MD
Fred Rasp, MD

*Honoring our fellow members who have
practiced medicine for twenty-five years.*

Guy C. Asher, MD
Kathleen Bohnke, MD
Amy Fuchs, MD
Adam Gregory, MD
Andrea Haller, MD
Cheryl Hess, MD
Jennifer Hobbs, MD
Enrique Infante, MD
Shantanu Kulkarni, DO
Steven Mooibroek, MD
Nadeem Najam, MD
Yasolatha Nalamolu, MD
Loi Phuong, MD
Ronald Sarrazine, MD
Gregory Sassmannshausen, MD
Stephen Schreck, MD
Matthew Sutter, MD
Maria Valcarcel, MD
David Zimmerman, MD

2022 FWMS Annual Meeting



Outgoing President's speech - Isa Canavati

It has been an extraordinary year— one of change and transition. COVID 19, for better or worse, changed the landscape of healthcare delivery. Telemedicine, virtual meetings, staffing shortages, contract labor – just a few examples.

For the FWMS, it has been a year of accomplishments. We currently have 1,191 members, a record, and the highest of all regions in the state. This is a clear indication that the membership and the health care systems they represent, see value in the work the society and ISMA provide. Our corner of the state has a strong voice in the state legislature, making it clear where we stand with regards to public health issues and policies that impact the way we conduct our profession. NE Indiana also sends the highest number of delegates to the annual convention, thus having a pivotal role with ISMA.

The leadership role of the FWMS has a long tradition. The society was established in 1839, when physicians realized the importance of organizing, sharing information and ideas, and safeguarding the profession. It is quite interesting that as we are gathered here in 2022, we are continuing a tradition that our predecessors have carried over the 180 years. The hallmarks of this tradition are collegiality, exchange of ideas, and serving a common purpose.

With an increasing rate of hospital physician employment, and the fact we have three competing health care systems, the FWMS has become especially valuable, as it provides common ground to all physicians, regardless of affiliation.

This year the society has witnessed a high level of engagement of the membership, as an incredible slate of nominees were submitted, and as you just saw the newly elected, there is a high representation of younger physicians. So, the future of FWMS is bright.

I would like to thank the board of trustees for their work on the various subcommittees. A special thanks to Joel Harmeyer for his outreach to the community and spearheading a marketing campaign, rebranding, and introducing our new logo. His assistance and guidance have been invaluable.

I would like to acknowledge Betty, my wife of 32 years, who encouraged and supported me prior to and during my year as President.

I also would like to thank the membership for their vote of confidence in allowing me to serve the FWMS. It has been a great honor.

continued on page 8



Incoming President's speech - Brian Herr

I would like to start by thanking my peers from the board, most of whom are here tonight, for allowing me the honor of the position of president. I have been a trustee for about 5 years now, and have had the privilege of working with some excellent leaders within the society. That tenure started at a time when the society had gone through a significant organizational change. Essentially the script had to be rewritten. I have really appreciated watching these great leaders do their work, and the respect that I have gained for them makes this even more so, such a meaningful honor, so thank you. You give a great example of leadership, and motivation to continue moving forward with the society.

As you heard from the Election Results, Scott Stienecker is our new President-Elect. We are thrilled to have Dr. Stienecker in this important role. He so wanted to be here tonight, that he has permitted us to share the reason for his absence. He is currently quarantining due to COVID, but he is feeling well and in good spirits, and he shares his message so we can all be mindful that COVID is still present.

I would like to part with just a few additional remarks. I started practicing 17 years ago, and looking back on

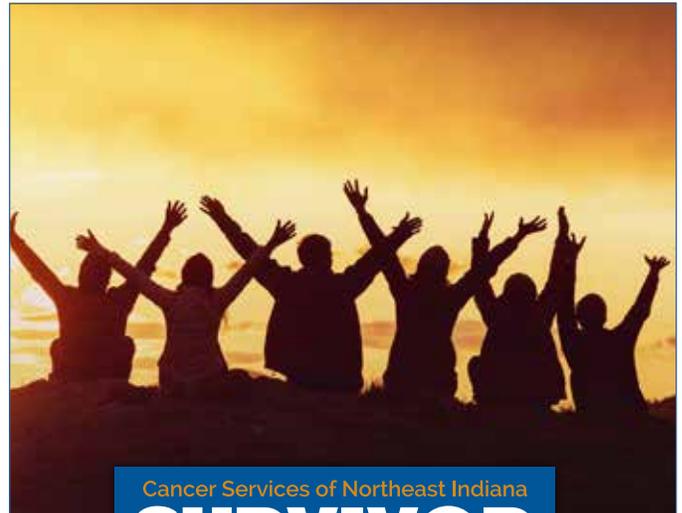
that time, one thing that really stood out to me was the collegiality within our local physician community. It became apparent to me, that the level of communication between physicians and specifically, their support for each other, was truly unique. I certainly had not experienced this in my previous clinical setting. Over my time here, I have seen this change to some degree. I am sure this is for a myriad of reasons, including the further subspecialization of medicine, the growth in the number of providers in our geographic region, the diversification of the provision of care from physicians to mid level providers, and maybe the most so due to the steady migration away from independent practice to employment by large health systems. So it seems, that once fruitful level of collegiality and communication that I think we once all appreciated here in Fort Wayne has degraded to some extent. It is for this reason, that I feel now more than ever, the strength and future of the Fort Wayne Medical Society is so crucial.

The Fort Wayne Medical Society has tremendous history, but historical significance alone will not sustain the society indefinitely. We need to maintain relevance. Relevance will lead to a robust membership, and a robust membership is the key to continuing our mission



in the support of local physicians' efforts to maintain the highest level of quality health care to our community.

So I leave you with those thoughts as we conclude the business portion of the annual meeting. As your evening allows, please continue to enjoy the company of your fellow members. I think at this point we need all the officers and trustees to come forward for a photo. Thank you all, and enjoy the rest of your night.



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I first became aware of the Community Transportation Network (CTN) at its groundbreaking ceremony last August. I met Justin Clupper at that event and was able to learn more about the organi-

zation through a follow-up meeting. The organization provides rides to seniors, people with disabilities, low-income families, children, and youth, as well as the nonprofits that serve them. In an ordinary year, CTN provides about 100,000 rides to nearly 9,000 individuals.

With rising fuel costs, community support for this important resource is needed more than ever. In April 2022, the FWMS Alliance donated \$4000 to sponsor “Trivia4Trip” – a recurring fundraiser for CTN.

1. How do you describe Community Transportation Network to someone unfamiliar with the organization?

CTN is a non-profit in Fort Wayne that eases the burden of transportation for low-income seniors and people with disabilities who need access to life-sustaining services and community resources. We’re most recognized for our accessible medical transportation program that annually serves more than 1,000 individuals and provides more than 25,000 trips.

CTN also provides about 15,000 rides to work each year for people with intellectual, developmental, and/or physical disabilities. This enables them to maintain

a connection to the community and make an economic impact.

Finally, we provide a low-cost charter service option to nearly 100 other nonprofit agencies in Allen County. From the Girl Scouts to the Philharmonic, and from the YMCA to Early Childhood Alliance, we provide nearly 60,000 trips annually. We also work with individuals and companies to provide special charter services like private brewery tours or winery tours!

2. What is the history of Community Transportation Network?

CTN was launched in 2000 after Foellinger Foundation commissioned a Community Needs Assessment specific to transportation in Allen County. The report was turned over to Turnstone, who at the time had their own internal transportation program, and Turnstone convened nearly 30 other agencies to brainstorm and solve the problem.

In 2005, CTN assumed ownership of the various agencies fleets and in 2013 we purchased our own garage on Industrial Road. In Summer 2022, we open our second garage to better serve residents in Southeast Fort Wayne and eastern Allen county.





3. *What is a typical work day like for you?*

I usually stop by most team member's workstations when I first arrive and check in with how the morning is going so far. We have someone here as early as 6AM when our first vehicles pull out, so there is usually something to talk about.

I spend one on one time with each of my leadership team members throughout the week, and as needed each day, coaching them through problems or challenges. Then I will spend a bit of time working on donor relations, business analysis, or staying up to date on things within our industry.

I say that, but I don't have too many typical days. I try to organize them as best as I can, but as the leader, I must be responsive to the needs of my team, organization, our clients, and donors!

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

When I figure that out, I will let you know. I'm grateful for both an understanding family and understanding leadership team and board of directors. Both recognize there are times when I need to focus on my family/me, and when I need to focus on the organization. And that can happen on any day at any hour.

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

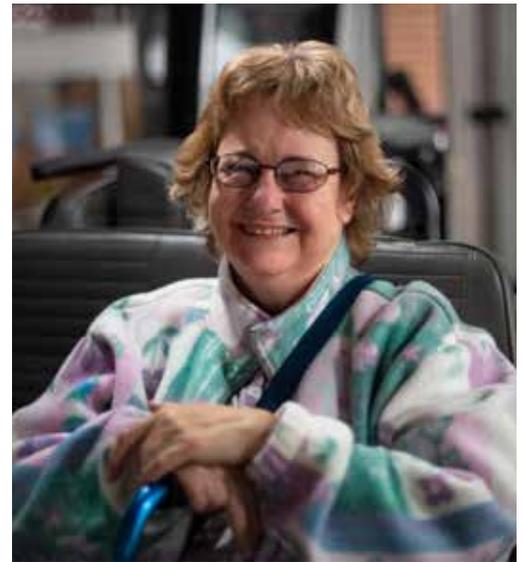
Our greatest challenge is that we could more than double our medical transportation program right now, based on the need, if we had capacity. In a normal year we provide about 25,000 medical rides, and based on data from the state, there are at least another 20,000 rides that go unfilled in Allen County each year because of a lack of providers.

In order for us to meet this demand, we need three things: drivers, vehicles, and philanthropy to support the cost gap. Our drivers are

often retirees who want to give back, but we have plenty of people in their 30's and 40's who love to drive! We currently have 36 vehicles, with four more ordered. And we need philanthropy to make every ride happen.

a. How can our members help?

They can always make referrals to our agency, but the reality is, we're pretty filled as it is. In order for us to grow, we need drivers and the philanthropy to fund trips. The average cost of a trip right now is about \$60 and the average reimbursement is about \$28. That \$32 gap is filled by donors who make our rides happen.



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

In recent years, we've started working with medical riders, scheduling their trips while they're at the doctor's office scheduling their next appointment. That way everyone is on the same page and we can be sure we're getting them where they need to go. We tell our riders that the best time for a ride is between 9:30 and 12:30 each day. The more we can schedule our riders during that period, the better.



Benefits of Teaching Are Recognized by Faculty, Students, and the University

In the August 2020 issue of the *American Family Physician* journal, an editorial was published entitled, “Benefits of Teaching Medical Students: Perspectives from a Community Physician Preceptor.”

The article, written by Dr. Michael Burke, listed several benefits from a physician’s perspective on teaching, from improving the number of students entering primary care to the need to stay current on new treatments and changing clinical practices. Dr. Burke also discussed the importance of training future physicians to find success in their work-life balance. Indiana University School of Medicine-Fort Wayne (IUSM-FW) and its students acknowledge gratefully the many benefits students receive from interactions with clinical faculty members.

With over 550 physicians serving as clinical preceptors, mentors and lecturers IUSM-FW students have many opportunities to meet physicians in every specialty throughout their medical school careers. Each one of these physician educators enriches students’ knowledge and experiences. On the surface, students learn about patient care and apply the concepts they learned in the foundational courses to practice as they take histories, complete physical exams and review lab and imaging results. Yet these experiences are multi-faceted as building relationships with physicians gives students new perspectives of their future careers. Benefits students find from their relationships with clinic faculty allow them to develop much deeper and personal experiences with patients and staff, find themselves more compassionate, friendly, efficient, kind, thoughtful and interested in ensuring a balance of their work with their own passions and interests.

Indiana University School of Medicine (IUSM) presents annual awards to acknowledge the time and dedication of our clinical faculty members. This year, Dr. Michael Yurkanin was named IU School of Medicine’s 2022 Physician Mentor of the Year. In his role as a mentor, Dr. Yurkanin develops a professional relationship with four medical students throughout their careers at IUSM. While he is expected to meet with the students at least twice a year, Dr. Yurkanin, like many of the clinical faculty at

IUSM-FW, goes above and beyond. He gives students words of encouragement, boosts their confidence, and provides advice to help students find success. Dr. Yurkanin was nominated for this award by one of his mentees, third-year student, Francis Nwaneri. In his nomination of his mentor, Francis stated, “Dr. Yurkanin has been a source of support and encouragement to me since I started my first year of medical school, from checking on me periodically throughout the year to setting up face-to-face meetings with me to discuss my aspirations and struggle while rendering advice and support whenever he can. His support has truly been the backbone of my success here.”



Dr. Chang, Kendra Hollenbeck and Dr. Toupin

Other mentors from our Fort Wayne campus were nominated by their mentees for awards. Dr. Jared Toupin, an Emergency Medicine physician, received an Outstanding Physician Mentor Award and Dr. Judith Kennedy, an OB/GYN physician was recognized for her commitment and dedication as a physician mentor. Both of these physicians serve as preceptors in clerkships.

IUSM presents awards to recognize clinical educators each academic year. For the 2021 academic year, the following physicians at the Fort Wayne campus received Volunteer Faculty Teaching Awards: John Addo, Jerry Dearth, Landon Harrison, Amber Hetrick, B Matthew Hicks, Sanjay Jain, Judith Kennedy, Lindsay Ligler and Matthew Runyan.

IUSM-FW would like to thank all of our clinical faculty members for sharing their time and expertise with our medical students and invite physicians interested in learning more about becoming a preceptor, mentor or involved in classroom activity to please contact Dr. Angelika Martin at martinai@iu.edu or Sharon Roberts at robeshar@iu.edu.



Fort Wayne Medical Society | New Members



JOHN F. ALEXANDER, MD

Specialty: Diagnostic Radiology
 Group: IU Health Physicians
 7411 Hope Dr, Ste C
 Fort Wayne, IN 46815
 Medical School: Indiana University, 1999
 Residency: Indiana University, 2000-2004



SARA HERSTAD, DO

Specialty: Family Medicine
 Group: Parkview Physicians Grp-
 FirstCare Walk-In Clinic
 3909 New Vision Dr
 Fort Wayne, In 46845
 Medical School: Midwestern University, 2005
 Residency: St Francis Hospital, 2005-2008



AMY AUSTIN, MD

Specialty: Obstetrics & Gynecology
 Group: Parkview Physicians Grp-OB/GYN
 1818 Carew St, Ste 300
 Fort Wayne, IN 46805
 Medical School: Indiana University, 2011
 Residency: St Francis Hospital, 2011-2015



JASMINE JATINDER KAUR, MD

Specialty: Psychiatry, Child & Adolescent Psychiatry
 Group: Park Center
 909 E State Blvd
 Fort Wayne, In 46805
 Medical School: Ross University, 2014
 Residency: University of Kansas, 2014-2017



ASHLEY BERISH, MD

Specialty: Obstetrics & Gynecology
 Group: Parkview Physicians Grp-OB/GYN
 1818 Carew St, Ste 300
 Fort Wayne, IN 46805
 Medical School: Indiana University, 2017
 Residency: Toledo University, 2017-2020



SUMONA KABIR, DO

Specialty: Allergy, Immunology & Internal Medicine
 Group: The Allergy & Asthma Center
 7222 Engle Rd
 Fort Wayne, In 46804
 Medical School: West Virginia School of Osteopathic
 Medicine, 2014
 Residency: Grandview Medical Center, 2014-2017



TODD FRAZIER, MD, MSPH

Specialty: Preventative Medicine
 Group: Parkview Physicians Grp-
 FirstCare Walk-In Clinic
 4402 E State Blvd
 Fort Wayne, IN 46805
 Medical School: Meharry Medical College, 2008
 Residency: Meharry Medical College, 2014-2016



RACHEL KAWIECKI, MD

Specialty: Ophthalmology
 Group: Ophthalmology Consultants
 7232 Engle Rd
 Fort Wayne, In 46804
 Medical School: Indiana University, 2017
 Residency: Indiana University, 2018-2021



WILLIAM GEISERT, MD

Specialty: Orthopedic Surgery
 Group: Ortho Northeast
 5050 N Clinton St
 Fort Wayne, In 46825
 Medical School: University of Michigan, 2012
 Residency: University of Michigan, 2012-2016



ANDREA NAAUM, MD

Specialty: Psychiatry
 Group: Park Center
 909 E State Blvd
 Fort Wayne, In 46805
 Medical School: Saba University, 2014
 Residency: University of Maryland, 2014-2018



ROBERT HART, MD

Specialty: Family Medicine
 Group: Parkview Physicians Grp-
 FirstCare Walk-In Clinic
 3909 New Vision Dr
 Fort Wayne, In 46845
 Medical School: Ohio State University, 1985
 Residency: Akron City Hospital, 1985-1988



MICHAEL PETRUCCI, MD

Specialty: Diagnostic Radiology & Nuclear Medicine
 Group: FW Radiology
 3707 New Vision Dr
 Fort Wayne, In 46845
 Medical School: George Washington University, 1997
 Residency: University of San Diego, 2002-2004

COVID Questions and Answers

Scott Stienecker, MD



Q: *What is the status of the COVID-19 Pandemic as we enter the 3rd year?*

A: COVID-19 is transitioning from an Epidemic to an Endemic infection. We can continue to expect to see new waves once to twice a year, although smaller than we have seen before. Many predict it will become yearly and tend to occur in the winter in the United States, as do the other human coronaviruses. SARS CoV-2 will become another one of the human coronaviruses.

Q: *Will SARS CoV-2 always be a serious infection?*

A: As the world becomes infected with this virus, the effects on people will continue to diminish and simply cause a cold that lasts for about five days. We must be on guard for mutants that threaten to escape our existing immunity provided by natural infection and vaccination.

Q: *Who will be at highest risk for severe infections?*

A: So far, those with immune deficiencies, especially those with B-cell lymphoma or treatment with medications that target B-cell function, will be at highest risk.

Q: *What changes and improvements have hospitals adopted to respond to COVID?*

A: The western world has adopted masking as a new socially acceptable norm. Previously, walking into a bank with a mask immediately triggered concerns of robbery. Now, it is acceptable to do so. During respiratory virus season, more people will want to wear masks and avoid the respiratory illnesses common in the season. Seeing a provider with a mask on will be no more unusual than a provider wearing gloves during the exam.

Q: *What improvements have we seen in public health?*

A: The U.S. public health sector has languished under budget cuts for decades, leaving it inadequate to effectively respond to the epidemic compared to other countries. Restoring the staffing, function and surveillance, and creating more robust lab support will improve outbreak detection and improve health for all.

Q: *What is the biggest surprise with COVID-19 for an Infectious Diseases Physician?*

A: I predicted in December of 2019 that this would be big and was amazed that the United States didn't follow the Pandemic Flu Plan, although other countries were clearly following it. I was further amazed at the politics of vaccination and the rise of misinformation pundits. It has been absolutely shocking that people will listen to physicians about heart disease, coronary artery bypass graft (CABG), spinal treatment, cancer care, etc., but prefer to believe someone on social media talking about unproven or unsafe medical treatments. How can anti-science become so prevalent? It defies my mind's grasp.

Q: *Did you get COVID?*

A: I had done extremely well up until May 2022. Despite travel to some high-risk states (wearing my KF-94 with diligence), I had remained COVID-free. I received my four vaccines (Pfizer primary x three and Moderna booster) with the last booster five days before my father's funeral. As we see so often in the hospital with contact tracing, it isn't the work environment that's primarily spreading the virus, it is the social situations. Despite wearing my mask at the funeral, I did not while acting as emcee of the

event. I even warned the crowd to use the provided masks and hand sanitizer, as I predicted that three people in the room statistically had COVID and were asymptomatic. It is supremely ironic that I was the only person at the funeral to catch COVID from my college-aged nephews. Paxlovid has been excellent to turn the symptoms off. BA.2 is thought to be the most infectious virus known to man. – more than Measles and Mumps.

Q: *What treatment is best?*

A: That depends on age, other medications, renal function, severity and co-morbidities. For the average person with normal renal function, age 50+ (or 12-50 with comorbidities) with mild to moderate infection, then Paxlovid is the drug of choice. For those at higher risk or those who cannot take Paxlovid, then a monoclonal antibody or IV remdesivir might be more appropriate. DON'T WAIT! Start as early as possible. The major side effect of Paxlovid is dysgeusia (metal taste for a few hours) that can be offset with tea, cough drops or hard candy.

Q: *What's next for SARS CoV-2? Any new tricks?*

A: B-3 and B-4 variants have already been described. There is no doubt that new variants will continue to circulate, and ongoing vaccination is our best protection. There is no certainty as to how often, if at all, that we will need boosters after the fourth. The protection from additional boosters tends to rapidly fall off after that. What I worry about is another event that created Omicron—a recombination event. In that case, an immunocompromised person with documented chronic Delta-COVID >300 days became infected with another human coronavirus. They recombined into the Omicron variant. Fortunately, we had pre-existing immunity to the strain of human coronavirus, and it preferred to attach to upper respiratory epithelium. Some future recombinant event, particularly in another animal species, may not be so forgiving. Our best defense will be a robust public health system and ongoing surveillance. Such a recombinant event is likely.



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Visiting Nurse becomes Stillwater Hospice |

Leslie Friedel, CEO of Stillwater Hospice



On March 1, 2022, Visiting Nurse, a not-for-profit hospice and palliative care organization serving northeast Indiana, announced an evolution of our brand, renaming the organization Stillwater Hospice.

You may be asking WHY did Visiting Nurse change its name to Stillwater Hospice and WHAT does “Stillwater Hospice” mean? In 2021, we began to research and understand what our community knew about the services that we provide. Through interviews, focus groups and community surveys, we realized that many people in our community, those who had not experienced our services, did not know that we offered hospice care. Many thought that we solely provided home health care or employed traveling nurses.

After reviewing the results of the community survey, we knew a change was needed to our name to better reflect who we are and what we do. We reflected upon the family interviews we conducted and saw an overwhelming theme that our palliative, hospice and grief support services provided peace and comfort during the storm of emotions a patient and family were experiencing when faced with serious illness. Our team members help calm the storm and still the waters.

Our new logo features a water lily, which can only grow on water that is still. Three lines under the logo signify our roots and represent the three rivers that run through Fort Wayne, where we first began serving the community in 1888.

Palliative care is an offering that Stillwater Hospice specializes in to support individuals who have been diagnosed with a serious illness. Palliative care is patient and family-centered, provided by Stillwater Hospice physicians and nurse practitioners, for those facing serious and chronic illnesses. Palliative care addresses physical, emotional and social needs and provides relief from symptoms and stresses of a serious illness. The goal is to improve quality of life for patients and families. It is appropriate at any age and at any stage in a serious illness and it can be provided along with curative treatment. Stillwater Hospice provides palliative care at one

of our three clinic locations in Fort Wayne (at Dupont Hospital), Berne and Marion.

Stillwater Hospice provides hospice care in residential homes, assisted living and skilled nursing communities throughout the 11 northeast Indiana counties including: Adams, Allen, Blackford, DeKalb, Grant, Huntington, Jay, Noble, Wabash, Wells and Whitley. Hospice care is the model of high-quality, patient-focused care that helps terminally ill patients and their families live as fully as possible. We treat the patient, not the disease. The focus is on caring, not curing. Hospice utilizes an interdisciplinary team of experienced healthcare professionals who address symptoms and pain management and provide emotional and spiritual support tailored to the patient’s needs and wishes. The sooner hospice care is begun, the sooner we can provide our unique brand of holistic care for the patient and their family. The Stillwater Hospice team can provide informational visits to patients and families to explain more about hospice services and answer any questions they may have. Informational visits are provided at no charge to the patient or family and is an opportunity for them to better understand their options as they face serious illness.

In 2001, Hospice Home opened its doors at 5910 Homestead Road in southwest Fort Wayne. Hospice Home provides medical care to those needing more intensive monitoring and treatment than can be managed in their own home. It is open 24 hours a day, 7 days a week. Visitors are welcome at any time of day or night. Hospice Home is the region’s only freestanding hospice facility staffed with hospice-certified physicians and caregivers. Hospice Home provides 24-hour care, with inpatient care for symptom management such as pain control, nausea and respiratory difficulties. Each of the 14 rooms within Hospice Home are private, have a home-like feel and include a couch that can fold into a bed for loved ones who would like to stay the night with the patient. Hospice Home is surrounded by a beautiful eight-acre campus that includes healing gardens, ponds and a native Indiana prairie for patients and families to enjoy. Hospice Home is covered by most insurances including Medicare, Medicaid and Private Insurance. In addition, financial assistance is provided through the generosity of individual funders, corporations and foun-

dations. In fact, because Stillwater Hospice is a not-for-profit organization, we care for all patients, regardless of their ability to pay.

Stillwater Hospice is fortunate to have the Peggy F. Murphy Community Grief Center as a part of our offerings as well. The Center is a resource for northeast Indiana residents, providing space for individual grief counseling sessions, grief programming and specific types of grief support groups. Over 70% of the individuals who have utilized individual grief counseling, through the Peggy F. Murphy Community Grief Center, have not had a loss affiliated with palliative or hospice care. In fact, many of those seeking grief counseling have had losses that were sudden or traumatic including losses due to suicide, homicide, car accidents, drug overdoses and COVID-19. Through the generosity of our community, all grief counseling sessions, support groups and programs are provided at no charge.

We are the same caregivers, same leadership, same board and have the same mission of providing a comprehensive suite of compassion services. Stillwater Hospice is a not-for-profit organization dedicated to serving northeast Indiana where we first began over 134 years ago. In all we do, we lead with love.



Same incredible caregivers.
New name.

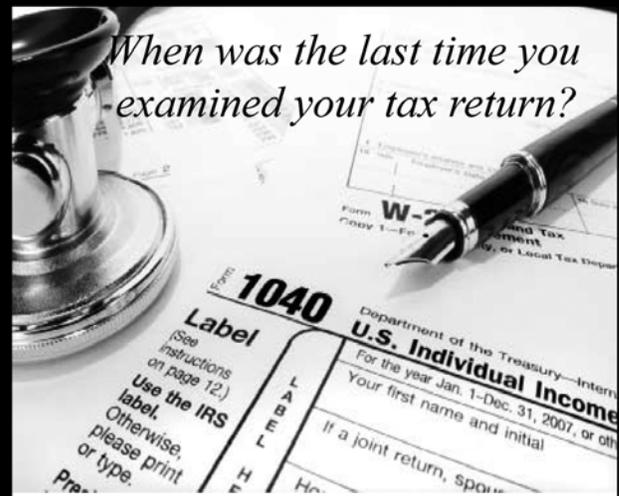
Visiting Nurse is now Stillwater Hospice.

Since 1888, Visiting Nurse has served families with compassion and love. We're now pleased to announce the next chapter in our story. We're the same caregivers—still community-based and not-for-profit—now with a new name: Stillwater Hospice.

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The Primary Care Role in “Screening” for Gynecologic Malignancy | Christina L. Duncan-Lothamer, DO



I often tell my patients that we have few screening modalities for cancers while encouraging them to update their mammogram, colonoscopy, and pap smear.

Those who have a gynecologic malignancy ask if anything could have been done to detect their cancer sooner or to decrease their overall risk. I, unfortunately, tell them that we have no proven screening methods for ovarian or endometrial cancer; and then, when the day is over, wonder what we, as physicians, can do to detect these malignancies before reaching advanced stages.

Ovarian cancer, referred to as the “silent killer,” is diagnosed 75% of the time in Stage III or IV. The presenting symptoms are vague and often attributed to less serious conditions until the workup is otherwise negative and imaging finally shows advanced disease. Advanced stage disease is treated with chemotherapy agents and potentially a large tumor debulking surgery only to recur at some point.

Endometrial cancer is fortunately diagnosed in the early stages, but often vaginal bleeding will be missed for years simply because the patient never thought it was a sign of something abnormal. Those years of vaginal bleeding are now diagnosed as advanced stage uterine cancer, and the patient needs chemotherapy and radiation following surgical staging.

I truly believe that our primary care colleagues have a unique relationship with their patients that can aid in the detection of abnormalities sooner. This may allow for a better chance of longer survival times for our gynecologic cancer patients.

How can the primary care physician help these patients?

- **Obtain complete family history.** The history of a patient can deem patients high-risk for gynecologic malignancies and closer monitoring can be performed. Specifically asking if there is any history of cervical, uterine, vaginal or ovarian cancer in their families.
- **Ask screening questions.** Many women just don’t like to talk about genitalia and will never tell their providers they are having dyspareunia or vaginal bleeding unless they are asked.
- **Perform full physical exams including speculum, bimanual, and rectal exams annually.** Pelvic exams can give us so much information before the patient even knows there is a problem. If there is a concerning finding, never hesitate to refer to a specialist.
- **Complete screenings.** There is true benefit to ensure pap smears, mammograms, and colonoscopies are up-to-date. Breast and colon cancers can have genetic components that may predispose patients to gynecologic cancers as well.
- **Encourage a healthy lifestyle.** We know that there is a strong correlation between obesity and endometrial cancer.

Primary care physicians have a vital role in the health of the population. Their unique role allows strong relationships to be built with patients, and that trust gives special opportunities to diagnose conditions that may otherwise be missed.

It is a gift to be able to take care of patients in Allen County and the surrounding areas. I am happy to be a part of Parkview Cancer Institute and its mission.





On May 11, 2022, the Fort Wayne Medical Society Alliance gave me the honor of being elected to be your President for the 2022-2023 term.

I moved here from Evansville 11 years ago with my husband, Dr. Randal Hughes. Originally, I am from Southern Illinois, where I attended and studied political science at Southern Illinois University on a congressional scholarship. I find myself volunteering for many organizations around town. I have been involved with the Leukemia and Lymphoma Society and Easterseals. I love fundraising and I don't know a stranger. I have also been on the Indiana State Medical Alliance Board for the past 3 years. I am the past and current chair for one of the FWMS Alliance's biggest events of the year, Cinderella Dress Day.

I didn't get involved with Alliance until 2017, and I wish I would have joined sooner. The life long friendships that I have gained through this organization are priceless. I look forward to working in the community with these amazing ladies.

Leise Rosman, President-elect



A native of southwest Michigan, Leise moved to Fort Wayne with her husband and three children upon completion of her husband's residency at Washington University in St. Louis,

Mo in 2017. Leise served as Board President of the Washington University Medical and Housestaff Auxiliary in St. Louis. We welcome her enthusiastic and experienced background to the FWMS Alliance board.

Cinderella Dress Day March 26, 2022

A much anticipated Cinderella Dress Day was held at The Grand Wayne Center from 8am-3pm on March 26, 2022. This was our 20th year for the event! We are grateful to our partners Peerless Cleaners, Vision Care Ophthalmology, Two Men and a Truck, and our many community sponsors for their continued support over the years.

We had been unable to hold the event for the past two years due to Covid. Because of the pandemic we had an overwhelming amount of new and gently used dresses donated. There were over 4,000 dresses from which girls could choose the dress of their dreams.

The main goal of Cinderella Dress Day is not the dresses, but the educational health fair that the girls must attend before entering the "prom boutique". This year we had 14 booths for the girls to visit. Women's Health Advantage, Allen county Health Department, Heather's Closet, and Super Shot just to name a few in attendance. The girls must visit a minimum of 6 booths before entering the "prom boutique". This year, Vera Bradley gave us 800 pieces of Vera Bradley items to incentivize the girls to visit all 14 booths. While the girls were waiting in line to get into the health fair, we had health and safety speakers doing 10-15 minute talks. Our goal is to give these young ladies age appropriate health information at a crucial time in their life.



We had 573 girls attend this years event. Each girl received 1 long dress, 1 short dress, 2 pieces of jewelry, 1 pair of dress shoes, free alterations, and free hair/makeup. Super Shot

was also in attendance to give out Covid vaccinations and HPV vaccinations. They also received a bag to hold all their health education items.

Our Emcee was WPTA Insight Charity Freeman. We had 120 volunteers that started at 8am and stayed until 4pm the day of the event. We also had 20 volunteers that helped set up the day before.

Overall the event was a success and we look forward to next years event!



Physician/Alliance Connection: *Getting Involved / Compiled by Betty Canavati, MS*



Isa Canavati, MD

My wife has had a long-term involvement in the Alliance, in various positions over the years, including local and state President. Witnessing her dedication to the various causes, such as welcoming new medical students,

participating in Doctor's Day and Cinderella Dress Day, and representing the local and state Alliances at the regional and national levels, spurred my interest to find a way to have my own contribution beyond clinical practice. Upon her inspiration and encouragement, I became involved with the FWMS by expressing an interest in being a delegate to the ISMA Annual Convention, representing NE Indiana. At these meetings, I became aware of the legislative process, and how we as physicians can make our voice heard at the state legislative level, thus influencing public health issues, and policies that impact health care delivery.

After several years on the FWMS Board, I was honored to be elected President for 2021-22. It was rewarding working with other physicians, listening to the ISMA representative educate us on what issues ISMA is addressing, and hearing how our Alliance has impacted the community from a perspective other than my wife's. Without her encouragement, I would not have had these positive experiences.



Keith Davis, MD

I was asked the question- How has your wife's membership in the Alliance helped you? I guess I would say it has allowed me to become more involved in serving the community in a matter other than the direct practice of medicine.

Through volunteering at events, I've been able to meet and work with others in the community. For example, at the Cinderella Dress Day (the event providing free prom dresses and accessories for those students who might otherwise not be able to afford them and health education for some students) I was able to meet and network

with people from the Board of Health, the Women's Shelter, the Hope Center, and several other organizations. We were able to share information and resources, discuss how we may help each other, and bounce ideas for serving the community off of each other. Doctors Day at Science Central afforded a similar opportunity.

I have also enjoyed participating in the Medical School BBQ. This has allowed me the opportunity to meet the incoming and current medical students and hopefully be a point of contact for future advice or rotations. It also allowed me the opportunity to meet the faculty and staff that are involved in the day-to-day teaching of the students. I guess overall it is an excellent way to network broader in the community. And finally, seeing the smiles on the face of children leaving a day of exploration at Science Central or teens smiling while leaving the Grand Wayne Center carrying a new dress brings a bit of joy to my day also.



Dan Krach, MD

My wife Maria and I moved to Fort Wayne 31 years ago after completing my Ophthalmology residency in Indianapolis. Maria was very involved in volunteer work and her career in Indianapolis, so moving to

Fort Wayne was not easy. We had one child at the time, and Maria began part time work at the Heart Center Medical Group. Within weeks, she was invited to the Fall Social for the Fort Wayne Medical Society Alliance by two spouses of the physicians in my group. That was the beginning of many new and lifelong friendships for her and our whole family.

The FWMSA has always followed their mission, which takes into account the whole family of the physician. Many of the FWMSA social activities in those early years involved events we could take our kids to.

There have also been plenty of fundraisers for their many philanthropic endeavors that we attended together with many of our FWMSA friends. Maria quickly acclimated to Fort Wayne and I know a lot of that transition

was due to the friendships she made. We both are very passionate about medicine and are proud of the medical community in Fort Wayne. I think the FWMSA and the FWMS played a huge role in that.

Maria was involved on the committee level at the inception of Doctor's Day 27 years ago. She has chaired the event for the last 20 years. It has been an activity our whole family has embraced. It began as an opportunity to highlight physicians and the various areas of practice. When Maria began chairing it, the FWMSA brought in the hospitals and other medically-related organizations to spotlight all careers in medicine, from pharmacy, to nursing, dietetics, and physical therapy to name a few. We have, as a couple, attended and volunteered together at this event all 27 years. I have had booths at the event, sat in the "Doctor Is In" booth to answer kid's questions, dissected cow's eyes in the demonstration theater, and been a door greeter welcoming the nearly 2000 that attend this event annually. I have a lot of respect for the work my wife and all her friends and members of the FWMSA do in the community.



Emily Krach, MD

My name is Emily Krach and I am the daughter of Maria and Dan Krach. My father is an Ophthalmologist in Fort Wayne and my mom is a registered dietitian in private practice.

When Doctor's Day was started by the Fort Wayne Medical Society Alliance 27 years ago, my mom was on the committee so my three siblings and I tagged along. My mom encouraged my dad to have a booth. We have participated every year since.

When I was younger, I attended because it was such a fun day visiting all the various medical specialty booths for prizes, and watching the medical demonstrations in the Science Central theater. My mom became the Chair of the event nearly 20 years ago, and I started volunteering at the event with my siblings and friends. It was always the first weekend of my college spring break, so I would come back and help with the event and often was my Dad's assistant for the cow eye dissection demonstration. When I pursued medical school at Marian University, I organized a booth for Marian to encourage young people to pursue careers in the medical field. As a

resident at the Fort Wayne Medical Education Program, I again participated in our booth, where over 30 family medicine residents interacted with the kids attending. I even dressed up as a "carrot". I can honestly say that my mom's involvement with the FWMSA and specifically, her involvement with Doctor's Day helped spark my interest in becoming a doctor.



Justin McGee, MD

Philanthropy and service are great ways to deepen bonds as a couple and set foundations for common goals. This year we participated in the 27th Annual Doctor's Day at Science Central put on by the Fort

Wayne Medical Society Alliance. This was our first time doing this event as a couple and what a wonderful experience it was.

Jae and I were able to share our passion for community engagement and service in an entertaining and educational environment. It was a great way to combine our talents and interests, and work toward a common goal of helping our neighbors and friends. Jae has a unique focus on the significance of the quality of experience and earnestly strives to make them enjoyable for all involved. She knows the power of enthusiasm and effort. I personally have a passion for education and teaching, and using those tools to help others improve their own and others' quality of life.

Volunteering in the Fort Wayne community doesn't have to be onerous or burdensome. In the fast-paced and ever changing environment of medicine, it is easy to feel overwhelmed at times and feel like your personal bandwidth is at it's maximum level. There are times when the thought of adding another activity to our calendars seems impossible, but the act of service itself can paradoxically make us feel rejuvenated and impassioned about what we do in the clinics, ORs, endoscopy suites, and emergency departments. It connects us to the core of medicine, helping those around us with our training and talents, and doing it with our families and partners creates connections on a deeper level. When we serve together, we are seeing each other as our core selves. Also, volunteering events are great ways to add some variety to day dates, and fun and fulfilling activities for the whole family.

continued on page 24



Tamara Wheeler, MD

It has been a pleasure to participate in Doctor’s Day at Science Central. I look forward to sitting in the “Doctor Is In” booth and talking with the children in our community. They are inquisitive, eager to learn, and love to ask questions. This is a pathway to introduce them to a medical career. It is a fun and engaging opportunity to share that doctors and medical staff care for their health and well-being.

Membership in the Medical Society Alliance is an excellent means of out-reach to our city. In addition, membership allows doctors, spouses, and medical students to connect and form friendships and networks of encouragement and support. Our Alliance is involved in serving, teaching, and improving the health status of those we serve. Doctor’s Day, Cinderella Dress Day, BBQ and lunches for medical students, scholarships, and donations to charitable organizations are a few of the many events this Alliance sponsors.

I highly encourage membership and financial support to our Medical Society Alliance. The benefits of service and camaraderie far exceed my expectations.



Savi Raju, DDS

We are so fortunate to have such a great organization like the Fort Wayne Medical Society Alliance in our community. I decided to become a member of the Alliance many years ago for several reasons. First,

I wanted to contribute to its mission of improving the health and well being of our community; all of us must do our part to help in this great endeavor. In addition, there are a lot of amazing women who have been running this organization. I have always admired these leaders for their tremendous dedication and commitment, and I wanted to not only help and support them, but to also form new friendships. Finally, the Alliance always hosts Doctor’s Day and Cinderella Dress Day, which are two major service events in Fort Wayne. These events have allowed me to be actively involved in helping reach

the goals of the Alliance, while also providing me the opportunity to interact with other Alliance members and people within the community.

Doctor’s Day at Science Central has always been one of my favorite Alliance events. Over the years, I have volunteered for many different roles such as: greeting people at the door, working the prize table, introducing speakers for presentations, and answering questions at the “Doctor Is In” booth. As a door greeter, it was fun to see all the people lined up outside in the morning to attend this free event. There was always so much excitement as they eagerly piled into Science Central. At the prize table, there were so many enthusiastic children waiting to find out if they were one of the lucky winners. Experiencing their joy and excitement is extremely rewarding. The presentations and the “Doctor Is In” booth always attracted a lot of inquisitive children. As a dentist, it was very fulfilling to teach children the importance of oral health. I also enjoyed meeting new Alliance members and working alongside them. Doctor’s Day has always been a great experience and I look forward to it every year.

Alliance Calendar of Events

July 2022

- July 13** Community volunteer day
- July 21** Book club
- July 26** Taste of the Town

August 2022

- August 3** Community volunteer day
- August 10** Board meeting
- August 17** Book club
- August 23** Taste of the Town
- August 25** IUSoM BBQ

September 2022

- September 7** Community volunteer day
- September 14** Board meeting
- September 21** Book Club
- September 27** Taste of the Town

SAVE THE DATE

Welcome BBQ

Wednesday, August 25, 2022
6-8 pm

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We hope you can join us!



Food Prices Rise Dramatically - Prompting What Some Call a Looming 'Hunger Crisis'

Mary Tyndall, Food Insecurity & Nutrition Program Officer, St. Joseph Community Health Foundation



Anyone who puts gas into their car or shops for food at the local market sees the very real impact of inflation these days. The U.S. Bureau of Labor Statistics reports that for the year ended April 2022, the Consumer Price Index increased 8.3%. Costs for food rose even higher; over the same period, prices

for food at home increased almost 11%. This is the largest over-the-year percentage increase since an 8% increase in November 1981.

Many Americans are responding by tightening their belts and making only necessary purchases, but the budgets of low-income residents have no wiggle room. The U.S. Department of Agriculture (USDA) reports that nearly one-third of a low-income household's budget is spent on food—any increase in costs quickly threatens the stability of many families.

Couple the dramatic rise in food costs with the reduction in food stamp (SNAP) benefits and you have a recipe for what Feeding America recently called a “looming hunger crisis.” In Indiana, the Legislature has ended the Public Health Emergency declaration, rolling back the pandemic increases to SNAP that helped many families purchase the food they needed to avoid food insecurity. SNAP recipients are now receiving an average of \$82 a month less with the removal of those pandemic increases.

Inflation and the reduction in SNAP benefits is, of course, increasing demand at local food banks and pantries.

Feeding America reports that food insecurity rates in Allen County were already 13.2% in 2021, and those rates appear to be rising. Community Harvest Food Bank staff tell us numbers are climbing steadily and in addition to serving more individuals, they are having a difficult time sourcing food. When Food Bank employees can find the products they need, costs are much higher.

At the Wellspring Interfaith Social Services food pantry, visits are up an incredible 145% for May 2022 when compared with May 2021. Executive Director Melissa Rinehart says the pounds of food provided is also up, by 125%.



So far this year, Wellspring has provided more than 42,000 pounds of food to families in need and Rinehart believes that our community is facing what she calls a “food crisis” this summer.

We know that this food insecurity doesn't just leave people hungry, it leaves them unhealthy. Studies repeatedly conclude that those faced with food insecurity have higher incidences of diet-related diseases, such as obesity, diabetes and heart disease. One of the most recent studies, published in the *Journal of Nutrition* by researchers from Washington State University, showed that young adults who were at risk of food insecurity had increased incidence of diabetes 10 years later. This shows a causal relationship over time.

Locally, health care providers are often challenged with treating these diet-related diseases and finding ways for patients to access nutritious and affordable foods. The network of food pantries remains strong in our community and there are now several new initiatives to help address rising food insecurity rates as well as the diet-related diseases that often accompany the lack of access to healthy food.

Community Harvest Food Bank and Associated Churches continue to lead our community in addressing hunger by supporting hundreds of area food pantries and food voucher programs. Additionally, several mobile food pantries and markets have recently started operating to help combat the challenges of access to nutritious food for residents without reliable transportation.

For example, Wellspring on Wheels mobile pantry operates year-round and visits locations throughout Allen County, from Arcola to New Haven and Hoagland to central Fort Wayne. The dates, times and locations are all online at Wellspringinterfaith.org and on the Wellspring Facebook page.

Community Harvest Food Bank continues its mobile Farm Wagon service, visiting nine northeast Indiana counties every week, and helping low-income residents put fresh produce and dairy on their tables. Information about the weekly walk-up or drive-up sites is available at CommunityHarvest.org.

Plowshares mobile markets are new this year and are providing access to fresh produce throughout the county. The produce is grown locally by Burmese farmers working with the local non-profit organization Heartland Communities. These mobile markets accept SNAP and two nutrition incentive programs called Double Up Indiana and VeggieRx.

Double Up is a program of the St. Joseph Community Health Foundation and is supported by the USDA and Parkview Health. Double Up allows families to receive a \$1 for \$1 match on all fruits and vegetables purchased with SNAP. For example, when SNAP is used to purchase produce at a Plowshares mobile market, an immediate 50% discount is provided. At the Fort Wayne's Farmers Market, residents swipe their SNAP card at the market table and get a \$2 voucher for fresh produce for every \$2 they spend in SNAP.

Double Up has been operating for a year in Allen County and has provided more than \$73,000 in free fruits and vegetables to vulnerable residents—reducing food insecurity and increasing opportunities for healthy eating while at the same time supporting local farmers. Information about how Double Up works and the locations where it's accepted can be found at DoubleUpIndiana.org.

Another nutrition incentive program funded in part by the USDA is VeggieRx, which is managed by the Parkview Community Health team. VeggieRx is an opportunity for healthcare providers to write a prescription for fresh produce for adults identified as food insecure with prediabetes, diabetes, heart disease, hypertension, or individuals with an at-risk pregnancy. Eligible patients in Allen County receive \$50 in produce vouchers each month for six months, as well as the opportunity to attend two nutrition education classes and take part in two phone or virtual consults.

Currently, recipients can redeem VeggieRx produce vouchers at Fort Wayne's Farmers Market, Plowshares Mobile Markets and HEAL Markets. Questions may be directed to the VeggieRx team via email to veggierx@parkview.com or by calling 260-266-3363.

Double Up, VeggieRx and WIC and Senior Farmers Market Nutrition Program vouchers are all accepted at the HEAL Farm Markets. Supported by the St. Joseph Community Health Foundation and Parkview Health, and operated by HealthVisions Midwest of Fort Wayne, the HEAL markets provide access to locally grown fruits and vegetables in three food desert (low-income, low-access) locations in our community.

HEAL accepts and doubles all SNAP purchases through Double Up, and also doubles all purchases using WIC and Senior produce vouchers. Last summer, the HEAL Markets provided approximately \$40,000 worth of fruits and vegetables to some of our most vulnerable residents. Dates, times and locations for all HEAL Markets can be found on DoubleUpIndiana.org and also on the HEAL Markets Facebook page.

While inflation and lower SNAP benefits are making it more difficult than ever for our low-income residents to access healthy and affordable food, there are local resources to help alleviate some of the challenges they face. Thanks to the continued collaborative work among funders, non-profit service providers and healthcare professionals, we are finding innovative ways to address the causes of diet-related diseases in our community.

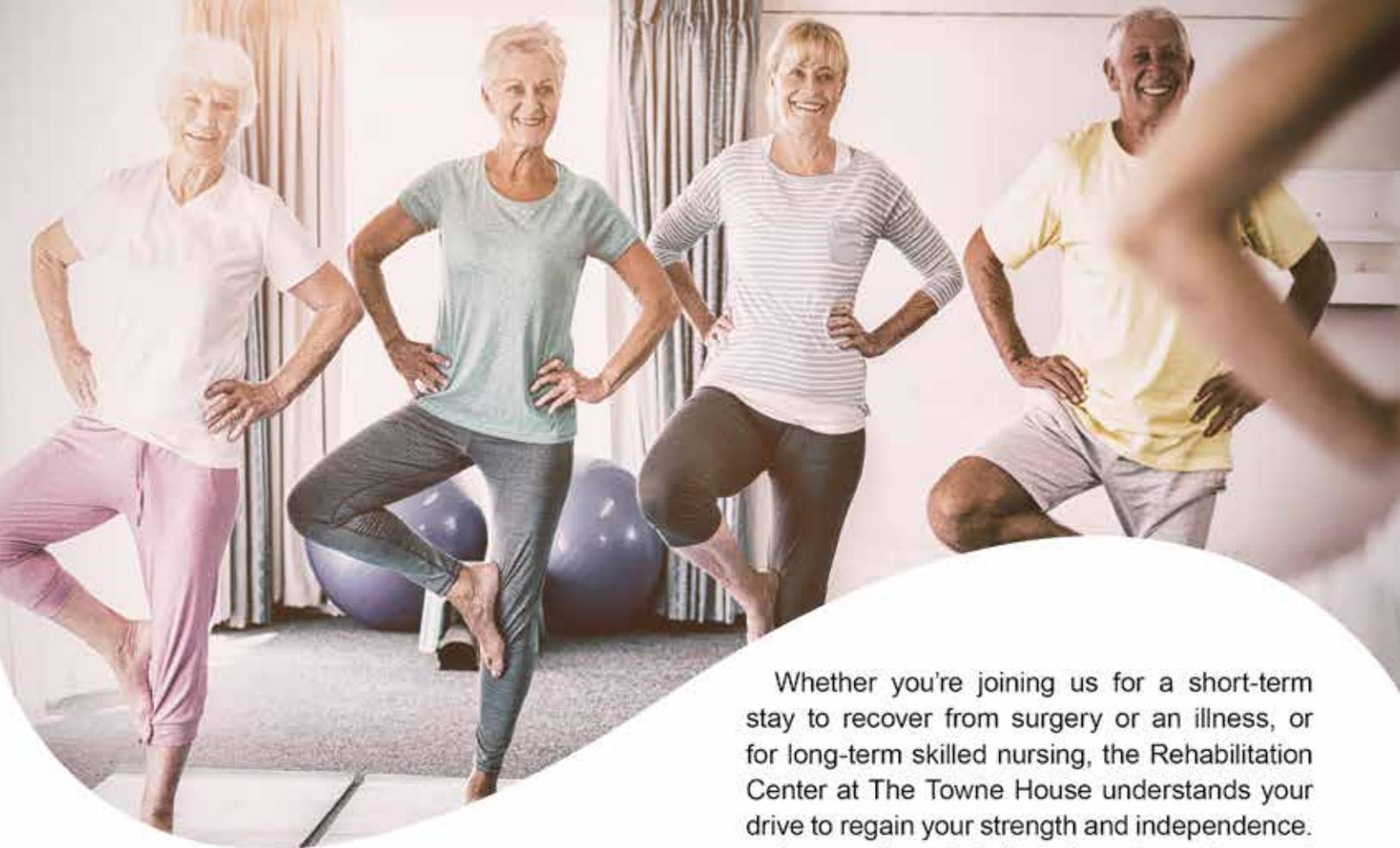
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A deep dive into the benefits of Private Client Banking Services

By Rachel Copeland Vice President, Private Banker for State Bank

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2022.144

*private banking &
wealth management*



Infectious Disease Alert

Re: MONKEYPOX UPDATE

June 3, 2022

As many of you are aware, the CDC has issued a Health Advisory related to a monkeypox outbreak that has now resulted in 20 US cases diagnosed in 11 different states. The original CDC Health Alert was sent on May 20, 2022 and is printed on pages 31-33.

Symptoms which would be present in a suspect case include fever (100.4 or greater), chills, lymphadenopathy, and a rash. The rash is unique to monkeypox but could easily be confused with other sexually transmitted infections like syphilis or herpes, or with varicella zoster infection. The CDC recently held a COCA call for clinicians and there were several slides related to STD's in comparison with monkeypox. If you did not attend that call, the presentation can be viewed at: https://emergency.cdc.gov/coca/calls/2022/callinfo_052422.asp. The CDC also released an MMWR article today to share epidemiologic findings from 17 of the 20 confirmed US cases thus far. This article can be accessed at: https://www.cdc.gov/mmwr/volumes/71/wr/mm7123e1.htm?s_cid=mm7123e1_w.

CDC has asked clinicians to be vigilant in watching for the characteristic rash associated with monkeypox, and suspicion should be heightened if the rash occurs in people who: 1) traveled to countries with recent cases, 2) report having had contact with suspect or confirmed cases, or 3) is a man who regularly has close or intimate contact with other men.

Information for Healthcare Professionals:

- If clinicians identify patients with a rash that could be consistent with monkeypox, especially those meeting the risk criteria listed above, monkeypox should be considered as a possible diagnosis.
- Information on infection prevention and control in healthcare settings is provided on the CDC website: https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fpoxvirus%2Fmonkeypox%2Fclinicians%2Finfection-control-hospital.html
- Presenting symptoms typically include fever, chills, distinctive rash or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported.
- If a clinician suspects a patient may have monkeypox, please contact the local health department immediately. For Allen County patients, please contact Erika Pitcher at (260) 449-4838 during regular business hours. If you need assistance after hours, please contact (260) 449-3000 (Allen County Sheriff's Dept. Dispatch) and select option 2. The Indiana Department of Health can be reached at 317-233-1325. If you are unable to reach either the local or state health department, the CDC Emergency Operations Center can be consulted at 770-488-7100.

What is the role of the Local Health Department (LHD)?

- Responds to reports of suspect cases and assists with testing and treatment as needed.
- Conducts the required contact tracing of individuals who may have been exposed and subsequent monitoring of those contacts for 21 days post exposure.
- LHD will also arrange post-exposure prophylaxis if needed for those identified as high or intermediate risk contacts.

Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022

Summary

The Massachusetts Department of Public Health and the Centers for Disease Control and Prevention (CDC) are investigating a confirmed case of monkeypox in the United States. On May 17, 2022, skin lesions that had several features suspicious for monkeypox—firm, well circumscribed, deep-seated, and umbilicated lesions—on a Massachusetts resident prompted specialized Laboratory Response Network (LRN) testing of swab specimens collected from the resident; preliminary testing confirmed the presence of DNA consistent with an orthopoxvirus using Orthopoxvirus generic and non-variola Orthopoxvirus real-time polymerase chain reaction (PCR) assays. This group of viruses includes monkeypox virus (the causative agent of monkeypox). Testing at CDC on May 18 confirmed the patient was infected with a West African strain of monkeypox virus. The patient is currently isolated and does not pose a risk to the public.

Cases of monkeypox have previously been identified in travelers from, or residents of, West African or Central African countries where monkeypox is considered to be endemic. CDC is issuing this Health Alert Network (HAN) Health Advisory to ask clinicians in the United States to be vigilant to the characteristic rash associated with monkeypox. Suspicion for monkeypox should be heightened if the rash occurs in people who 1) traveled to countries with recently confirmed cases of monkeypox, 2) report having had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or suspected monkeypox, or 3) is a man who regularly has close or intimate in-person contact with other men, including those met through an online website, digital application (“app”), or at a bar or party.

Lesions may be disseminated or located on the genital or perianal area alone. Some patients may present with proctitis, and their illness could be clinically confused with a sexually transmitted infection (STI) like syphilis or herpes, or with varicella zoster virus infection.

Background

Since May 14, 2022, clusters of monkeypox cases, have been reported in several countries that don’t normally have

monkeypox. Although previous cases outside of Africa have been associated with travel from Nigeria, most of the recent cases do not have direct travel-associated exposure risks. The United Kingdom Health Security Agency (UKHSA) was the first to announce on May 7, 2022, identification of a recent U.K. case that occurred in a traveler returning from Nigeria. On May 14, 2022, UKHSA announced an unrelated cluster of monkeypox cases in two people living in the same household who have no history of recent travel. On May 16, 2022, UKHSA announced a third temporally clustered group of cases involving four people who self-identify as gay, bisexual, or men who have sex with men (MSM), none of whom have links to the three previously diagnosed patients. Some evidence suggests that cases among MSM may be epidemiologically linked; the patients in this cluster were identified at sexual health clinics. This is an evolving investigation and public health authorities hope to learn more about routes of exposure in the coming days.

Monkeypox is a zoonotic infection endemic to several Central and West African countries. The wild animal reservoir is unknown. Before May 2022, cases outside of Africa were reported either among people with recent travel to Nigeria or contact with a person with a confirmed monkeypox virus infection. However, in May 2022, nine patients were confirmed with monkeypox in England; six were among persons without a history of travel to Africa and the source of these infections is unknown.

Monkeypox disease symptoms always involve the characteristic rash, regardless of whether there is disseminated rash. Historically, the rash has been preceded by a prodrome including fever, lymphadenopathy, and often other non-specific symptoms such as malaise, headache, and muscle aches. In the most recent reported cases, prodromal symptoms may not have always occurred; some recent cases have begun with characteristic, monkeypox-like lesions in the genital and perianal region, in the absence of subjective fever and other prodromal symptoms. For this reason, cases may be confused with more commonly seen infections (e.g., syphilis, chancroid, herpes, and varicella zoster). The average incubation period for symptom onset is 5–13 days.

The typical monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with cen-

tral umbilication; and lesion progression through specific sequential stages — macules, papules, vesicles, pustules, and scabs. Synchronized progression occurs on specific anatomic sites with lesions in each stage of development for at least 1–2 days. The scabs eventually fall off¹. Lesions can occur on the palms and soles, and when generalized, the rash is very similar to that of smallpox including a centrifugal distribution. Monkeypox can occur concurrently with other rash illnesses, including varicella-zoster virus and herpes simplex virus infections. Case fatality for monkeypox is reported to range between 1 and 11%. Confirmatory laboratory diagnostic testing for monkeypox is performed using real-time polymerase chain reaction assay on lesion-derived specimens.

A person is considered infectious from the onset of symptoms and is presumed to remain infectious until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Human-to-human transmission occurs through large respiratory droplets and by direct contact with body fluids or lesion material. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required. Indirect contact with lesion material through fomites has also been documented. Animal-to-human transmission may occur through a bite or scratch, preparation of wild game, and direct or indirect contact with body fluids or lesion material.

There is no specific treatment for monkeypox virus infection, although antivirals developed for use in patients with smallpox may prove beneficial². Persons with direct contact (e.g., exposure to the skin, crusts, bodily fluids, or other materials) or indirect contact (e.g., presence within a six-foot radius in the absence of an N95 or filtering respirator for ≥3 hours) with a patient with monkeypox should be monitored by health departments; depending on their level of risk, some persons may be candidates for post-exposure prophylaxis with smallpox vaccine under an Investigational New Drug protocol after consultation with public health authorities.

Recommendations for Clinicians

- If clinicians identify patients with a rash that could be consistent with monkeypox, especially those with a recent travel history to a country where monkeypox has been reported, monkeypox should be considered as a possible diagnosis. The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs.

Presenting symptoms typically include fever, chills, the distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported. The rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster). However, a high index of suspicion for monkeypox is warranted when evaluating people with the characteristic rash, particularly for the following groups: men who report sexual contact with other men and who present with lesions in the genital/perianal area, people reporting a significant travel history in the month before illness onset or people reporting contact with people who have a similar rash or have received a diagnosis of suspected or confirmed monkeypox.

- Information on infection prevention and control in healthcare settings is provided on the CDC website: Infection Control: Hospital | Monkeypox | Poxvirus | CDC. CDC is currently reviewing this information to consider the need for updates.
- Clinicians should consult their state health department (State Contacts) if they suspect monkeypox; if the health department cannot be reached, CDC can be contacted through the CDC Emergency Operations Center (770-488-7100) as soon as monkeypox is suspected.
 - All specimens should be sent through the state and territorial public health department, unless authorized to send them directly to CDC.

Recommendations for Health Departments

- If monkeypox is suspected, CDC should be consulted through the CDC Emergency Operations Center (770-488-7100).
 - Appropriately collected samples can be sent to CDC or an appropriate Laboratory Response Network laboratory for testing by PCR.
- Laboratory Response Network laboratories can provide orthopoxvirus testing on lesion specimens that clinicians obtain from suspected patients; confirmatory monkeypox virus-specific testing at CDC requires a dry lesion swab specimen. Collect multiple specimens for preliminary and confirmatory testing as follows: 1) Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs; 2) Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.



- After diagnosis of monkeypox, begin contact tracing of individuals who may have been exposed to the patient while the patient was symptomatic. Contacts should be monitored for 21 days after their last date of contact with the patient.
- Share this HAN Health Advisory with relevant health-care provider networks, including STI clinics that may not always receive CDC HAN messages.

Recommendations for the Public

- Based on limited information available at this time, risk to the public appears low. Some people who may have symptoms of monkeypox, such as characteristic rashes or lesions, should contact their healthcare provider for a risk assessment. This includes anyone who 1) traveled to countries where monkeypox cases have been reported 2) reports contact with a person who has a similar rash or received a diagnosis of confirmed or suspected monkeypox, or 3) is a man who has had close or intimate in-person contact with other men in the past month, including through an online website, digital application (“app”), or at a bar or party.

For More Information

- Contact your state or local health department if you have any questions or suspect a patient may have monkeypox.
- CDC Poxvirus and Rabies Branch: poxvirus@cdc.gov or for issues that cannot be resolved through emails, CDC’s 24/7 Emergency Operations Center (EOC): 770-488-7100 or CDC-INFO (1-800-232-4636)

References

- 1 Clinical Recognition of Monkeypox
- 2 Antivirals

The Centers for Disease Control and Prevention (CDC) protects people’s health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

Health Advisory: May not require immediate action; provides important information for a specific incident or situation.

▶ IU Health Announces Appointment of Chief Nursing Officer



Rebecca Clark, MSN, RN, CMSRN, has accepted the position of Vice President – Chief Nursing Officer for the IU Health Northeast Region. Rebecca began her transition to her new position in April. “I’m excited for Rebecca to join the Northeast Region’s leadership team,” said Brian Bauer, president, IU Health Northeast Region.

“Her leadership experience in nursing and within IU Health will be play a critical role as we expand access to care in northeast Indiana.”

Rebecca co-chairs the ACNO-Operations system collaborative. She is active in the Patient Flow Value Stream, she has collaborated with interprofessional teams to build a capacity management tool and partnered with Hospitalist leadership to create and implement the acuity adaptable models of care.

Rebecca has been the Associate Chief Nursing Officer – Operations for the IU Health East Central Region since 2018. Within the ECR, she served as Interim CNO of IU Health Jay. Prior to her ACNO role, she served as Director of Clinical Operations, Interim Administrative Director for Acute Patient Services, and started at IU Health Ball as Manager of Clinical Operations for the Medical Stroke Unit (MSU). Before coming to IU Health Ball, Rebecca began her IU Health journey in 2011 at IU Medical Center in Indianapolis.

“I am very proud to be able to partner with Rebecca and the IU Health Northeast Region Leadership teams to expand and improve the care provided to patients in this region,” said Jason Gilbert, executive vice president and chief nurse executive at IU Health. “I know from working with Rebecca over the last few years that she has a depth of operational experience and a focus on patient care outcomes that will be an asset to the team in her new role.”

▶ **Lutheran Health Network Begins Construction on New Freestanding ER & Primary Care Offices**



Lutheran Health Network broke ground on its latest multimillion-dollar healthcare facility in northeast Fort Wayne in March, which will include a conveniently located freestanding emergency department and physicians’ offices.

The 25,000-square-foot, two-story freestanding emergency room and physicians office located at 6515 Stellhorn Road just east of Maplecrest Road is slated to be completed in early 2023.

“This project is another example of Lutheran Health Network’s continued commitment to providing convenient access to care across the city and region,” said Scott Teffeteller, Lutheran Health Network CEO.

The freestanding ER on the first floor will provide northeast Fort Wayne and neighboring communities with 24-hour-a-day, 7-days-a-week quality emergency care from experienced, board-certified ER physicians and ER-trained nurses. Primary care physicians offices will be located on the second floor.

“We are so excited for this facility to open,” said Stephanie Crandall, director of intergovernmental affairs for the City of Fort Wayne. “We welcome Lutheran Health Network’s ongoing commitment to making sure our residents – no matter where they live – can have their needs met.”

The ER will feature nine exam rooms, including a negative air-flow room to contain the spread of airborne infections, a major treatment room, as well as a decontamination room, triage and results-waiting areas, an onsite laboratory and diagnostic imaging services. Patients with emergent and potentially life-threatening conditions, including heart attacks, strokes, head injuries, fractures, abdominal pain, respiratory issues and more will benefit from this nearby location and the fast access it provides to Lutheran Health Network’s critical care services.

The primary care offices will include 18 physician exam rooms to accommodate up to six physicians and quick access to the freestanding ER’s lab and imaging as needed.

TMPartners, PLLC based in Tennessee is the project architect and FCI Construction in Auburn, Ind. is the general contractor.

▶ **The Orthopedic Hospital of Lutheran Health Network Ranks # 1 in Indiana for Joint Replacement**

Hospital delivers superior patient outcomes according to Healthgrades

The Orthopedic Hospital of Lutheran Health Network ranked #1 in Indiana for Joint Replacement according to a new analysis released by Healthgrades, the leading resource that connects consumers, physicians and health systems.

The hospital was also a recipient of One of America’s 100 Best Hospitals for Orthopedic Surgery and a Patient Safety Excellence Award. For the State Ranking analysis, Healthgrades evaluated clinical performance for nearly 4,500 hospitals nationwide focusing on eight key specialties across a mix of chronic, urgent and planned clinical areas.

“The Orthopedic Hospital is committed to providing safe, quality care to all our patients,” said Lorie Ailor, chief executive officer for The Orthopedic Hospital of Lutheran Health Network. “The state ranking and awards are a testament to the ongoing commitment by our staff and physicians to ensure patients achieve the best possible outcomes.”

Hospitals recognized among the Top Ranked in their state by Healthgrades are providing patients with measurably superior clinical outcomes. For example, patients treated from 2018 to 2020 at hospitals receiving a state ranking for joint replacement had on average 60.8 percent lower risk of experiencing a complication while in the hospital than if they were treated in hospitals not state ranked for joint replacement. And patients treated at hospitals not receiving a state ranking for joint replacement were two-and-a-half times more likely to experience a complication than if they were treated in a state ranked hospital for joint replacement.*

“For almost 25 years, Healthgrades’ mission has been to provide consumers with clear and accessible information to make more informed healthcare decisions,” said Brad Bowman, M.D., chief medical officer and head of data science for Healthgrades. “Patients can feel confident knowing that they have access to #1 ranked care for Joint Replacement at The Orthopedic Hospital of Lutheran Health Network.”

Earlier this year, The Orthopedic Hospital was also recognized by Healthgrades as a Patient Safety Excellence Award recipient for the 6th consecutive year (2017-2022), placing the hospital in the Top 5% in the Nation for Patient Safety.

Consumers can visit [healthgrades.com](https://www.healthgrades.com) for more information on how Healthgrades measures hospital quality and access the complete methodology here.

*Statistics are based on Healthgrades analysis of MedPAR data for years 2018 through 2020 and represent three-year estimates for Medicare patients only. To view the complete methodology, please visit: <https://www.healthgrades.com/quality/healthgrades-specialty-state-rankings-methodology>

▶ Lutheran Health Network's Community & Economic Impact Exceeds \$1 Billion

In addition to its key role of providing patients safe, quality care from skilled, compassionate medical providers, Lutheran Health Network made a significant community impact with more than \$1 billion invested in 2021 through local employment, charitable contributions, local taxes and enhanced access to services.

"Our initiatives and investments help make northeast Indiana healthier and better for all," said Scott Teffeteller, market chief executive officer for Lutheran Health Network. "Through the jobs we provide, the taxes we pay and the many other contributions we make, our care goes well beyond healthcare services. We are honored to help our communities thrive and extremely proud of our \$1 billion community impact in 2021."

Lutheran Health Network released details on its broad impact in the 2021 Community Benefit Report "Taking Care of You and the Place We All Call Home," which highlights the value provided to northeast Indiana through clinical care, capital investments into facilities, taxes paid by the healthcare provider and community contributions through uncompensated care and support of community organizations.

"As a key partner, employer and community leader in northeast Indiana, Lutheran Health Network plays a critical role in the growth, economic development and success of our communities across the region," said Stéphane Frijia, president & CEO, Northeast Indiana Regional Partnership. "Their investment is an important factor in making our region more attractive to citizens and businesses alike and contributes to a strong quality of life throughout the region."

In 2021, employees and medical staff brought their skills and compassion to support the 120,000 emergency department trips, more than 33,000 inpatient visits, 51,000 surgeries and 4,000 babies delivered. Additionally, there were more than 1.5 million visits to Lutheran Health Physician clinics and outpatient facilities.

Lutheran Health Network also gave back to the region, providing more than \$183 million in charity and uncompensated care for the most vulnerable patients in our communities and supporting local charitable and community organizations with nearly \$900,000 in donations and outreach. The Network also paid \$78 million in property and sales taxes, which helped support civic resources and services.

"We appreciate the impact Lutheran Health Network has on our community," said Jerald L. Cooper, M.D., Fort Wayne Orthopedics. "Their financial commitment through sponsorships, charity and uncompensated care and the significant amount in taxes paid is a great asset to all of us."

Capital improvements totaled more than \$148 million through work on projects like the new Lutheran Downtown Hospital, the Maple Heights facility in partnership with Acadia Healthcare and a new primary and orthopedic care facility in Auburn. And the Network's payroll of more than \$569 million rippled across the local economy through employee purchases of goods and services in our various communities.

Lutheran Health Network understands the vital importance of providing health and healing and bolstering the local economy and quality of life. For more information on the Network's broad community impact, download the full report at lutheranhealth.net/community-benefit-report-lutheran

▶ Rehabilitation Hospital Awarded The Joint Commission Stroke Rehab Certification

Lutheran Health Network's Rehabilitation Hospital earned The Joint Commission's Gold Seal of Approval® for Stroke Rehabilitation Certification 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.

The certification recognizes organizations providing clinical programs across the continuum of care for stroke rehabilitation and evaluates how they use clinical outcomes and performance measures to identify opportunities to improve care, as well as to educate and prepare patients and their caregivers for discharge.

"We are proud of the hard work the Rehabilitation Hospital team put into achieving this certification," said Ryan Cassidy, the hospital's chief administrative officer. "This accomplishment demonstrates the high level of quality stroke care and rehabilitation each of our patients receive."

The Rehabilitation Hospital underwent a rigorous survey to achieve the certification, during which a reviewer from the Joint Commission evaluated compliance alongside the related certification standards. The standards showed the hospital's rehab stroke program provides high quality care to improve not only the functionality of patients who have suffered a stroke but also ensure a high quality of life. Joint Commission standards are developed in consultation with health care experts and providers, measurement experts and patients.

"Stroke Rehabilitation Certification recognizes health care organizations committed to fostering continuous quality improvement in patient safety and quality of care," said Mark Pelletier, RN, MS, chief operating officer, Accreditation and Certification Operations, and chief nursing executive, The Joint Commission. "We commend The Rehabilitation Hospital for using certification to reduce variation in its clinical processes and to strengthen its program structure and management framework for stroke patients."

In preparation for our survey, the Rehabilitation Hospital team obtained data and performance measures to demonstrate the progress of stroke patients. For more information on certifications, visit The Joint Commission website at [jointcommission.org](https://www.jointcommission.org). For information on the Rehabilitation Hospital, visit rehabhospital.com.

► **Parkview Health Graduate Medical Education celebrates several milestones in preparation for first class of residents**



*Gary Zwierzynski,
Senior Vice President,
Graduate Medical
Education, Parkview
Health*

It's been an exciting few months as Parkview Health prepares to launch its graduate medical education program. Parkview fared well during the national Match Week in March, as both of our specialty programs were able to completely fill their resident positions. Internal medicine will have 15 resident physicians, and general surgery will welcome four resident physicians. All 19 residents are currently completing a virtual onboarding process in preparation for their two-week, in-person orientation at the end of June. Both programs also obtained Residency Development grants from the Indiana Graduate Medical Education Board (IGMEB). The state created the IGMEB in 2015 to expand medical residency programs, and we are grateful for the board's support as we work together to bring more physicians to Indiana.

Earlier this year, we also saw the completion of renovations at Parkview Hospital Randallia, which will be the home base for our programs. In addition to classroom space, offices and a resident lounge, we built a new residency clinic. The clinic is located at Entrance 4 of the hospital and includes 26 patient rooms and two procedure rooms.

Resident physicians from both programs will see patients at the clinic. Additionally, our general surgery attending and resident physicians will perform robotic surgeries at the hospital using two Intuitive da Vinci robots with dual training monitors.

Most recently, we are excited to announce the addition of two new graduate medical education programs. The Accreditation Council for Graduate Medical Education (ACGME) recently provided initial accreditation to Parkview Health for both a transitional year program and for a physical medicine and rehabilitation program.

Transitional year is a one-year program, approved for 12 resident physicians, that serves as a prerequisite for other residency programs, including physical medicine and rehabilitation. Scott Yen, MD, FACP, will serve as the program director for both the internal medicine and transitional year programs. Recruitment for transitional year resident physicians will begin in September, with the first class arriving for orientation in June of 2023.

Physical medicine and rehabilitation is a three-year program approved for two resident physicians per year. Sharon David, MD, FAAPMR, will serve as the program director, with the first class of resident physicians starting their training in July of 2024.

The next milestone will be welcoming our first class of 19 residents in June. We look forward to seeing all that they accomplish, and we are grateful to be a part of bringing more physicians to northeast Indiana.

For more information on Parkview's Graduate Medical Education program, visit parkview.com/GME.



► **Parkview Health creates infection prevention fellowship**

Parkview Health is launching a fellowship for infection prevention, a career field for individuals who study and assist in reducing the transmission of infectious diseases.

Two Masters of Public Health (MPH) students from area colleges or universities will be selected for the two-year fellowship, which was developed to equip students for careers as infection preventionists.

"The pandemic highlighted the importance of infection preventionists, and it increased the demand for these professionals," said Scott Stienecker, MD, medical director for infection prevention, Parkview Health. "We want to give students the skills necessary for a successful career in infection prevention, complementing their degree program with the clinical and technical experience needed in today's workforce. The goal is to increase the pipeline of candidates for our field, which is more important than ever before."

Parkview's fellowship was specifically designed to help students qualify for Certification in Infection Control (CIC), a credential required by most healthcare employers. The CIC is often a barrier for MPH students because professional experience is a qualification to sit for the exam.

To help MPH students qualify and prepare for the CIC, Parkview's program will provide them with hands-on experience and training while they complete their degree. Additionally, students will receive training in hospital-based electronic medical records tools, including predictive analytics models for infectious diseases.

Parkview will select applicants currently applying to a fall semester MPH program at area universities. MPH students should contact their school for more information.

► Potempa to lead Parkview Wabash Hospital



Debra Potempa, MSN, RN, NEA-BC, has been named president of Parkview Wabash Hospital (PWB), effective April 18, 2022. Marilyn Custer-Mitchell, who currently serves as president of PWB, will soon be retiring. Custer-Mitchell has served the Wabash community in a hospital leadership role for more than 14 years.

“On behalf of the Parkview Wabash Hospital Board of Directors, I’d like to thank Marilyn for her dedicated leadership and service to the Wabash community,” said Howard Halderman, chairman of the PWB Board of Directors. “Beginning at Wabash County Hospital, she led the transition to Parkview, including the move to an entirely new hospital. Her work to help design and develop that facility will leave a lasting impact for generations to come. Marilyn blessed Wabash immensely through her service at Parkview Wabash and many other organizations throughout the Wabash community.

“We are confident that Deb will continue to lead Parkview Wabash with a heart for our patients, and in the best interests of our caregivers. We are excited to welcome her to the leadership team.”

Potempa joins Parkview from Mercyhealth, which serves northern Illinois and southern Wisconsin, where she was most recently system chief nursing officer and vice president of hospital operations. Her experience also includes leadership roles at Provena Health System and The University of Chicago Hospitals.

“I am eager to get to know the team at Parkview Wabash and the community as a whole,” said Potempa. “This hospital is already so successful. My hope is to continue to build on that success to best serve Wabash and the surrounding communities and make a positive impact on the health and well-being of our patients.”

Among Potempa’s extensive nursing background and operational leadership experience, she successfully led Mercyhealth to its second system-wide Magnet designation by the American Nurses Credentialing Center in 2019. Prior to her multiple nursing leadership roles at Mercyhealth, she served as service line director for critical care and cardiopulmonary services at Provena Mercy Medical Center.

“Deb’s experience in hospital operations, paired with her vast clinical nursing background, enable her to lead Parkview Wabash Hospital with a thorough understanding of patients’ and co-workers’ needs,” said Rick Henvey, president, Healthcare Operations, Parkview Health. “Under her leadership, this incredible team will surely continue to thrive in delivering on Parkview’s brand promise of excellent care for every person, every day.”

Potempa holds a Master of Science degree in Nursing from St. Xavier University and a Bachelor of Science in Nursing from DePaul University, both in Chicago. She is a board-certified nurse executive – advanced, and a graduate of The Kellogg School’s Executive Education Program for Nurse Leaders. She is also a member of the American College of Healthcare Executives and the American Organization of Nurse Leaders.



Christopher Conrad, MD

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