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FORT WAYNE MEDICINE QUARTERLY

Official Publication of the Fort Wayne Medical Society

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Editor's note | Joel Harmeyer, Executve Director, FWMS

I hope you are enjoying the summer weather, as this edition of the *Quarterly* finds you. I am still abuzz from our annual dinner this past May. What a joyous gathering with wonderful conversations and fellowship. We devoted the center spread of our summer edition to pictures from this event (pages 18-19). Included below are members we honored at our annual dinner as they celebrate 25 and 50 years, respectively, graduating from medical school.

Honorees

25 Year

Scott Boyd, MD
Sara Brown, MD
Julie Bryan, MD
Matthew Carr, MD
Sepideh Farzin Moghadam, MD
Lucia Fouts, MD
Christopher Gullett, MD
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50 Year

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Keith Danckaert, MD
James Edlund, MD
Basil Genetos, MD
Joseph Huguenard, MD
Alan Peterson, MD
John Rathbun, MD
James Rausch, MD
Richard Tielker, MD

Other notable items in this issue include:

Director to Director (pages 10-11)

I'd also like to draw your attention to my chat with Bryan Romey, Program Manager, of Walk with a Doc. It is a wonderful grass-roots organization that, through physician-led fitness walks, encourages community and fellowship. Fort Wayne had an active chapter before the pandemic. With your help, Bryan and I have high hopes we may once again participate.

Big Year for Physician-Focused State Legislature (page 7)

Please take a moment to read through the infographic on page 7. The Indiana State Medical Association had an incredibly successful session, as several bills ISMA supported passed the final steps of the legislative process. ISMA also successfully stopped multiple bills it opposed, including legislation on scope of practice issues.

Convention - Save the Date!

Speaking of the ISMA, the date for this year's convention is set for September 8 – 10 at the Embassy Suites in Plainfield. The centerpiece of the convention is the annual meeting of the ISMA House of Delegates (HOD) when representatives from around the state discuss and vote on resolutions. Adopted resolutions become part of ISMA policy and set the organization's legislative agenda. The weekend also includes numerous opportunities to celebrate and share fellowship with colleagues, including the IMPAC Social and President's Night Celebration. Electronic registration is now open. Visit **www.ismanet.org** to register.

Nothing says summer quite like a barbeque. If you are craving delicious BBQ and all the fixings, look no further that IU School of Medicine's annual Tailgate BBQ. This year's event takes place Wednesday, August 9, at 5pm. Help welcome a new class of medical students to town. It's always a terrific time!

ISMA
INDIANA STATE MEDICAL ASSOCIATION

2023 ISMA LEGISLATIVE ACCOMPLISHMENTS

SUPPORTING PUBLIC HEALTH

Governor's Public Health Commission

- Appropriates a combined $225 million over the biennium (HEA 1001) to establish a regulatory framework and optional grant program to support local health departments in delivering core public health services to their communities. (SEA 4)

Contraception and maternal health

- Allows unopened, unused long-acting reversible contraceptives (LARCs) to be transferred between Medicaid recipients if certain conditions are met. (SEA 252)

Trauma system quality improvements

- Establishes and funds the Indiana Trauma Care Commission to promote statewide cooperation and the development of a comprehensive state trauma plan. (SEA 4)

ACCESS TO CARE; PHYSICIAN WORKFORCE

HIP equalization

- Requires all Indiana Medicaid programs to reimburse physician services at not less than 100% of the Medicare rate. (HEA 1001)

Graduate medical education (GME)

- Appropriates $14 million over the biennium to the Graduate Medical Education Board and $4,764,394 to the Medical Education Board to support establishing and expanding physician residency programs across Indiana. (HEA 1001)

Physician noncompetes

- Provides a primary care physician (family practice, pediatricians, and internal medicine) and an employer may not enter a noncompete agreement after July 1, 2023. (SEA 7)
- Outlines a mediation process for a reasonable buy-out amount and renders existing noncompete agreements unenforceable if certain conditions are met. (SEA 400)

Physician tax credits

- Establishes a $20,000 state income tax credit for physicians with an ownership interest in a new primary care physician practice (family medicine, pediatrics, and internal medicine). (HEA 1004)

INSURANCE; REGULATORY ISSUES

Prior authorization and payment reforms

- Establishes a provisional credential until a decision is made on a provider's credentialing application and allows for retroactive reimbursement. (SEA 400)
- Shortens the timeframe for an insurer to respond with a prior authorization determination for urgent cases from 72 to 48 hours and for nonurgent cases from seven to five business days. (SEA 400)
- Prohibits prior authorization and retroactive denial for a specific set of commonly requested and granted CPT codes for services rendered to patients covered by the state employee health plan. (SEA 400)

TRANSPARENCY; SCOPE OF PRACTICE

Emergency department supervision

- Requires that a hospital with an emergency department (ED) must have at least one physician on-site and on duty who is responsible for the ED at all times the ED is open. (SEA 400)

Advertising of physician information

- Adds allergist, electrophysiologist, geriatrician, immunologist, medical geneticist, neonatologist, and pulmonologist to the list of medical specialty titles reserved for physicians. (SEA 275)

Defeated numerous attempts to inappropriately expand the scope of practice of nonphysician practitioners:

- SB 213, SB 371, and HB 1330 all removed the requirement that advanced practice registered nurses (APRNs) must enter into a collaborative agreement with a physician.
- SB 49 (Certified registered nurse anesthetists), SB 190 (Physician assistants), and SB 191 (Associate physicians) also expanded the scope of practice authority for various other nonphysician practitioners.

ISMA GOVERNMENT RELATIONS

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VIEWPOINT

The Rise and Potential of Physician Unions

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The consolidation of hospital systems and physician practices under a single corporate umbrella has resulted in major structural changes to the practice of medicine. In 2012, 60% of practices in the US were physician-owned, 23.4% of practices had some hospital ownership, and only 5.6% of physicians were direct hospital employees.[1] After a surge in acquisitions of physician practices over the decade, and in response to the COVID-19 pandemic, the fraction of physicians employed by hospitals or health systems reached 52.1% and 21.8% by other corporate entities in 2022, for a total of an estimated 74% of practicing physicians.[2] Many physicians now are employed by consolidated corporate health care systems that span many different communities and increasingly are spread across multiple states.

This rapid transformation has largely followed an aggressive strategy, put forward by hospital and corporate leadership, that seeks scale and exploits market power. However, it is also a strategy that is increasingly at odds with the interests of the physicians working in these organizations. The strategic differences are revealed in a variety of important policy differences, spanning from payer contracting strategies, compensation incentive structures, and service line prioritization. These differences suggest the potential for growing challenges for US medicine.

Unions are not a panacea. They are a tool available to certain physician employees and can be sought as a response to growing tensions within large hospital systems.

Strategic conflicts between hospitals and physicians are not new, but physicians have traditionally negotiated with hospital interests and managed conflict by striving to maintain their independence. The large health care systems currently gaining traction can lack avenues for physician advocacy and meaningful participation in organizational governance. Asaresult, anew trend is likely to emerge: the pur- suit of physician unions. Although physician unions have been in existence since the late 1970s, the number of physicians in unions remains very low compared with other professions and industries. Data for 2021 suggest that 5.9% of practicing physicians and surgeons are union members, while union contracts cover 8.1% of practicing physicians.[3]

However, union-organizing attempts are on the rise in the health care industry, with recent successful resident- organizing drives at Stanford, the University of Southern California, and the University of Vermont.[4-6] Since January 2022, the National Labor Relations Board has received 153 petitions for representation to initiate the unionization process in the health care industry overall, but only 3 include attending physicians.[7] Given the changing nature of medical practice driven by corporate takeovers, these trends suggest there is a missed opportunity for physicians to join together to improve their status, and this opportunity could be helped by a better understanding of labor law.

Labor Law and Unionization

Current labor laws were born out of decades of conflict between labor and management. As part of the New Deal, Congress passed the National Labor Relations Act of 1935 (NLRA), later amended in 1947 through the Taft-Hartley Law. The NLRA allows the formation of unions and the right for those unions to bargain collectively over terms and conditions of employment in private sector businesses. To enforce the NLRA, Congress created the National Labor Relations Board (NLRB), an independent agency with 5 members appointed by the president.

The NLRA is a product of legislative trade-offs and compromises, including the critical question of which workers are covered (and thus are eligible to form a union). The NLRA covers almost all private sector employees, including professionals, but because the NLRA is intended to protect laborers, it does not cover independent contractors, supervisors, or managers. Because the NLRA offers little definition of the various worker groups, deter- mining who is a laborer, manager, or supervisor requires a fact-intensive inquiry by the NLRB. After decades of disputes over unionization in the health care industry, the applicability of the NLRA to several groups seem generally settled. Medical residents, barring unusual circumstances, may form unions. Nurses may generally organize,but “charge” nurses are excluded from unions as supervisors. Part-time physicians working as independent contractors are not covered by the NLRA, nor are physicians in private practice. Full-time salaried physicians at a medical institution are permitted to unionize if they do not exercise meaningful supervision of other employees, but according to a 1980 decision by the Supreme Court, tenured and tenure-track faculty were considered to be managers and are excluded.[8]

The unionization process starts with the filing of petition with the NLRB with proof that 30% of a given group of workers want representation by a specific union. The NLRB administers a vote, usually through a secret ballot of workers, to determine whether a majority choose to unionize. The NLRA then requires the employer to bargain in good faith with the union over terms and conditions of employment, including compensation, benefits, work rules, scheduling, and a grievance procedure for settling disputes. There is no requirement that an agreement must be reached, only that bargaining is conducted in good faith.

Union Considerations

For physicians working in multihospital systems, several elements of this framework must be addressed. First,physicians need to determine whether collective bargaining is in their interest, in contrast to each physician contracting individually for their services. If collective bargaining is seen as advantageous, physicians need to determine who the union represents: all physicians within a system or only those at a specific hospital? All physicians across specialties or only specific departments? This latter concern reflects the potential

challenge when different clinicians have different compensation and governance interests within a single organization.

Second, and related, physicians must consider the benefits of collective bargaining for salary. For example, primary care physicians and specialist physicians may decide to join the same union and participate in joint negotiation with the hospital in a fee-for-service payment model, but they might prefer different unions when the financial interests of primary care physicians and specialist physicians diverge under a capitated payment model (this diversity of interest is reflected when nurses and other clinical staff join different unions or different bargaining units under the same union). Importantly, opting for collective bargaining does not require joint negotiations for salary. Sports and entertainment unions, for example, involve contracts that allow star performers to negotiate their own financial deal while the union contract covers other terms such as workplace conditions and benefits.

Third, and most critically, physicians should consider the benefits of collective mobilization to shape hospital policies. Collective bargaining can help address strategic issues that are of great inter- est to employees, such as in 2022 when nurses at Sutter Health went on strike over staffing shortages and access to adequate personal protective equipment.[9] Policies related to the practice of medicine may benefit from explicit consideration through collective bargaining. Physicians and hospital managers might disagree over patient discharge policies, documentation standards, quality improvement programs, and requirements for after-visit services. For ex- ample, hospitals may be incentivized to collect exhaustive coding detail to support their marketing activities, such as for US News & World Report rankings, whereas physicians are pressured to sup- port these activities without direct benefit or compensation. Similarly, physicians in one community might identify local clinical needs and want their hospital to expand services that are not prioritized at a corporate level. Physicians can use labor law to address these kinds of disagreements with hospital leadership.

Unions are not a panacea. They are a tool available to certain physician employees and can be sought as a response to growing tensions within large hospital systems. However, they may not provide as much leverage for input into strategy as physician-led organizational structures such as physician-owned practices or other professional corporation models. For example, Kaiser Permanente Medical Groups are independent regional entities that negotiate with Kaiser health plans and hospitals. Further, unions are likely to expose differences in perspectives and incentives between rank and file physicians and their leaders (such as department chairs). This divergence of interests might further complicate the advocacy of physician interests into governance. In addition, unions will be necessarily reactive to the strategy that underlies large hospital systems, but they can curtail certain abuses such as aggressive relative value unit–based compensation schemes, limit contract provisions such as noncompete clauses, or redress policies that are particularly insensitive to physician needs.

While there are some concerns that unionization might harm patient care by interfering with the patient-physician relationship, it is important to recognize that many business strategies of consolidated health care systems are also potentially harmful to patients, and that unionization might be a lever that physicians can use to push back against those potential harms. Physician unions will be unable to convert the capital-intensive nature of health care systems into a meaningfully different economic enterprise. Those who question the sustainability and wisdom of these US health care giants are unlikely to find that unions can be used to curtail the deleterious effects of health care consolidation.

Conclusions

Over the last decade, there has been a substantial transformation in the organizational structure of physicians practice from independent medical groups to employment by large health care systems, transforming the control of medical care and altering the role of physicians within organizations. Conflicts between physicians and hospital leaders over governance, compensation, work rules, and strategy will likely lead to an increased likelihood of discussions of physician unions as a response. While unions offer benefits compared with individually negotiated employment agreements, they may be limited in their ability to address the higher governance concerns of the profession.

ARTICLE INFORMATION

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Additional Information: Dr Bowling has provided informational lectures on the National Labor Relations Act of 1935.

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DIRECTOR TO DIRECTOR

Joel Harmeyer, Executive Director and
Bryan Romey, Program Manager, Walk With A Doc

1. *How do you describe Walk with a Doc to someone unfamiliar with the organization?*

Walk with a Doc (WWAD) is a nonprofit organization that inspires communities through movement and conversation with physician-led walking groups. With an aim to make health and happiness accessible to all, Walk with a Doc offers a simple, sustainable solution for physical activity, health education, and social connection. Healthcare providers ditch their white coats in favor of a t-shirt and sneakers to lead their patients and community in a group walk at least once per month. There's laughter, education, and communication on a level that is altering the healthcare landscape.

2. *What is the history of Walk with a Doc?*

Walk with a Doc was started in 2005 by Dr. David Sabgir, a cardiologist in Columbus, Ohio. Frustrated with his inability to affect behavior change in the clinical setting, Dr. Sabgir invited his patients to go for a walk with him in a local park on a spring Saturday morning. To his surprise, over 100 people showed up, energized and ready to move. Since that first event in 2005, Walk with a Doc has grown as a grassroots effort with a model based on sustainability and simplicity. In 2009, we became an official 501(c)(3) and added an Executive Director with a focus on building a program that could easily be implemented by interested doctors in other cities around the country. As a result of these efforts, the reach of Walk with a Doc now extends all around the globe with over 500 "chapters" walking at least once per month at local parks, schools, and neighborhoods.

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

I start each day by firing up my treadmill desk – we practice what we preach around here! I have the honor of chatting with physicians from around the world who are tired of the status quo and want to start focusing on prevention and healthcare rather than sick care. They see Walk with a Doc as a way to help motivate their patients to lead healthier lives, and our team makes it really easy for people to hit the ground running walking. We help groups get started by providing administrative support, marketing materials, example health topics, liability insurance, merchandise, and overall best practices. My role is to provide support for our existing chapters and help start new ones.

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

Throughout the work day, I try to take a few short breaks by getting outside for a dose of Vitamin N (nature) and maybe taking a short walk, which helps me stay focused on my work. On Saturday mornings, I usually take my dog and head to one of the parks here in Columbus for a Walk with a Doc event. The walk helps me start my weekend on a high note, as I always leave with a smile on my face. I enjoy getting to know some really incredible people of all ages/backgrounds who often give me tips on things like gardening, restaurant recommendations, events happening in town, and much more!

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

While we're fortunate to have started hundreds of WWAD chapters, we know we've only scratched the surface when it comes to our potential. We're working to build our small but mighty team to focus on raising awareness and fundraising so we can share the power of walking with even more people.

How can our members help?

We're hoping to restart the Walk with a Doc program in Fort Wayne that FWMS member Dr. Sharon Singleton launched in 2019 shortly before the COVID pandemic forced her to pause. We'd love to have you lead a Walk with a Doc event and invite your patients to join the fun! We really enjoy working with medical societies because we can build an "army" of health professionals that are all chipping in to help support the health of their community. Contact Joel Harmeyer (joel@fwms.org) if you're interested in getting involved.

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

Many people are intimidated by the E-word: Exercise. They think of paying for a membership at a crowded gym with strange equipment and think, "Nope, exercise is not for me." They often don't realize that physical activity can be simple and even fun. Let your patients know that walking is one of the best and easiest ways to improve their health. Feel free to point them to **walkwitahdoc.org** for 100 different health benefits of walking! If you'd like to take it up a notch – invite them to walk with you and your family at Walk with a Doc. We're facing several "epidemics" surrounding chronic disease, loneliness, and even health misinformation, but the solutions don't have to be complicated or expensive.

Fecal Microbiota Transplantation: Healing with Poo | Scott Stienecker MD FACP FSHEA FIDSA CIC

Who ever thought that it might be a good idea to fix disease with poo? Farmers have known for a long time that young animals will seek out adult stool and populate their gut. And sick animals get better after eating stool from a healthy animal. The first reported stool transplant was reported by a Chinese researcher from the 4th century, Ge Hong, who used "yellow soup" to treat his patients with severe diarrhea. And there are reports dating back to 1700 years ago. So, it is not really a new idea. But it was news to me. Like most good stories, this one starts over a beer.

Let me tell you a story. . . .

It was October 3, 1991 and I was at the Infectious Diseases Society of America meet in Chicago. The society had a wine and cheese event one evening in the Natural History Museum, right under Sue the newly displayed Tyrannosaurus Rex the museum had just acquired. I met up with my friends, and after usual pleasantries the discussion turned to Johan Bakken, MD from Minnesota. "What have you been up to, Johan?" He proceeded to tell us that he was about to be published in the society journal Clinical Infectious Diseases for a study using stool from healthy people and instilling it into people with refractory Clostridiodes difficile (C. diff). After the usual poop-smoothie jokes, he elaborated. In his paper, he showed that all but 1 resolved their C diff despite failure after numerous courses of antibiotics. And that those with refractory C diff had only about ½ of the bacterial diversity of normal people and that might explain why those with refractory C diff lost weight despite eating and became depressed. He got the idea from reading the Scandinavian Infectious Diseases Journal where they have reported on a series of about 50 cases successfully treated.

The next year, I was president of the Infectious Diseases Society of Ohio — sounds exalted, but it really only means the president has to arrange the speaker for the yearly society afternoon case presentations. I invited Johan to speak. Docs from OSU and Cleveland Clinic, among others, were there and very excited to have a new treatment for this dreaded problem. Problem was, Legal at those institutions wouldn't let them do it, even with the published paper showing it worked. But I had no problem doing it in Lima, Ohio, so I did. And I was getting referrals from OSU and Cleveland Clinic with people traveling from 5 states to Lima for the procedure. At that time, we were screening volunteer donors identified by the patient (usually family) and transplanting that stool in the patient.

At that time, the donor was screened for Hepatitis B, Hepatitis C, Syphilis, HIV and C. diff. If the stool was deemed "healthy", then a new sample would be donated the day of the procedure. That usually arrived in a sealed container whereupon I would use a urine cup, tap water and a tongue depressor to beat it into a suspension. Per the original article, it was strained through a coffee filter. That took forever! I rapidly changed to straining it through cheesecloth and then emptied a Fleets enema bottle and filled that. Straining was essential to prevent violation of rule #1 "Keep Poo off the Shoe". Corn, nuts and other chunks would clog the split diaphragm of the Fleets bottle causing the top to blow off the bottle spilling the contents and violating Rule Number 1. That was hard-learned information.

Several confirmatory studies later, this is now a confirmed procedure. It is rapidly moving from a treatment of desperation — last choice — to the go-to after first or second relapse, with high success rates. We did evolve to using a CT air-contrast GI bag with the added benefit of a balloon tip to hold the device in the rectum — an added safeguard to prevent violating Rule Number 1.

At Parkview, we have been involved in the Rebyota clinical trials proving that this human-derived standardized stool was also effective. It is now FDA approved.

As you see, what is old becomes new again. Who would have thought that you can heal with poo? Fortunately, we have providers at Lutheran, Indiana University and Parkview that can perform this lifesaving procedure. If someone wants to refer a patient for the clinical trial, please call the Parkview Infectious Diseases Clinic (260-373-9935) and check if we are taking patients for the study. But all locations have access to the standard procedure using the donor technique or the new FDA approved Rebyota.

Monitoring COVID

As you may have guessed from my preceding article (Fecal Microbiota: healing with poo), I appear to have a fascination with the GI tract. Yes, I do find it fascinating. Molecular science has moved to the point that if I know a person's microbiota signature, I can figure out what chair they occupied in a lecture hall.

Looking at wastewater sampling can tell us a bit about COVID or other agents of interest as well. There are now a fairly large number of communities that are regularly (once or twice weekly) sampling their wastewater and sending that to the CDC via BioBot. BioBot Analytics is a company that looks at the molecular signatures in wastewater to assess the health of a population. Currently through a CDC grant, there is widespread testing for COVID to model and assess the amount of COVID in the wastewater. But it has been applied to Measles and Polio as well. A huge advantage to this monitoring is that a spike in wastewater viral load predicts a rise in human ED visits and admissions approximately 2 weeks in advance. This information will give providers and hospitals time to prepare for the next wave and also assist in predicting how large the wave will be.

https://biobot.io/data/

This information is then tabulated and displayed on the CDC website https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance

And by following the data weekly, we can begin to predict how COVID will affect our community and prepare for the next wave.

The Value of a Volunteer | Michelle M. Creager, Chief Executive Officer, Matthew 25

What value do volunteers bring to this organization?

Founded by volunteers over 47 years ago, Matthew 25 continues to find volunteers essential to the daily operations and long-term sustainability of the non-profit's operations.

Economic instability, including inflation and labor shortages, coupled with an increased demand for healthcare services, has left Matthew 25 more reliant on the kindness and generosity of those donating their time.

As a charitable clinic, operating with a small staff of just over 30 employees, Matthew 25 volunteers significantly increase the scale and scope of services provided to patients. Many of the 25 specialty care clinics at Matthew 25 are run 100% by volunteer medical and dental professionals.

Volunteers enable Matthew 25 to fulfill its mission of serving low-income and uninsured adults in Northeast Indiana and Northwest Ohio. In the 2021-2022 fiscal year, collectively, Matthew 25's volunteers donated over 20,500 hours to care for the most vulnerable in our community.

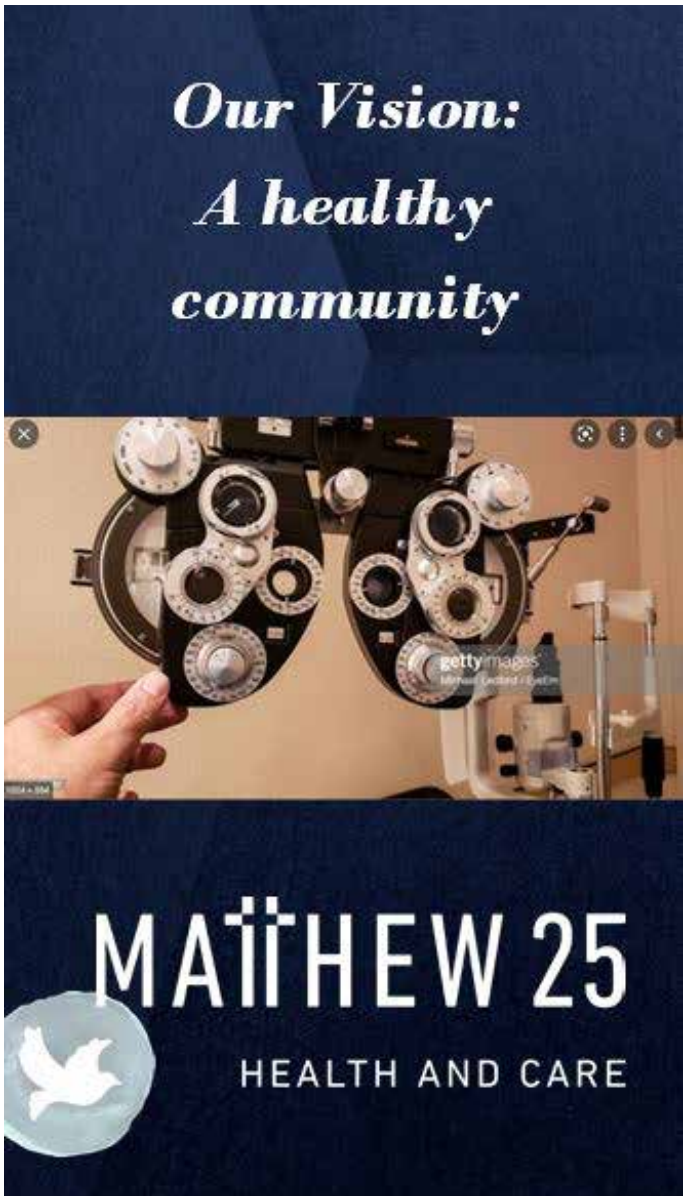
Volunteers are the heart of Matthew 25, selflessly giving of their time and talents without compensation and often without fanfare. Matthew 25 volunteers are advocates of social change, devoted to spreading awareness of Matthew 25 and the work they do to help heal our community.

What type of volunteer opportunities are available at Matthew 25?

Matthew 25 welcomes a broad spectrum of volunteers including medical and dental professionals, lay individuals, and collegiate students. Within each department (medical, dental, front desk, medication room, translation services and administrative) Matthew 25 utilizes volunteers to better serve our community.

Licensed volunteer opportunities consist of physicians, nurse practitioners, physician assistants, physical therapists, counselors, nurses, medical assistants, dentists, hygienists, dental assistants, pharmacists, and pharmacy technicians. Other opportunities for lay volunteers include reception, record-keeping, scanning, eligibility, medication counter, general office support, fundraiser, event assistant, phone operator, IT, and interpreter roles.

Matthew 25 partners with several local universities to provide volunteering opportunities to college students. Some students gain observation hours by shadowing Matthew 25's licensed medical providers, while others



complete their clinical fieldwork under the direct supervision of university professors and Matthew 25's licensed practitioners. Students are provided a hands-on opportunity to care for patients in medical, dental, dental hygiene, mental health, physical therapy, medication and other specialty departments. This mutually beneficial arrangement allows Matthew 25 patients to receive care, reducing overhead and increasing services offered by the healthcare center, and provides the community with well-rounded medical and dental professionals that have had the privilege of serving those less fortunate.

What processes are required to become a volunteer at Matthew 25?

Matthew 25 is a volunteer-driven organization that would not be able to provide consistent care and services to those

in need without the dedicated time donated by volunteers. Community members are encouraged to contact Matthew 25's volunteer coordinator, Jeanne Meyers, to become a part of the Matthew 25 team. Connecting with the nonprofit can occur via phone, email, on their website, social media platforms, or in person. However, the easiest option for prospective volunteers is to fill out the electronic form found on the organization's website, solidifying their request to become a volunteer at Matthew 25.

Upon receipt of the request, the volunteer will be contacted by Matthew 25's volunteer coordinator to continue conversations regarding the potential volunteer's skill set, capabilities, interests and availability. Once the volunteer's role is determined, an orientation tour of the facility and further departmental training will set the volunteer up for success.

How does Matthew 25 recognize its volunteers?

Matthew 25 expresses its gratitude and appreciation for their committed volunteers throughout the year. The non-profit hosts celebration events, volunteer luncheons, an appreciation week, and publicly thanks their volunteers through social media posts.

Annually, in the month of May, Matthew 25 hosts an event called the Night of Caring. This celebration brings the community together for an unforgettable evening to support ongoing healthcare services for local low-income, uninsured families and neighbors served at Matthew 25 Health and Care. The special event is a night of food and entertainment, honoring all who dedicate their time, talents, and treasures to further Matthew 25's mission.

The non-profit uses the night to showcase and thank their volunteers, large contributors, sponsors, and supporters. During the evening of the event, Matthew 25 presents a Called to Care Award. This recognition is received by either a group or an individual who has provided outstanding service, dedication, and support to Matthew 25 Health and Care. In 2023, Matthew 25 awarded both of their IT volunteers, Mike and Joel, for decades of service to Matthew 25. Mike and Joel continue to assisted the nonprofit in saving thousands of dollars every year by providing routine maintenance and repairs for the organizations our phones, computers, and security systems.

What type of volunteers do you need the most at this present time?

Currently, Matthew 25 Health and Care is in desperate need of optometry, ophthalmology, and dermatology volunteer providers. Providers can volunteer as little or as much as their schedules allow. If you or anyone you know might be interested, Matthew 25 encourages you to reach out to their volunteer coordinator at 260-426-3250 ext. 220 or via email at jmeyers@matthew25online.org.

Your expertise could change countless lives in our community. Consider joining Matthew 25 today!

Visit our website for more information: **www.matthew25online.org**

Local Health Administration

Thomas Gutwein, MD, Allen County Department of Health, Health Commissioner

It's July 2023 and a new book on public health in Indiana is being written.

However, a pamphlet from almost 75 years ago illustrates how public health has evolved.

It's short – just 11 pages – and would fit neatly inside the cover of any average-sized novel on your home bookcase. Titled, "Local Health Administration," the publication was provided by what was then the Indiana State Board of Health (now the Indiana Department of Health) in 1949 to city- and county-level agencies and officials to outline rules governing boards of health and local health officers.

The "General Powers and Duties" portion of the pamphlet covers barely more than a page and includes rather generic language directing health officers and health departments to conduct "sanitary inspections" and work to prevent anyone from "maintain(ing) any condition … which may transmit, generate or promote disease."

Things have changed.

Now, the section of state law on local health departments stretches for more than 30 pages. The chapter on powers and duties of local health departments alone makes up nearly a third of those pages (8½ x11, not pamphlet-sized).

Our Allen County Department of Health Annual Report typically is published with more than 40 pages detailing the work our dedicated public health professionals do each year.

The administration of public health has grown more complicated since 1949, and promoting and protecting public health has become exponentially more challenging.

Even the most forward-thinking and well-meaning officials at that time likely could not have predicted or planned for some of the challenges we face today – high rates of opioid overdoses and smoking; declining rates of routine vaccinations for children; lead poisoning case management and screening; testing and counseling for sexually transmitted infections; etc.

We are now charged with being those forward-thinking and well-meaning public health professionals, looking toward the future to ensure the health of our constituents.

Our general health status as a community and state has a tremendous impact on not just the economic success of our community, but the well-being and attractiveness to others to stay in or move to our region to help us grow in a healthy way – physically, mentally and economically.

To do that, resources for funding, staffing and programming are essential. And, with recent moves by state and local officials to help shore up those resources, we are in the best position in decades to foment a robust, proactive and organized effort to combat public health problems in our community.

Indiana lawmakers passed landmark legislation in April that provides $225 million in new funding for local health departments over the next two years. Govenor Eric Holcomb signed the bill in May.

We're grateful to them and county officials, who agreed this month to accept the money. For Allen County, it means boosting per-capita funding for public health from about $6 to about $30.

Past lack of spending on public health in Indiana has resulted in poorer health outcomes across a variety of areas for many Hoosiers, as evidenced in part by an America's Health Rankings report from United Health Care in 2022 that ranked the state "low" when compared to other states based on factors such as nutrition and physical activity, smoking and tobacco use and cardiovascular diseases.

In short, additional funding and a renewed commitment by state leaders to the overall health of Hoosiers allows us an unprecedented opportunity to shift a once reactive approach to our work to proactive. We will always respond to emergencies, but this will give us the tools to tackle problems head-on – so they don't become emergencies.

The legislation passed by lawmakers was the result of recommendations from the Governor's Public Health Commission, a panel made up of public health professionals, state health department leaders, former legislators, hospital representatives and others.

The commission included Allen County Department of Health Administrator Mindy Waldron and led directly to some of the most significant updates to the state's public health law in years. I would like to publicly thank Mindy for spending hundreds of hours working with the commission and in follow up with the Indiana Department of Health to help make this possible.

The law outlines core public health services including providing immunizations and communicable disease testing and prevention, food protection including inspections of restaurants and other consumer protection programs, pest, vector and pollution control and abatement, and keeping and providing vital records such as birth and death certificates.

In addition, other public health services that we hope to expand to reach those that may benefit include maternal and child health needs, chronic disease prevention, tobacco prevention and cessation, trauma prevention, helping people access clinical care, and working with schools to promote oral, mental, and physical health.

Each of those services highlights the goal of public health to promote healthy behaviors and environments across populations, rather than focusing on individual patients alone. The Allen County Department of Health already provides many of the services spelled out in the law, but we are excited to expand our emphasis on health promotion and protection through work with our many community partners to develop or fund programs and/or services, or through initiation of new in-house programs that may not be available in the community.

Yes, things change over time. They always do.

But there's at least one timeless item included in that old pamphlet.

It says public health personnel shall devote their efforts to "protecting and supervising the general health of their jurisdiction."

I agree.

This is an unprecedented opportunity to improve the health of our communities – here in Allen County and across the state of Indiana. Let's make the most of it, for our future.

Fort Wayne Medical Society

2023 Annual Dinner

Fort Wayne Country Club


KURZWEIL

Palliative Care

Bonnie Blackburn-Penhollow, Director of Communications, Stillwater Hospice

What is palliative care?

While some may use the terms "hospice" and "palliative care" interchangeably, they are two different methods of caring for someone facing a life-limiting illness. Hospice is a form of palliative care, and they do share some characteristics, but they are not the same. Your patients who have been diagnosed with a potentially life-limiting illness can benefit from this specialized care while still being treated by your team.

Palliative (pronounced Pal-lee-uh-tiv) care is what's known as "comfort care." With expert guidance, palliative care helps alleviate discomfort and distressing symptoms while a person is undergoing potentially curative treatments, such as chemotherapy and radiation therapy. Stillwater Hospice has a robust palliative care program, with consultations at four sites across northeast Indiana (Berne, Fort Wayne and Marion), as well as in area hospitals. More than 1,500 people received palliative care through Stillwater in 2022, and we recently opened our Fort Wayne clinic on the Stillwater Hospice campus on Homestead Road.

There, we provide services such as …

- Educating families on interventions for reducing the impact of symptoms
- Helping patients and families make decisions consistent with what is most important to them
- Providing emotional and spiritual support
- Facilitating communication between care providers and patients about the illness process and options for care

Stillwater Hospice's Fort Wayne location also features Hospice Home, the area's only free-standing hospice inpatient unit and The Peggy F. Community Grief Center which provides grief services to any adult in the community who has experienced the loss of a loved one. Grief services are provided at no charge due to the generosity of our community.

Palliative Medicine Consultations

Palliative Medicine Consultations through Stillwater Hospice are provided by a team of doctors and nurse practitioners who work with a patient's other doctors to provide an extra layer of support. It is appropriate at any stage of a serious illness, and it can be provided at the same time as a patient is seeking curative treatment.

Our physicians and nurse practitioners conduct palliative medicine consultations in various settings including hospitals, outpatient clinics and in some circumstances in the home. Consultations with patients and their families or caregivers include review of medical issues and discussion about goals of care. We have found that when patients' symptoms are well controlled, they are able to enjoy more meaningful moments with their loved ones and are able to accomplish their goals while still receiving treatment for their particular illness.

Palliative care is patient and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the illness addresses physical, emotional and social needs, and helps patients with access to information about the choices available to them. Stillwater Hospice is proud to provide palliative care as part of its circle of care for those affected by serious illnesses in 12 counties of northeast Indiana.

Palliative care:

- Treats pain, anxiety, nausea, breathlessness and other symptoms
- Provides education on disease process
- Helps determine goals of care

How will you know if your patient might be eligible for palliative services? If they've been diagnosed with a chronic or life-limiting illness and are continuing treatment to address that illness and want symptom management, palliative care might be for them.

Have an illness such as:

- Cancer
- Stroke, Parkinson's disease, Dementia, ALS
- Cardiac/heart disease
- Lung disease/COPD
- Renal failure
- Liver disease

Stillwater's Palliative Care team includes physicians and nurse practitioners who work one-on-one with each patient to determine how best to address issues related to their illness. From initial consultation through the resolution of a person's illness, Stillwater's Palliative Team is here for you and your patients.

The benefits of referring patients to palliative care include the following:

- The earlier the patient and family are seen, the sooner the palliative care team can begin to provide additional support, manage symptoms and work toward goals.
- Goals of care conversations can help patients and families in the next steps in their journey.
- Collaboration between you, the referring physician, and Stillwater Hospice's team helps develop a cohesive treatment plan.
- Quality of life is improved and emotional distress is reduced with the involvement of Stillwater Hospice providers.

The best time to refer a patient to learn more about palliative medicine is when the patient is diagnosed with a serious illness. The patient and family will then have an opportunity to have an additional team of professionals to support them through the journey they are facing together. In some cases, after receiving palliative care, if the patient declines in health, they've had an opportunity to learn about additional services such as hospice and are more prepared to make decisions about the timing of transitioning to that level of care.

The provider team at Stillwater Hospice can also serve as a resource to you as you are determining if palliative care is right for your patient. Stillwater Hospice has presented on the topic of understanding the difference between utilizing palliative care or when the time is right for a hospice referral. To learn more about Stillwater's services and offerings, please call (260) 435-3222.

Health Care and Literacy

Laura Weldon, Development Coordinator, The Literacy Alliance

There are approximately 40,000 individuals in Allen County who live in households where English is not the primary language. Of these non-English speakers, more than 7,000 are living in poverty. Did you know that there is an inevitable link between health care and poverty as well as health care and literacy? Social factors like socioeconomic status, education, employment, social support networks, and neighborhood characteristics have a more significant impact on health and health outcomes than health behavior, health care, and the physical environment.

Literacy and health care are interconnected – limited literacy is a barrier to accessing health information, proper medication use, and utilization of preventive services. Having limited English proficiency in the United States can be a barrier to accessing health care services and understanding health information. Those who identify as having limited English proficiency are less likely to have a usual place to go when sick or have a preventive care visit in the past year.

Immigrants dealing with language and literacy challenges, cultural barriers and financial difficulties will most likely encounter additional obstacles to accessing and comprehending health information. Quality of care is lowered when patients do not understand their health care providers, when patients and providers do not speak the same language, and when a provider's approach is not linguistically competent.

Institutional barriers such as lack of well-trained interpreters and culturally competent health care providers adversely affect the health of individuals with low literacy and limited English proficiency. Patients with limited English proficiency may receive lower-quality mental health care due to inadequate interpretation services.

At The Literacy Alliance (TLA), we believe literacy changes lives. Our mission is to empower people and strengthen community through education. One way we do that is by providing free classes to individuals in our community. Most of our students are low-income individuals with many barriers to education.

TLA has been offering English language learning classes for more than 10 years. The need for this program, called Project Connect, has not only persisted but increased. Proficiency in English is a highly sought-after skill and one of the benefits is that it significantly boosts job opportunities. The other important benefit is that it makes day-to-day living more manageable when the primary language spoken is English.

Being that language is the main barrier between these individuals and healthcare, increasing their English language proficiency will result in more successful visits to the doctor leading to better health outcomes. While translators and other options are available, they don't fully remove the barrier. By participating in TLA's Project Connect classes and gaining English language proficiency, they will experience a better quality of life.

Patients with limited English proficiency experience high rates of medical errors with worse clinical outcomes than English-proficient patients. Miscommunication can cause serious adverse events in hospitals. Lack of accessible resources for non-English speakers is becoming more of an issue as the number of immigrants increases. TLA works to bridge this gap by offering free classes to adults seeking to improve their skills.

Our goal at TLA is to help individuals in our community with barriers reach their full potential. We want to see students succeed outside of our classes and the first step in doing that is by making it possible to come to class. We understand that most of our students have full-time jobs and children to care for. This is why we offer classes at various times and locations.

One challenge for many of our Project Connect students is that they are highly educated in their native country, and their main barrier in the United States is language. They come to the United States with advanced degrees and professional experience that make them extremely valuable, but without English language proficiency, they are unable to seek and receive appropriate medical care.

By partnering with different agencies and offering classes at different businesses and organizations, we can reach even more people in our community. Flexibility and scheduling are a huge barrier for a lot of students because of the responsibilities they already have daily.

TLA works hard to remove these barriers; we want to make coming to class easy and accessible.

TLA is innovative in the way that we offer different levels of classes. We found that students perform better when they are in classes with peers at the same academic level. To increase efficiency, we added a beginner level class to combat this issue and have plans to add a third level.

TLA works hard to cater to everyone's needs and work at a pace that is right for everyone. By receiving input from clients and beneficiaries, we take the approach that will be most beneficial to our students. Students succeed at a higher rate than they would if classes were designed to instruct everyone at the same level. By having volunteers on-site for one-to-one mentoring, students can focus on the areas that need improvement. We have found this method to be very effective and we hear the same thing from our students.

If you would like to refer a patient to The Literacy Alliance, have us drop off a stack of postcards with information for your patients about accessing our classes, or if you would like to recommend our services to an employer who would like to offer on-site classes to their non-English speaking employees, please contact The Literacy Alliance at 260-426-7323, info@literacyalliance.org, or www.literacyalliance.org.

INDIANA UNIVERSITY
SCHOOL OF MEDICINE

ALLIANCE
Fort Wayne Medical Society

Welcome TAIL GATE BBQ

Wednesday, August 9, 2023
Games begin at 5p, Dinner 5:30p-8p
Indiana University School of Medicine-Fort Wayne
2101 E. Coliseum Blvd.

Join us in welcoming new medical students and residents.
All physicians and their families are invited.

Prizes **Games** **Best Fan Contest**

Come dressed in your favorite team gear!
The fan with the most spirit wins!

Enjoy food and beverages provided by the
FWMS-Alliance, Indiana University* and *SYM Financial Advisors.
Ice cream truck sponsored by the *FWMS Foundation.*

Fort Wayne Medical Society FOUNDATION

SYM FINANCIAL ADVISORS

IU School of Medicine – Fort Wayne | Gina Bailey

Fort Wayne Preceptors Teach Passionate Care in Addition to Clinical Skills

After living through a pandemic, we have all learned to pivot over the past few years. We now work and communicate differently than we had prior to COVID restrictions and have found innovative ways to achieve our goals. However, there has always been one constant throughout all the changes we have encountered at IUSM-FW, and that is our outstanding medical community.

As we begin to embark on our next academic year and plan office visits and clerkship rotations for the upcoming months, we are reminded of the unique attributes of our community. Our hospital systems, physicians and their staff are committed to providing exceptional learning environments while focusing on patient care.

Throughout clinical rotations, students track encounters that indicate that they meet the learning objectives for the rotation. At the end of each rotation, a review is conducted to ensure that students were able to check off each of the requirements: performed a physical – check, had x number of encounters – check. But one of the most valuable lessons learned every day with every preceptor doesn't receive a check mark. That is the delivery of passionate care.

It is a tremendous gift to allow our medical students to witness the physician-patient dynamic and learn how to be compassionate, patient, listen, and drive conversations that allow their patients to feel confident in their care. These encounters teach our students the best practices for building those relationships.

In addition to preceptor encounters, physician mentors guide students throughout medical school and help reassure them of their abilities. They too demonstrate the ability to develop relationships that seem to focus on only the student but benefit the mentor as well.

Faculty and staff at IUSM-FW always boast that over 500 clinical faculty members engage with our students to provide exceptional learning experiences. These experiences leave students feeling better prepared for residency and clinical practice.

We cannot begin to express the amount of gratitude of our students, faculty, and staff for the unwavering support of our program by so many in the medical community. We invite anyone who would like to learn about opportunities to join our clinical faculty to contact our office at 260-257-6831.

In Memory

Fred W. Dahling, MD
July 1, 1931 – June 20, 2023

Fred W. Dahling MD, 91, of New Haven, passed away on Tuesday, June 20, 2023, at StoryPoint Fort Wayne West. Born July 1, 1931, Fred W. Dahling MD was the son of the late Dr. Clemons Waldemar and Frances (Bardonner) Dahling.

Fred graduated from Concordia Lutheran High School in 1949 and from the Indiana University School of Medicine in 1956. He was a Captain in the United States Army Medical Corp serving in Stuttgart Germany from 1957-1960.

He was a New Haven, IN primary-care physician specializing in family medicine. He retired from private practice on December 31, 1996.

Fred was a loving, caring and dedicated husband, father, grandfather, son and brother. He never knew a stranger. He was a friend to all. Together with his father he served the families in his community for a span of close to sixty years. Fred quietly led by example and instilled in his family the importance of giving and supporting the things that are important. He dedicated his medical practice to treating and caring for his patients' needs; often traveling to their homes. He responded with kindness and concern to their phone calls at all hours of the day and night, carrying out his career's purpose: to care for the sick. As a physician and healer, he carried out selfless acts every single day.

As a life member of Emanuel Lutheran Church of New Haven, Fred was appointed to the Central Lutheran School Board numerous years, also serving as chairman. He was a member of the Concordia Educational Foundation which began in 1959 by Concordia Lutheran High School 1948 and 1949 graduates.

Community health was one of his passions. Fred volunteered at the Neighborhood Health Clinic; was appointed by Governor Bayh to serve on the Commission for a Drug Free Indiana; and was instrumental in expanding the Indiana University medical school satellite program, with the opening of the Fort Wayne campus. He received the Distinguished Hoosier Award from Governor Kernan in June 2004.

Fred served as president of the Indiana State Medical Association in 1989 and was a member of the Indiana Academy of Family Physicians, the Indiana State Medical Society and the Fort Wayne Medical Society where he held numerous elected and appointment positions. He received the Indiana University School of Medicine Distinguished Alumni Award in 1990, the IIUPUI Spirit of Philanthropy Award in 2005, and was inducted into the Concordia Lutheran High School Athletic Hall of Fame in 2020 after serving as a volunteer team physician for over 40 years.

An ardent supporter of Indiana University athletics, he was a member of the Varsity Club's Hoosier Hundred and was a season ticket holder for football and basketball for over fifty years. Beginning in 1940 he has the unique distinction; having attended every NCAA Division 1 final four NCAA basketball tournament in which the Hoosiers were participants.

He is survived his wife of 67 years, Suzanne E. (Foelber) Dahling; children, Rev. Daniel (Tamara) Dahling of New Haven, Mary (Steve) Easterday of Roanoke, Christina (Shahrom) Kiani of Onolaska, WI, Kathryn (Larry) Barnard of Fort Wayne, and Ruth (Troy) Roberts of Naperville; sister, Carolyn Kroeger of Sun Lakes, AZ; and grandchildren, Joel (Anna Neal) Miller, Henry Dahling, Lydia (Gabor) Cseh Dahling, Rosemary (Vincent) Calabro, Alexandra (Trent) Wilburn, Maryfrances (Scott) Siegel, Victoria Barnard, Nicole Roberts, Derek Roberts, Yasmine Kiani, and Arman Kiani. He was also preceded in death by his brother, Dr. Carl William Dahling DVM.

"A wonderful, loyal friend of long and generous service to Fort Wayne and New Haven and a devoted fan of IU Basketball. No better supporter of benefits supplied to the community and the State of Indiana by organized medicine has existed. He will be missed."

R.I.P.
Bill Cast, MD

"Fred Dahling will always be remembered as a friend and mentor. Having grown up in New Haven, Dr. Fred and his father Dr. C.W. were the town physicians. My earliest experience: I remember falling down the stairs in 3rd grade in 1963 and being taken semiconscious to the "Dahling Building" office located at the corner of Summit and Ann Street, in the same in the building as my piano teachers, the Burfords. After a thorough exam and compassionate reassurance to my parents, I knew at that moment that I wanted to be a physician.

As a member of Emanuel Lutheran in New Haven, Dr. Dahling was the physician who everyone loved and admired in his community while his leadership was recognized throughout the state having served as President of the Indiana State Medical Association.

Returning to practice in Fort Wayne in 1982, I again appreciated the sage counsel he provided to the medical community and the leadership in formulating medical policy and legislation. Dr. Dahling forever leaves a legacy of dedication, service, and compassion to all whose lives he touched."

William W. Pond, MD

Thomas Stafford, MD
August 28, 1946 – June 30, 2023

Tom Stafford, MD 76, of Fort Wayne, Ind., passed away on Friday, June 30, 2023. Tom was born in Muncie, Ind. to Frank and Alice Stafford. He graduated Valedictorian from Muncie Central High School, where he earned a full academic scholarship to the University of Notre Dame (Go Irish!). Tom then graduated from Indiana University Medical School.

For 40 years, Tom served the Fort Wayne community as a well-respected OB/GYN and had an unwavering commitment to his patients. While he loved being a physician, his true passions were his faith and family. "Tom was an active member of the Catholic community and used his faith as a guide to being the humble, kind, compassionate, and generous man we deeply loved."

Tom is survived by his wife, Debbie Stafford, whom he met in high school. Tom and Debbie dated for four years, then married, and recently celebrated their 54th anniversary. "We are forever grateful to our mother for her boundless love and dedication in providing exceptional care of Dad during his final years." In addition, Tom is survived by his daughter, Jennie Stafford (Dr. Jim) Klinger; sons, Dr. John (Dr. Jenni) Stafford and Joe (Caroline) Stafford; sister, Sue Stafford; and brother, Dr. Joe (Joan) Stafford. Tom was also the proud Granddad to 11 grandchildren. "We find great comfort in knowing how blessed we are to have had Tom in our lives. Our sorrow is superseded by gratitude."

The family held a private service followed by burial at Greenlawn Memorial Park. In lieu of flowers, the family request donations be made in memory of Dr. Tom Stafford to Healthier Moms and Babies (www.healthiermomsandbabies.org/donate). Fond memories and expressions of sympathy may be shared at www.greenlawnmpfh.com

CBD – A Personal Note | John M Rathbun, M.D. FWMS • *Member since 1987*

I want to make clear that nothing in this screed is intended to refer to any Fort Wayne person or corporate entity. My only source of information about Fort Wayne since I retired from medical practice there has been the *Quarterly*, and I haven't seen discussion there of the issues I want to raise.

My retirement destination was chosen partly for the excellent reputation of the local healthcare options. That worked out well for us when heart trouble and joint trouble cropped up in the family. But a few years ago, one of our excellent local hospitals was acquired by a large, for-profit company from out of town. Since then, I've heard nothing but bad about them – inadequate staffing and spurious charges being the main complaints.

The source for most of this information is a small local news organization put together by retired journalists. If this scenario interests you, their reporting is available online at **www.avlwatchdog.org**.

A 6/15/23 article in *The New York Times* titled "The Moral Crisis of America's Doctors" added weight to what I've been reading in the *Watchdog*, and to what I experienced through three decades of medical practice. Apparently, our local experience is not unique. The author points to the exodus of physicians and nurses from the field and relates this to "an emotional wound sustained when, in the course of fulfilling their duties... (a person) witnessed or committed acts... that transgressed their core values." The rest of the article describes doctors working in for-profit systems who feel intense pressure to put profits above patients.

Like most of us, I went into medicine to be able to do well by doing good. There was always some tension between those goals. About half my time was spent in the care, directly or indirectly, of the chronically mentally ill. The reimbursement was OK but some of the institutional demands I felt were hard to reconcile with the "doing good" part. Inevitably, when you are a young doctor trying to "supervise" 250 employees, most of whom don't feel they need much supervision, a lot gets by you. In my private practice, I was able to provide more direct patient care, but at the expense of the "doing well" part. I concluded that the way to make money in psychiatry was to spend as little time as possible with patients and hire less expensive help to do most of the actual caring. Trained in medicine and psychiatry, I then had to learn how to manage a business and walk that thin line between profit and "first do no harm". I mostly decided to spend my time doing clinical work and to forgo the more lucrative business options.

Not knowing how things may have changed in Fort Wayne since I left, I can only imagine the challenges you face. But if the profit-driven model of medical practice isn't there yet, it soon will be. So what's the cure?

I recently came across a hopeful perspective called The Patient Revolution in a NPR broadcast. They describe themselves as "a global community of Care Activists, a unique group of lay people and professionals, patients and clinicians who are dedicated to transforming healthcare from an industrial activity into a deeply human one, capable of providing careful and kind care for all through local health system change, collaboration, research and education." (**www.patientrevolution.org**)

Rather than "an uncoordinated journey from one specialist to the next", PCR is hoping to provide wrap-around services. Similar to what we were doing at Park Center for mental health treatment, PCR brings together doctors, social workers, psychologists, chemical dependency specialists and others, closely coordinated with other community support services. This approach has particularly benefitted unhoused patients, saving tens of millions of dollars in hospital costs over the years through implementation of "unhurried holistic care".

It's not only homeless folks who can benefit from such efforts. Many hard-working, educated, responsible citizens struggle to obtain the best available results from modern industrialized healthcare settings. This may explain why our maternal mortality statistics, for

example, are so much worse than in most industrialized countries. An OBGYN being interviewed on PBS NewsHour (6/28/23) called for less medicalization of the birthing process with more in-home care by non-medical specialists in assisting women with all the facets of adjustment to pregnancy, labor and delivery. The need for such services in the modern era may be explained by the increased atomization of family life, with young mothers living several states away from their families of origin, often struggling to balance motherhood with a career, and in many cases unsupported by the fathers of their children who may be absent by choice or through their own career commitments or illnesses.

In any case, I hope the Fort Wayne Medical Society will be in forefront of helping doctors cope with these problems. How much they're doing behind the scenes I don't know; perhaps more overt coverage of these issues in the *Quarterly* will advance the cause. Good luck!

Hospital news | Indiana University Health

Fort Wayne Neurological Center (FWNC), one of the largest and most experienced specialty practices in the Fort Wayne area, has agreed to join IU Health.

With 11 neurologists and neurosurgeons, 7 nurse practitioners, one physician assistant, and 88 team members, FWNC offers nine areas of neurology and neuromuscular study and treatment: multiple sclerosis, epilepsy, Alzheimer's/dementia, movement disorders, sleep disorders, stroke, and neurodiagnostics.

For more than 50 years, FWNC has been committed to offering unequaled service through the entire continuum of a patient's care, including: evaluation, diagnosis, treatment, follow-up, prevention, education, research, referral, and administration. The new partnership will significantly increase the specialty presence for IU Health in Fort Wayne.

"When it came to joining a healthcare partner, we were looking for the right fit in terms of team culture, research and clinical excellence, using that criteria, IU Health was the clear choice," said James Stevens, MD, with FWNC. "We are excited to join IU Health and leverage the strengths of the state's largest healthcare system and partnership with the IU School of Medicine to provide an unmatched level of care for the Fort Wayne community."

With shared values and a joint vision to provide the highest quality of care and a working environment for team members, IU Health Northeast Region president Brian Bauer is excited for the transition to begin.

"Obviously, with an integration like this, there are a lot of details to work out. But it's been clear from day one that this team values a healthy team culture," he said. "That's something we both prioritize and when patients walk through our doors, they feel that genuine care and concern. They experience providers who listen and spend time answering questions and explaining next steps. So, the transition of culture will be a smooth one."

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.

Perry Gay has been named the chief executive officer of Lutheran Downtown Hospital

Perry Gay has been named the chief executive officer of Lutheran Downtown Hospital. Most recently, Gay served as the president and CEO for Logansport Memorial Hospital in Logansport, Indiana, where he has worked since 2015. During that time, Gay has grown many service lines including oncology and orthopedics, and the hospital was named a Top 20 Rural Community Hospital by the National Rural Health Association (NHRA).

Prior to joining Logansport Memorial Hospital, Gay worked as CEO at a hospital in Toppenish, Washington, and before that in CEO, COO and CFO roles with hospitals in Washington and Florida. During that time the hospitals saw improvement in competitive positioning, growth and provider recruitment.

Gay received his MBA with a concentration in accounting from St. Leo University in Florida. He has served on the board of the Indiana Hospital Association and the Cass County Chamber of Commerce.

Lutheran Downtown Hospital received an "A" grade in the Spring 2023 Leapfrog Hospital Safety Grade, a national distinction recognizing achievements protecting patients from errors, injuries, accidents and infections.

Lutheran Hospital Names New CMO

Domenic Martinello, MD, MBA joined Lutheran Hospital as Chief Medical Officer. Dr. Martinello received his medical degree from University of Nevada, Reno and completed his emergency medicine residency at the Maimonides Medical Center in Brooklyn, NY. He also holds a Master of Business Administration from UMass Amherst Isenberg School of Management.

Dr. Martinello served as an infantry soldier in the Massachusetts Army National Guard and later trained to be a combat medic in the Nevada Army National Guard.

Select Medical and Lutheran Health Network Form Joint Venture to Expand Inpatient Rehabilitation and Critical Illness Recovery Care

Select Medical Corporation (Select Medical) and Lutheran Health Network of Indiana, LLC, announced the formation of a joint venture to expand inpatient rehabilitation and critical illness recovery care in Fort Wayne.

As part of the agreement, Lutheran Health Network will contribute its existing 36-bed Rehabilitation Hospital of Fort Wayne to the joint venture. Additionally, the joint venture includes future plans to build a new specialty hospital that will provide both inpatient rehabilitation and critical illness recovery (licensed by the Centers for Medicare & Medicaid Services as long-term acute care) services. Select Medical will serve as the majority owner and managing partner.

The Rehabilitation Hospital will continue to provide inpatient medical rehabilitative care for patients who have experienced a stroke, brain or spinal cord injury, amputation and other complex orthopedic conditions. The hospital has served the community for more than three decades, and in 2022 earned The Joint Commission's Gold Seal of Approval® for Stroke Rehabilitation Certification by demonstrating continuous compliance with its performance standards.

"I am proud of the long history The Rehabilitation Hospital has had in providing outstanding inpatient medical care for patients, and I am also extremely gratified by our providers and team members' commitment to our patients," said Ryan Cassedy, The Rehabilitation Hospital chief administrative officer. "This joint venture between Lutheran Health Network and Select Medical will allow us to expand on what we do best – provide our patients with outstanding care."

"We look forward to partnering with Lutheran Health Network to provide high quality specialty inpatient rehabilitative and critical illness recovery care in Fort Wayne and surrounding communities," said Tom Mullin, Select Medical executive vice president of hospital operations. "The partnership also marks Select Medical's first rehabilitation hospital in Indiana and a return of much needed critical illness recovery care in the region. Collectively, the joint venture further expands Select Medical's state-wide continuum of post-acute care that currently includes three critical illness recovery hospitals and 40 outpatient rehabilitation centers."

Minimally Invasive Robotic Lung Surgery at Lutheran Hospital Patients in northern Indiana will now benefit from a new minimally invasive robotic-assisted platform at Lutheran Hospital to help diagnose and treat lung cancer earlier.

The robotic bronchoscopy system enables physicians to perform biopsies deep within the lung's complex and tight airways using the device's thin, maneuverable catheter to navigate and reach suspicious nodules. The precision and stability provided by the robotic-assisted bronchoscopy device can help physicians obtain tissue samples and diagnose cancer in the lungs much sooner than with other more traditional methods of lung biopsy.

"We are entering an exciting new era with cancers being screened and identified at earlier stages and smaller sizes," said Robert Roether, M.D., Lutheran Hospital cardiothoracic surgeon. "The robotic platforms now at Lutheran Hospital allow for a more targeted diagnosis and minimally invasive surgical therapies for our patients, resulting in faster healing, improved survival and more hope for a cure."

The system creates a 3D map of the patient's lungs with a CT scan, and software generates the safest, most efficient route through the lung to the nodule or mass. Once the route is established, the catheter is guided to the site of the nodule or mass where it is marked and biopsied. The samples are evaluated in real-time, and if the lung nodule is determined to be early-stage cancer, the surgical team can use the same navigational route to remove it while the patient is still asleep – known as a single anesthesia event.

Lutheran Hospital Unveils Updated Interventional Radiology Suite

The interventional radiology (IR) team at Lutheran Hospital celebrated the opening of a newly updated suite. With an added 8,000 square feet, the IR lab space doubled and added new technology for enhanced imaging and greater ability to accommodate emergency procedures led by our expert teams, including neuro-interventionalists and interventional radiologists.

Parkview Health VeggieRx program growing in size and impact for 2023 cohort

VeggieRx, a produce prescription program offered by Parkview Health, is expanding and adding new features for its 2023 cohort. The changes will allow the program to not only serve more people, but also create a greater impact on the community.

VeggieRx helps increase fruit and vegetable consumption to improve health outcomes and reduce food insecurity in underserved populations. Over a six-month period, participants receive $50 per month to purchase fresh fruits and vegetables. Additionally, they attend four dietitian-led classes, where they learn the benefits of incorporating more produce into their diets and how to use it through demonstrations, tastings and hands-on experiences.

Previous VeggieRx participants have seen measurable clinical outcomes, including lower A1C levels and blood pressure, weight loss and other improvements in overall health. They've also gained familiarity with preparing fresh produce, and increased knowledge of local food systems and resources.

Past VeggieRx participant Renee Procise saw measurable outcomes from the 2022 cohort. She wrote, "My diabetes was uncontrolled at the time, and I was having other medical problems …VeggieRx has helped me with obtaining fresh fruits and vegetables for every meal. It has greatly helped my digestion and lowered my A1C (from 13.1 to 6.1 in six months). My doctors were very happy, and I feel much better."

VeggieRx is funded by more than $1.1 million in grants. In 2021, Parkview received a $466,373 Gus Schumacher Nutrition Incentive Program grant from the U.S. Department of Agriculture. In 2022, Parkview received a second Gus Schumacher grant of $499,977 for the program enhancement and expansion.

New program features, including those funded by supplemental grants, are detailed below.

Expanded Capacity and Criteria

VeggieRx is what's known in healthcare as a produce prescription program, which requires a referral. All providers (not just Parkview providers) can refer qualifying patients. Referral forms are available by emailing veggierx@parkview.com.

This year, VeggieRx is accepting up to 425 participants for the 2023 cohort, more than doubling its size. The program had 174 participants in 2022, and 122 in 2021.

The criteria for the program are focused on addressing chronic conditions and underserved populations within Allen County. Participants must have one of the following: Diabetes or pre-diabetes, heart disease, hypertension, obesity or at-risk pregnancy. Additionally, participants must be on Medicaid, dually eligible for Medicare/Medicaid, uninsured or experiencing food insecurity.

New to the list of criteria is obesity, including pediatric obesity. A limited number of slots will be available for children and their parents to participate in the program, and their classes will be tailored to families.

Electronic Redemption

In lieu of paper vouchers, participants will now receive electronic redemption cards to purchase fresh produce. Parkview will continue to partner with local farmers markets, but the electronic redemption cards can also be used at Kroger and Walmart, expanding access points and adding convenience for participants.

Limited Home Delivery

Thanks to an Innovation Fund grant of $45,325 from the Fair Food Network, VeggieRx will be piloting a home delivery program with Hawkins Family Farm in North Manchester. Up to 25 participants who experience transportation barriers will receive home delivery of their produce twice a month. Participants will be able to choose what they would like from a list of available items, and the boxes will be delivered to their door fresh from the farm.

National Research

In 2023, VeggieRx is partnering with the American Diabetes Associations to support national research on the clinical outcomes of produce prescription programs. The local research is being supported through a $26,700 grant from the Gretchen Swanson Center for Nutrition.

Parkview will identify 50 participants who qualify, and they will receive a stipend for being part of the study. The Parkview Mirro Center for Research and Innovation will help conduct the research locally.

Ambassador Program

Past participants can continue sharing their love of VeggieRx through a new ambassador program. If selected, ambassadors will have access to additional classes and events, helping them to share what they learned with others in the community and encourage additional referrals.

Gail Curry, left, Joseph Phillips and Ollie Fowlkes are shown preparing a fruit salad during one of the VeggieRx classes in 2022.

New Locations

Currently, VeggieRx is only offered to Allen County residents. However, the Indiana Department of Health awarded a $68,639 produce prescription planning grant to support the expansion of the program in rural counties. The grant allows Parkview to begin planning for expansion in Kosciusko, LaGrange and Huntington counties in 2024.

For more information on VeggieRx, visit **parkview.com/veggierx**.

This work is supported by the USDA National Institute of Food and Agriculture.

Alliance Health Centers welcomes new CEO

Alliance Health Centers has announced that Nikki King is now leading the organization as CEO.

Alliance Health Centers is a non-profit community health center and Federally Qualified Health Center (FQHC) Look-Alike, located within the Lafayette Medical Center, 2700 Lafayette St., Suite 110, Fort Wayne. The clinic, which opened in December of 2020, offers primary care, behavioral health and OB-GYN services.

King joins Alliance Health Centers with extensive FQHC experience. She previously helped to open an FQHC Look-Alike in southern Indiana and went on to work with FQHCs across the country as a consultant.

With a passion for mental health and substance use treatment, King was featured in the bestselling book "Raising Lazarus: Hope, Justice, and the Future of America's Overdose Crisis," by Beth Macy. "Raising Lazarus" is the follow-up to Macy's "Dopesick: Dealers, Doctors, and the Drug Company that Addicted America," which chronicled America's opioid crisis and inspired a TV miniseries on Hulu. King has also been a regular guest on CNN's "Amanpour" to discuss opioid addiction and treatment.

A self-described "professional student," King has obtained multiple degrees related to her field. She earned a bachelor's degree in economics from the University of Kentucky, then went on to attend Xavier University, where she earned a master's degree in healthcare administration and graduated with honors. She later earned her doctorate in healthcare administration from the Medical University of South Carolina. Currently, she is completing a degree in social work, with a focus in substance use disorder treatment, at Indiana Wesleyan University.

"I am thrilled to join the passionate and mission-oriented team at Alliance Health Centers, which has already made incredible progress in just a few years," King said. "I enjoy the challenge of a startup environment and finding innovative ways to break down barriers to healthcare. I look forward to seeing the impact we can create in our community by re-envisioning how we provide care to those who need it the most."

Alliance Health Centers offers a sliding-fee-scale discount for services (available to those who qualify) and will not turn away anyone for inability to pay. A certified Indiana navigator is on site to assist all area residents, not just patients, with applications for Indiana Health Coverage Programs such as Medicaid. Additionally, the clinic refers patients to community resources for needs such as housing and utility assistance.

Alliance HEALTH CENTERS

All providers at Alliance Health Centers are accepting new patients. To make an appointment, call 260-266-0780.

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