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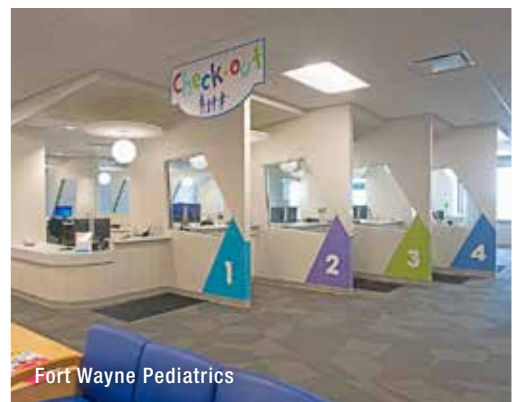
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The views expressed in *Fort Wayne Medicine Quarterly* articles are those of the authors and do not necessarily represent those of the Fort Wayne Medical Society.

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.



ISMA Convention

Though it does not officially occur in fall, the ISMA's annual convention always signals the start of autumn for me. This year's event was held at the Embassy Suites in Plainfield and was the 174th gathering of the house of delegates.

Adopted resolutions become part of ISMA policy and set the organization's legislative agenda. Of the 70 resolutions offered at this year's convention, 55 were either approved as introduced or adopted with amendments.

The ISMA officers for 2023-24 include our own Dr. Bill Pond who was elected to the President-Elect position. Past Society President, Dr. Sara Brown, completed and was part of the first class of ISMA's Advocacy Bootcamp – a leadership training program.

For more on the 2023 ISMA Convention, visit www.ismanet.org/convention.

Walk with a Doc is Back!

In our last issue, we learned more about the national non-profit **Walk with a Doc**. Fort Wayne's chapter has been dormant since the pandemic, and we hoped our feature might help restart the program. I am excited to report that **Walk with a Doc** in Fort Wayne made its triumphant return on September 9th with a physician-led walk through Promenade Park (see photo to the right). Special thanks to Dr. Kenan Alibegovic and Dr. Sharon Singleton both of whom were instrumental in relaunching our chapter.



We LOVE our Alliance!

The true heartbeat of our volunteer and community initiatives are conducted by wonderful physician spouses that make up the Fort Wayne Medical Society Alliance. This organization's tireless efforts have led to noteworthy events like Doctor's Day at Science Central and Cinderella Dress Day (both events had record attendance in 2023!). With its community NARCAN initiative, the Alliance received national recognition from the AMA.

Each fall marks the Alliance Membership Drive. Here are two ways you can support this awesome group:

1. Talk to your partner about joining the Alliance. Membership is only \$50 each year, and that revenue helps fund the Alliance outreach efforts. Enrollment and payment for membership may all be handled online by visiting www.alliancefw.org/membership.
2. Make a one-time donation to the Alliance. Any charitable donation to the Alliance is tax-deductible. Make your check out to FWMS – Alliance and mail to our office (709 Clay Street, Ste. 101, Fort Wayne, IN 46802).



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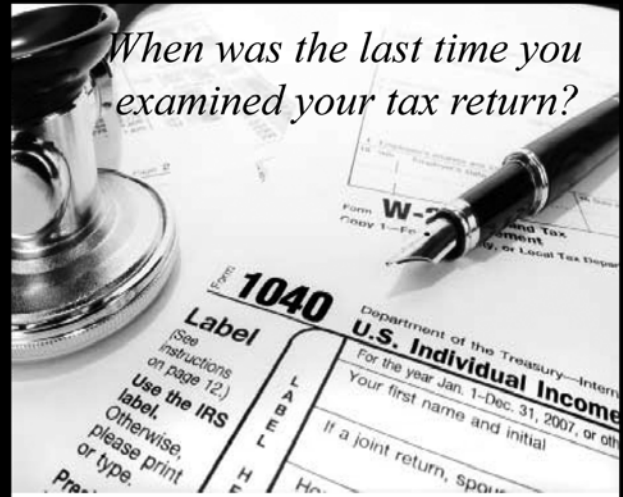
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BLESSINGS IN A BACKPACK

Who will feed the kids this weekend?

1. How do you describe Blessings in a Backpack to someone unfamiliar with the organization?

I usually start with the facts, which can be daunting. 70% of children in Fort Wayne Community Schools struggle with food insecurity, meaning that they are unsure of when/where their next meal will come from. With that understanding, it's not a surprise that a recent study shows that only 30% of students are able to pass standardized state tests. The effects of hunger are devastating and long lasting; they lead to mental and physical health issues, behavioral problems, and of course, low grades and testing scores. We combat that by ensuring that children that leave school on Fridays are not having to wait until Monday to eat again. We fill students backpacks full of nutritious food that will supplement their meals so that they are given a chance to thrive in and out of the classroom.

2. What is the history of Blessings in a Backpack?

We began in Fort Wayne in 2007 with one school. We were finding that children in the highest food insecure schools were having trouble with attendance because they were too weak to make it back to school on Monday after going without food all weekend. Once we saw the statistics of improved test scores, lower behavioral instances, and a huge increase in attendance, we realized how many schools needed this program. We have expanded to 7 schools with 3 on our waiting list, providing over 98,000 bags of food in Fort Wayne Community Schools each school year. Our goal is to make every school in Fort Wayne Community a "Blessings" school.

3. What is a typical workday like for you?

The best part of my job is that it varies based upon the need, every day. As our organization is 100% local assistance, we focus on ensuring that the majority of our funds go directly

to feeding children in our community. We have only one full time employee (myself, the Executive Director), which means I play the part of fundraiser, operations manager, communications, community outreach so it's a different hat every day. That being said, I'm very blessed to have an amazing board that is incredibly engaged and very much part of every day operations, which makes it a true collaboration of passionate team members who truly are working every day to make an impact for these kids.

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

I've been in non-profit for almost 20 years in this community, and it took me far too long to realize that you can't pour from an empty pitcher. The healthier and happier I am, the better servant I become for our mission. I'm so fortunate that our organization truly believes this, and encourages a healthy work/life balance, valuing family and self care as an essential part of the job. Realizing when to muscle through, when to set something aside, and when to ask for help (and having people support you when you need it) has been an amazing part of my personal and professional growth.

5. What is the biggest challenge your organization faces?

There are so many organizations in our community, very worthy ones at that. I feel that the biggest challenge is encouraging collaboration while being true to our mission. So many charities will change lanes to chase new funding, sometimes at the detriment of the community.

It can be tempting, but I truly feel that if everyone focuses on their own piece of the puzzle, we can put the pieces together to solve the big issues.

For instance, we focus on feeding children if they are in the most dire of circumstances at home. Those who are the most vulnerable include:

1. Do not have an adult who is able or willing to cook meals over the weekend.
2. Children who do not have appliances/luxuries that most take for granted (microwave, stove, etc.)
3. Those who lack functioning utilities.


We want to ensure these children are able to eat, which is what we work with our nutritionist on for our weekly bags. We have to make sure we're focusing on these kids and remembering that poverty in food insecurity looks very different from what we may imagine it to look.

How can our members help?

It's surprisingly low cost to support children through our program. Our website www.blessingsindiana.org has a list of giving for every budget, and that is the way to make the greatest impact. Ultimately, the goal is to find sponsors who can support new schools to bring into the program, as thousands of children are still going without every weekend in our community.

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

Hunger exists in our community; it's not delegated only to distant locations. In this land of abundance, thousands of children in our community continue to go without, and with the cuts to food assistance funding partnered with the soaring costs of groceries, we anticipate the need to drastically increase. Feeding a child is the purest gift of humanity that can be given, and it can start here.




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Study Analysis: One in five skip medical appointments because of transportation | Justin Clupper, Executive Director, Community Transportation Network



Whether you're in Fort Wayne, New Haven, or Columbia City, accessing health care isn't just about having insurance or finding a nearby doctor—it's often about having a way to get there. Earlier this year, the Urban Institute and Robert Wood Johnson Foundation released an analysis of the Institute's Health

Reform Monitoring Survey from June 2022. In short, the analysis found more than 1 in 5 with limited public transit access actively chose not to access healthcare resources because of transportation.

While health care debates often revolve around insurance coverage or medical bills, a more fundamental issue lurks in the shadows: transportation. For many, especially those with limited financial resources, getting to a doctor's appointment or medical facility can be a daunting challenge. This is particularly true for individuals without private vehicles, a significant portion of whom are from urban areas, low-income backgrounds, or Black and Hispanic/Latinx communities.

Missing a doctor's appointment or deferring treatment due to transportation issues isn't a mere inconvenience – it has profound implications for long-term health. For many, the lack of reliable transportation translates to prolonged illnesses, exacerbating health disparities and adding to the socio-economic challenges they already face.

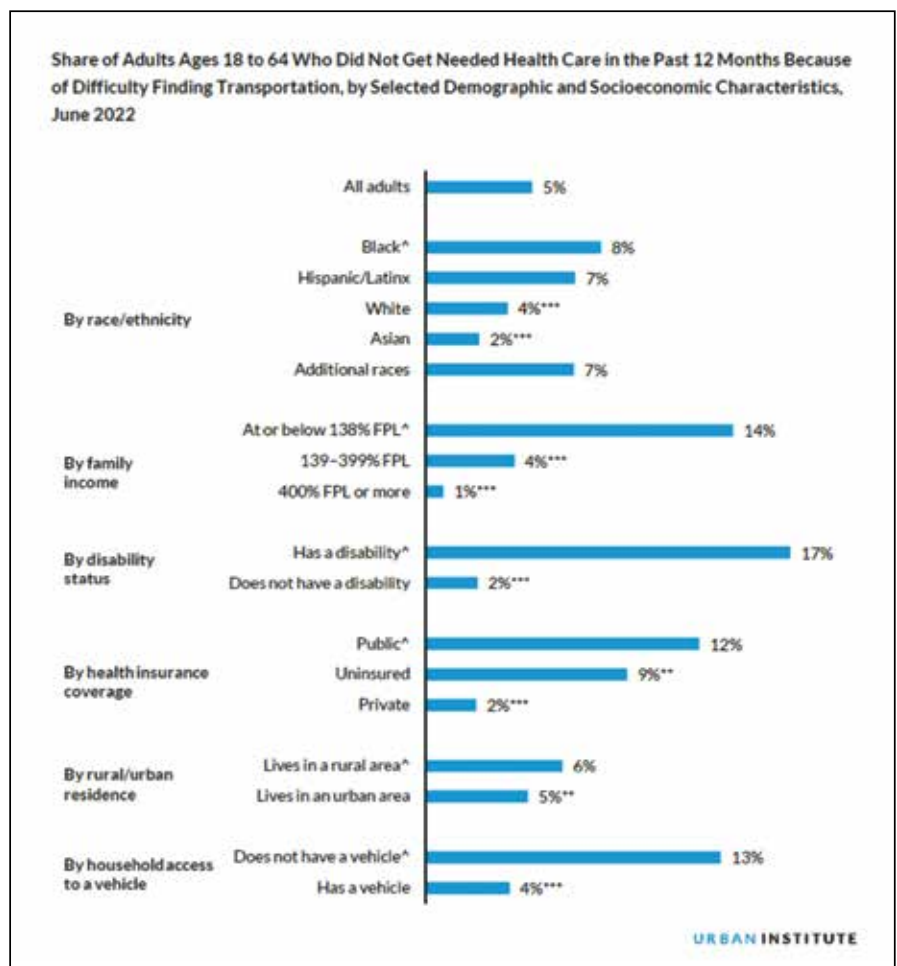
Beyond the startling news mentioned earlier, the survey goes on to explain 5% of all non-elderly US adults reported skipping healthcare because of transportation. Adults with a disability were three times more likely to skip.

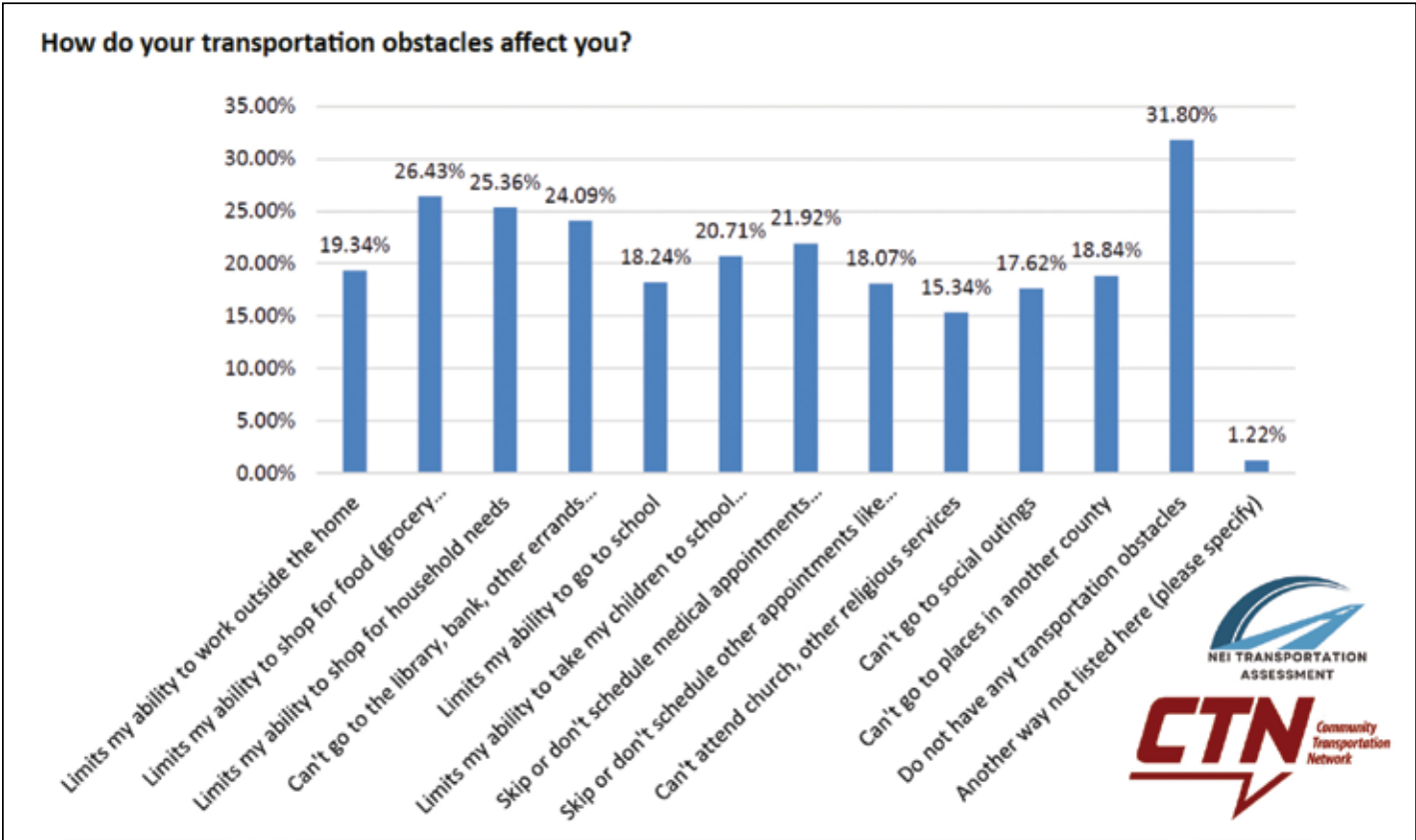
For some, this news isn't really news at all. For anyone engaged in the social determinants of health, transportation is a constant discussion. A 2017 report from the American Hospital Association stated transportation is the third most commonly cited barrier to accessing health services for older adults.

At first glance, it's easy to suggest vehicle ownership as a solution. But even those with vehicles might face barriers due to rising gas prices, maintenance expenses, and in recent years, insurance. Car insurance went up, on average, by over 17% this year.

Community Transportation Network has been acutely aware of this issue since our founding in 2000 as a non-profit non-emergency medical transportation provider. Today, we're providing more than 18,000 trips annually for low-income seniors and people with disabilities who need access to healthcare resources. Based on feedback from Indiana Medicaid we've estimated the actual need for transportation is more than double what we're able to provide today.

Earlier this year, we launched a regional assessment of transportation – analyzing the services and gaps within the 11-county region of northeast Indiana. This summer, we concluded a citizen survey of more than 4,100





residents. Over forty percent of respondents said they need transportation assistance at least once a week and 22% said they skip or don't schedule medical appointments; a local statistic that lines up with the national survey mentioned earlier.

Transportation is an issue in northeast Indiana. Residents are missing appointments, missing diagnoses, and missing crucial care that can prolong their life. CTN is working to be the solution to this problem every day. We're up at 3:30 AM to pick up the rider at 4:30 AM who has a 5:00 AM dialysis appointment. We drive over 1,200 unduplicated riders each year, providing more than 18,000 rides. And CTN isn't the only provider working to fill this gap.

Citilink, Fort Wayne's public transit system, isn't CTN. But, they're working every day to help get our neighbors where they need to go, including healthcare resources. Their Access program is another service for people with disabilities who need transportation. Together, we're working to keep riders independent and healthy. But we need help.

CTN, as a private non-profit, depends on philanthropy to cover 55% of our annual expenses. The cost of a ride averages \$70, and we have to fundraise \$40.

Citilink, as a public transit system, needs advocates to speak to elected officials about increasing local, state, and federal support for public transportation.

As the Urban Institute study suggests, the rise of telehealth, accelerated by the COVID-19 pandemic, offers a glimmer of hope. For some medical needs, especially primary care or mental health services, patients can now consult with professionals without leaving their homes. However, this isn't a universal solution. Many still lack the necessary digital infrastructure or are in situations where in-person consultations are vital.

Health care access is a multifaceted issue, with transportation playing a pivotal role. As we strive for a more inclusive community, it's imperative to ensure that everyone, irrespective of their socio-economic or racial background, age or physical ability can actually reach the care they need. The road to health is, after all, both metaphorical and literal.

Fort Wayne Medical Society | New Members



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 Residency: Fort Wayne Medical Education Program,
 2023-



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 Family Medicine
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 Residency: Parkview Residency Center, 2023-



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 Medical School: Lincoln Memorial University, 2023
 Residency: Parkview Residency Center, 2023-



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 Residency: Parkview Residency Center, 2023-



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 Residency: Parkview Residency Center, 2023-

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 Medical School: Marian University, 2023
 Residency: Parkview Residency Center, 2023-



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 Specialty: Internal Medicine Resident-
 Transitional Year
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 2231 Carew St
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 Residency: Parkview Residency Center, 2023-



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 Residency: Parkview Residency Center, 2023-



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 Residency: John H Stroger Hospital, 2020-2023



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 Residency: Medstar Health Baltimore, 2020-2023

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Residency: Parkview Residency Center, 2023-



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Residency: Parkview Residency Center, 2023-



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Medical School: Kathmandu University, 2015
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Residency: St Joseph Hospital-Chicago, 2020-2023



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Transitional Year
Group: Parkview Residency Center
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2023
Residency: Parkview Residency Center, 2023-



SANJANA SAI, MD
Specialty: Family Medicine Resident
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Residency: Fort Wayne Medical Education Program,
2023-



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Medical School: St George's University, 2013
Residency: West Virginia University, 2013-2016



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Residency: Parkview Residency Center, 2023-



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Residency: Parkview Residency Center, 2023-

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 Residency: Fort Wayne Medical Education Program,
 2023-



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 Group: Parkview Residency Center
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 Medical School: King Edward Medical University, 2020
 Residency: Parkview Residency Center, 2023-



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 Medical School: Medical University of the Americas, 2023
 Residency: Fort Wayne Medical Education Program,
 2023-



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 Medical School: University of Kentucky, 2023
 Residency: Parkview Residency Center, 2023-



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 Medical School: Avalon University, 2022
 Residency: Parkview Residency Center, 2023-



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 Group: Parkview Residency Center
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 Fort Wayne, In 46805
 Medical School: Washington University, 2023
 Residency: Parkview Residency Center, 2023-



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 Medical School: B.P. Koirala Institute, 2016
 Residency: Ascension St Francis, 2020-2023



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 Fort Wayne, In 46805
 Medical School: Marian University, 2023
 Residency: Parkview Residency Center, 2023-



Fort Wayne Medical Society

Mission Statement

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

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

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

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



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Absence of Evidence Is Not Evidence of Absence: A Plastic Surgeon's Thoughts, Insights and Experience with Breast Implant Illness

Brian J. Lee, MD, FACS



Breast Implant Illness (BII) is a highly controversial topic in Plastic Surgery fueled by social media as evidenced by a Facebook Group created in 2016, “Breast Implant Illness and Healing by Nicole” which has 182,500 members as of 8/9/23).

The members are pre-screened to fit the definition of BII. You

are not allowed to join if you are male, or any physician involved with caring for this entity. This is a link to Nicole's thoughts <https://www.facebook.com/groups/Healingbreastimplantillness/>

The purpose for this correspondence is that BII transcends the specialty of Plastic Surgery to include Family Practice/ Primary Care, Obstetrics, Gynecology, Endocrinology, Neurology, Internal Medicine, Radiology, Rheumatology, Integrative medicine, Psychiatry/Counseling just to name a few. Let me explain...

Breast Implant Illness is a term used by women with breast implants to describe a constellation of symptoms characterized initially by chronic fatigue, then “Brain fog” (inability to think clearly or remember simple tasks), and progressing to a plethora of complaints including anxiety, depression, chest pain, sleep disturbances, neurological, endocrine, immune system, rashes, joint pain, muscle aches, audio or visual disturbances, alopecia etc. This is one of the reasons this entity is viewed as an enigma; there is no rhyme or reason after the first two seemingly universal issues.

Breast implants, particularly silicone-textured implants have made news headlines recently in the now recognized disease, Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). This issue is a T-cell Lymphoma, not breast cancer, but a cancer of the immune system.

<https://my.clevelandclinic.org/health/diseases/21078-breast-implant-associated-anaplastic-large-celllymphoma>

One of the conundrums is that silicone has not been proven to cause any disease, yet the type of silicone in breast implants does not exist in nature as it is created by converting silica to polydimethylsiloxane, a chemical not normally occurring in nature or found in the body. In fact, the study to which most refer was published 24 years ago in 1999 by the Institute of Medicine Committee on the Safety of Silicone who conducted a study of available research (at that time) and determined there was no clear link between silicone implants and any systemic illness. Please realize that

this was nearly a decade before the human genome was decoded.

While there is no specific diagnostic test for BII it remains a diagnosis of exclusion, however the understanding of the human genome and genetic factors have opened doors for exploration and possible understanding for BII and many other disease processes. I have been exploring and testing these patients who travel hundreds of miles for answers and for a glimmer of hope to regain health. Curiously, I have had to write a defense of my thoughts, opinions, theories and clinical testing as one of my cohorts locally, regionally or nationally filed an ethics complaint with the American Society of Plastic Surgery regarding an article in a Fort Wayne magazine in which I mentioned BII and genetic testing. I am just seeking answers to this problem that most of my colleagues do not acknowledge.

My thoughts and theories:

I view health and wellness from a simple perspective that is easily understood by most lay people. Envision a scale with one side that has pure, unadulterated natural nutrients, yoga, meditation, and routine exercise (ie a healthy/ideal lifestyle) to counteract the other which has toxins, impurities, pollution, bad habits, stress/cortisol, possible inherited genetic limitations and side effects of prescription drugs (average of 70 for every drug we prescribe). The goal should be to enhance the body and reduce toxicities. I believe the BODY WILL HEAL ITSELF if we rebalance the scale. The innate physiologic nature of our body is wellness and not disease. This scale is more than just physical, it is mental, emotional and spiritual all intertwined. We are more than our physical bodies.

Now let's address BII and the progression. Women experiencing body image and self-esteem issues with loss of volume of breasts with childbearing and aging, or from the probable immune-depleted development of breast cancer, desire enhancement to attempt to regain a sense of wholeness.

What the women with BII notice is within a few months to a few years they begin to have progressive fatigue, often debilitating, which then leads to brain fog. Consultation with their primary care physician with subsequent routine testing reveals no recognized etiology. They are often told, “you are now “X” years old with “Y” number of children, and of course you are tired. You are depressed so let's start on this ‘antidepressant/SSRI.”

After months of treatment, the condition worsens. Further autoimmune tests are negative and the spiral continues. The patient feels worse and the spouse accompanying her to the appointments is told 'there is nothing wrong.' Both patient and spouse recognize the physical manifestations, but the tests are inconclusive. The patient doubts. The spouse doubts. The physician doubts. Personally, I feel the physician should state, "I can't determine what is wrong/happening" instead of "there is nothing wrong" as the former statement recognizes we diagnosticians are only human and the latter insinuates we are always right and all knowing.

Stress increases as the relationship is taxed; the ability to work and function is critically diminished, as are the energy and finances to run the family. The cycle worsens. Finally the person hears of breast implants and illness or simply 'Googles' the phrase and a whole list of information appears. Many of my patients relay that they spend hours reading with tears flowing as other women share their experiences nearly identical to theirs. They may not be "crazy" and there may be some explanation for that which they are suffering. It is this slight sliver of light that they now seek.

This leads them to investigate who in the country believes BII is a real entity and what is their experience in total capsulectomies (removal of all scar tissue envelope that develops around every implantable device in the human body) and explantation of the implant. This is how many find their way to Fort Wayne from near and far (including Rochester, MN and the Mayo Clinic, San Francisco, Seattle and even Germany)!

The major question is why can some women get implants and do well for life while others decline rapidly? I asked myself this and searched for an answer. It came to me in a synchronous email suggesting that our individual genetic inheritance and make up, particularly in the Methylation Detoxification Pathway that is so ubiquitous that it is estimated to occur a BILLION times per SECOND in our bodies might be a clue. Perhaps some genetic aberrance slowing this process of our innate system associated with an implant with four or five layers of synthetic silicone sheeting (depending on manufacturer) chemically fused together and containing a myriad of chemicals may be the combination that ties the symptoms, variability and loose ends currently not understood.

My initial impressions of the BII patients willing to pay and undergo the simple cheek swab test (~\$200 through Cell Science Systems) are that the earlier the genetic defect in the cycle, the greater the impact. Obstetricians have recognized the importance of the MTHFR (Methylenetetrahydrofolate reductase and yes, it looks like an abbreviation for a word you mother would wash your mouth with soap for) mutations for fertility and miscarriages and a simple addition of

methylated Vitamin B-12 can help with this issue. Again, we are just trying to balance the health/disease scale.

Most naysayers tend to point that the symptoms are self-reported and there is no hard clinical data or "lab test" to confirm. My response to this is, "Are you treating lab numbers or are you listening and treating patients?" I have instituted an Inflammatory Score Sheet that records the patient's perceived symptoms before surgery, six weeks, six months and one year post operatively. Of the 145 individuals I have explanted, EVERY ONE, 100%, the inflammatory score decreased! The change is remarkable and often rapid.

This being said, one may conclude it is the placebo effect. It may well be, however 30-35% of benefits of prescribed medications, interventions and even surgeries (sham surgeries in which an incision is made, but no deeper manipulation) have been clinically proven to be from the patients' belief that the "therapy" will help them. Does it matter? They IMPROVE! However, the placebo effect is 30-35%, not 100%!

The same can be said for the "Nocebo effect" in which the patient experiences negative effects from an intervention just by knowing they may occur. The key is that thoughts and the mind do affect the physical body. The difference with BII is that the patient is experiencing ill effects even before knowing that it may possibly be from her implants, thus the nocebo effect is negated in this population if symptoms are experienced prior to knowledge of BII.

My purpose for writing this article is not to offend my colleagues who believe differently based on "existing facts," but to entertain that we do not have all of the answers. After all, at one point in time "doctors" promoted smoking as beneficial to health and our own government provided cigarettes in the enlisted military rations. At one point the FDA approved Agent Orange, DDT and Glyphosate (Round Up) as well as many prescription medications, now withdrawn, as beneficial to society. We now know differently.

Time will tell. I am just asking for others to have an open mind to the possibilities and not deny simply because it goes against what we have been told/taught. Learning and growing requires us to challenge our BS (Belief System) and entertain new ideas and concepts. I was a doubter regarding BII until I critically evaluated and explored this enigma.

I have been blessed to have assisted many women, their significant others and families regain health and life. I believe in this day and age that every woman undergoing possible breast implantation, whether for cosmetic enhancement or reconstruction after devastating and body altering breast cancer, should be informed of the possible consequences. After all, this is informed consent whether one believes BII exists or not.

Thank you for your time and interest.

A Pathway Redefined: *How a fateful phone call led to the creation of the Student Education and Research Fellowship Program*



Back in 1987, a medical student's search for summer work launched a local research program that has impacted nearly a thousand other aspiring physicians. The origin of the Student Education and Research Fellowship (SERF) Program is a reminder that one small decision can

change everything ...

Approaching the conclusion of his inaugural year at medical school, Dr. Mark O'Shaughnessy, today a cardiologist with Parkview Physicians Group – Cardiology, found himself in search of a job to alleviate the forthcoming year's tuition burden. While he had been an orderly at Lutheran Hospital throughout college, the hospital was unable to extend a position for him that summer.

In an unconventional move, Dr. O'Shaughnessy adopted a unique approach to securing summer employment. He proactively mailed letters to physicians in Fort Wayne, offering his services for a range of tasks, from car washing to lawn mowing. Among the responses he received was a call from Dr. Michael Mirro, presenting an opportunity to engage in chart analysis and research collaboration. Neither realized at the time how significant that phone call would become.

Dr. Mirro, who today serves as chief academic research officer for Parkview Health, had previously served

as a preceptor for a research initiative as faculty at the University of Iowa. In 1987, he initiated discussions with Dr. Robert Godley, his colleague at Fort Wayne Cardiology, to establish a similar research program involving students at IU School of Medicine-Fort Wayne. The arrival of Dr. O'Shaughnessy's letter brought the elements together seamlessly.

Throughout that summer, Dr. O'Shaughnessy spent substantial time alongside Dr. Mirro, both in the clinic and examining research. They delved into charts, investigating bleeding rates associated with intravenous versus intra-arterial thrombolytic therapy for acute myocardial infarctions. Their examination extended to cases involving long QT syndrome and the evaluation of left internal mammary artery graft percentages in coronary artery bypass procedures.

As Dr. O'Shaughnessy embarked on clinical rotations during his third year of medical school, he had his sights set on becoming a hand surgeon. However, an orthopedic rotation led him to reconsider his career

direction. His time at Fort Wayne Cardiology during that pivotal summer, coupled with his interest in cardiovascular physiology, caused him to reflect on his career path. Under Dr. Mirro's guidance, the exposure to cardiology research played a transformative role in shaping his professional choices.

The subsequent summer saw the acceptance of four medical students into the Student Education and Research Fellowship Program (SERF), also known as the MAHE program.



From left to right: Dr. Mirro, Dr. Godley and Dr. Fen-Lei Chang



2023 SERF Program participants

Spearheaded by the Midwest Alliance for Health Education (MAHE), a 501(c)(3) corporation established by Fort Wayne Cardiology, the program supported medical education and services in Northeast Indiana. MAHE played a crucial role in the program’s success, facilitating sponsor and preceptor connections each year. With Fort Wayne Cardiology merging into Parkview Physicians Group in 2010, MAHE dissolved, but the Parkview Mirro Center for Research and Innovation, Parkview Physicians Group, Fort Wayne Medical Education Program and Lutheran Health remained as partners in the SERF program.

Since its inception in 1987, the SERF program has enrolled over 950 students. Like Dr. O’Shaughnessy, many of them experienced shifts in their career aspirations and geographical preferences. Numerous past

participants have returned to Fort Wayne to practice, and some have even taken on roles as preceptors, including Dr. O’Shaughnessy himself.

Reflecting on this, he shared, “Becoming a preceptor was my way of repaying the debt I felt towards Mike (Dr. Mirro) and Fort Wayne Cardiology. The fascinating thing is how a single event can alter the trajectory of a life. The impact we have on others is often underestimated. Nonetheless, contributing to medical education, even in a modest capacity, serves as an investment towards the future.”

The SERF Program is actively seeking physician proposals for studies to be included in the 2024 program. Prior experience mentoring students for research is not a prerequisite. The SERF committee is prepared to assist in all aspects of research, from topic selection to obtaining Institutional Review Board approval.

For more information about the SERF program, please email Gina Bailey at IU School of Medicine-Fort Wayne at gibailey@iu.edu.



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Postpartum Care Reimagined: Prioritizing Women's Health After Childbirth | Stephanie Sublett MD, FACOG, IBCLC



As an obstetrician-gynecologist (OBGYN) and mother of three, I have personally experienced the challenges that many women face during the postpartum period. From managing lactation issues to treating perinatal mental health conditions, it became clear to me

that our current healthcare model falls short of providing comprehensive, specialized postpartum care.

The issue is twofold. First, there's a lack of evidence-based training among physicians and allied health professionals in managing lactation and perinatal mental health. Second, our healthcare system often fails to provide adequate postpartum care, evidenced by the standard six-week visit that often doesn't address the full spectrum of a new mother's needs.

The Lactation Dilemma

Lactation issues are common among new mothers, yet many healthcare professionals lack the necessary knowledge and training to offer proper advice. As a result, lactating women are often advised to discontinue breastfeeding or "pump and dump," a practice that's not only outdated but also goes against current recommended guidelines (1, 2). To bridge this gap, I pursued additional training to become an International Board Certified Lactation Consultant (IBCLC). Since then, I have completed additional continuing medical education in breastfeeding and lactation medicine for physicians.

To further support lactating women, I recommend the resource to both my patients and colleagues <https://www.trashthepumpanddump.org>, a free tool that allows users to look up the safety of medications, anesthesia, and radiology procedures for lactating women. InfantRisk is also an app for healthcare professionals that allows you to look up evidence-based recommendations for medication safety during both pregnancy and lactation. Implementing evidence-based practices in lactation management has the potential to improve breastfeeding outcomes and overall maternal-child health.

Postpartum Mental Health Crisis

Another critical area where our healthcare model falls short is in addressing perinatal mental health. Approximately 15% of women suffer from postpartum depression in the US (2,3) and an estimated one in five women may experience postpartum anxiety (4,5). Despite these statistics, our healthcare system often fails to provide the comprehensive care needed during the postpartum period. Breaking down the barriers of silence and shame surrounding postpartum mental health is essential to ensure that women feel comfortable seeking the help they need during this critical phase of motherhood.

The traditional six-week postpartum visit often does not adequately address the mental, physical, and emotional recovery that many women need after childbirth. There is a tremendous need nationally for more reproductive psychiatrists, therapists and other physicians and providers trained in perinatal mental health to meet the demand of mood and anxiety disorders left untreated in this country. The leading cause of death during the first 12 months postpartum is suicide accounting for up to 20% of maternal deaths (6) and those women with a postpartum mental health disorder have a 6 fold increased risk of suicide compared to those women without a mental health disorder (7). It's clear that a more comprehensive and accessible approach to postpartum mental health care is needed and women who receive postpartum care through telemedicine and home visits have lower rates of postpartum depression (8,9).



Filling the Gap with Lilivy Postpartum

Recognizing these gaps in postpartum care led me to found Lilivy Postpartum, a boutique postpartum practice. My mission is to provide accessible, personalized and specialized medical care and support to postpartum patients, offering both in-home and virtual options. I aim to supplement the care provided by OBGYNs and create a more holistic postpartum support network for new mothers.

As we strive to improve our healthcare model, it's crucial to remember that postpartum care isn't just about the physical recovery from childbirth. It encompasses mental health support, lactation counseling and management, and a myriad of other factors that can significantly impact a woman's postpartum experience. It's time to reimagine postpartum care. In our pursuit of closing the gap in postpartum care, it is imperative that we prioritize comprehensive, specialized support for women, addressing not only their physical needs but also their mental and emotional well-being, to ensure every new mother receives the care and attention she truly deserves.

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“Finding Home”: Discovering a solution for those dying in our community without a place to call home |

Rose Hillman, BSN, RN, Heart of Jesus Board Member



Home. In its most beautiful vision, it evokes warmth, safety, welcome, care, peace, joy and unconditional love. There is comfort in the sta-

bility of the people who live there. There is security that even when we are not at our best, we are loved. For many, home is cold, unsafe, stressful and full of fear and anxiety. We would like to provide a place of comfort, rest and peace for those at end-of-life.

Heart of Jesus Home for the Dying was inspired by Mother Teresa of Kolkata and her model of providing a home for those in their final stages of life. She looked at each person with the love of God and with great dignity she cared for each of those in need. She literally picked them up off the streets and brought them into a warm, safe, loving space. Home.

My name is Rose Hillman. My husband Charlie and I have lived in Fort Wayne for almost 33 years. I received my BSN degree in 1983 from Purdue University West Lafayette. I have had years of bedside nursing. In my many years working as a registered nurse, I have witnessed tragic deaths where patients were fearful, families were screaming out, and men and women were dying alone. With the advent of modern medicine, along with our death-averse culture, and our recent shortage of healthcare providers, we can say that the fear of dying alone connected to machines is a legitimate fear. We need to address these issues as a society and prioritize our care for each human person.

A long forgotten and beautiful Catholic tradition is the *ars moriendi*, which means “the art of dying”. It included methods of preparing for a holy death, and it emphasized making the sick person the center of attention, surrounded by family, friends, health care providers and the priest. We would like to utilize this model and surround the vulnerable with loving care until they die a

natural death. In my own experience, I was thankful to follow that model.

On September 24, 2017, my mom Dorothy came to live with my husband and me. Her health was declining, her neighborhood of 67 years was becoming increasingly unsafe, and I was able to stop working to provide her 24 hour care. We brought her from her home in East Chicago to our home in Fort Wayne. She moved away from family, friends, her church, her community and her familiar surroundings. We took care to bring along some of her favorite items: her bed, her dresser, her recliner, some photos and other cherished possessions. We provided personal care, meals, assistance with mobility, adventures to local events, and even entertainment! Imagine our 24 year old son and me singing the Polish National Anthem with her Loudly and Proudly, on our front porch, much to the astonishment of our neighbors.

The journey with mom was full of joy with some hardships of course. Five of my seven siblings were able to take turns giving me much needed respite especially in the last six months. Each brought unique care. Mom’s time with us was filled with laughter, joy and sweet family moments!

Eventually mom’s health declined and we sought out hospice services to help care for mom in her final months. Laura, the nurse, came once a week. April, the CNA, came three times a week. Mom had a social worker and other support as well. The collaboration of care was tremendous. It was such a help, especially for me as the primary caregiver.

As death became imminent, my siblings and I would gather around mom’s bed and pray the rosary, recite the Divine Mercy Chaplet, or sing her favorite hymns. She had a crucifix above her bed, a statue of Mary on her dresser, a rosary in her hands. She received the anointing of the sick from a priest. It was a very special and holy time that we were blessed to share. On August 8, 2019, in our home, surrounded by 6 of her 8 children, my husband and our youngest son, mom died. She was well loved. She was at peace.

I remember waking up the next morning, turning to my husband, and saying “What am I supposed to do now?” God had a plan. In September of 2019, the Holy Spirit began stirring in the hearts of several friends to start a Catholic based end-of-life-care in Fort Wayne. With Mother Teresa as our model, we began the process of developing our mission to provide compassionate care for the dying in a Christ-centered home. Our desire is to respect the dignity of those in their last days on earth. We believe every person should be given the love and peace of God as they journey toward natural death.

Our board shares the call to provide a Catholic faith based home for the dying! We know there are people dying alone in apartments or hotels in our community. We want to provide a safe, warm, comfortable, loving home where residents are treated like family. We want to prepare residents and their loved ones for what to expect in the journey towards death. Spiritual care will be infused into all aspects of care. We will be praying for and with our residents and all who enter their room with their consent. We will start and end our shifts with prayer.

This type of home is a new concept in our community. There are many such homes in the United States. There are few that are Catholic faith based. We intend to be volunteer based and donation based. We will not be billing our residents. We will accept adults of all faiths or no faith. Our admission criteria will also include the requirement that the resident is under hospice services who will provide medical care and supplies. We will work alongside any one of the 25 + hospice providers in the Greater Fort Wayne area.

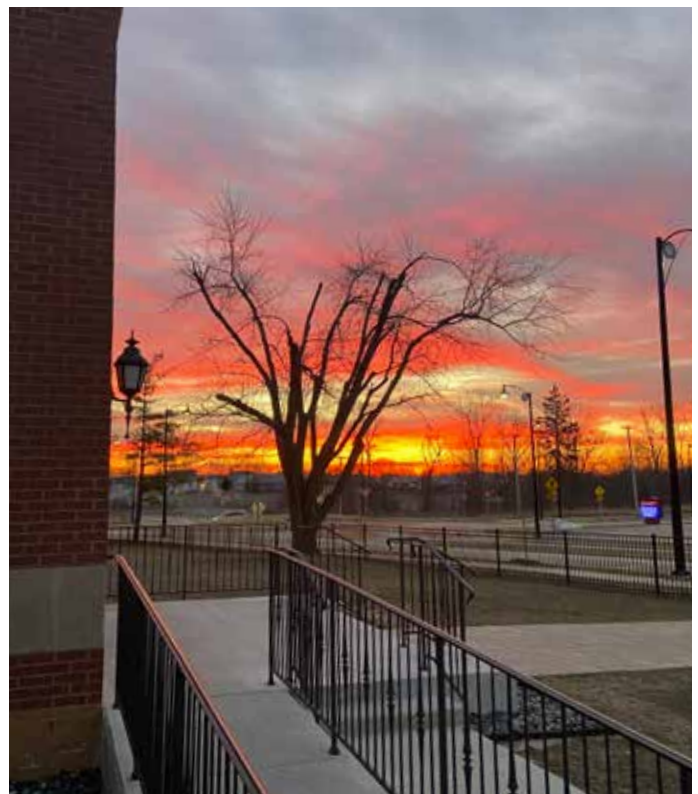
Our home might be for the elderly spouse of a caregiver who is no longer able to manage the care in their home or the dying adult of any age who does not live near family. We will care for the person who has family nearby, but the family is unable to provide care. Our home will be for the end-of-life person who has no family. Just as my mom received care and love and peace in my home, we will provide this for all the residents and their loved ones in the Heart of Jesus Home for the Dying. Our home will be a loving home where death is a part of a personal story rather than a medical event.

We have obtained our not-for-profit status and have finalized the name Heart of Jesus Home for the Dying.

We recently began getting the word out with the assistance of Jack Weisz. Our next big goal is to acquire land or a building to renovate. We are going boldly before God asking for Him to provide. Our plan includes a 6 bed 6 bath ranch style home in Fort Wayne with property for a patio, a garden and a large parking lot. We intend to have a chapel, dining room, living room, kitchen, office space, meeting room and a medication room. We will utilize paid care coordinators and trained volunteers at the bedside. Volunteers will also be needed for gardening, meal prep, office tasks, and fundraising.

We envision inspiring the community to follow our model of care for the dying and their loved ones. We will provide spiritual resources and prayers to ease the fear and anxiety associated with death and dying. Our peaceful home will be filled with Christ-like love. We will promote talking about and accompanying a loved one in the dying process. Our goal is to prepare residents and their loved ones for eventual death. We will model a respectful and holy atmosphere as we join with our community to bring our loved ones Home.

If you would like more information or would like to make a donation, please go to our website <https://heartofjesusfw.org> or email me at rose@heartofjesusfw.org





ALLIANCE
Fort Wayne Medical Society

Connect. Promote. Support.

Dear FWMSA members,

I am honored to be your President for a second term. I first want to acknowledge the incredible board that we have. Without them, this past year's accomplishments wouldn't have been possible.

When looking back on all that was accomplished in 2022-2023, I am looking forward, with excitement, to working with our board and members on a great 2023-2024 year ahead. We are a group of like-minded philanthropic individuals that can accomplish much. In August of 2022 we started our Narcan Harm reduction initiative. We were able to bring the first, and only, Narcan Vending machine to Allen County. We have also installed 15 Narcan boxes around the community. With the help of this lifesaving drug, we were able to help reduce the non-fatal overdoses in Allen County by 30% and the fatal overdoses have been reduced by 10%. The American Medical Association Alliance recognized what an achievement this was, and we were awarded the HAP award. This is given to one Alliance across the nation. Not only did we win the HAP award, but we received a grant award as well. We also attended the ISMA meeting in September, with Cami Pond presenting our Narcan Initiative to the members. A map of all of our Narcan boxes around Allen County will also be placed on all city buses. This year we plan to continue our Narcan initiative with the passing out of emergency kits that will include narcan, CPR, and overdose information.

Two of our annual events, Doctors Day and Cinderella Dress Day, were both record setting years. Doctors Day had a record number of medical professional tables and attendees around 1800. Cinderella Dress Day had a record year with attendees at around 1700. Cinderella Dress Day had over 14 health fair tables for young ladies to visit.

We will also be working with the ISMAA to pack and pass out blessing bags to those in need. If you have an idea of something you would like to see us do, please reach out. We are happy to hear your ideas and help implement them.

We can't do any of this without our wonderful members, so thank you. We have some fun things planned for this fall and winter. I look forward to seeing friends at some of the activities, book clubs and meeting new friends.

Tonya Hughes
FWMSA PRESIDENT



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ALLIANCE

Fort Wayne Medical Society

Please join us for a

Holiday Open House

Fellowship Food and Drinks

Special holiday centerpiece tutorial by Flourish Container Gardens, Erin Erb.



Place: Tonya Hughes home
15823 Gunnison Ridge
Huntertown

Date: Wednesday, December 13th

Time: 6 – 9 pm

Who: Alliance members and
prospective members



Please RSVP by December 8th to
Tonya Hughes 260-479-0569



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▶ **Lutheran Health Network to Open New Primary Care location in NE Fort Wayne**

Lutheran Health Physicians will open a new location in October at 515 Stelhorn Road just east of Maplecrest Road. The primary care office will include 18 physician exam rooms to accommodate up to six primary care providers as well as rotating specialists in Cardiology, GI Endocrinology, Sports Medicine and General/Bariatric Surgery. The first floor of the facility will be a freestanding Emergency Department which will open later in the year.

▶ **The Orthopedic Hospital Opens Warsaw Surgery Center - First Center in Indiana to feature Zimmer Biomet's Omni Suite**

Lutheran Health Network opened The Orthopedic Hospital - Warsaw Surgery Center in July. The 13,800 square foot facility caps off the completion of a fully integrated campus dedicated to orthopedic care and rehabilitation. The surgery center, which will focus on joint replacement and other outpatient orthopedic surgeries and procedures, is adjacent to Optimum Performance Therapy, Fort Wayne Orthopedics' medical offices and OrthoStat walk-in clinic.

The ambulatory surgery center is also the first in Indiana to be outfitted with Warsaw-based Zimmer Biomet's Omni™ Suite. The Intelligent Operating Room uses advanced technologies including artificial intelligence capabilities to optimize workflow and minimize manual activities, allowing more time for patient care.

The center's three operating rooms feature cameras equipped with artificial intelligence (object recognition) capturing key workflow steps: touch screen monitors that display vital information available at the surgeon's fingertips; smart tourniquets that adjust to patients' unique biometrics to provide personalized pressure; and smart knee implant technology that allows surgeons to view patients' post-surgical progress.

"Given Warsaw's recognition in orthopedics, it was only fitting that we worked with global orthopedic leader, Zimmer Biomet, to bring the industry's most advanced technologies to the residents of Warsaw and surrounding areas," said Lorie Ailor, CEO, The Orthopedic Hospital.

▶ **LHN Holds Groundbreaking for Huntington Medical Office**

Lutheran Health Network announced a new facility that will bring additional healthcare access to the residents of Huntington. A new medical office building will be built at 235 Hauenstein Road and will provide primary care, imaging services as well as rotating medical specialists. The facility is expected to open for patient care by late summer 2024. It is the first Lutheran Health Network facility in Huntington.

"This new site will increase access to quality healthcare services for Huntington and the surrounding area," said Nicole Rexroth, CEO Lutheran Health Physicians. "A large number of residents from this area travel to other Lutheran Health Physician locations for care. This new site will allow them to have access to our medical services close to where they live and work."

MKM architecture + design is the architect for the project. The general contractor is FCI Construction and Veritas is the developer.



Enhanced IR Care

Lutheran Hospital recently doubled the space dedicated to interventional radiology services and added new technology for enhanced imaging and greater ability to accommodate emergency procedures.

Excellence in interventional radiology, led by an expert team of specialists, continues to be a hallmark of Lutheran Hospital.



Lutheran Hospital is owned in part by physicians.

▶ **Parkview Heart Institute recognized for high-quality AFib care**

American Heart Association presents Get With The Guidelines - AFIB Gold award for proven dedication to ensuring all patients have access to best practices and life-saving care

The Parkview Heart Institute has received the American Heart Association's *Get With The Guidelines*® - AFib Gold quality achievement award for its commitment to managing atrial fibrillation (AFib), ultimately helping to reduce patients' stroke risk.

AFib affects millions of Americans, often leading to heart-related complications and increasing the risk for stroke fivefold. However, proper care and treatment can reduce these risks.



The *Get With The Guidelines* – AFib quality achievement award is earned by hospitals that demonstrate a commitment to treating patients according to the most up-to-date, research-based guidelines as outlined by the American Heart Association. *Get With The Guidelines* puts the expertise of the American Heart Association and American Stroke Association to work for hospitals nationwide, helping ensure patient care is aligned with the latest evidence- and research-based guidelines.

The Parkview Heart Institute is devoted to heart health with nearly 20 outpatient specialty clinics, including a dedicated AFib Clinic, which is accredited by the American College of Cardiology. The clinic offers coordinated care for AFib patients, beginning with an evaluation by a heart rhythm specialist and other members of the clinic team. Once a treatment plan is identified, patients receive specialized treatments in one convenient location. The clinic also provides patients with education about their medications, dietary considerations, smoking cessation and physical activities to strengthen their heart function.

Parkview Heart Institute is also in alliance with Cleveland Clinic's Heart, Vascular & Thoracic Institute, allowing Parkview clinicians to collaborate and access best practices, emerging technologies and physician expertise.

"Parkview Heart Institute is committed to improving patient care by adhering to the latest treatment guidelines," said Roy Robertson, MD, FACC, FSCAI, president of specialty service lines and the Parkview Heart Institute. "Get With The Guidelines makes it easier for our teams to put proven knowledge and guidelines to work on a daily basis, which studies show can help patients recover better. The end goal is to ensure more patients can experience longer, healthier lives."

Each year, program participants qualify for the award by demonstrating how their organization has committed to providing quality AFib care. In addition to following treatment guidelines, *Get With The Guidelines* participants also educate patients to help them manage their AFib at home.

▶ **Parkview and Ortho NorthEast launch osseointegration program, the first in Indiana to use OPRA™ Implant System**



Innovative orthopedic technology and multidisciplinary care are changing the future for lower extremity amputees in Indiana. Committed to the advancement of patient-centered care and innovative technologies, Parkview Regional Medical Center and Orthopaedics NorthEast (ONE) have launched an osseointegration program with Integrum, the manufacturer of the OPRA™ Implant System. The program is the first of its kind in Indiana, using advanced bone-anchored prosthesis technology to transform quality of life for individuals with lower extremity amputations.

Osseointegration is a surgical procedure in which a titanium fixture is implanted into the patient's bone. After healing, a connection device is used to attach a conventional prosthetic limb to the implant. The revolutionary approach is an alternative to a standard socket prosthesis and offers a range of benefits for amputee patients, including improved mobility, enhanced comfort, reduced pressure, a stable attachment, and more.

The OPRA™ Implant System is installed via two surgical procedures. In the first surgery, the fixture is implanted into the bone and over a period of time, the patient's bone will integrate with the implant. In the second surgery, a titanium abutment is attached to the fixture and extends through the skin. At this point the rehabilitation process begins, which includes connecting the implant system to the patient's conventional artificial leg.

"With osseointegration, people who have lost their limb don't have to lose their quality of life," said Christopher Johnson, DO, a specialist in orthopedic oncology and joint reconstruction who cares for patients through ONE and Parkview. "The OPRA™ Implant System helps amputees avoid many of the frustrations commonly associated with a standard prosthesis. By biologically attaching the prosthetic, patients experience fewer complications, more stability, and the ability to attach their limb in seconds."

Parkview and ONE are able to offer this advanced treatment option for amputees because of their sub-specialized, multi-disciplinary approach to care. In addition to Dr. Christopher Johnson, the care team includes Justin Bryant, DO, Parkview Physicians Group – Plastic Surgery, who performs the microvascular plastic surgery required for osseointegration, as well as Cory Johnson, DO, Parkview Physicians Group – Physical Medicine & Rehabilitation, who oversees the program's Amputee Clinic, which offers a comprehensive approach to care, rehabilitation and management for those who experience limb loss.

The program's first osseointegration surgery was conducted at Parkview Regional Medical Center in March.

► Parkview offering new treatment for essential tremors

A new treatment using focused ultrasound waves is helping patients in northeast Indiana by reducing involuntary tremors that impact their daily functioning.

Parkview Health is the only health system in northern Indiana offering focused ultrasound to patients afflicted by essential tremors. The treatment first became available in January through the Parkview Neurosciences Movement Disorders team.

Essential tremors are a movement disorder characterized by involuntary shaking. Tremors can present as rhythmic shaking or twitching that typically starts in the fingers or hands. The tremors can grow in intensity over time and spread to other parts of the body, including the head, torso or feet. Tremors can create challenges in completing everyday activities, such as grasping and lifting, and can even impact speech.

Parkview's focused ultrasound treatment uses sound waves directed by MRI to precisely target a portion the thalamus, a central hub in the brain and the area responsible for causing essential tremors. The minimally invasive treatment can help immediately reduce tremors and lead to continuing improvement with minimal side effects. Ultrasound treatments require no anesthesia, incisions, ionization or radiation and can be completed as an outpatient procedure.

In order for the procedure to be successful, patients must complete a thorough pre-surgery evaluation with Tara Kimbason, MD, Parkview Physicians Group (PPG) – Neurology, who is fellowship-trained in movement disorders. If a patient meets the criteria, their procedure is performed utilizing the coordinated efforts of Dr. Kimbason and William Young, MD, PPG – Neurosurgery, who has received specialized surgical training for movement disorders. Additionally, Parkview's radiology and nursing teams assist during the procedure.

"We are developing a unique program at Parkview for the treatment of these complex and debilitating conditions," said Fen Lei Chang, MD, medical director, Parkview Neurosciences. "It is truly a team effort, combining the expertise of Neurology's Dr. Kimbason and Neurosurgery's Dr. Young, along with support from others on our multidisciplinary care team. We are very excited by our early results and look forward to seeing improved quality of life for our patients."

The new treatment has already helped patients like Beverly Zuber, a grandmother with a family history of essential tremors. After first noticing shaking in her head, she began to suffer more severe tremors affecting her hands and voice, making it difficult to pour water into a glass or color with her grandchildren.

After having limited results with medications, Zuber was one of Parkview's first patients to receive focused ultrasound treatment. During the procedure, doctors mapped Zuber's brain via MRI and used the focused sound waves to blast cells responsible for her



Patient Beverly Zuber is placed into position for focused ultrasound to treat her essential tremor.



During a focused ultrasound session, Tara Kimbason, MD, Parkview Physicians Group (PPG) – Neurology, left, works with patient Beverly Zuber.



Beverly Zuber's care team reviews images to ensure they are reaching the correct area of her brain during focused ultrasound treatment.

tremors. While Zuber was conscious on the bed, doctors were able to interact with her during the procedure to test her responses and ensure the treatment was not impacting other parts of her brain.

Following her focused ultrasound treatment, Zuber showed immediate improvement, with increased steadiness that continued to grow over time.

"I wanted to have tea parties with my granddaughters. I wanted to, most of all, color with all the grandkids. I wanted to blaze a trail for my family. I wanted to present options or make it more accessible in Fort Wayne. I didn't have a choice, so I went for it," Zuber said. "Having the focused ultrasound gave me back my right hand and this is just one more stride, one more option, one more miracle for people like me."

Strong candidates for focused ultrasound treatment are those who are suffering from debilitating tremors in their extremities and have tried at least two different anti-tremor medications without positive results. Patients who have newly developed tremors are generally not good candidates and should consult with their neurologist about other available treatments to try first.

▶ Parkview Health partners with Whitko Community Schools to open virtual care clinics for students and staff

Students and staff at Whitko Community Schools can now receive care from a Parkview Health provider without leaving school grounds.

The school district has opened four virtual care clinics, which utilize innovative remote exam technology to connect patients with a Parkview provider. At these locations, students and school employees can be seen for non-emergent conditions, reducing time away from class or work, and making it more convenient to access high-quality care.

Parkview Health partners with other area schools and employers to offer virtual care clinics, but Whitko Community Schools is the first location to offer this service to both students and employees.

“This partnership brings the services of a walk-in clinic and primary care office directly into our schools,” said Tim Pivarnik, superintendent, Whitko Community Schools District. “This innovative approach to healthcare gives instant clinical feedback, allowing parents and staff to make informed health decisions and access care when and where they need it. We are excited to offer this convenient option for our students and staff.”

Parkview’s school and employer virtual care clinics offer expanded virtual visits, which are more in-depth than the typical video visits that most patients experience. Each of the locations has a virtual exam kit, which includes diagnostic devices for patients to share data such as heart rate, body temperature, heart and lung sounds, as well as images and video of the ears, throat and skin. This gives the provider real-time diagnostic information to create a treatment plan.

For students, a school nurse will complete an evaluation to determine if a virtual visit is needed, and parents are contacted for consent and to verify insurance information. Common conditions treated through the virtual care clinics include cough, flu, allergies, pink eye, skin conditions and more.

School employees may also use the virtual care clinic for same-day treatment of minor illnesses. Additionally, employees can schedule appointments with a dedicated provider for annual wellness physicals, specialty care referrals, test result follow-up and other primary care services.

All virtual care clinic visits are billed to insurance at the same rate as a normal office visit.

“Virtual care clinics are helping students and staff reduce the disruptions they would normally experience when needing to see a provider for care,” said Maximilian Maile, senior vice president, Digital Health, Parkview Health. “By seeing a provider onsite, we’re able to minimize time away from school or work and eliminate potential transportation barriers. This allows us to serve patients who otherwise may not seek care for illnesses or ongoing wellness needs.”



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