



FORT WAYNE

# MEDICINE

FALL 2021 · VOLUME 19, ISSUE 3

Official Publication of the Fort Wayne Medical Society

# QUARTERLY



## FWMS SUPPORTING OUR COMMUNITY

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- Jessica Henry, ED
- Tyler Johnson, DO, FACEP
- Linell Smith & Sue De Pasquale
- Justin Molitoris, JD
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**SAVE THE DATE**

**2021 Legislative Workshop**

**6:00pm**  
**Wednesday, October 13, 2021**  
**Fort Wayne Country Club**

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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.



Several months ago when I thought the pandemic was starting to appear under control, I read an article in the HOPKINS MEDICINE magazine about how COVID has accelerated change in medicine. I decided to share that article with our readers. I hope you also find it insightful.

When Joel told me that he would like to interview the Executive Director of Humane FW, I thought it was a great idea. I had just read an article about how people transitioning back to work was really stressing out the family pets. Many people acquired dogs or cats during the past year or so, which has been a positive change for those who work with animal shelters. However, now that people are returning back to the office, the pets don't know what to do with themselves and are exhibiting negative behaviors. I suggested that he ask her for some guidelines for handling anxious pets. She was more than appreciative of the gesture and getting the information out about her organization.

Isa and I were enjoying dinner with some friends near the end of July. We are all dog lovers and were discussing our rescue work. One friend had mentioned that Humane FW had a dog trainer on their staff. She had

also mentioned how successful the loveseat fundraiser was and asked us if we had been downtown to see the 25 cat and dog benches. We had not but I had heard quite a bit about the project as Mary Ann Halsey is in my garden club and she was one of the artists. She had been keeping us up-to-date on her bench — the trials and satisfaction she felt while doing hers. Mary Ann had told us how hard it was for her to see the bench leave her house and got teary-eyed sharing that with us. (Of note, I featured this person in my first Quarterly back in Spring 2017. She was waiting for a kidney transplant, and I had interviewed her for the article. After a few setbacks, she finally received her kidney transplant and is painting again.)



*Isa, Anne and I sitting on Mary Ann Halsey's loveseat*

## About the Cover —

On October 9th, the eight loveseats on the cover will be auctioned off to help with expenses for Humane FW. This fundraiser has been a wonderful success, not only for the Humane FW organization but also for the people of Fort Wayne who have been able to enjoy the benches up close and even sit on them. I will miss them when they are removed from downtown.



We decided to check the loveseats out that weekend. With the map on our phone, we walked around downtown attempting to decide which bench we liked best. They are all pretty amazing and eight of them will be auctioned off at the Humane FW fundraiser-Pawject Runway in October (more information on page 11).

A few short articles were submitted by a physician, a lawyer and a financial expert. Each article has a bit to share —community health support, privacy and cybersecurity, and reassessing your financial priorities post-COVID.

Please feel free to send me your ideas, comments, or articles at [lizjcan612@gmail.com](mailto:lizjcan612@gmail.com).



The 172nd ISMA Annual Convention was held from Friday, Sept. 10 until Sunday the 12th. This year the meeting was held as a virtual event.

## Is Telemedicine The New Normal?

As Covid 19 swept through the U.S., patient office visits dropped down to a trickle due to lockdowns and patients fear of contracting the virus. This put many medical practices in dire financial straits. Abrupt changes to health care delivery became inevitable. Prior to the pandemic, the benefits of telehealth were somewhat known by physicians and patients, however its implementation was slow due the lack of reimbursement and technological limitations.

The Center for Medicare and Medicaid services (CMS) expanded telemedicine payment coverage and parity laws were introduced in many states, also lifting restrictions on cross state licensures. The Health and Human Services (HHS) Telehealth post Covid 19 temporarily lifted HIPPA violation penalties, allowing physician/patient communication via less restrictive platforms, using an array of devices including smartphones, tablets, desktops, and laptops. Telehealth became a lifeline to many struggling medical practices, as greater than 75% of physicians used telemedicine for the first time. Some may even consider telemedicine as the silver lining to the pandemic.

Surveys in March 2020 showed more than 2/3 of patients were hesitant or skeptical about the quality of telemedicine. One year later, and after 60% of patients experienced telemedicine, 80% stated it was their preferred choice for non-urgent consultations.

Prior to the pandemic, figures from the HHS showed 99% of primary care visits for Medicare patients were in person. Six months into the pandemic, 45% were virtual visits. It is expected that telemedicine will become an integral part of the healthcare delivery, with estimates that it will encompass 25-30% of primary care, with successful evaluations and satisfactory outcomes. It will play an even larger role in behavioral health, and chronic disease follow up, where physical exam is not as crucial. Perhaps a remote analogy would be the transformation of the banking sector, where most transactions are automated, and person to person interactions are reserved to complex deals.

As the pandemic slowly recedes, there will be a decline in virtual visits. Also, it is unclear if governmental and third part payments will be maintained at pandemic levels. There could be some concerns whether the easy access to telemedicine will increase utilization. Nevertheless, there is little doubt that telemedicine is here to stay, and that is in no small part because patients will demand the convenience, short waiting time, improved access, and cost savings



**Fort Wayne  
Medical Society**

# Fort Wayne Medical Society | New Members

**GABRIELLE ACQUARO, MD**

Specialty: Family Medical  
Group: Lutheran Health Physicians  
2516 E Dupont Rd  
Fort Wayne, In 46825  
Phone: 260-458-3740 Fax: 260-458-3741  
Medical  
School: University of Illinois, 2016  
Residency: St Vincent Hospital-Indianapolis, 2016-2019

**SARA CHAFFEE, MD**

Specialty: General Surgery  
Group: Lutheran Health Physicians  
800 Broadway  
Fort Wayne, In 46802  
Phone: 260-969-7124 Fax: 260-969-4614  
Medical  
School: Wayne State University, 2011  
Residency: MedicalStar Georgetown University Hospital, 2011-2016

**MUHAMMAD AFTAB, MD**

Specialty: Internal Medical  
Group: Parkview Physicians Group-Hospital Medical  
11109 Parkview Plaza Dr  
Fort Wayne, In 46845  
Phone: 260-672-6620 Fax: 260-672-6639  
Medical  
School: Punjab Medical College, 2014  
Residency: Amita St Joseph Hospital-Chicago, 2018-2021

**PRABIJ DHUNGANA, MD**

Specialty: Internal Medical  
Group: Parkview Physicians Group- Hospital Medical  
11109 Parkview Plaza Dr  
Fort Wayne, In 46845  
Phone: 260-672-6620 Fax: 260-672-6639  
Medical  
School: College of Medical Sciences, 2014  
Residency: Medicalstar Health, 2018-2021

**AJWAD BAJWA, MD**

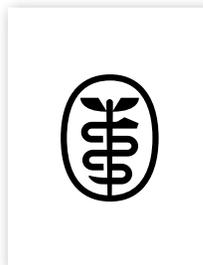
Specialty: Diagnostic Radiology  
Group: FW Radiology  
3707 New Vision Dr  
Fort Wayne, In 46845  
Phone: 260-471-9466 Fax: 260-484-5919  
Medical  
School: Northwestern University, 2012  
Residency: Beaumont Health System, 2012-2017

**HUBERT FORNALIK, MD**

Specialty: Gynecologic Oncology  
Group: Lutheran Health Physicians  
7910 W Jefferson Blvd  
Fort Wayne, In 46804  
Phone: 260-969-7280 Fax: 260-969-7281  
Medical  
School: Medical University of Warsaw Poland, 2000  
Residency: Albert Einstein Medical Center, 2003-2007

**LUCAS BERGHOFF, DO**

Specialty: Sports Medicine  
Group: Lutheran Health Physicians  
2516 E Dupont Rd  
Fort Wayne, In 46825  
Phone: 260-458-3035 Fax: 260-458-3036  
Medical  
School: Marian University, 2017  
Residency: Ascension St. Vincent Hospital, 2017-2021

**ALI KHAN, MD**

Specialty: Nephrology  
Group: Nephrology Associates of Northern Indiana  
7836 W Jefferson Blvd, Ste 101  
Fort Wayne, In 46804  
Phone: 260-494-3484 Fax: 260-969-0188  
Medical  
School: Dow Medical College, 2000  
Residency: Wayne State University, 2002-2005

**SHWETA BHATTARAI, MD**

Specialty: Internal Medical  
Group: Parkview Physicians Group- Hospital Medical  
11109 Parkview Plaza Dr  
Fort Wayne, In 46845  
Phone: 260-672-6620 Fax: 260-672-6639  
Medical  
School: Kathmandu Medical College, 2014  
Residency: Amita St Joseph Hospital, 2018-2021

**TUNGYUN WU, MD**

Specialty: Occupational Medical, Public Health  
& General Preventive Medical  
Group: Parkview Occupational Health  
3978 New Vision Dr  
Fort Wayne, In 46845  
Phone: 260-373-9300 Fax: 260-458-5836  
Medical  
School: Temple University, 2009  
Residency: University of Utah, 2014-2016

**DONALD CHAFFEE, MD**

Specialty: Family Medical  
Group: Lutheran Health Physicians  
2622 Lake Ave  
Fort Wayne, In 46805  
Phone: 260-478-4200 Fax: 260-425-2882  
Medical  
School: Wayne State University, 2011  
Residency: Ft Belvoir Community Hospital, 2011-2014

# DIRECTOR TO DIRECTOR

Joel Harmeyer, Executive Director and  
Jessica Henry, Executive Director, Humane Fort Wayne



For this edition of Director 2 Director, I talk with Jessica Henry, Executive Director of Humane Fort Wayne. Jessica is a native of Fort Wayne and has been active in animal welfare since 2012 - first as the Executive Director of the Allen County SPCA, and now as the E.D. of Humane Fort Wayne,

the successfully merged ACSPCA (Allen County Society for the Prevention of Cruelty to Animals) and HOPE (Humane Organization for the Prevention of Euthanasia) for Animals. Her passion has been melding animal welfare and social work to create a world that's better for pets and the people who love them.

Jessica lives on the city's near northwest side with her partner, artist Nate Johnson, and their five special needs dogs and two cats. Her brother is Mayor Tom Henry. She is the seventeenth of 17 children.

Jessica cited two examples specifically important to our members. Every day in northeast Indiana, people find themselves choosing between their own healthcare and the well-being of their pet(s). Many elderly members of the community do not have pet-sitting options, if they become ill. And, even more disturbing, animal welfare is often used as leverage in domestic abuse situations. Humane FW has comprehensive social service programs addressing scenarios like these and much more.

As with so many non-profit organizations, Jessica has dealt with pandemic-related challenges and opportunities. Humane FW's primary fundraising event, Pawject Runway returns on Saturday, Oct. 9th. Tickets are available at [www.humanefw.org](http://www.humanefw.org).

## *1. How do you describe Humane FW to someone unfamiliar with the organization?*

Humane FW is the community's oldest animal shelter, but we are so much more than that! At the start of 2021, our shelter, which is 75 years old, merged with H.O.P.E. for Animals - a low-cost, high-volume spay, neuter, and wellness clinic. This merger allows us to render a variety of services all designed to help keep pets with their owners. We have an entire social services component helping poorer members of our community care for their pets. Weekly pet food banks, in home visits to elderly pet owners, and a

variety of animal care services are available and designed to keep pets at home with the people who love them.

## *2. What is the history of Humane FW?*

Founded in 1956, the Allen County SPCA has served over 60,000 community members and their pets as the area's only "no kill" shelter. H.O.P.E. for Animals was founded in 2008 and has spayed or neutered over 100,000 animals in Allen County. In January of 2021, these two organizations became a "bonded pair" to build a positive force for animal welfare in northeast Indiana.

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

My goal is to be at the shelter (4914 S. Hanna Street) in the morning, where I meet with our animal care team to see if there are any animals with specific issues (medical or behavior). I want to keep my finger on the pulse of the shelter.

In the afternoon. I spend time at the clinic (1333 Maycrest Drive). I have some office space there, because our Hanna Street location does not have enough extra room for offices. I use that afternoon time to catch up on paperwork or strategic planning - things of that nature.

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

What's that (Jessica laughs)? I don't, and I am completely ok with that. I truly love and appreciate the work I get to do. My whole life is this work, and I am not sad about it. It's ok with me if you message me in the middle of the night about your pet. I may not get back to you right away, but I know how important my animals are to me, so I know others feel the same way. If they are concern about an animal, I am thankful that animal has a voice on its behalf. For me, I must take that call or text message. It is a lot of pressure, and I don't have a lot of time to focus on myself.

My whole family is service-oriented. Our dad was a well-known social worker. I am the mayor's sister. This is my passion, and it is an honor to do this work. It's my life's work and my work life.

**Humane**  
**FORT WAYNE**

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

For any non-profit, funding is the biggest issue, and we are not different. We really need a new physical space. We'll always have the Hanna Street location, as it is critical to the community it serves. We look to one day build a bigger facility that allows us to positively impact more animals' lives in our community.

### 6. *How can our members help?*

- We need cheerleaders.
- We need folks to learn our story and share it in the community.
- We need conduits, door-openers for myself and Humane FW.

I will speak to anyone at any time on any day to tell our story. I would love for your readers to connect me with those who can help further our mission.

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

To the physicians reading this, as you meet with patients, please be mindful of the inherent role their pets play in their patients' daily lives. Their pets provide stress relief, companionship, and love. And, if they happen to know if their patients are struggling financially, please contact us. We have resources available to help keep pets with the people who love them.

If you would like to contact Jessica directly to learn more about Humane FW's services as it relates to patient care, she may be reached at [jhenry@humanefw.org](mailto:jhenry@humanefw.org).



### 8. *As we all slowly return to the office, how can we make this transition for our pets as seamless as possible?*

Bill Maher once said that he loves his dogs, because when he comes home from work, they're the only ones who treat him like he's the Beatles! And isn't that true? Our pets love us unconditionally when few others do. And we've grown even closer to our animals in the last 18 months as the pandemic rendered many of us house-bound – to the delight of our pets! Well, maybe not the cats, but I digress...

Now, as the world slowly returns to work and school, our dogs and cats may be left wondering where we've gone. And bored and lonely dogs can and will find a way to entertain themselves, and sometimes that results in destructive behavior. I vividly remember when I was a young, new pet owner and came home to find my living room floor covered in the foam rubber that once was my sofa. Newly acquired pets, especially, (and many of us adopted new animals during the shut-down) may experience some anxiety when their humans return to work for eight hours a day.

So, how can we bring comfort to the pets who've always done the same for us? Shelter workers and animal behaviorists have long advocated crate training for new pets. Not only is the crate a "safe space" so a new furry family member will stay out of the wastepaper basket, but crates often become a source of comfort for our dogs (sort of like having their own bedroom), and they are a great way to house-break a new pet.

All dogs, whether crated or not, will benefit greatly from enrichment toys to help fill their lonely days. Enrichment items, such as: food puzzles, frozen Kongs, and lick mats (silicone mats designed to be covered with spreadable snacks, such as peanut butter or yogurt) are readily available at your local pet store or on the Internet, but you and your kids can also have fun making items at home! Dogs love to forage for their food and hiding treats inside basic household items like paper bags, egg cartons, or empty tissue boxes is a fun and free activity. Plus, mental stimulation for dogs and cats alike is critical to their development and is every bit as important as physical exercise.

Speaking of exercise, make sure you and your dog are getting out of the house for a nice stroll at least once a day. Two ten-minute walks a day can make a big difference! A tired dog is a well-behaved dog, so good games of fetch or Frisbee with your dog are great for your pet's physical and mental health, and, of course, it's good for your health, too! Need some inspiration? Take a stroll around downtown Fort Wayne this summer to see Humane FW's public art campaign and visit all of our LoveSeats. It's great for families, including the four-legged members. Brochures with a fun scavenger hunt are available at the Humane FW shelter and clinic or at Visit Fort Wayne. Plus, great games and activities for kids can be found online at [www.humanefw.org/loveseats](http://www.humanefw.org/loveseats)

Let's not forget our felines! Cats also enjoy interesting activities, so don't leave them out of all the fun. Catnip and treats hidden inside toys can make for hours of entertainment for your feline friends.

Your pets likely have grown used to more noise around the house, so leaving a television or radio playing in your absence might bring additional comfort to your furry family member. These days there are screen savers designed just to entertain our cats. Have an extra laptop at home? Try it!

For those of us pet parents whose dogs are really acting out, it's a great idea to enroll in basic obedience classes. There are several professional dog trainers just itching to help us create a stronger bond with our dogs. In fact, just twenty minutes of consistent training every day can really improve a dog's behavior and improve our lives at the same time! Be sure the trainer you choose is certified and specializes in positive reinforcement training techniques.

Another convenient way for your dog to learn social skills and get much-needed exercise at the same time is by enrolling a few days a week (or more) in dog daycare. There are some really terrific options for pet owners these days, and doggy daycares offer a myriad of services and options for short stays or full days of action-packed playgroups.

If your dog doesn't get along well with other canines, consider hiring a dog walker or pet sitter to come by the house once a day to keep Fido and Fluffy company. Today there are lots of websites with reliable, credentialed pet professionals who are available to help.

Finally, if your pet is severely stressed in your absence, speak with your veterinarian. Some behaviors can be addressed with medications to help calm your pet and provide relief from anxiety and its resulting destruction. Watch for signs of stress, such as: hair loss from over-grooming, panting, hunger-strikes, loose stool, or acting-out.

And, if you can't take your pet to work and are feeling a twinge of guilt leaving them behind, just remember last year, while we were on all those Zoom and conference calls all day long, our pets likely were snoozing away the day.

So, if you follow some of these steps to ensure your dogs and cats are getting plenty of exercise and mental stimulation, they'll likely do what they do best while you're back at work: sleep! That way, when you walk through the door at the end of a long day, you, too, will be treated like YOU ARE the Beatles!



# Pawject Runway

Presented by:

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**For more resources on opioid use disorder and prescribing controlled substances, visit [www.ismanet.org/OpioidResources](http://www.ismanet.org/OpioidResources)**

## ISMA/2021 OPIOID CME SERIES

# The Fight against Opioid Abuse through Continuing Medical Education |

### Q&A with Janette Helm, ISMA Director of Education and Professional Development



For the treatment of patients suffering from opioid use disorder (OUD), physicians have until Oct. 31, 2021, to obtain or renew a Controlled Substances Registration (CSR). All medical practitioners, including physicians, must hold a CSR to prescribe, administer, store, dispense or otherwise handle controlled substances in the state of Indiana.

The Indiana State Medical Association is once again offering Indiana's only CME series on opioid prescribing and abuse that can be accessed through an easy-to-use mobile app. Fort Wayne Medical Quarterly turned to Janette Helm, ISMA director of education and professional development, for a Q&A about the course offerings available through this innovative tool.

#### Tell us about the Opioid CME Series that ISMA is offering.

In 2018, thanks to a grant from the Richard M. Fairbanks Foundation (RMFF), ISMA launched a comprehensive program to educate medical professionals about opioid prescribing and addiction. A year later, we added a series of online courses and a mobile app that physicians can use to access the courses wherever and whenever they want. And it was wildly successful, with 4,000 physicians downloading the ISMA Online™ mobile learning app and more than 13,000 CME credit hours awarded.

Now, two years later, it's time again for physicians to renew their CSR, and ISMA has even more CME courses to offer that will help busy physicians complete this requirement before the state's deadline of October 31.

#### What's different this year compared with 2019?

When ISMA first rolled out the app, CME courses were free of charge for all Indiana physicians. This year, the courses are only free for ISMA members. Nonmembers can still access the courses, but for a fee, paying either \$75 per webinar or \$400 for the entire series. So, it's really a better deal financially to join ISMA and enjoy all the benefits of membership in addition to our educational offerings, which they get immediately at no extra cost.

Also new for 2021, we began adding half-hour courses in addition to our 60-minute webinars.

The shorter courses are only available on the mobile app and are designated for a maximum of 0.5 AMA PRA Category 1 Credits™ toward the 2.0 credits required for a CSR. Meanwhile, our traditional hourlong webinars are designated for a maximum of 1.0 AMA PRA Category 1 Credits™ and can be viewed live on the second Thursday of every month on your desktop computer or mobile device. After the live date, the webinars are archived and made available on demand through the app.

Finally, we also have opened up our CME courses to nonphysicians. ISMA members can share the promo code CME75OFF with midlevel providers on their teams and direct them to [ISMA.net.org/ISMAOnlineSubscription](https://ISMA.net.org/ISMAOnlineSubscription) to register. They will need to sign in or create a new account, then enter the promo code at checkout and select "Apply."

#### How does ISMA's Opioid CME Series compare with other CME out there?

Nationally, there are very few organizations that offer CME on opioid use disorder through a mobile app. And ISMA remains the only provider in Indiana to do so. Users can literally start, stop and resume a course as they go, making it convenient and easy. This is one of the many ways that ISMA is driving greater innovation so physicians can devote more time to their patients.

#### What specific courses does ISMA offer on OUD?

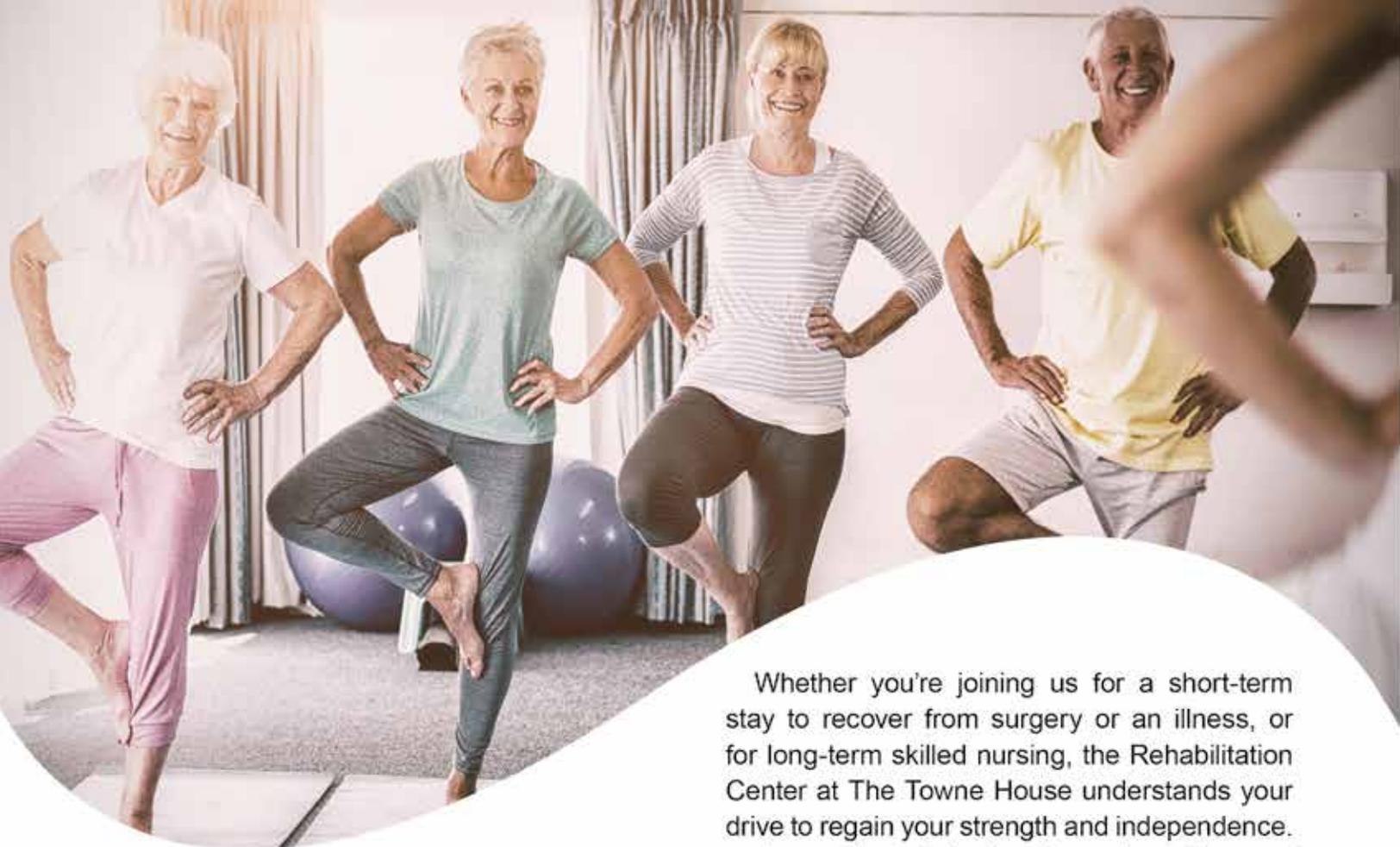
All our courses feature expert presenters who discuss best practices on caring for patients at risk for OUD in a variety of settings. As of this interview, hourlong and half-hour courses in the series include what's new in pain and addiction treatment, buprenorphine, palliative care, hospice care, treating pregnant women, OUD management via telehealth, pain control in surgical patients, and sports medicine. In September, we'll add neonatal abstinence syndrome.

Even after the Oct. 31 CSR deadline, we will continue to add more courses on additional CME topics, so physicians are encouraged to check back often.

#### How can a physician access the Opioid CME Series?

Physicians interested in learning more should visit [ISMA.net.org/2021OpioidCME](https://ISMA.net.org/2021OpioidCME) for all the details and links to our online courses, how to download the mobile app and other resources on opioid prescribing.

If you know of anyone who might be interested in our CME but isn't a member, there is also a link to join ISMA and get immediate access to the series at no extra charge.



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# Community Spotlight: Christian Community Healthcare Clinic | Tyler Johnson, DO, FACEP



I walked through the back door of a church in Leo, Indiana 22 years ago as a junior in high school to help a local physician Matt Heller, MD at an outreach clinic called Christian Community Healthcare (CCHC). At the time I was just a kid eager to help out where I could. I was amazed at the care and respect the

staff treated people with. It really showed me what ministry and service looked like. The clinic at the time only saw a handful of patients on Tuesday nights. The outreach was little about volumes and heavy on caring.

It was awesome to see how this group cared for and minister to patients but also to staff. While medicine was the need being advertised all kinds of other needs were attended to. Staff from local churches would be present as chaplains and the clinic was very intentional in having them present whenever the doors were open. They would pray, discuss and counsel patients. When a need was identified, resources were offered, as available.

The clinic's executive director Mark Schlatter was there from the beginning and has said, "The clinic was founded [25 years ago] with the idea that health care could be used as a platform to reach people for Jesus."

The biggest opportunity and leap of faith the clinic took that contributed to this growth came with a big move in about 8 years after opening. In 2005 with an opportunity came to light for the clinics leadership and with some prayerful discernment they inquired about a vacant former doctor's office in the neighboring small town of Grabill, IN. It was owned by a health system and although the clinic didn't have near the financial coffers to purchase a clinic this size it was bold enough to make the ask and worked out a year long endeavor to raise the funds. And by the grace of God did the money come in. Because of the generosity of local foundations and community fundraising the building was able to be purchased.

To say that the clinic has thrived since this bold step would be an understatement. While I was personally off going to medical school and residency training, the clinic I once worked at in the back of a church changed drastically. I came back in 2012 following emergency medicine

residency and started serving again. Usually just once a month but this time I am hopefully a little more helpful. It is amazing to see the growth! What was a leisure clinic shift is now a bustling few hours trying to keep up with them filling rooms.

This growth is in large part to the outreach efforts and caring efforts of the dedicated boards members, directors, chaplains, maintenance staff, nurses, administrative staff, nurse practitioners, physician assistants and physicians that volunteer their time to provide this free care. With the goal of serving and sharing the message of hope Christ in mind CCHC has grown drastically over the years. We now serve more than a 1,000 patients a year. They provide acute care for minor needs, such as physicals or hypertension care but have also expanded into specialty services, such as ear, nose and throat clinics. The clinic is open 4 days a week and has almost a 100 volunteers both to work the clinic and behind the scenes. The awesome thing is although the volumes have exploded the approach has not changed. It is interesting to go in on the days I am not staffing the clinic. You see amazing interactions not only between the staff and patients but also amongst the staff. It is surprising how serving others can really recharge us. It is a highly uplifting experience and a place I often go to get my own spirit filled.

My most recent experience was interesting to see the reach the clinic has. We hosted a delegation from Honduras that is interested in setting up a clinic in their town. It was amazing to see our Executive Director Mark's passion shine as he led this group through our history and goals of our ministry. It was impactful and noticeable to see that expertise and effort rub off on this group to leave eager to do the same thousands of miles away.

It is awesome to see how the clinic has shaped me and how I approach patients in our chaotic emergency departments. I am not a primary care physician, but it has expanded my practice and how I see the difficulties in access and affordability of healthcare. With more than 13 years as physician, the few hours a month I spend here are very much a highlight of my career. Whether here or some other opportunity, I would encourage you to do the same.

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A couple of points to note is that the clinic does not charge any fees. There are no qualifications. Income, insurance, health status, or where the patient is from are never taken into account. A large percentage of patients are impoverished but some are not and that is ok. Some people are also just at a hard moment in life.

The clinic is currently open Monday morning and Tuesday, Wednesday, and Friday evenings. To find out how to help or learn more visit <https://www.christiancommunityhealthcare.org>.

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# COVID SPEED: 8 Ways COVID 19 Has Pushed Medicine Forward

Linell Smith and Sue De Pasquale

When Nobel Prize-winning physician/scientist William Kaelin spoke recently at Johns Hopkins, he called the COVID-19 pandemic “an accelerant: accelerating many developments that would have taken decades to happen, if they happened at all.” Indeed, the pace of change in medicine this past year has been breathtaking, happening at what Johns Hopkins’ Sanjay Desai calls “COVID speed.”

We surveyed experts in a variety of biomedical fields at Johns Hopkins to find out how breakthroughs and changes made in rapid response to the acute needs of COVID-19 may endure — to the benefit of patients, trainees and biomedical science.

## 1. Increasing Diversity in Clinical Trials / Namandje Bumpus:

*“Let’s think about diversifying scientists, too.”*



Namandje Bumpus, the first African American woman to lead a department at the school of medicine, studies genetic differences that influence how people metabolize drugs used to treat HIV. Her research aims to correct a long-standing limitation of scientific inquiry.

“Most studies are done on European American males in their 20s. But there are so many people missing in that picture,” says Bumpus, director of the Department of Pharmacology and Molecular Sciences. “Genetic variation can impact the way drugs are processed and can make certain drugs work differently for some people. To understand this, we need to make sure that clinical trials are diverse and accessible.”

Because the pandemic highlighted the health care disparities that exist for Black, Latinx and Indigenous people, the clinical trials created for the COVID-19 vaccine have been among the most diverse to date in terms of including volunteers from different races and older age groups.

“There was a good effort at recruiting and also at placing [clinical trial] sites that were accessible to Black and Latinx people,” says Bumpus. As a result, “the Pfizer and Moderna COVID vaccine trials were both about 10 percent for African Americans — not quite our representation of 12 percent in the U.S. — but a really good showing,” she says.

Looking to the future, Bumpus believes the success of this effort will have a lasting impact, prompting scientists to include more diverse patient populations for clinical trials of all types.

“It is now definitely on people’s minds, which is positive progress,” she says. “But let’s think about diversifying scientists, too. If we have scientists in the room who are thinking about things such as certain genetics that are more prevalent for various ethnicities, it’s more likely that we will develop a drug that will work for all.”

## 2. More Telehealth in Psychiatry / Jimmy Potash:

*“The nature of psychiatry lends itself to telehealth to a far greater degree than most other specialties.”*



When members of the American Psychopathological Association (APPA) met recently to explore the mental health effects of the COVID-19 pandemic, they discussed increases in anxiety, depression and substance use disorder. But they also addressed the rise of telemedicine and its ability to

connect people more easily to psychiatric care.

“That might well prove to be a favorable development for the long haul,” says Johns Hopkins psychiatrist Jimmy Potash, who serves as APPA president. “The nature of psychiatry lends itself to telehealth to a far greater degree than most other specialties because we don’t have to physically lay hands on people most of the time.”

In March 2020, the Department of Psychiatry and Behavioral Sciences, which Potash directs, began converting most of its outpatient program to telehealth. Not only has the change extended care to more patients by saving them travel and time, but it has also increased practice efficiency.

“One of our largest outpatient clinics used to have a cancellation and no-show rate of about 30 percent that is now down to 18 percent,” Potash says.

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The technology can also yield greater insights into patients. “In psychiatry, it’s always important to understand the illness in the context of who the person is and what their life is like. When you see a person at home, you learn things by seeing their physical environment or their interaction with people who come in and out of the room.”

Moreover, Potash says that patients who are “intensely private or intensely shy” sometimes struggle with in-person clinical sessions. “They really find it easier to open up with the distance that the virtual setting provides.”

### 3. Going Public with Bioethics / Jeffrey Kahn:

***“We need to package our bioethics work so that it is useful beyond just our academic peers.”***



Ever since he staffed a “bioethics booth” at the Minnesota State Fair in the mid-1990s, Jeffrey Kahn has been eager to broaden the discussion of ethics beyond the ivory tower. The pandemic, he says, has served as a catalyst to make that happen.

Last October, Kahn — the Andreas C. Dracopoulos Director of the Johns Hopkins Berman Bioethics Institute — announced that the institute would be rolling out a new “public bioethics” program, the first of its kind and one that he hopes will become a model for other academic centers to follow.

“This past year has shown us a real need and value for this kind of effort, since virtually every aspect of our nation’s response to COVID involves an issue of bioethics,” says Kahn. As just a few examples he points to the allocation of scarce medical resources like ventilators, the balance between personal freedom and public safety in wearing masks, and decisions surrounding the closing and reopening of schools and businesses.

Kahn says the initiative at Johns Hopkins, which will launch with the institute’s new Bloomberg-Dracopoulos iDeas Lab later this year, will tap into the latest media strategies (including using digital, audio and video tools) to share the research and analysis of Johns Hopkins bioethics faculty with journalists, policymakers and the public at large. The overarching goal: to inform public discussion and debate and ultimately impact policy decisions.

Kahn first realized the value of bringing bioethics into the public conversation when he was a young researcher at the University of Minnesota, where the university’s academic units were expected to do public outreach each year at the state fair.

“I was very reluctant. After all, it was a challenge to engage fair-goers about bioethics when we were competing

with butter sculpture and champion livestock,” he says. “But I was won over by the interest we had from the public and we got more creative over the years with our presentations. People loved it, and I thought, ‘Why aren’t we doing this more and outside of the fair?’”

Soon after, he began writing a biweekly column, “Ethics Matters,” for CNN.com. “When I write an article for an academic journal, I may be lucky to have 1,000 people read it, ever,” Kahn says.

“With the CNN column, I got tens of thousands of page views per week, and it reinforced for me that if you really want to affect public policy and inform the general public, we need to package our bioethics work so that it is useful beyond just our academic peers. I hope that the iDeas Lab and our Public Bioethics Program will lead the way.”

### 4. Addressing Isolation in Aging Patients / Ariel Green:

***“Family members could be vital allies in reorienting and engaging older adults with cognitive impairment during a hospitalization.”***



The images were like a punch to the gut: elderly people in nursing homes and hospitals, cut off from family and friends for weeks and months because of COVID-19’s cruel toll.

Johns Hopkins geriatrician Ariel Green says the pandemic brought public attention, at last, to a heartbreaking problem that geriatricians have long recognized: the isolation older patients experience while living in skilled nursing facilities and being treated in hospitals. “So often we fail to meet their psychosocial needs,” she says. “What COVID has laid bare is that in general, for older adults with functional and cognitive impairments, we think it’s OK for them to languish in bed without any stimulation for days.”

Noting that hospitals are busy and complex places, Green says, “we become so focused on the medical side of things that we lose track of our patients’ psychosocial needs and the emotional distress they are experiencing, so we turn to medication to treat their pain or help them stay calm, when in fact it would be more effective to have them talk to someone, listen to music or engage in activities that focus on their strengths, promote dignity and facilitate coping.”

Pointing to the effectiveness of Child Life programs in pediatric medicine, which aim to reduce stress and anxiety in hospitalized children through education, preparation and play, Green says, “we have nothing similar to that in adult medicine.” She’s hoping the new public awareness brought

by the pandemic might lead to the expansion of programs like this and the establishment of a specialty modeled after Child Life.

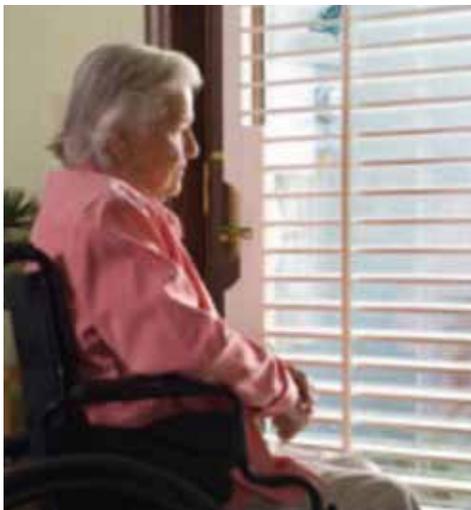
In the wake of the COVID-19 response, Green would also like to see “a greater recognition of the importance of family caregivers for older adults with cognitive impairment.” In nursing homes, assisted living facilities and hospitals, Green notes, “family members are more than just visitors: They are an essential part of the health care team and COVID-19 has illuminated how terrible it is when older adults are cut off from their caregivers.”

Too often, she says, family caregivers feel excluded in the clinical environment, when the reality is that if they are properly encouraged and enlisted, they could provide valuable help with eating, repositioning to prevent pain or pressure sores, communication and even physical therapy.

“Family members could be vital allies in reorienting and engaging older adults with cognitive impairment during a hospitalization,” Green says. “This could go a long way toward preventing delirium — the acute confusion that often occurs during hospitalization and leads to a cascade of adverse health outcomes for older adults.”

And in the community setting, Green is hoping that COVID-19 might lead to better public policy and funding to support family members in caring for their elders at home.

She says, “It’s currently much easier for me to get insurance to cover a test or procedure that costs thousands of dollars, and has little chance of benefitting an older adult, than it is to get my patients and their families the support services they need to continue living at home. Except in limited circumstances, families generally have to pay out of pocket to get help with activities of daily living, like dressing and bathing, and that’s exorbitantly expensive.



“As geriatricians,” says Green, “our hope is that the suffering and isolation we’ve seen during the pandemic might inspire a change in direction for the care of older adults.”

## 5. Broadening Access for Trainees / Sanjay Desai:

***“Our applicants have saved tens of thousands of dollars by not having to visit all of the places they are applying to. That is really important for issues of equity.”***



Almost overnight, it seems, COVID-19 brought an end to in-person lectures and group meetings. Sanjay Desai, director of the Osler Medical Training Program, says that converting in-person educational forums into virtual settings has created “an accessibility that we’ve never had before. We easily

almost doubled Medical Grand Rounds viewership, and the numbers of people who see our educational content has gone up substantially.”

Offered to medical students, house staff, fellows and other graduate students, Medical Grand Rounds at Johns Hopkins are held every week. Before the pandemic, up to 100 people would gather in Hurd Hall amphitheater to learn about the analysis and treatment of difficult clinical problems in real-life patients — often from patients who tell their own stories.

Since moving to an online format in April 2020, participation in Grand Rounds has averaged well over 200, and for some lectures the number of participants is in the thousands.

Equally important, according to Desai, is how the technology has increased audience engagement.

“Chat [a Zoom participation option] enables people to ask questions they wouldn’t ask in an in-person setting, and to ask them while the speaker is speaking. That means that while the second speaker is speaking, the first can be responding. There are also opportunities for small group discussions. When we return to in-person sessions, we will have to keep parts of the virtual format because it allows for more interaction.”

Desai has also realized that the technology benefits medical students who are applying for residencies. All of the interviews for the Osler residency program this year were conducted virtually.

“Our applicants have saved tens of thousands of dollars by not having to visit all of the places they are applying to. That is really important for issues of equity,” he says. “At the same time, we were able to create engaging virtual interactions with our applicants. Given the substantial benefits to applicants we will continue a largely virtual recruitment process even post-pandemic.”

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## 6. Breaking Down Professional Hierarchies / Roy Ziegelstein:

*“The pandemic has really prompted people to think deeply about what they do, about what their limits are, and about other people’s contributions to patient care.”*



As medical centers across the country set up COVID-19 isolation units and implemented new safety protocols, interprofessional collaboration got a big boost, says Roy Ziegelstein, vice dean for education.

“The pandemic helped to reinforce the importance of teamwork and to break down the system of hierarchy that can have detrimental effects in academic medicine,” he says. “I think that having residents and fellows work on an even playing field with faculty — and also work even more closely with nurses, social workers and case managers — leads to a better approach at improving care to patients and families.”

Over the course of the grueling months that health care professionals have worked side by side to meet the extraordinary needs of patients with COVID-19, “the relationships, openness and communication have all changed in a really good way,” says Ziegelstein, “and I’m really hopeful that will stick.”

He says the past year has underscored principles of interprofessional collaborative practice that nursing and medical students acquire early on in their education at Johns Hopkins — and he hopes it will influence how they shape their own clinical practices.

“There’s a lot that medical students learn in the pre-clerkship experience that is not reinforced later when they are fully immersed in the patient care environment,” says Ziegelstein. “Doctors, nurses, physical therapists, occupational therapists and social workers often don’t work together as closely as might be ideal. They sometimes don’t appreciate the unique skills each brings to the care of the patient.

“Now, everyone appreciates one another more. The pandemic has really prompted people to think deeply about what they do, about what their limits are, and about other people’s contributions to patient care.”

## 7. Improving Vaccine Design / Andrea Cox:

*“We’ve had some of the most brilliant minds in the world think about how to improve vaccine design and to find ways to rapidly advance vaccine production.”*



For years, Andrea Cox has been investigating ways to create an effective vaccine against hepatitis C virus (HCV), a blood-borne virus infecting an estimated 71 million people around the world, which is a leading cause of cirrhosis and liver cancer.

The urgency of developing an effective program to prevent the spread of COVID-19 has tested a new type of vaccine that uses the messenger ribonucleic acid (mRNA) platform — and that offers hope for her own research.

While many vaccines put a weakened or inactivated germ into the body to trigger an immune response, mRNA vaccines work by teaching the body’s own cells how to make a protein — or even just a piece of a protein — to accomplish that task. The resulting immune response protects against infection by the real virus.

“These mRNA vaccines have been so effective against SARS-CoV-2 that this platform will be considered for other pathogens, including HCV,” says Cox, who directs the medical scientist training program.

Hundreds of clinical trials are now in various stages of testing mRNA to prevent and treat infections and chronic diseases, according to Cox. Efforts are underway to develop “universal” flu vaccines, as well as vaccines for other infectious agents, such as Ebola and Zika viruses.

In the race to find an answer to COVID-19, “we’ve had some of the most brilliant minds in the world think about how to improve vaccine design and to find ways to rapidly advance vaccine production,” she says. “I think this will ultimately benefit vaccine development against many serious infectious diseases.”

**“The urgency of developing an effective program to prevent the spread of COVID-19 has tested a new type of vaccine that uses the messenger ribonucleic acid (mRNA) platform.”**

## 8. Saying So-Long to Data Siloes / Brian Garibaldi:

*“As we broaden our focus beyond COVID-19, there are many, many projects that will benefit from advances in data modeling and collaboration across institutions.”*



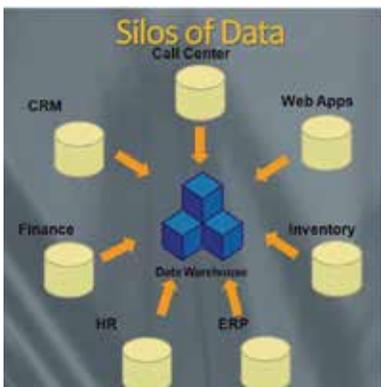
As the medical director of the Johns Hopkins Biocontainment Unit, pulmonologist Brian Garibaldi was among the first to care for patients coming into the hospital with severe COVID-19. Almost immediately, he began meeting with other front-line clinicians to share observations that could help shape care protocols and clinical trials — at Johns Hopkins and beyond.

“We were only about two or three weeks into the pandemic, when Antony Rosen, vice dean for research for the school of medicine, asked me a simple question: ‘What percentage of our patients have had a lab value of this particular amount?’ And I replied, ‘Gee, Antony, I can tell you anecdotally, but I can’t recall all of them.’”

“‘We don’t have a data repository?’ Antony asked. ‘We have to create one right now!’”

And so, they did. In the course of a weekend, the scientists conceived and submitted a plan for what has become the JH-CROWN registry, a collection of data and information about patients having suspected or confirmed cases of COVID-19 infection, that utilizes the Johns Hopkins Precision Medicine Analytics Platform. While the main source is Johns Hopkins’ electronic medical record system, Epic, the registry also includes data from other sources, such as biospecimen repositories and physiologic device monitoring systems.

Currently there are more than 40 scientific teams across Johns Hopkins that have gotten IRB approval to use data from JH-CROWN to advance their research. And that exemplifies a significant shift that Garibaldi believes will continue beyond COVID-19.



**“Making the most of disparate data sets requires translating data from individual institutions into common models that allow data to be easily shared.”**

“With data registries, there’s long been this sense that ‘I’m the principal investigator and you can’t work with the data unless you work with me,’” says Garibaldi. “But with COVID-19, there’s no one person or group who can possibly tackle all of the different questions that can be answered with this data. There’s been an urgency to give access to as many investigators as possible. As a result, we are bringing teams together who might not have known they are working on similar questions. This is an approach to team science that can lead to very rapid discovery — and I’m hopeful it will carry forward for other projects and other data sets.”

From a data sharing perspective, Garibaldi has also observed moves to develop large “mega-cohorts” of patients and to partner across institutions to share data. For example, data from the JH-CROWN registry is also being shared with the National COVID Cohort Collaborative, which is collecting and harmonizing data from different institutions across the country into a “data enclave” for use by investigators all over the nation.

“We’ve had 6,000 inpatients with COVID-19 at Johns Hopkins, but across the country there have been millions of hospitalized patients,” notes Garibaldi. “We have so much to learn, in understanding epidemiology and prediction modeling, for example, from these huge cohorts.”

Making the most of disparate data sets requires translating data from individual institutions into common models that allow data to be easily shared — work that has been ongoing at Johns Hopkins for the last several years by a variety of expert teams.

“As we broaden our focus beyond COVID-19, there are many, many projects that will benefit from advances in data modeling and collaboration across institutions and there is a lot of excitement in the health sciences world,” says Garibaldi. “This work has really been accelerated by the pandemic and the need to share data and generate discovery quickly.”

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# Electronic Privacy and Cybersecurity Legality |

Justin Molitoris, Barrett McNagny



The privacy and cybersecurity legal framework is an area under rapid development. It is becoming increasingly newsworthy as more and more businesses are suffering hacks and breaches to their networks and valuable data. It is important for every business to have a basic understanding of privacy

and cybersecurity issues and their implication on operations. Below are a few areas that business executives and leaders should be aware of to keep their businesses safe:

## PRIVACY LAWS

The United States does not have a single comprehensive privacy law. Instead, the U.S. uses a multi-level approach to privacy regulation. The U.S. follows industry-specific federal laws, including HIPAA/HITECH in the medical industry, the Gramm-Leach-Bliley Act for financial institutions/insurance companies, and FERPA for educational institutions. The Federal Trade Commission and states' attorney generals are empowered with more general enforcement oversight for unfair and deceptive trade practices relating to privacy claims. Many states are passing laws (which often include extra-jurisdictional enforcement) governing businesses that collect, control, process or possess personal information of the applicable state's residents requiring such businesses to implement commercially reasonable data security frameworks. This includes New York and California.

New York's SHIELD Act, applicable to any entity that processes personal information of a New York resident, provides some direction on what would be considered commercially reasonable. Each company is required to implement commercially reasonable administrative, technical, and physical data security practices that protect the security, confidentiality, and integrity of personal information in the company's possession. Often companies that are HIPAA- or GLBA-compliant are exempt from complying with the state laws, but this should be reviewed on a case-by-case basis as new state laws are implemented.

## WEBSITES

Every business with a website needs a customer-facing privacy policy and terms of use. On the surface, a privacy policy and terms of use for a website might appear simple,

but such policies can also give rise to an unfair and deceptive trade practice claim if the business does not abide by the terms of its own policies. There are ongoing serial lawsuits targeting businesses who are in violation of their own policies. Regardless of the ultimate success of these lawsuits, the suits cause the defendant businesses significant time and expense.

The privacy policy and terms of use create a binding contract between the website owner and the user. Newly effective state laws have varying requirements of what rights users from those states have relating to their personal information and the website policies need to be tailored to satisfy those requirements. It is also important that businesses understand that, even if they are physically located in a specific state, they may still need to abide by the laws where the end user is viewing their website. It is important that all businesses review their policies on an annual basis to be viewed as reasonable by most enforcement agencies.

## THIRD-PARTY VENDORS

Many businesses use third-party vendors for their data security. The review of these agreements, including licensing arrangements, is important to protect a business. The EU-model for privacy frameworks places the burden of ensuring third-party contractors have reasonable data security practices on the initial data controller or the party obtaining the information for its business purposes. This model has been making its way into U.S. operations. It is important that, when businesses contract or negotiate with a vendor, the binding agreement is reviewed on the front-end to ensure that the business is properly protected.

## ASSESSMENTS ON DATA

Businesses should consider conducting a privacy impact assessment. This can be, in its most basic form, documenting the flow of information through data-mapping from data intake, access, storage, and deletion. Mapping allows a business to understand vulnerabilities and where potential legal exposure exists. From this assessment, a business can develop its own internal privacy policy (differing from the website policy) on how it protects, maintains, and deletes personally identifiable information. A privacy impact assessment also allows a business to have effective discussions and exercises regarding how the business would respond to a cybersecurity incident.

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A risk assessment can also prevent possible issues and the potential misuse of personally identifiable information. A risk assessment looks at each user in a business and identifies who should and who should not have access to the information (personally identifiable or otherwise) necessary for that user to carry out its business purpose.

### CYBER INSURANCE

A business can invest in cyber insurance to protect the business and the data it houses. Like all insurance policies, cyber insurance policies are only as effective as their exclusions. It is important to review or have legal counsel review the cyber insurance policy to make sure that the policy properly covers a business. One increasingly popular provision excludes coverage if payments have been made on a ransom demand. It is also important to review a company's other insurance policies, as business interruption related to cyber events can, in some instances, be covered by general business interruption insurance.

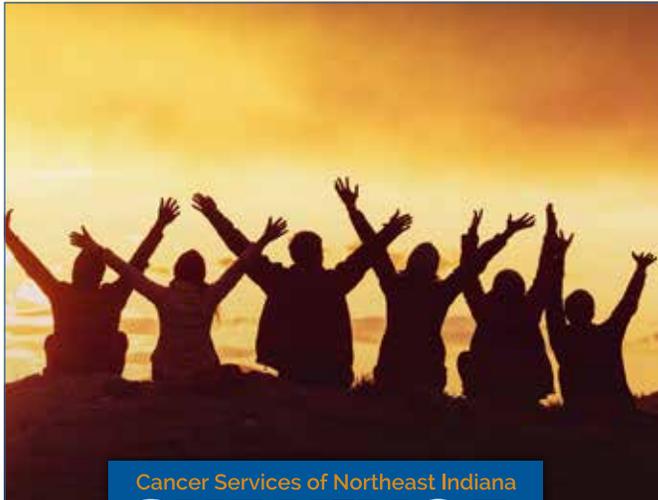


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# Four Effective Ways to Put Your Cash To Work |

Kameron Helmuth, CFP®, ChFC®, Vestia Personal Wealth Advisors



From lockdowns to market volatility, COVID-19 has led many people to a financial awakening. Not only has the pandemic had a potential effect on your personal life, but also likely the way you spend and approach your money, too.

Given the specific way COVID-19 impacted you and your loved ones, you may have experienced a shift in priorities, values, and long-term goals.

What does the aftermath of COVID-19 mean for your money moving forward?

## Identify Your Priorities In a Post-COVID World

Your goals and priorities can be subject to changes, but perhaps COVID-19 shifted them dramatically. In pre-pandemic times, traveling may have been a top priority for you and your family. Post COVID, you might want more time at home with family or to purchase a vacation home so the family can travel safely.

Know where your priorities have shifted and why. Ask yourself:

- Is this a long-term change?
- Why are these new elements important to you and your family? Think about what will be important to you 5, 10, or 30 years from now.

At Vestia, our values-based planning process helps our clients better understand their priorities. After a life-changing event, such as marriage or a global pandemic, we have what we call Honest Conversations with our clients to better understand how these events changed their perspective, priorities, and needs.

We know this process can be extensive and as doctors, it can feel impossible to find the time — but it's important to think about what your “new normal” looks like as you emerge post-COVID.

Above all, the pandemic highlighted the idea of building wealth that matters. Money should enhance your life — and we want to help you use your resources to work

towards that goal. Your life can be your top priority, and aligning your money with those priorities and values can inspire joy, meaning, and fulfillment.

## Shift Your Resources To Reflect Your New Vision

Once you have your new priorities set— vacation home versus travel budget, for example— the next step could be to reallocate your resources to fit those needs. Think of this as short-term shifting.

For example, let's say you choose to buy or build a vacation home— you may have to shift your travel resources to start saving for a down payment, property taxes, maintenance, and upgrades. You may also need to make some changes elsewhere in your plan and start saving in other areas, like retirement, more aggressively.

## From The Front Lines To Forest Trails: A Case Study

Let's take a look at a real-life example. We worked with a Critical Care physician on the front lines of COVID-19, who was completely burned out about a year into the pandemic. It was affecting their livelihood and relationship with their family.

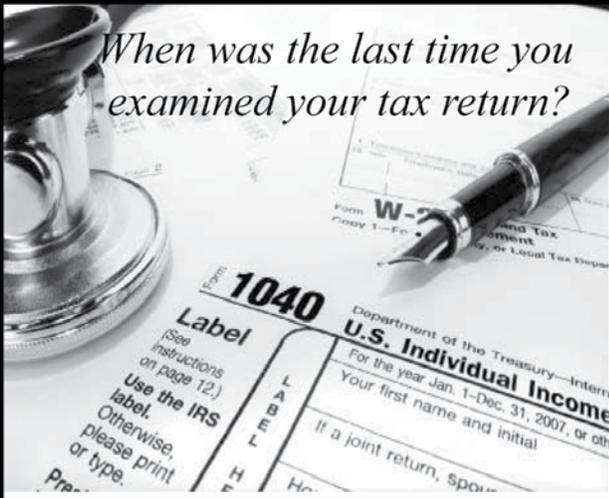
Previously, their goal had been to fund more elaborate annual beach vacations with extended family, but the pandemic made them realize how much they valued time with their immediate family.

They dedicated more time to exploring nature as a family for a short-term respite and quickly realized how the extra time spent outdoors served as a long-term mental health boost. This led to them looking at recreational land and putting an offer on a property where they plan to spend a couple of weekends per month recharging.

We watched the life come back into this doctor through this introspective process as they figured out what was going to bring the reprieve they needed. Did they have to adjust their financial plan to accommodate this change? Absolutely— but they realized their priorities shifted and made the necessary changes.

Once you've identified what's important, it's all about playing with the numbers to see how realistic it is.

continued on page 26



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## Set New Long-term Goals

If your priorities have shifted, it's a good idea to take another look at your long-term goals.

- Has your vision for retirement changed?
- Are you hoping to retire earlier?
- Does your career bring you joy and fulfillment?
- Do you want to start your own practice?

Let's say that pre-pandemic, your goal was to retire in your mid-50s, which would have likely required more restrictive recreational spending. But now, you've realized that you would like to put immediate resources into a beach house, recreational property, or take a compensation hit to have more vacation time to spend with loved ones. This may mean that you're willing to work a few more years and retire later to have the time now.

This long-term shifting process is what we like to call "wealth that matters". It's about understanding your priorities and adjusting your plan to put those elements first. We love working with clients to help them find the freedom and confidence to live life on their terms.

## Time is Precious: A Case Study

For example, we had a Vestia client share that multiple members of his family have had strokes in their 50s. He is hyper-aware that if he spends all his time working now and waits until retirement to travel, he may not get that opportunity.

He set his schedule up intentionally where he works less, therefore gets paid less, but has more time with his family while he knows he is healthy enough to make the most of it. This is a great example of "wealth that matters" in practice.

## The Right Financial Advisor Can Help

Financial planning isn't just about checking all of the boxes, it's about understanding where you're at and where you want to be.

It's our mission at Vestia to help you use your resources in ways that empower you to live your ideal life. COVID-19 has impacted nearly every aspect of our lives, and it could have a significant impact on the way you want to live your life and allocate your money moving forward. If your goals and priorities have shifted, it's time to consider revisiting your financial plan.

# Fort Wayne Medical Education Program Update

August 16th was our **31st Annual Golf Outing Fundraiser**. We had a great time!!

**We would like to thank the following businesses and facilities for sponsoring us this year:**

- Dupont Hospital
- Goshen Health
- Integrative Dermatology & Laser Spa
- Kosciusko Community Hospital
- Lake City Bank
- Lutheran Downtown Hospital
- Lutheran Hospital
- Hylant and Palmer Retirement Consulting
- PHP – Physicians Health Plan
- Fort Wayne Orthopedics
- The TowneHouse Retirement Community
- Fort Wayne Medical Society Alliance

**The awards for the night went to:**

- Closest to Pin – Dr. Jim Stapel
- Longest Putt – Dr. Justin Weirich
- Longest Drive (Men) – Ross Hensley
- Longest Drive (Women) – Riley Waterson

Congratulations for the following teams/golfers:

**1st Place Team –**

Karrie Kitch, Cammy Treadway, Kelsey Jenkins, Matt Eicher

**2nd Place Team –**

Dr. Carson Roberts, Dr. Zac Slattery, Dr. Patrick Krach

**3rd Place Team –**

Daniel Schmitz, Landon Scott, Dr. Carter Chase, Kate Chase



**FWMEP thanks everyone for their sponsorships, participation, and all around fun!**

**We look forward to next year!**



*L-R: Dr. Allen Maertin, Corey Snider, Dr. Justin Weirich, and Dr. Colton Johnson*



*Riley Waterson-longest drive*



*L-R: Dr. Zac Slattery, Dr. Leah Patton, Dr. Patrick Krach, Dr. Carson Roberts*



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# IU School of Medicine - Fort Wayne |

Gina Bailey, Asst. Director of Program Development



Forty years ago, Indiana University School of Medicine-Fort Wayne welcomed its first four medical students. Throughout its storied history, IUSM-FW faculty, students and staff have achieved many milestones and accomplishments, including the graduation of 630 alumni.

IUSM-FW has continued to evolve throughout the years. We have expanded the curriculum to include all four years, converted to an integrated curriculum and most recently delivered the curriculum virtually during the pandemic. IUSM-FW faculty staff and students have easily adapted to change, in part due to one constant, the support of our medical community.

The community support for IUSM-FW extends beyond the classroom. This academic year, IUSM-FW, through the generous support of our Fort Wayne community, awarded over \$110,000 in scholarships to help alleviate student debt. These scholarships not only give student financial relief, but also give students the freedom to explore more residency options based on their interests.

Just a few weeks ago we welcomed our 41st class to IUSM-FW. During orientation for our newly minted medical students, our medical community displayed some of the outpouring of support that we have grown to appreciate. From goody bags provided by the Fort Wayne Medical Society Alliance to help the students feel at home to the advocacy lunch with physicians, our medical community demonstrated how well-connected they are to the Class of 2025.

IUSM-FW faculty and staff are grateful to have our students back on campus for the academic year. We are looking forward to our students having more opportunities to meet and engage with members of our community so they too can appreciate the kind and unique medical community in Fort Wayne.

We were pleased to have the Fort Wayne Medical Society Alliance once again host a Welcome BBQ on campus during the first week of classes. The theme of

the event was the County Fair. This event was a welcomed treat for our students, faculty and staff. The decorations and activities were blue ribbon award-winning as was the pulled pork.

Below are a few pictures highlighting the County Fair.



Liz Hathaway and Vivian Tran, Co-Presidents



As we embark on our second and final year as Co-Presidents, Liz and I proudly stand with the incredible members

that have made this past year a success. In collaboration with our organizational partner (Fort Wayne Medical Society), a diverse and dedicated membership, and our community partners, we were able to serve many programs and initiatives, focused in the areas of:

- Community Education (Sponsorship at Science Central)
- Community Health (Super Shot Vaccination Partnership)
- Food Insecurity (Community Harvest Food Bank, Meals on Wheels)
- Educational Scholarships (Tapestry, Boys & Girls Club)
- Homelessness (The Rescue Mission & St. Joseph's Missions Womens' Shelter).

Our Medical Education focus through the IU Medical School is an ongoing partnership that is very special to us. This August we hosted our annual "Welcome BBQ" for the IU Fort Wayne Medical Students and staff on the IU FW campus. Attendees had a wonderful time eating, participating in games and contests, and got to spend time with their fellow students and the physicians in our community. This engagement was especially meaningful, as this past year was a time of remote learning for many. Thank you to the FWMS for sponsoring the ice cream truck and ISMA-A, as well as our many volunteers for making this event a great success!

These initiatives were also made possible by the hard work of our volunteers in planning and hosting fundraising events each year, and the generous support of our sponsors.

Our social calendar is filled with an exciting line up of diverse activities, both enriching and engaging for our members. This fall we kicked off our annual mem-

bership drive with a casual coffee hour at Moose and Mollies in Roanoke. Each month we will hold a "Taste of the Town" where we will meet for lunch, dinner, or a cocktail to get to know our members on a personal level.

Come celebrate the holiday season with us at the finest shopping experience and much-anticipated FWMSA Holiday Bazaar and Luncheon to be held in November.

Each year we welcome new and existing members of the community to join our mission and organization. We invite you to explore our webpage ([www.alliancefw.org](http://www.alliancefw.org)) and discover/re-discover the impact our organization has made in the community and how you can support the FWMSA's mission.

Whether you choose to become a member, donate, or attend one of our much-anticipated social events or fundraisers, your valuable support ensures that we stand ready to serve the needs of our community.

## FWMS Alliance Social Calendar 2021-2022

Join us for fun, fellowship, and education!

### October

**10/13 Legislative Workshop**

Fort Wayne Country Club

**10/20 Book Club –**

"Big Friendships: How we Keep Each Other Close" by Aminatou Sow & Ann Friedman – 12:00 noon @ Proximo

**10/26 Taste of the Town –**

12:00 noon @ J K O'Donnell's

### November

**11/17 Holiday Luncheon & Bazaar**

**11/18 Book Club**

"The Home for Unwanted Girls" by Joanna Goodman – 12:00 noon @ Black Canyon

**11/30 Taste of the Town – 12:00 noon @ Nawa**

**December – HAPPY HOLIDAYS!!**

# Alliance Activities

## IU School of Medicine Fort Wayne Welcome BBQ



## Joseph Decuis Farm Tour



## ▶ Scott Teffeteller, FACHE, Named Chief Executive Officer of Lutheran Health Network



Scott Teffeteller has been named Lutheran Health Network's Chief Executive Officer, effective Monday, Aug. 16. In this role, Teffeteller will lead the growth and development of Lutheran Health Network, working with leaders across the system to further the network's strategic initiatives and support the efforts to continually enhance healthcare services, quality and patient experience.

"As residents of Fort Wayne and the surrounding communities know, Lutheran Health Network is a special organization," said Teffeteller. "The network has a rich

history and an exciting future – especially with the upcoming opening of Lutheran Downtown Hospital and the joint venture with Acadia Health to build a new behavioral health hospital. I'm excited about the opportunity to work with our teams across northeastern Indiana to bring these and other initiatives to fruition for patients across the region."

Throughout his career, Teffeteller has helped build cultures of excellence focused on patients and families, quality, safety, employee engagement and value creation. He consistently has implemented initiatives that have successfully grown market share and enhanced quality care.

He most recently served as Senior Vice President and Regional Operating Officer for AMITA Health's Chicago Metro Region, and President & CEO of AMITA Health Resurrection Medical Center Chicago. While at AMITA Health, Scott positioned the market for strategic growth, expanded its ambulatory care network and led the master capital planning and facility development processes. He also led the Chicago Metro Region hospitals to achieve top quality ratings from Leapfrog, and recognition of Resurrection Medical Center as a Top 50 Best Hospital, a 100 Best in many other categories, and a 2020 Patient Safety Excellence Award recipient. Prior to joining AMITA Health, Scott had significant experience working with Community Health Network in Indianapolis Union Hospital, Inc. in Terre Haute.

Teffeteller will report to Mark Medley, who will continue to be based in Fort Wayne and will have oversight for Community Health Systems-affiliated hospitals including Lutheran Health Network and Northwest Health in northwest Indiana.

"Scott is a highly accomplished healthcare executive who has a demonstrated track record for expanding healthcare services and creating an excellent experience for patients and staff, said Medley. "His collaborative style and passion for quality will serve our community well and positions us to build upon many positive initiatives already underway. We are very fortunate to have a leader with his experience and expertise to lead Lutheran Health Network and become a part of our growing Fort Wayne community."

Active in the community, Teffeteller has served on the boards of directors of multiple organizations, including Chicagoland Chamber of Commerce; Greater Indianapolis Progress Committee; past chair of the Indianapolis Heart and Stroke Ball; Indianapolis Boys and Girls Club; Indianapolis Easter Seals; and member and past vice president of the Indiana Hospital Association. He earned a bachelor's degree in radiology administration from the Medical College of Virginia, holds a Masters of Business Administration from Averett University, and is a Fellow in the American College of Healthcare Executives.

## ▶ Jersey College and Lutheran Health Network Open Hospital-Based Nursing Program in Fort Wayne

To train additional caring and skilled nurses, Jersey College and Lutheran Health Network have collaborated to establish a School of Nursing on Lutheran Hospital's campus, serving the greater Fort Wayne region. The Jersey College Professional Nursing Program at Lutheran Hospital is a six-semester program, culminating in an Associate of Science degree in nursing, providing its graduates with opportunities to become a registered nurse. Inaugural classes began in July.

"Jersey College and Lutheran Health Network have worked together for many months to develop a unique nursing education experience," said Greg Karzhevsky, Chancellor of Jersey College. "From our initial meetings, the Lutheran Hospital and Lutheran Health Network leadership teams have shared our vision for this collaborative model of educating future nurses to care for patients in the Fort Wayne region."

With more than 8,000 square feet of classroom and office space, the Fort Wayne program combines the teaching experience of a college and the clinical expertise of a hospital. This hospital-based track offers students the ability to learn the art and science of nursing from within a hospital setting. Students are able to experience a seamless transition from classroom theory to clinical application.

"The need for nurses has been high for some time and the pandemic has only increased the demand," says Natalie Seaber, RN, MHA, CNML, Market CNO, Lutheran Health Network. "Among other factors driving need, nurses have many employment options. We believe that engaging with well-educated students to share the values, philosophies and practices of Lutheran Health Network hospitals will help us care for our communities into the future."

To learn more about Jersey College at Lutheran Hospital, visit:

[jerseycollege.edu/campuses/fort-wayne/](https://jerseycollege.edu/campuses/fort-wayne/) or call (260) 306-5355.

## ▶ FDA-Approved Treatment Quickly Improves Patient's Quality of Life



**Lutheran Hospital is the first and only location in the state**

"AFib" or "AF" – is the most common heart rhythm disorder, affecting more than 2.3 million people in the nation. AFib occurs when the heart's electrical rhythm is disrupted, which prevents blood from being pumped efficiently to the body. Left untreated, AFib can lead to stroke, weakness, breathlessness, fainting and a decreased quality of life.

For 15 years, Sandra Johnston's condition was mostly controlled through medication. When she once again experienced shortness of breath and an irregular heart rhythm, she was referred to Jason Rodriguez, MD, a cardiac electrophysiologist at Lutheran Hospital.

Shortly after Johnston's consultation with Dr. Rodriguez, she experienced an AFib incident lasting 44 hours, forcing doctors to stop and restart her heart to get it back into rhythm.

The procedure – called pulmonary vein isolation (PVI) – is a new cardiac ablation treatment option for AFib patients. PVI creates scar tissue around the pulmonary veins to block the electrical signals that cause arrhythmia. While older treatments rely on X-ray or mapping support for guidance, this procedure uses a miniature video camera and "headlight" to deliver a live-action view of the inside of the heart. The amount of laser energy used during the procedure can be customized based on a patient's needs and the device's unique balloon design adapts to the heart's specific anatomy. Lutheran Hospital is the first and only site in Indiana currently offering PVI.

"This new technology has been designed to perform with unparalleled accuracy and precision," explains Rodriguez. "We are committed to innovation and offering our patients early access to many of the latest cardiac treatments."

## ▶ Dupont Hospital Receives Level 1 Accreditation for Geriatric Emergency Department

Joyce Lukin has experienced several emergency room visits in her lifetime, especially in the last few years. The 78-year-old New Haven residents recently went to Dupont Hospital's Emergency Department due to colitis complications and other issues, including extremely low sodium and calcium levels. "My levels had dropped so low, they admitted me so they could observe me," she explained.

Dupont Hospital's Emergency Department is one of just 17 in the country and the only ED in Indiana to be recognized by the American College of Emergency Physicians with a Level 1 **Geriatric Emergency Department Accreditation** (GEDA). This accreditation highlights the highest level of excellence in care for older adult patients. To achieve a Level 1 GEDA accreditation, clinicians and administrators are required to meet more than two dozen best practices for geriatric care, including possessing geriatric-appropriate equipment and supplies, specialized staff, availability for routine screening for delirium, dementia and fall risk.

Team members are specially trained to care for patients over the age of 65. Patients receive a geriatric assessment screening that includes evaluating living arrangements and screening for memory and depression. "During the geriatric screening, we can ascertain if there's a need at home – meals, home health care, medical equipment or safety with mobility," explains Caroline Matvya, nurse practitioner and geriatric navigator for Dupont Hospital. "We can involve therapy to evaluate potential issues that may need to be addressed in the future. Geriatrics is a team effort that involves all disciplines. I'm thankful to be a part of this program."

Many patients find comfort in the environmental characteristics of a Geriatric ED, including enhanced lighting, noise reduction and high quality, large print signage. Lukin's memory during her stay was admittedly a bit foggy, but it was the home care that was set up during her stay that ultimately made a big difference in her recovery. "I had home health care people come two or three times a week to my home and oversee my medicines that were quite confusing to me. I can do my own now, though," said Lukin. "I have a nurse that comes once a week. It's all really new to me. I never had any of this home health care before."

"Older patients require a higher level of health care and perhaps none used as frequently or as importantly as the Emergency Department," says Andrew Offerle, MD, emergency medicine physician and medical director of the Emergency Department at Dupont Hospital.

"We have set up our Emergency Department inpatient processes and post-ED services to help meet those unique needs with maximum comfort and minimal complications."

## ► Parkview Health Updates Plans for Southwest Campus



Parkview: Physicians Group surgical and specialty providers, Neurosciences, Cancer Institute, Heart Institute, and Orthopedics Northeast (ONE). The addition of these services expands access to some of the most commonly needed specialty care for patients in southwest Fort Wayne.

As part of Parkview's redesign, the existing ambulatory surgery center on Carnegie Boulevard will be remodeled to include more surgery and procedure rooms. The newly named Parkview Southwest Surgery Center will be used for common outpatient procedures.

Parkview Health has updated plans for its southwest Fort Wayne campus to include a more comprehensive range of services in one convenient location.

During a pause in construction due to the pandemic, plans for the campus at Illinois Road and Glencarin Boulevard were re-evaluated. Updated plans call for a more efficient use of existing space and the addition of commonly needed services to meet a wider array of care needs, including specialty care and a 24-hour emergency department.

Currently known as Parkview Inverness, in the Inverness Centre plaza, the Parkview campus will also be renamed Parkview Southwest as construction is completed.

As previously planned, Parkview will construct a three-story specialty outpatient center. On the first floor, patients will have access to an emergency room, as well as lab and imaging services.

The second and third floors of the new outpatient center will house specialty care practices and clinics, including

An existing medical office building on the campus, located at the roundabout intersection of Glencarin Boulevard and Carnegie Boulevard, will also be remodeled to become the Parkview Southwest Women's and Children's Health Center. This location will include Parkview Physicians Group OB/GYN and midwifery clinics, a pelvic health clinic, women's imaging, and pediatric general and specialty care clinics.

As part of the previously announced plans for the campus, Parkview opened a new primary care and walk-in clinic in the fall of 2020. Primary care services will continue to be offered at that location.

New facilities and services at Parkview Southwest will result in the creation of more than 160 jobs in clinical and non-clinical roles, as well as the addition of 15 new physicians and advance practice providers.

Site work and construction is slated to begin this fall. All construction is expected to be complete in 2023.

## ► Parkview's Advanced Medical Simulation Lab Recognized as American College of Surgeons Accredited Education Institute

The Advanced Medical Simulation Lab (Sim Lab) at the Parkview Mirro Center for Research and Innovation has been accredited as a Comprehensive Accredited Education Institute (AEI) by the American College of Surgeons (ACS). The recognition is another milestone as Parkview Health prepares to launch graduate medical education programs in general surgery and internal medicine in 2022.

Parkview's Sim Lab is a state-of-the-art facility featuring some of the most advanced medical simulation technology available today. Individual physicians, as well as teams of clinical professionals, can train in one of three labs equipped with high-fidelity medical manikins, virtual reality systems and other simulation tools.



As a Comprehensive AEI, the Sim Lab has demonstrated it addresses the educational needs of a broad spectrum of learners and advances the science of simulation-based surgical education. In addition to providing its current training programs for health care providers and students, the Sim Lab will help train general surgery residents in Parkview's new graduate medical education program, which began accepting applications this fall.

▶ **Parkview's Brandon McDaniel Awarded Research Grant from National Institutes of Health**



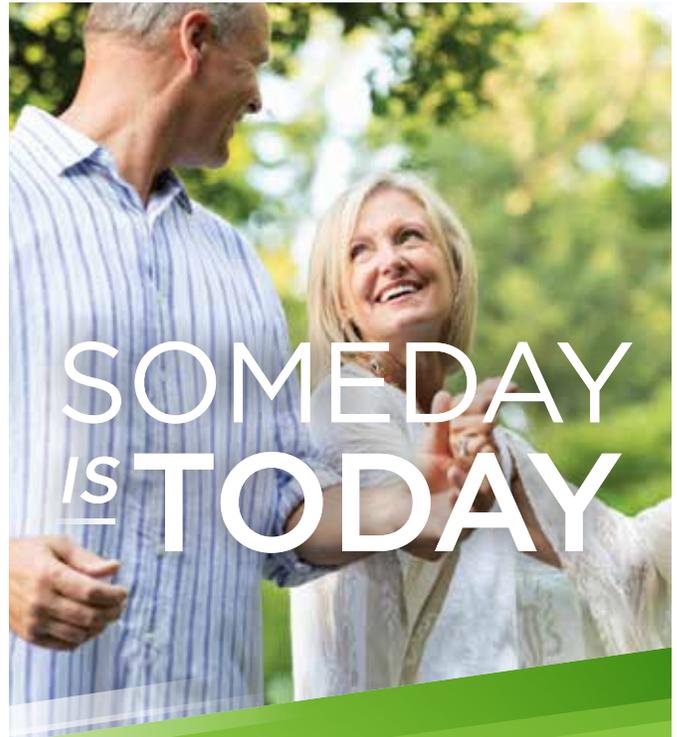
The National Institutes of Health (NIH), through the National Institute of Nursing Research (NINR), has awarded an almost \$322,000 grant to Brandon T. McDaniel, Ph.D., a research scientist with the Health Services and Informatics Research team at the Parkview Mirro Center for Research and Innovation, to examine the phone habits of parents of infants and develop programming that encourages healthy digital habits.

McDaniel will conduct this research with co-investigators Jenny Radesky, MD, at the University of Michigan and, at Parkview, Jessica Pater, Ph.D., and Michelle Drouin, Ph.D., both part of the Health Services and Informatics Research team, and Connie Kerrigan, director of Community Support Services at the Parkview Behavioral Health Institute.

The NIH grant will enable McDaniel and his team to conduct a two-year study of about 250 parents of infants, with the goal of better understanding parents' phone use relative to their mental health. Research methods will include surveys, measurement of phone use, interviews and focus groups. The study will provide the information necessary to understand the phone use of parents of infants and help parents develop healthier digital habits.

McDaniel said his team is targeting families of infants, due to the need to begin healthy habits early in life, and focusing on phone use due to the prevalence of devices in our everyday lives. Ultimately, the research will support the development of data- and parent-informed programming to assist parents of infants in fostering healthy caregiving.

"We need to better understand parents, their phone use, what leads to this phone use, and the good and the bad surrounding it," McDaniel continued. "Certain types of phone use, such as using late at night so sleep is missed, may have negative impacts on a parent's mental health. However, there may be other times when the phone use assists the parent and improves the caregiving environment, such as when reaching out for support during stressful parenting moments.



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