



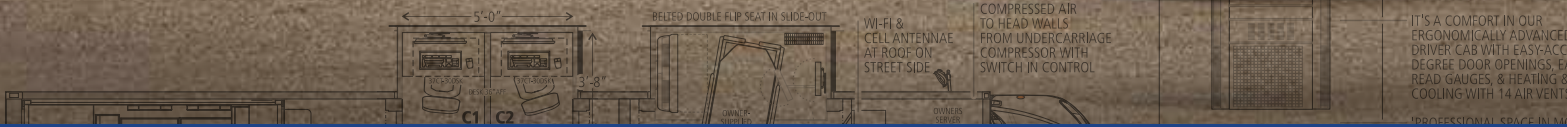
FORT WAYNE

Summer 2024 • Volume 22, Issue 2

MEDICINE

QUARTERLY

Official Publication of the
Fort Wayne Medical Society



5'-0"
3'-8"

BELTED DOUBLE FLIP SEAT IN SLIDE-OUT
OWNER SEAT
OWNER SEAT

WIFI & CELL ANTENNAE AT ROOF ON STREET-SIDE

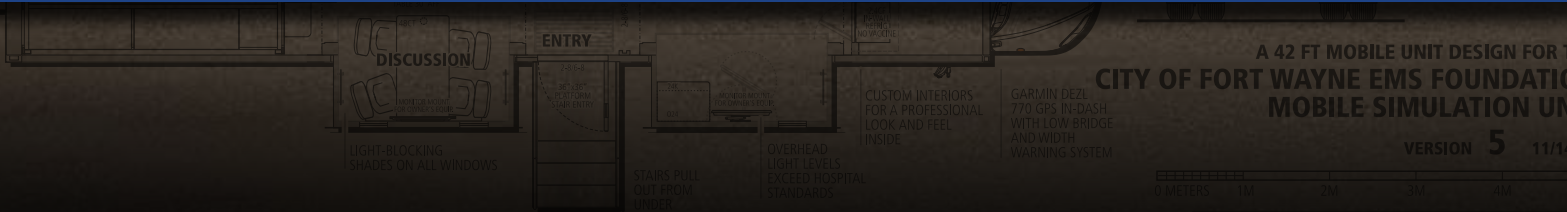
COMPRESSED AIR TO HEAD WALLS FROM UNDERCARRIAGE COMPRESSOR WITH SWITCH IN CONTROL

STRENGTH FRAME FEATURES 3.7 MILLION POUNDS OF BENDING MOMENT SUPPORTING WHATEVER YOU THROW AT IT

IT'S A COMFORT IN OUR ERGONOMICALLY ADVANCED DRIVER CAB WITH EASY-ACCESS 65 DEGREE DOOR OPENINGS, EASY-READ GAUGES, & HEATING & COOLING WITH 14 AIR VENTS

PROFESSIONAL SPACE IN MOTION

EMS Foundation Gifts Community Mobile SIM Lab



DISCUSSION
LIGHT-BLOCKING SHADES ON ALL WINDOWS

ENTRY
STAIRS PULL OUT FROM UNDER

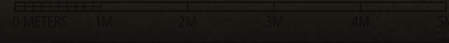
OVERHEAD LIGHT LEVELS EXCEED HOSPITAL STANDARDS

CUSTOM INTERIORS FOR A PROFESSIONAL LOOK AND FEEL INSIDE

GARMIN DEZL 770 GPS IN-DASH WITH LOW BRIDGE AND WIDTH WARNING SYSTEM

A 42 FT MOBILE UNIT DESIGN FOR THE CITY OF FORT WAYNE EMS FOUNDATION MOBILE SIMULATION UNIT

VERSION 5 11/14/22



BUILDING ON TRUST



- ✓ Design/Build
- ✓ Interior Renovations
- ✓ Build/Lease
- ✓ Maintenance



PARTNERING FOR A LIFETIME

7701 Opportunity Drive
Fort Wayne, Indiana 46825
(260) 489-1234
shawneeconstruction.com



SHAWNEE
Construction & Engineering

The **FUTURE** On **BUDGET** On **TIME**

RECENT PROJECTS



ARCADIA APARTMENTS **MULTI-FAMILY**

Arcadia is a 216-unit community with: Community Clubhouse, Elite Fitness Center, Resort Style Swimming Pool, Outdoor Fireplace, Outdoor Pavilion, Central Courtyard Layout, Dog Park, Mail Room, Pickleball Court, Package Center, Fort Wayne Trails connection, and so much more.



WILDMAN BUSINESS GRP **INDUSTRIAL WAREHOUSE**

Wildman is a family-operated commercial laundry. Providing custom solutions such as uniform and mat rental, first aid and safety products, janitorial supplies, and branded gear for our customers with service excellence with the purpose of Changing Lives.



ROHRMAN TOYOTA **TOYOTA DEALERSHIP**

Rohrman Automotive Group is one of the largest family owned auto groups in the US. The newest location is located along Illinois Road, at the Interstate 69 interchange, in Fort Wayne, IN. This is the fourth Rohrman Dealership in the city specializing in retail sale and service of Toyota vehicles.

COMMERCIAL **CONSTRUCTION**

Contracting for small, medium, or large-scale projects. Have access to a comprehensive list of contracting services from start to finish. Ensure each project is carefully estimated, planned and executed to desired specs with a dedicated team.

SERVICES **OFFERED**

- Renovation
- New Build
- Build to Suit
- Engineering
- General Construction
- Integrated Project Delivery
- And so many more!

SERVICE **INDUSTRIES**

- General Commercial
- Healthcare
- Higher Education
- Hospitality
- Multifamily
- Mixed Use
- Community or Corporate
- Industrial
- Sports, Cultural, Artistic
- And so many more!



CONTACT US

Mon-Fri 8 AM - 5PM

(260) 338-4171
9602 Coldwater Road, Suite 200
Fort Wayne, IN 46825
info@novaticonstruction.com

www.novaticonstruction.com

Society Officers

President:

Gregory Pond, MD

President-Elect:

Joel Valcarcel, MD

Immediate Past President:

Scott Stienecker, MD

President FWMS Foundation:

Sharon Singleton, MD

Chairman of the Board:

Scott Stienecker, MD

Secretary:

Erin Jefferson, DO

Treasurer:

Stephanie Kidd, DO

Executive Director:

Joel Harmeyer

**FWMS Foundation -
Planned Giving Committee**

Erin Jefferson, DO
Fen-Lei Chang, MD, PhD
Gregory Pond, MD
Linda Buskirk
Roger Reece
Joel Harmeyer

Board of Trustees:

David Donaldson MD
Preeti Dembla MD
Joshua Wallet MD

David Smith MD
Brianna Serbus, MD
Melvin Susanto, MD

Angela Grab, MD
Molly Kelly, MD

EX-OFFICIO:

Michael Yurkanin, MD—President, Parkview Hospital Medical Staff
David Paris, MD—President, Lutheran Hospital Medical Staff
Andrew Offerle, MD—President, Dupont Hospital Medical Staff
Zachry Waterson, DO—Director, Fort Wayne Medical Education Program
Tonya Hughes—President, FWMS Alliance
Dave Albin, MB—ISMA, Director of Membership & Marketing

Indiana State Medical Association

ISMA President:

David R. Diaz, MD

ISMA Past President:

Pardeep Kumar, MD

ISMA President Elect:

William Pond, MD

Delegates:

Farrukh Adhami, MD	Tom Gutwein, MD	Brianna Serbus, MD
Sara Brown, MD	Erin Jefferson, DO	Eric Shoemaker, DO
Isa Canavati, MD	Tyler Johnson, DO	Carolyn Warner-Greer, MD
Kathryn Carboneau, MD	Stephanie S. Kidd, DO	Zachry Waterson, DO
Fen-Lei Chang, MD, PhD	Tara Kimbason, MD, MPH	
David Donaldson, MD	Steven Ko, MD	
John Ducker, MD	Scott Myers, MD	
Sampath Ethiraj, MD	Gregory Pond, MD	
Donald Giant, MD	William Pond, MD	
Angela Grab, MD	Edgardo Rivera Rivera, MD	



TO SERVE YOUR COMPLEX BUSINESSES NEEDS.

That's why CBIZ Somerset has teamed up with CBIZ & MHM to become one of the largest accounting, tax and advisory providers in the nation.

We remain your trusted advisors – now backed by thousands of specialized experts nationwide.

Your Team



cbiz.com | mhmpca.com

© Copyright 2023. CBIZ, Inc. and MHM. All rights reserved. CBIZ is a business consulting, tax and financial services provider and works closely with MHM (Mayer Hoffman McCann P.C.), an independent CPA firm providing audit, review and attest services. CBIZ and MHM are members of Kreston Global, a worldwide network of independent accounting firms.

Contents

Society Officers	4
Editor's Note	6
Remembering my Dad – Dr. Steven R Glock	7
Director to Director: Blue Jacket	8-9
Update on Venous Insufficiency and Treatment	10-11
Fort Wayne Medical Education Program	12-13
IU School of Medicine – Fort Wayne	14
ISMA District 12	15
FWMS 2024 Annual Dinner in Pictures.	16-17
2024 Legislative Update: New Laws to Take Effect July 1.	18-20
A Program Director's Reflections on Residency Education and Leadership	21-23
Hospital News – Indiana University Health.	25
Hospital News – Lutheran Health Network	26-27
Hospital News – Parkview Health.	28-30

List of Advertisers

Shawnee Construction & Engineering	IFC
Novati Construction	3
CBIZ Somerset.	4
Fort Wayne Medical Society Mission Statement.	6
Turnstone.	11
Dulin, Ward & DeWald, Inc.	13
Lutheran Health Network	20
Cancer Services	23
Sperry Van Ness Parke Group	24
Hoosier Physical Therapy	25
Stillwater Hospice	25
Parkview Packnett Family Cancer Institute	30
The Towne House Retirement Community	IBC
ISMA 175th Annual Convention	OBC

Fort Wayne Medical Society Staff



Joel Harmeyer
Executive Director
joel@fwms.org



Lindsey Liepold
Office Manager
lindsey@fwms.org

www.FWMS.org

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

For advertising rates and information, contact Joel at the Executive Office:

Phone: 260-420-1011 • Fax: 260-420-3714
709 Clay Street, Suite 101
Fort Wayne, IN 46802
joel@fwms.org

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.



Where did the summer go? By the time this edition of Fort Wayne Medicine *Quarterly* lands in your mailbox, we will be inundated with stores full of fall decorations and, dare I say, Halloween items. We had a terrific summer here at the society and hope you did as well. Things move slower in the summer, including the timing of this issue. Nevertheless, we have a jam-packed magazine filled with lots of news across our

membership. Here are a few things that deserve extra attention:

FWMEP Cleans Up at IAFP!

Six residents from Fort Wayne Medical Educational Program submitted projects to the Indiana Academy of Family Practice's Research Day (IAFP). All six projects were selected for oral presentation with two projects placing 1st and 2nd respectively. FWMEP residents always shine at Research Day and this year was no exception. Read more about the research submitted on pages 12-13.

Remembering Steven Glock, M.D.

We have two heartwarming tributes to the late Steven Glock along with pictures throughout his life on page 7. In addition to an incredible medical career, Dr. Glock served our community in a variety of ways, including helping to launch the Carriage House.

More Annual Dinner Photos

We had so much fun at our annual dinner this past May and got so many wonderful photos of our members that we are printing more in this issue. See for yourself on pages 16-17. Save the date for next year's event on Wednesday, April 30th, 2025.

Mobile SIM Lab

One of my additional roles as leader of the Fort Wayne Medical Society is to work closely with the EMS Foundation. As the organization's bookkeeper, I've gotten to know the passionate people who provide emergency services in town. Nearly four years ago, the EMS Foundation board began a project to give back to current and future first responders. Working with Lifeline Mobile in Columbus, Ohio, the idea for a mobile emergency simulation lab was born. It is incredibly satisfying to see the final product grace our magazine's cover. Read more about this fascinating venture on page 28.

That's all for now. As the summer wanes, be sure to enjoy all the activities that make this season special. You'll be putting up Halloween decorations before you know it!



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.

Remembering my Dad - Dr. Steven R Glock | Brenda Gerber Vincent



It was both an honor and a privilege to be Steven Glock's daughter. To have been raised by two incredible parents was the greatest blessing of my life. I can confi-

dently say that my Dad was the happiest person I ever met. He loved life. Everyday was an adventure. He loved his family, friends, fishing, IU Basketball, tinkering in the garage, trees, wood working, and playing the harmonica. He will be remembered for his kindness, generosity, warm smile, orneriness, and quick wit.



He graduated from Northside High School class of 1955, where he dated and later married my mom, his beloved high school sweetheart, Joyce Sharpe. They both graduated from Earlham College and he later attended Indiana University's School of Medicine. After completing his orthopedic residency, he moved to Fort Wayne and joined

OrthoNorthEast (ONE) as a co-founder. Dad, with his partner and close friend, Dr. John Lee, performed Indiana's first hip-replacement surgery. His knowledge, talent, kindness, enthusiasm, and genuine interest in his patients, their families, nurses, medical staff, and fellow physicians, made him an invaluable member of our medical community for over 30 years.

Mom and Dad changed the way we view and treat mental illness in our community. They were instrumental in the formation of the Fort Wayne Carriage House where they served as founding board members.

The following piece, written by Andy Wilson, Executive Director of the Carriage House, highlights their commitment:

"I was recently given a folder with the oldest documents we have from the development of the Carriage House. The documents were primarily compiled and saved by Kathy Bayes, our founding board president.

The folder is full of newsletters and meeting minutes, job descriptions and notes. It also contains the original contract for the purchase of the Carriage House. Throughout



the early history of Carriage House, it is impossible to miss the presence of Joyce and Steve. The fingerprints they left on the house have become our DNA.

Chad, their son, had been diagnosed with Schizophrenia not too long

before. They took the development of a program for him seriously.

There is quite literally nothing they were not involved in. Researching the model, purchasing the property, painting, lawn mowing, community presentations, construction, development of by-laws, fundraising, hiring the first executive director, building the original board of directors – they were here. They were the architects of the structure and the business.

But more, they were the architects of the culture. Even before they had learned about the Clubhouse model, they instinctively knew the power of community. They engaged their friends, tackled challenges, and made group decisions. And they did it with love. And fun.

We are not only here because of them – we are who we are because of them.

We lost Steve last month. He followed not too long after we lost Joyce. They both joined Chad who we lost in 2000.

As I sit here, I am surrounded by members and staff running the Carriage House. It's been almost 30 years, and more than 2,000 members have had a chance to be part of this community so far. And, really, I think we are still just starting.

We are the natural consequence of Joyce and Steve. Our community of love and hope is the inevitable outcome of who they were. We celebrate them by being the best of us every day."



How do you describe Blue Jacket to someone unfamiliar with the organization?

Blue Jacket provides training and opportunities to individuals wanting to earn a chance at gainful employment through a network of in-house transitional job opportunities and partner employers in the community. Our core value is that we turn no one away who presents a barrier, any barrier, to employment. Blue Jacket's two primary goals are to enhance lifelong employability and achieve 100% employment for all clients within three months.

Blue Jacket provides a beautiful continuum of services of case management, coaching, and job placement offered for life, a countercultural commitment for a nonprofit. Some people use the Blue Jacket Academy training and procure jobs on their own. But most individuals require many more services under the guise and safety of our in-house employment.

What is the history of Blue Jacket?

Blue Jacket, Inc opened its doors in 2005 on the shoulders of two federal grants to rebuild ex-inmates through employment, carrying out a trail-blazing soft skill training still in operation today as our cornerstone program. In 2012, leadership strategically changed nearly everything but the organizational core. It seceded completely from government funding, moved locations, operated two social enterprises, and began serving anyone with a barrier to employment, not just those in the criminal justice system. Blue Jacket had to rethink its referral, job placement, and financing strategy. Then, in 2019, we recognized an increased enrollment of clients with more complex barriers who were not securing employment, and in extreme cases, were not being considered by even Blue Jacket's partners. Since then, leadership focused all its efforts on building a system to address these barriers by hiring people in-house, launching a strategy to achieve 100% employment of all Blue Jacket's clients.

To support our programs, we host unique fundraising events such as the Second Chances Art Exhibit, Chief Blue Jacket Day, selling Ham & Beans at Johnny Appleseed, and the behemoth Fantasy of Lights.

Blue Jacket has strategically and incrementally grown its enterprising efforts to provide transitional jobs to hire those with significant barriers to employment. Our board and staff leadership acknowledged the benefit (and the difficulty) of building this nonprofit strategy – and expanded in-house employment by 35 positions from 2019. A wage, experience, and on-the-job skills are all acquired when given the opportunity to develop at the following social enterprises:

- **Blue Jacket Staffing** (launched in 2009) an in-house, full-service staffing agency matching qualified Academy graduates to the employment needs of local businesses. Alternative Staffing is a national strategy to self-fund job placement to not be reliant on workforce grants.
- **The Blue Jacket Clothing Co** (launched in 2012) provides free business professional clothing bank for clients, selling high-end clothes to the public to transitionally hire up to 8 clients.
- **Blue Jacket Fantasy of Lights** (acquired in 2014) provides seasonal/transitional employment for nearly 30 clients at our growing, community favorite drive-thru Christmas light display in Franke Park. This event, while starting as a fundraiser, is treated as a social enterprise based on the volume of work and responsibilities, taking 7 months per year to set up, tear down, and operate.
- **Blue Jacket Cleaning Services** (launched in 2017) provides commercial cleaning to local businesses on a bus line during business hours, providing transitional jobs for approximately 15 clients.
- **Tall Rabbit Café + Community** (launched in 2023) a unique and cozy coffeeshop providing excellent service, coffee, other drinks, pastries, and lunch sandwiches providing 5 transitional job opportunities.
- **Renew by Blue Jacket** (store launched in 2023) sells upscale second-hand furniture, home goods, and clothing to the public and provides up to 18 transitional jobs for our clients.

What is a typical workday like for you?

I would bet not too dissimilar from other nonprofit CEOs – always on, no day is ever the same. Launching the Tall Rabbit Café caused me to adjust my sleep habits, so as an early riser, I work from 6 – 7:30 am, exercise, then restart my day around 9 am if no pre-arranged meetings. I often find myself in meetings supporting the leaders of the organization with staffing and development-related opportunities throughout the day, cordoning myself to respond to emails, write grants, or negotiate a contract, help organize board committees and event committees. I tend to stop into the Tall Rabbit Café once a day between meetings to grab a coffee and check on things. But every season changes, especially during the Fantasy of Lights when I find myself in Franke Park until 11 pm.

How do you strike a work/life balance?

I am incredibly committed to family and to the outdoors, and my times of respite almost always includes both. 23 years ago, I married the woman of my dreams and when founding Blue Jacket and working consistent 80+ hour weeks, just after my second child was born, I learned very quickly what it took for a healthy marriage and devoted parenting. Pictured is a photo of myself and my wife Angela for the Second Chances Art Exhibit where my wife, who has dedicated 19 years of graphic design work to our organization and countless hours volunteering, is also an artist who told amazing stories through her craft to raise money for Blue Jacket.



What is the biggest challenge your organization faces?

Our success has created a problem for us – because of our laser focus on better serving the people who need us most; those with significant barriers to employment, it created a backlog of unemployed clients needing our atten-



tion because of our limited bandwidth. Many are people with disabilities or mental health barriers which requires more tactical, hands-on delivery and the urgency to get them employed weighs heavily on staff. We are trying desperately to raise enough money to hire two additional program staff. The second challenge is that because we operate these enterprises, the assumption could be that we are robust with financing, but in fact, only three of the six enterprises are doing better than break-even this year. It is incredibly difficult to manage a double bottom line of generating revenue while generating the mission – i.e. managing people in the margins.

How can our members help?

First, we could always use help with connections to employers with a guiding principle to hire people who desperately want to prove their worth. I am reluctant of the presumption and perception of making an ask, but the second way to help would be to donate to help us with the campaign to add more program staff to serve those with higher needs.

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

Fear, hopelessness, embarrassment, and helplessness present differently for many people; through anger, withdrawal, arrogant or narcissistic behaviors, to name a few. It is sometimes difficult to do so, but peeling back the layers allows you to be gracious and kind and care for people while setting aside those heavy emotions.

Update on Venous Insufficiency and Treatment

Nancy L. Harthun, MD MS FACS RVT RPVI



Overview

Venous insufficiency is a substantial problem in the United States. It affects 1 in 4 adults¹ and consumes 2-3% of the Medicare budget annually.² Venous insufficiency is commonly inherited. Pregnancy and obesity aggravate, but do

not cause venous insufficiency. It is more common in women than men.¹ It affects all races and ethnicities, although presentation is frequently different. African Americans more frequently present with swelling and ulcers and Hispanics more frequently present with pain and cramping.¹

Presentation

Symptoms include local pain (aching), swelling of the ankles and forelegs, leg cramps, restless legs, itching, leg heaviness and fatigue, and throbbing. Complications include skin and soft tissue changes (lipodermatosclerosis, venous eczema, hemosiderin implantation), thrombophlebitis, bleeding, and ulcers. Symptoms and physical findings may appear in the teen years. Symptoms typically worsen gradually if the venous insufficiency is not treated. Complications can appear at any age, and even though treatment can be effective in treating many complications (bleeding, ulcers, and thrombophlebitis) skin and soft tissue changes are typically permanent.

Pathophysiology

Normal venous function results when the calf muscles contract. This results in external pressure on the veins, forcing the blood cephalad. Valves inside the veins prevent gravity from forcing the blood back away from the heart. Venous insufficiency results when these valves do not function correctly. There are two extensive systems of veins in the lower extremities; the superficial system is located in the soft tissue between the fascia and the skin, and the deep system is located within the fascia, at the level of the muscles and bones. The two systems run in parallel and are redundant. When venous insufficiency is found only in the superficial veins, the affected veins

can be closed, thus eliminating the source of pressure and inflammation and allowing the deep system to continue to return the blood to the central veins.

Diagnosis

Patients with symptoms, family history, and/or visible varicose veins are candidates for evaluation with duplex ultrasound. First an evaluation for deep venous thrombosis is performed. If that portion of the exam is negative, functional assessment of the superficial venous system in the affected limb(s) is performed. This is done in the standing position. Standard pressure is applied to the leg above the area of insonation. Care is taken to assess the direction of flow and the length of time the blood is flowing backwards (if present). Diameter measurements are also taken of all refluxing veins. This portion of the evaluation is labor-intensive and requires technical precision. In addition to confirming the diagnosis, this evaluation provides the roadmap for invasive treatment, if the patient wishes to pursue it.

Treatment

Treatment for venous insufficiency includes both conservative and invasive measures. Conservative measures include wearing compression garments when the legs are dependent. Frequent walking also helps the veins empty and keeps the lower extremity venous pressure low. Leg elevation above the level of the heart also assists the veins and lymphatics to empty. Weight loss can relieve some venous pressure to the legs. Invasive procedures include thermal and chemical ablation of refluxing superficial veins. Glue can be used to close axial superficial veins with no need for local anesthesia, but this leaves a foreign body in the patient. The long-term effects of this are currently unknown. Many are advocating reserving the glue procedure for elderly patients or patients with needle phobia.³ Phlebectomy can be performed to remove segments of the most superficial varicose veins. This shortens recovery time and improves cosmesis. All of these procedures can be performed in the office under local anesthetic. This allows patients to drive themselves to and from the procedure. No pre-procedure fasting is required. These procedures

can be performed safely with the patient receiving full anticoagulation, if indicated.

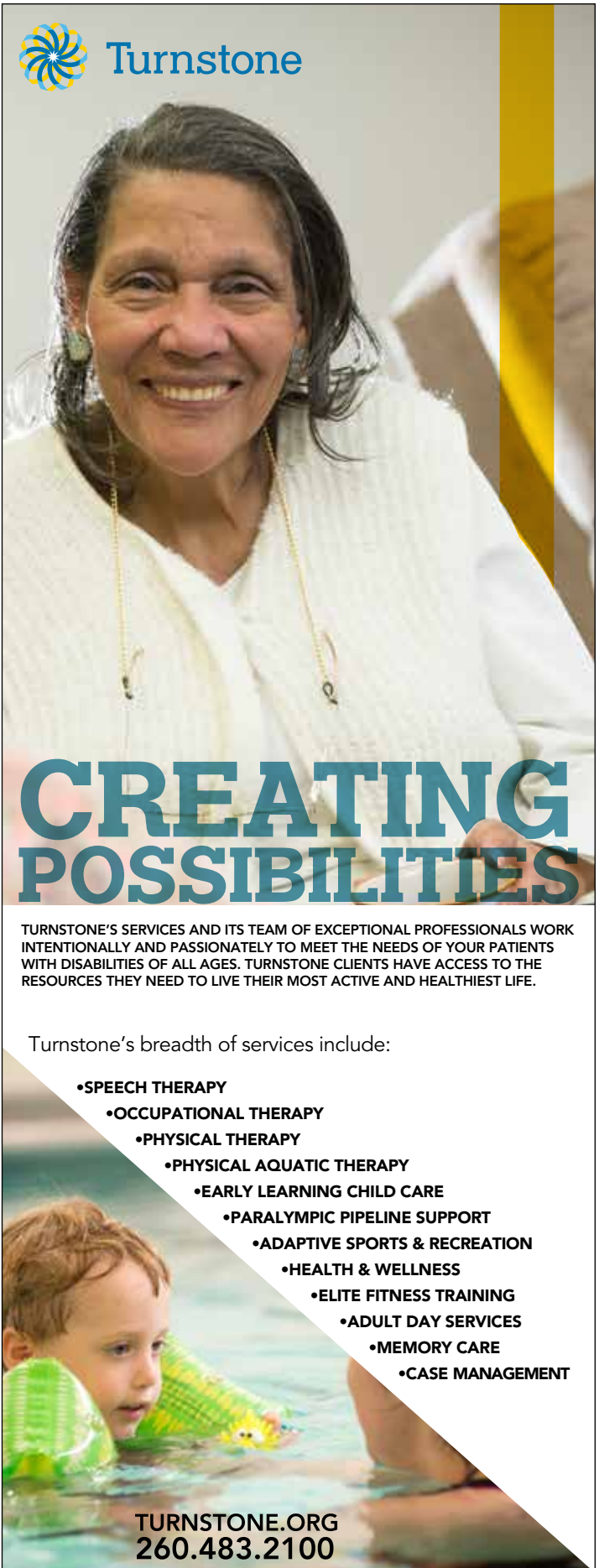
Complications from these procedures are uncommon. Deep vein thrombosis (DVT) can occur approximately 1% of procedures. It is routine to perform ultrasound surveillance within 7 days of the procedure to monitor for this complication. Finding a DVT and instituting oral anticoagulation before it propagates into larger veins prevents pulmonary embolism and death. Rare complications of headache, coughing, and neurologic symptoms can result from foam sclerotherapy. These complications can be prevented by carefully monitoring and limiting the dose of medication administered in one treatment.

Outcomes

Vein closure rates for thermal modalities are very high (97%) measured over the patient's lifetime. Chemical ablation closure rates are near 95%.⁴ Symptomatic improvement is more subjective, but it is the purpose of the treatment. Several scales to measure leg symptoms have been developed. In a recent study, VCSS scores were reduced one year after treatment (before mean 8 range 6-10 and after mean 3 range 1-4.5). AVVQ scores were similar during the same interval (before mean 23.9 range 16.7-31.5 and after mean 5.2 range 1.4-11.8). $P < 0.001$ for both results.⁴

FOOTNOTES

1. Pappas PJ, Pappas SF, Nguyen KQ, Lakhanpal S. Racial disparities in the outcomes of superficial vein treatments for chronic venous insufficiency. *J Vasc Surg* 2020;8:789-98.
2. Rice JB, Desai U, Cummings AKG, Birnbaum HG. Burden of venous leg ulcers in the United States *J Med Econ* 2014; 17: 347-56.
3. Parsi K, Zhang L, Whiteley MS, Vuong S, Kang M, Naidu N, Grace J, Connor DE. 899 serious adverse events including 13 deaths, 7 strokes, 211 thromboembolic events, and 482 immune reactions: The untold story of cyanoacrylate adhesive closure. *Phlebology* 2023;0:1-16.
4. Chin AL, Talutis SC, Lawrence PF, Jimenez JC. Early results following comparison of radiofrequency and microfoam ablation of large diameter truncal veins demonstrate high closure rates and symptomatic relief. *J Vasc Surg* 2023;11:716-22.
5. Skoog J, Zachrisson H, Nelzen POE. Quantifiable remaining reflux 1 year after treatment of superficial venous incompetence is associated with impaired clinical outcome. *J Vasc Surg* 2023;11:1130-8



CREATING POSSIBILITIES

TURNSTONE'S SERVICES AND ITS TEAM OF EXCEPTIONAL PROFESSIONALS WORK INTENTIONALLY AND PASSIONATELY TO MEET THE NEEDS OF YOUR PATIENTS WITH DISABILITIES OF ALL AGES. TURNSTONE CLIENTS HAVE ACCESS TO THE RESOURCES THEY NEED TO LIVE THEIR MOST ACTIVE AND HEALTHIEST LIFE.

Turnstone's breadth of services include:

- SPEECH THERAPY
- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- PHYSICAL AQUATIC THERAPY
- EARLY LEARNING CHILD CARE
- PARALYMPIC PIPELINE SUPPORT
- ADAPTIVE SPORTS & RECREATION
- HEALTH & WELLNESS
- ELITE FITNESS TRAINING
- ADULT DAY SERVICES
- MEMORY CARE
- CASE MANAGEMENT

TURNSTONE.ORG
260.483.2100



The Indiana Academy of Family Practice (IAFP) is a professional organization that supports and advocates for family practice initiatives Statewide. In keeping with their mission, the IAFP hosts a Research Day every May where family practice residents from across the state submit their scholarly activity for a single day competitive conference. Research day accepts Quality Improvement Projects using the Plan Do Study Act methodology. It also accepts hypothesis driven Original Research proposals where the traditional data assessment and outcome evaluations are performed. Finally, there is a Case Report category where Residents share rare and interesting patient cases they encountered. The abstract submissions are scored by a team of faculty judges from across the state's residency programs. The top scoring projects are selected for podium presentations, the middle tier of scored projects are presented as posters as space allows and the remaining projects are rejected. A separate team of faculty judges evaluates the oral presentations and after the scores are aggregated the top three projects in each category are awarded a cash prize.



INDIANA ACADEMY OF FAMILY PHYSICIANS

This year the Fort Wayne Medical Education Program submitted six projects to IAFP's Research Day and all six were accepted for oral presentation at the statewide competition. This article is going to focus on the three original research projects and the one quality improvement project.



Dr. Daniel Abreu, our first project, was a retrospective assessment of interlimb performance symmetry between the recovering and uninjured lower limb. This is a crucial topic for Family Medicine Physicians providing adolescent and young adult care since it's commonly difficult to have objective measures of when an athlete is ready to return to sport following a traumatic injury or surgical repair. This project took first place in the original research category.

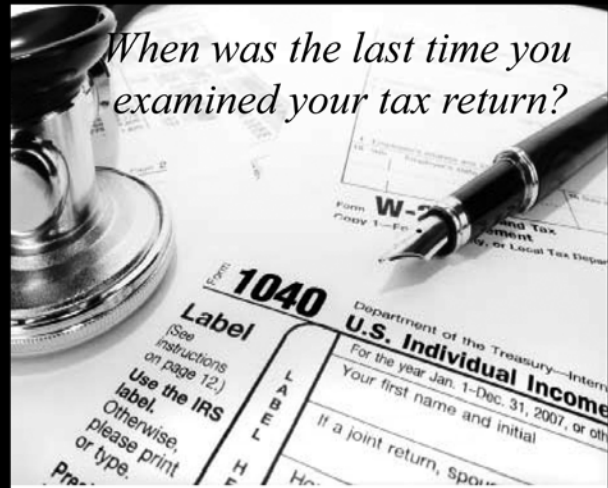
Dr. Levi Myers submitted our second original research project and it assessed panel distribution in a clinic with high physician turn over. In the case of residency programs, roughly one-third of the physicians leave each

year (e.g. graduate). This annual event leaves the clinic with the task of ensuring panel parity for the remaining and new doctors. We assessed multiple metrics such as patient age, comorbidities, RAF score and social determinants of health when making our distributions. If the panel is too hard the resident won't learn anything as they try to keep their head above water, if the panel only contains straight-forward patients then the doctor won't be prepared for the practice realities of a board-certified physician. This project took second place in original research.

Dr. Brian York assessed SSRI treatment outcomes versus other therapeutic interventions for treating depression. A recent meta-analysis cast doubt on serotonin levels as the single substance etiology for depression. Dr. York evaluated PHQ-9 scores against treatment outcomes of SSRIs to see if they were statistically and clinically non-inferior to other small molecule therapies. As a pilot project there were substantial limitations in the design but a project like this had to start somewhere. Using 100 patients as a test case SSRIs were only effective in lowering PHQ-9 scores 60% of the time and often the score change was modest enough to not alter the depression's severity.

Dr. Kim Jones project was done in collaboration with the AWS Foundation to promote pediatric wellness screening initiatives. Due to the reporting requirements and complexities involved in properly documenting pediatric screenings this project was selected to be our 2023 academic years clinic wide quality project. Through didactic education, staff awareness initiatives and follow ups when residents staff patients with attending physicians we were able to increase our properly documented Ages and Stages screening rates by 9% in a roughly four month period. These efforts also included referrals to developmental experts when the patients weren't progressing at a rate comparable to their peers.

The Fort Wayne Medical Education Program simply could not have won IAFP's statewide research competition each year for the last nine years without the overt support of our Program Director, clinical staff and community physician preceptors! We are extraordinarily grateful for their support of our residents education and matriculation to board certified family medicine physicians.



Tax Planning & Preparation Audit Representation

Call Us Today For A Free
Initial Tax Consultation

DWD

Dulin, Ward & DeWald, Inc.
CPAs & ADVISORS

Convenient
Dupont & I-69
Location

260.423.2414
www.dwdcpa.com



IU School of Medicine Enhances Mentorship Program

In 2017 IU School of Medicine implemented a Physician Mentor program. The program was designed for a faculty member or physician to guide a small group of 4-5 students throughout all four years of medical school. The physician mentors met with the students periodically throughout the year to provide support, encouragement, and advice.

This academic year, IU School of Medicine is enhancing the physician mentoring program through the establishment of Professional Learning Communities (PLCs). The PLCs, using social gatherings, will support student wellness and professional identity formation by developing relationships with faculty and peers.

The program will allow for medical students to meet with their PLC physician mentors and/or peers on a monthly basis. The sessions will have a social component, (dinner or an activity such as bowling), with a professional development topic (communication, work-life balance, etc.), and a thematic discussion (wellness, specialties, educational programs).

At the Fort Wayne campus, we have two PLCs led by two physician mentors. The physician mentors are Michelle Collins-Austin, MD, Sherri Franklin, MD, Mark O'Shaughnessy, MD, and Michael Yurkanin, MD.



Dr. Michelle Austin-Collins and Dr. Sherri Franklin

The PLC physician mentors were able to meet our first-year students during orientation where they distributed white coats. They also met with all the students at the IUSM Fort Wayne Annual Welcome BBQ hosted by the Fort Wayne Medical Society Alliance. We appreciate the dedication of these physicians to the success and well-being of our medical students.



INDIANA UNIVERSITY SCHOOL OF MEDICINE

“Each of these physicians was selected for the role of PLC Physician Mentor because they demonstrate compassion, thoughtfulness, dedication, and most importantly, the desire to mentor students. We are excited for our students to build relationships with these physicians and learn from their insight, experience, and skills as they prepare for their careers in medicine,” said Dr. Fen-Lei Chang, Associated Dean and Director of IUSM-FW.



Dr. Michelle Collins-Austin, Noah Bergsma, MS-I, Dr. Sherri Franklin and Dr. Michael Yurkanin

14



ISMA District 12

Physicians and guests gathered for a well-attended ISMA District 12 Annual Meeting on Wednesday, June 5 at Sycamore Hills Golf Club in Fort Wayne.

District 12 President Erin Jefferson, DO, welcomed everyone and started the meeting by introducing herself as well as Trustees Ryan Singerman, DO, and Rebecca Case, MD, and Alternate Trustees Sara Brown, MD, and Eric Shoemaker, DO. Dr. Jefferson then recognized District 12 members who serve on various ISMA commissions and committees, including Dr. Singerman; William Pond, MD; Rhonda Sharp, MD; Eric Shoemaker, DO; Craig Hamilton, MD; Zachry Waterson, DO; Ahsan Mahmood, MD; Dara Spearman, MD; Robert Wilkins, MD; and Lisa Hatcher, MD.

Dr. Singerman, as outgoing and term-limited ISMA Board of Trustees chair, then discussed the changes to this year's district meetings, ISMA Pulse, this year's resolution deadline of June 9, and shared that ISMA will host a nationally recognized speaker, Robert Waldinger, MD, on physician wellness during the 175th Annual Convention in September. Dr. Singerman also announced that he has filed to run as president-elect at this year's convention before ISMA Immediate Past President Pardeep Kumar, MD, commented on organized medicine, physician reimbursements and other national issues.

ISMA Vice President of Governmental Affairs John Ruckelshaus then highlighted ISMA's 2024 legislative accomplishments, including blocking independent practice to non-physicians and other scope issues. Ruckelshaus also outlined a compromise bill requiring physician or psychologist evaluations on competency to stand trial for higher-level felony cases, with psychiatric nurse practitioners limited to secondary evaluations, and covered issues around the push for prior authorization reforms, health care mergers, and long-acting reversible contraceptive (LARC) bills. He shared that, per an ISMA Board of Trustees decision, ISMA will host legislators in the fall to meet with physicians in five locations around the state, with dates and venues to be determined. Lastly, Ruckelshaus discussed the work of the expiring resolution committee and that resolutions are being uploaded to ISMA Pulse.



Following Ruckelshaus, ISMA Executive Vice President Julie Reed, JD, spoke on several ISMA topics, including progress on the organization's strategic plan, the new Patients Over Prior Auth campaign, and CME offerings. Regarding the FTC's recent federal ruling on noncompete clauses, Reed noted that the FTC does not have jurisdiction over nonprofits, so physicians employed by nonprofit health systems are not included in the new rule. Several lawsuits have already been filed, and it may take years for the case to play out in court. ISMA is also offering a new webinar, which is free to members, on June 25 about non-compete clauses and the FTC ruling.

ISMA Senior Director of Membership & Marketing Dave Albin and Physician Relations Liaison Katie Kluger introduced themselves to the members and Albin thanked Fort Wayne Medical Society staff Joel Harmeyer and Lindsey Luna for their assistance with the meeting, and also thanked Dr. Jefferson for her service as district president.

No new or unfinished business was discussed, though earlier in the evening, attendees had the opportunity to tour the Mobile Medical Training Lab and discuss the need for rural trauma training and services with Dr. Michael Mirro, MD. Elections then took place.

Election Results:

District 12 President – one-year term, beginning at the 175th ISMA Annual Convention in September:

Stephanie Kidd, DO – unopposed

District 12 Trustee – three-year term, beginning at the 175th ISMA Annual Convention in September:

Sara Brown, MD – unopposed

District 12 Alternate Trustee – partial term beginning at the 175th ISMA Annual Convention in September:

Edgardo Rivera-Rivera, MD – unopposed





Fort Wayne
Medical Society

2024 Annual Dinner

Fort Wayne
Country Club



2024 Legislative Update: New Laws to Take Effect July 1 |

Brandon J. Almas, Attorney, Barrett McNagny LLP



The 2024 legislative session officially closed on March 8, 2024, with Senate Pro-Tem, Rodric Bray, declaring “sine die” around 9:30 in the evening. A total of 172 bills were passed by both chambers and signed by Governor Holcomb. Key priorities included education

and protecting Hoosier health. Below is a summary of some of the bills from the 2024 legislative session, most of which are set to take effect July 1.

EDUCATION

HEA 1002, authored by Rep. Chris Jeter, provides that it is the policy of the State to provide equal, nonsegregated, and nondiscriminatory educational opportunities without regard to religion, among other previously identified characteristics. This bill also defines “antisemitism” and specifies that antisemitism constitutes discrimination on the basis of race, creed, religion, or national origin.

SEA 1 is targeted at improving reading proficiency in the State of Indiana. This bill requires schools to retain or hold back students who do not demonstrate reading proficiency by 3rd grade. It also requires schools to offer summer school courses to support students who are, or who are at risk, of not being reading proficient at certain grade levels.

SEA 202 is perhaps the most controversial education bill that came out of the 2024 session. This bill prohibits colleges from offering tenure to, or promoting, faculty who have failed to foster a culture of free expression, who are unlikely to expose students to a variety of political or ideological frameworks, or who have exposed students to ideological viewpoints unrelated to the faculty member’s discipline. The bill also requires colleges to promote both intellectual diversity and cultural diversity in its diversity policies and programming. According to the bill’s author, Sen. Spencer Deery, the bill is intended to help conservative students feel more comfortable on university campuses. Sen. Deery cited Indiana’s declining college attendance rate as evidence that many students

do not currently feel comfortable on university campuses. The ACLU has filed a lawsuit in attempt to block this bill from taking effect.

HEALTH CARE

HEA 1070 expands the availability of grants for mental health services by allowing the division of mental health and addiction to award mental health grants to for-profit community mental health organizations if a nonprofit organization does not qualify for the grant.

SEA 9, a bill aimed at combating Indiana’s rising health care costs, requires health care entities involved in a merger or acquisition with another health care entity with combined assets of at least \$10,000,000 to notify the office of the Attorney General at least 90 days prior to the transaction. The purpose of the notice requirement is to give the Attorney General a chance to analyze potential antitrust concerns and to issue a civil investigative demand for additional information if warranted.

HEA 1058 focuses on breast cancer screening and requires a facility performing a mammogram to provide an assessment of the patient’s breast tissue density using specified classifications and to provide written notice to the patient and the referring provider concerning the patient’s breast tissue density classification.

BANKING

HEA 1284 provides that a deposit account agreement between a depository financial institution and a customer may be changed or amended from time to time, subject to the terms of the deposit account agreement. This bill makes it easier for financial institutions to update their terms and conditions. The customer’s continued use of the deposit account after the effective date of the change or amendment to the deposit account agreement is prima facie evidence of the customer’s acceptance of the change or amendment.

SEA 188 reduces the statute of limitations to file legal complaints related to deposit accounts. As of July 1, the statute of limitations for such causes of action will be reduced from 6 years to 2 years.

REAL ESTATE

HEA 1068 requires definitive expiration dates for real estate listing agreements and buyer agency agreements. This bill also prohibits unlicensed real estate solicitors from making solicitations to purchase a residential, single-family home without making certain required disclosures.

Under HEA 1183, certain individuals and businesses will no longer be able to purchase, lease, or acquire agricultural property in Indiana or property in Indiana that is located within a 10 mile radius of a military facility effective July 1, 2024. Those affected by the bill are individuals who are citizens of a foreign adversary (as defined in 15 CFR 7.5) and businesses headquartered in a foreign adversary or the majority ownership interest of which is held or controlled by citizens of a foreign adversary. Any property acquired by such individuals is subject to divestiture.

DEVELOPMENT

Under HB 1108, municipalities cannot prevent development projects on sites having a slope of less than 25%, except when the site is located within a watershed area of a reservoir that is a source of a municipality's drinking water. Although the bill states that municipalities may not prevent the development on a site with less than 25% slope, the bill's author and supporters seemed to concede that the bill would not prohibit municipalities from requiring significant engineering and erosion control measures that could come at a large expense.

HB 1383 was the first bill signed by Governor Holcomb during the 2024 legislative session. It follows changes to Indiana's classification system for wetlands, which was significantly revised in 2021 by SEA 389. Under HB 1383, certain types of wetlands formerly classified as Class III wetlands (and therefore subject to the greatest level of protection), will now be classified as Class II wetlands. Despite generating widespread opposition from environmental groups, the bill was supported by IDEM.

UTILITIES

SEA 5, authored by Sen. Eric Koch, is perhaps one of the most significant utility bills adopted by the Indiana

General Assembly in the past 5 years. The bill follows the EPA's 2021 revisions to the Lead and Copper Rule and the Biden-Harris Lead Pipe and Paint Action Plan to eliminate 100% of lead service lines in America. SEA 5 requires owners of property served by lead service lines to replace or cause to be replaced the customer owned portion of the lead service line by either enrolling in a local utility's lead service line replacement program or replacing the lead service line using a contractor of the owner's choice. If a utility has adopted a lead service line replacement program, the bill provides certain enforcement levers such as the ability to disconnect a customer's water service for failing to make a required lead service line replacement. This bill took effect when it was signed by the Governor on March 11, 2024.

HEA 1352 limits the reasons for which a local health department or unit may inspect a septic system. The bill also allows a nonresidential septic system to be installed on a lot if there is at least one suitable location on the lot where the system can be placed. This builds on legislation from 2023 that applied to residential septic systems. Previously, many local health departments would require two suitable locations so there is a backup location for a replacement system if the initial septic system fails. That will no longer be required for residential or nonresidential septic systems going forward.

EMPLOYMENT

HEA 1093 modifies certain restrictions on employment of minors. Specifically, the bill provides exemptions from certain hour and time restrictions for the employment of a minor between the ages of 14 and 16 and allows minors between the ages of 14 and 16 to work past 7 p.m. from June 1 to Labor Day. The bill also repeals provisions concerning hour and time restrictions for the employment of a minor who is at least 16 years of age and less than 18 years of age and removes the prohibition on a minor from working in a hazardous occupation if the minor is between the ages of 16 and 18 and employed in agriculture. Finally, the bill repeals a provision concerning restrictions on an employer who employs a minor to work after 10 p.m. and before 6 a.m. Most of the changes outlined in this bill will take effect July 1, 2025.

continued on page 20

FAMILY LAW

HB 1369 provides that ensuring the child’s safety shall be the most important consideration in the determination of a child’s best interests under family and juvenile law. The bill also provides that there is a rebuttable presumption that a child is a child in need of services if it is established that the child lives in the same household as an adult who was involved in a child fatality or near fatality that involved abuse, abandonment, or neglect. This bill took effect upon the Governor’s signature on March 11, 2024.

ESTATE PLANNING

HEA 1034 automatically extends property and casualty insurance coverage on property transferred by a transfer on death instrument after December 31, 2024. The insurance will remain in effect for a period of sixty (60) days after the owner’s death, unless the transferee procures his or her own insurance prior to the conclusion of such 60-day period. HEA 1034 also addresses responsibility for property taxes on property transferred by a

transfer on death deed and states that, until the beneficiary notifies the county of the transfer by affidavit, the transfer on death beneficiary or beneficiaries named in the transfer on death deed and the estate of the deceased owner are jointly and severally liable for property taxes assessed with respect to the real property for assessment years beginning with the assessment year in which the owner’s death occurs.

HEA 1209 extends the rule regarding how long trusts may last from 90 years to 360 years. Specifically, under the new law, a nonvested interest in the trust must vest within 360 years of the creation of the trust unless the terms of the trust expressly provide a shorter vesting period. The new rule applies to all trusts created after July 1, 2024, and trusts created prior July 1, 2024, if the following conditions are satisfied: (a) the trust is governed by IC 32-17-8-3 (without regard to the specific vesting period); and (b) the trustee has the full and unrestricted power to alienate trust property.

SEA 18 was the product of the probate code study commission and accomplished several changes regarding probate matters. Highlights include creating a procedure to transfer the interest of certain single member limited liability companies to a legatee or heir of the member upon the member’s death, revoking by operation of law certain provisions in a will or revocable trust in favor of the testator’s or trust settlor’s former spouse upon dissolution or annulment of the marriage, and providing that a personal representative or a trustee is not required to distribute particular assets based upon the potential gain or loss that a distributee would realize if the assets were sold.



**More Care.
More Options.**

Our newest location at **6515 Stellhorn Road** features a 24/7 emergency department, family medicine and the following specialty care:

- ▶ Bariatric & General Surgery consults
- ▶ Cardiology
- ▶ Endocrinology
- ▶ Gastroenterology (GI)
- ▶ Sports Medicine

 **Lutheran Health Network**

Lutheran Downtown Hospital is owned in part by physicians.

Barrett McNagny LLP is a full-service law firm with a dedicated team that can help you navigate the impacts of any new laws on you or your business. If you have any questions about the 2024 legislative session and what these laws mean for you, please contact one of our professionals today.

Brandon J. Almas focuses his practice in the areas of real estate and land use law. He can be reached at 260-423-8819 or at bjal@barrettllaw.com.

A Program Director's Reflections on Residency Education and Leadership

Scott Yen MD FACP



It has been two years since the introduction of the inaugural class of 15 residents to Parkview's Internal Medicine (IM) Residency program (and 4 residents to the General Surgery program), heralding the beginning of residency education at Parkview. We just accepted our most recent IM class, and now have 45 Internal Medicine residents in Parkview, with our first class on target to graduate in June 2025. Meanwhile, in July 2023 we welcomed our first class of 12 residents into a new Transitional Year (TY) Residency program. It is a one-year program in which residents learn foun-

dations in medicine and then go on to advanced residency programs like Anesthesia, Radiology, and Physical Medicine and Rehabilitation (PM&R). As a one-year program, we successfully graduated our first class of TY residents this summer! As the Program Director (PD) who leads both these programs, and who has now overseen the IM program to its maturity, and the TY program to its first graduation, I wanted to share my thoughts (and lessons learned) on residency leadership and the responsibility of educating our resident physicians.

The task of educating the next generation of physicians is both a profound responsibility and a remarkable privilege. I also believe it is fundamentally more difficult now than "when I was a resident." (Yes, I am playing the "back in

my day" card). "Back in the day", residency training focus was predominantly on clinical acumen and knowledge acquisition. Seriously, if you completed all your rotations, your faculty confirmed that you could take care of patients (which is a much kinder statement than what was really said), and you passed the boards, you became a board-certified physician. Now, residency training requires integrating the increasing complexity of medicine and a fundamental change in administrative requirements (milestones anyone?). Our role now involves not only imparting medical knowledge but also nurturing the growth of compassionate, com-



Class of 2024 Transitional Year Program graduates (in order) Jason Wodley DO, Winston Winkler MD, Nick White MD, Lucas Simmons DO, Shiv Panigrahi MD, Joseph Lane MD, Spencer Jude MD, Eian Fariscal DO, Alex Huang MD (not pictured: Aatif Basher MD, Verda Mirza DO, Isaac Schumacher MD)



Dr. Cecelia Hale
IM Class of 2026
Resident of the Year



Dr. Winston Winkler
TY Resident of the Year



Dr. John Falatko, IM
Associate Program
Director, receiving
Educator of the Year
Award



Dr. Donna Cota, IM
and TY Core Faculty,
receiving Subspecialty
Faculty of the Year
award as well as accept-
ing the Outstanding
Subspecialty Award for
Pulmonary/Critical Care

continued on page 22

petent, and ethical physicians who will shape the future of healthcare. Our current residency education paradigm emphasizes a more comprehensive approach, integrating aspects such as communication skills, teamwork, professional growth, interdisciplinary and systems-based practice, and of course patient-centered care.

In terms of teaching medical knowledge, it is crucial to ensure that the curriculum remains dynamic and responsive to the changing needs of our learners, and of society. This involves incorporating diverse educational strategies, such as the “gamification of didactics” (turning traditional lectures on its head and using adult-learning theory to make interactive “games” the key learning milieu), simulation-based learning, interdisciplinary collaboration (on a personal note, post COVID pandemic, this has had to be re-learned and emphasized), quality improvement initiatives, and others, to provide residents with a comprehensive skill set. Yet, as always, our foundational teaching occurs at the bedside. Residency education doesn’t happen if we don’t have engaged faculty, nurses, pharmacists, ancillary staff and patients who are willing participants in assuring that our physician workforce stays intact and vital for years to come.

Finally, I have found that an essential part of the Program Director’s job is cultivating resilience and empathy in residents. The path of a physician is filled with challenges, from the emotional toll of patient care to the pressures of making critical decisions. This article is not the space for this diatribe, but the health-care system in its current iteration is not built to promote physician wellness. As a program director, it is vital to create a supportive environment that promotes well-being and work-life balance, providing resources for stress management, and fostering a culture of empathy within the program that can help residents develop the resilience needed to thrive in their careers.



TY residency class of 2025
Back row: Chaenny Sim MD, Kevin Roy DO, Logan Reed MD, Dr. Scott Yen PD, Nick Nguyen MD, Mahmood Kedo MD, Drew Fox MD, Samantha Andryk DO, Dr. Jenna Laughlin – Associate Program Director for the TY residency program.
Front row: Krieh Elzey MD, Griffin Elzey MD, Christian Daake MD, Abdurrahman Roussi MD, Thomas Akurugo MD



IM Residency Class of 2027
Back row: Brandon Jacobs MD, Sidra Mukhtar MD, Dr. John Falatko, Associate Program Director IM residency, Dr. Scott Yen PD, Rafia Zubair MD, Shradha Shrestha MD, Salma Saidahmed MD, Madeline Ku MD, Summiya Nasim MD
Front row: Joe Acchiardo MD, Marcelos Mbabit MD, Anas Wahba MD, Aya Balan DO, Ravi Malpani DO, Oyine Ali-George MD, Ozgun Erten MD

So why be a Program Director? Why step up to do a job that most physicians “burn-out” from the position within 5 years? Here is my personal pro/con list. Pros: I get to be a change agent. I get to build a foundation and culture of education. I get to constantly learn and grow professionally. I get to network and meet unbelievable residency leaders across the country that share my values in education, leadership and advocacy. I get to lead an amazing team of residency leaders. Cons: Mistakes are magnified as a leader. The difficulty of how the US healthcare system is run results in a constant battle of service vs. education. I need to always be “on”. I don’t teach much anymore. Finally, I am constantly accountable; to the hospital, to our residency governing body (ACMGE), but especially accountable to society - to



Program Directors (from left to right): Dr. Scott Yen, Dr. Kyle Littell, Dr. Kenneth Yew, Dr. Rick Woodman, Dr. Kevin Pe (at the time of this picture Dr. Michelle Wiese had not yet started)

graduate competent, professional physicians who are well-equipped to meet the challenges and opportunities that lie ahead, ultimately leading to better healthcare outcomes for society. And they are going to be our physicians someday soon, so we need to get it right.

I don't do this alone. I have an amazing team of leadership faculty, an outstanding administrative team, and hundreds of faculty physicians who take the time to teach. For that I thank them profusely. I also have a cadre of other Program Directors in Parkview in which we can bounce ideas off each other and collaborate. Dr. Kevin Pe leads our General Surgery residency program. Two programs just started this year, with Dr. Patrick Woodman leading the Obstetrics/Gynecology program, and Dr. Kyle Littell running the PM&R advanced residency program. We also have two very recent Program Director additions: Dr. Kenneth Yew who is working on starting a Family Medicine residency, and Dr. Michelle Wiese who is working on starting a Psychiatry residency program at Parkview.

As I reflect on this journey as a Program Director at Parkview, I am filled with a sense of gratitude and purpose. The challenges are real, from the exhaustion that comes with the responsibility to the constant balancing act between service and education. Yet, the rewards are well worth it. I have the privilege of shaping the next generation of physicians, instilling in them the values of empathy, resilience, and a commitment to lifelong learning. The support of my dedicated team and the collaborative spirit of my colleagues make this endeavor not only possible but deeply fulfilling. As we continue to evolve and adapt in response to the ever-changing landscape of healthcare and education, I am committed to graduating physicians who are skilled, knowledgeable, compassionate and kind. They are the future of medicine, and it is my honor to guide them on this path.



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

Cancer Services of Northeast Indiana can help.

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

Encourage your patients to contact Cancer Services.



Warsaw Location Now Open:
Cancer Services West
2190 North Pointe Dr., Warsaw, IN 46582

(260) 484-9560
www.cancer-services.org

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



BROKERAGE. PROPERTY MANAGEMENT. MAINTENANCE. DEVELOPMENT. INVESTMENT. CONSULTING.

SPECIALTIES REQUIRE FOCUS

We served our fellowship in Commercial Real Estate.

We have dedicated 35 years to perfecting our trade so we can help you focus on yours. At Sperry Van Ness Parke Group, we understand that it's hard enough to run a successful medical practice today without having to worry about facility management or maintenance. Let us do what we do best, so you can

focus on your specialty—taking care of your patients. As a full service real estate company, not only can we help you take care of your existing property, but we can also help you relocate when you need more space. To find out more about what Sperry Van Ness Parke Group can do for you, call us or visit us online.



SVNIC is a franchisor, and all SVN offices are independently owned and operated.

► **Growing to meet community needs, IU Health announces construction of new hospital in Fort Wayne**

IU Health moves forward with its next phase of caring for the Fort Wayne community

On July 15, 2024 Indiana University Health announced the next phase of its investment in the FortWayne community with the construction of a new hospital six years after opening its IU Health Primary Care Fort Wayne – South location. This represents a significant milestone for the state’s largest healthcare provider. The \$421 million investment approved by the IU Health board of directors last month will expand access to affordable, high-quality healthcare in the region.

“We’ve heard the community’s call for more options in affordable healthcare, and as the state’s largest and only academic health system, we are committed to answering that need in support of our vision to make Indiana one of the healthiest states in the country,” said Dennis Murphy, president & CEO, IU Health. “We believe we can help create a healthier future and reduce the economic burden for businesses and families alike.”

Since 2018, IU Health has added eight locations and more than 60 providers, offering primary care, urgent care, orthopedics, imaging, cardiology, pediatrics, and general surgery services. In that time, IU Health has served more than 30,000 patients.

The new hospital will feature:

- 140 beds to accommodate a growing patient population
- 17 emergency department exam rooms to provide immediate and critical care
- 6 operating rooms equipped with the latest surgical technologies
- 3 catheterization labs for advanced cardiac procedures
- 3-4 endoscopy rooms for diagnostic and therapeutic procedures


In addition to the hospital, a medical office building will connect to the facility, enhancing the integrated care experience for patients and providers.

The five-level hospital will employ:

- 500 team members dedicated to delivering exceptional patient care
- 60 additional providers to meet the diverse healthcare needs of the Fort Wayne community

IU Health anticipates welcoming its first patient in Q2 2027, marking the beginning of a new era of healthcare for the Northeast Region of our state.

“This new hospital will be a cornerstone of our commitment to providing accessible, high-quality healthcare to all Hoosiers,” said Brian Bauer, president, IU Health Northeast Region. “With a leading-edge facility and a dedicated team, we are poised to make a significant impact on the health and well-being of the Fort Wayne and surrounding communities.”



HOOSIER
PHYSICAL THERAPY

Michael F. Barile, D.C., P.T.
Chiropractor & Physical Therapist

- Over 30 years of spine care experience
- Post operative rehabilitation
- Personal injury cases welcome
- Early morning and late evening appointments
- Most insurance plans accepted
- Reasonable rates for cash paying patients
- Cold laser therapy
- Dry needling

260-420-4400
www.hoosierpt.com
3030 Lake Avenue, Suite 26 • Fort Wayne, IN 46805



Choose Stillwater
HOSPICE

Stillwater Hospice is a nonprofit, local organization dedicated to serving you and your patients through hospice and grief support services.

Learning more about how you or your patients could benefit from our compassionate services is just a phone call away.

stillwater-hospice.org • (800) 288-4111

SERVING PATIENTS IN 12 NORTHEAST INDIANA COUNTIES.



▶ **Lutheran Health Network Appoints CEO for Lutheran Hospital**



Lorie L. Ailor, Chief Executive Officer for Lutheran Hospital and The Orthopedic Hospital, both part of Lutheran Health Network

Lutheran Health Network announced that longtime network executive Lorie Ailor became Chief Executive Officer of Lutheran Hospital in mid-July. Lutheran Hospital is the flagship facility for the Network. Ailor has been with LHN for 26 years – including a decade as CEO of The Orthopedic Hospital, a role she will maintain.

“We are confident that the continuity and expertise represented by this important executive leadership appointment will contribute significantly to the progress of the hospitals that Lorie will steward directly, and Lutheran Health Network

overall,” said Mark Medley, regional president for Community Health Systems. “Lorie has tremendous leadership skills and fiscal acumen and knows how to bring team members and physicians together to create programs and services that patients need and want,” he added.

“I am honored to step into the role of CEO at Lutheran Hospital and continue our commitment to providing safe, high quality, accessible care to the people and communities that we serve. It has been a pleasure working with our current team and physician partners to advance orthopedic care in the region. I look forward to bringing this experience and knowledge of our market to the patients and staff and physicians of Lutheran Hospital,” Ailor said.

A Fort Wayne resident, Ailor is involved within the Allen County community where she serves on the board of directors for PFW Athletics, Mad Anthonys, Downtown Fort Wayne, and Hope’s Harbor, among others. Ailor earned her Bachelor of Science, and Master of Science, from the University of Indianapolis, Indianapolis, IN.

▶ **Lutheran Health Network Opens New Medical Facility in Huntington**

Lutheran Health Network’s medical group Lutheran Health Physicians celebrated the opening of a new healthcare facility with a ribbon cutting and open house. The new facility is located at 235 Hauenstein Road in Huntington and will offer family healthcare and specialty care.

The providers serving at the facility will offer same-day and next-day appointments, online scheduling and telehealth visits. The facility will be open to serve patients on Tuesday, July 16. Hours of operation are Monday through Thursday from 8 a.m. to 5 p.m. and Friday from 8 a.m. to 12 noon. To schedule an appointment, call 260-504-4110 or go to LPHuntington.com.

“We appreciate the warm welcome to the vibrant community of Huntington as we expand medical care to Huntington County residents,” said Nicole Rexroth, chief executive officer for Lutheran Health Physicians. “We want to be this community’s partner in health making access to Lutheran Health Network services convenient for local residents.”



Government leaders including Mayor Richard Strick, Senator Andy Zay, City Council Member Charles Chapman, County Council Member Terry Miller and Chamber Director Steve Kimmel joined staff and medical providers to cut the ribbon on the new healthcare facility.

The project’s architect was MKM Architecture + Design, the developer was Veritas and the contractor was FCI Construction. For further information, go to LHP Huntington.

► **Dupont Hospital Appoints Brent Parsons Chief Executive Officer**



Brent Parsons

Lutheran Health Network (LHN) and Robert Severinac M.D., Chairman of the Dupont Hospital Board of Directors announced that Brent Parsons returned to LHN as the Dupont Hospital Chief Executive Officer on Monday, June 3. Parsons served as CEO at Western Arizona Regional Medical Center (WARMC) in Bullhead City, AZ and Moberly Regional Medical Center, Moberly, MO prior to joining Dupont Hospital. He

was with LHN prior to joining WARMC, both as Assistant CEO of Lutheran Hospital and CEO of Bluffton Regional Medical.

“This is wonderful news for Dupont Hospital, our patients and community. We are excited to have Brent and his family join us. He returns with the benefit of knowing Fort Wayne and

Dupont’s focus on safety, quality, and patient satisfaction. Brent is an engaged and approachable leader which will be key in continuing our unique culture of innovation, collaboration, and caring,” said Dr. Severinac.

During his tenure at WARMC, Brent led the opening of the WARMC Heart Center and Northwest Urgent Care, as well as successful recruitment of physician specialists and advanced practice providers. Under his leadership the hospital also experienced increases in key performance measures, including growth in hospital admissions, surgeries, ER visits, and heart catheterization procedures.

Parsons earned a Bachelor of Business Administration degree with an emphasis in finance at Brigham Young University in Provo, Utah. He holds a Master of Healthcare Administration degree from the University of Minnesota-Twin Cities School of Public Health in Minneapolis, Minnesota.

► **Lutheran Health Physicians Breaks Ground on Illinois Road Medical Facility**

A groundbreaking event on Thursday, June 27 kicked off the expansion of Lutheran Health Physicians’ (LHP) 52nd medical office serving Allen County and northeast Indiana. LHP is the medical group of Lutheran Health Network (LHN). LHN representatives and community leaders gathered at 1215 Healthcare Place off of Illinois Road to turn ceremonial shovels of dirt – marking where the new 15,700 square foot facility will open in spring 2025.

“As Fort Wayne grows, Lutheran Health Network and Lutheran Health Physicians are committed to meeting the healthcare needs in Allen County and surrounding communities,” said Nicole Rexroth, Chief Executive Officer of Lutheran Health Physicians. “I am proud of our physicians, our leadership team and board members who help guide our consistent growth. We strive to bring quality medical services to this community through skilled providers and accessible medical care,” said Rexroth.

Project scope:

- Medical services to be offered include primary care, central registration, x-ray and lab services.
- The building sits on approximately 3 acres and will offer parking for 120 vehicles
- An entry canopy will be located near the main entrance.
- The primary care clinic will be arranged into two pods of 12 examination rooms for a total of 24 examination rooms.
- Each pod will have four nurse stations.
- It is anticipated that eight providers will be serving patients at this office.

- The central registration area will include four check-in/check-out bays, a welcome desk, and lobby seating for approximately 70 patients and family members.
- The multi-million dollar project is anticipated to be completed in April of 2025.



“Lutheran Health Physicians offers easy access to medical providers throughout northeast Indiana. The Illinois Road area of Fort Wayne continues to expand and this LHP medical office is being developed to meet that demand for quality medical care,” said Patrick Holly, M.D., Medical Director of Lutheran Health Physicians.

► **New mobile medical training lab elevates training for region's first responders** *A unique new vehicle is responding to the needs of first responders, bringing advanced training and education directly where it's needed.*

Through the generosity of the EMS Foundation and other community partners, the Mobile Medical Training Lab, also known as the "mobile lab," will be used to provide advanced medical simulation training throughout northern Indiana and northwest Ohio. The lab will support advanced training for first responders and all clinical caregivers to effectively address gaps in training for rural medical personnel.

The vehicle is equipped with advanced technology to simulate medical emergencies and allow clinicians to experience hands-on training in a lifelike environment. The spaces on the unit can be adapted to provide customized training, better preparing public safety personnel to respond to a variety of real-life emergencies.

The \$500,000, custom-built vehicle is the result of a community partnership among several area organizations. The Emergency Medical Services (EMS) Foundation funded the purchase of the lab, which is operated by the team at the Advanced Medical Simulation Lab at the Parkview Mirro Center for Research and Innovation. The EMS Foundation is part of the Fort Wayne Medical Society and is comprised of representatives from Fort Wayne hospitals, Three Rivers Ambulance Authority (TRAA), Fort Wayne Fire Department (FWFD) and Fort Wayne Police Department (FWPD).

The mobile lab will be used to provide at least 250 hours of training per year for TRAA, FWFD and FWPD personnel. It will also be made available to police, fire and EMS departments throughout the region, improving access to advanced medical training for all first responders, especially those in rural communities.

"Advanced medical training is important for everyone working in public safety to ensure they are prepared to handle any situation," said Dr. Christian Bridgewater, president, EMS Foundation, and medical director for Parkview Samaritan. "The mobile unit will elevate training for area first responders by allowing them to practice skills in a customizable, lifelike environment. It also gives departments the opportunity to offer on-site training, making it easier for personnel to complete their ever-increasing continuing education requirements."

The mobile lab is the first vehicle of its kind in Indiana. It was manufactured by LifeLine Mobile in Columbus, Ohio, which creates custom mobile units for healthcare organizations across the country.

The 42-foot truck is equipped with two simulation rooms, two control rooms, and a debriefing space. The simulation room near the front of the vehicle can be customized for use in a wide variety of training scenarios.



The simulation room to the rear of the vehicle is a near-replica of a TRAA ambulance, with equipment and seating positioned in the same manner. This simulated environment allows for realistic training without taking an active ambulance out of service.

The Parkview Mirro Center for Research and Innovation's Advanced Medical Simulation Lab is accredited through the Society for Simulation in Healthcare and is an Accredited Education Institute through the American College of Surgeons. Parkview's team already offers simulation training to area first responders in its existing Advanced Mobile Medical Simulation Lab, which is a fully functional ambulance fitted with medical simulation technology. The new mobile lab expands and enhances the team's mobile simulation capabilities.

"Simulation-based education results in better translation of skills compared to traditional methods of education, and it allows professionals to prepare for rare or intense scenarios that are otherwise difficult to replicate," explained Dr. Michael Mirro, chief academic research officer, Parkview Mirro Center for Research and Innovation. "The mobile lab makes this advanced training accessible to more public safety teams and healthcare staff, who may not be able to travel to a sim lab or purchase their own advanced training equipment. Improving access to this education will improve the delivery of emergency care for our communities and help address the high trauma-related mortality rate in rural areas in our region."

The mobile lab has been operational since late 2023, thanks to financial support from the Parkview Health Foundation, which also includes funding from the Fort Wayne Medical Society Foundation. Continued operation of the mobile lab will be funded through a combination of grants, philanthropic support and revenue from training events.

Contributions to support the mobile medical training lab may be made through the Parkview Health Foundation's SIM Fund.

Renbarger named Parkview Health chief financial officer



Ty Renbarger has been named Parkview Health's next chief financial officer (CFO). Renbarger assumes the role following the retirement of Jeanne' Wickens, who served as CFO for eight years.

"Jeanne' has made an incredible impact on Parkview and our commu-

nity. We are so grateful for her leadership in shaping our organization, and I have great respect for her decision to retire early to focus on her health," said Rick Henvey, CEO, Parkview Health. "I'm confident that Ty's valuable experience and perspective from outside the healthcare industry will help us continue to be good stewards of our resources and focus on reducing the cost of care. His leadership will position us to be an economic and healthcare leader for our community for generations to come."

Renbarger brings to Parkview valuable perspective from outside the healthcare industry, with deep experience in strategic revenue growth and transformational operational improvement, while also keeping a strong focus on team and talent development. He most recently served as principal and senior vice president, Mergers and Acquisitions Operations, at Platinum Equity LLC. His career is rooted in finance and accounting and he is a registered CPA.

"I am grateful for the opportunity to serve our community alongside such a respected team. I've always admired Parkview Health for its continued progression as a leader in quality, patient experience and culture," said Renbarger. "I recognize the responsibility ahead and will work to continue the legacy of resiliency, dedicated service and financial stewardship that Parkview has built over the years."

While his work for Platinum Equity took him around the world working in a wide variety of industries and organizations, Renbarger lives in Wabash with his wife and three children.

He is an Indiana University graduate with Bachelor of Science and Master of Business Administration degrees from the Kelley School of Business. He serves on the board of directors for the Honeywell Foundation.

Renbarger officially began in his new role on June 3, 2024.

Parkview Health respiratory therapist receives national award following nomination by a patient

Parkview Health Respiratory Therapist Chase Gorman was recognized recently with the PHIL Award, a national honor recognizing therapists who provide exemplary care for patients with respiratory illnesses.

Gorman is the first-ever Parkview co-worker to receive the award from The FACES Foundation, although more than 40 therapists within the system were nominated by patients for consideration in 2024.

The PHIL Award was created in 2006 in honor of Philip C. Lamka, who died of interstitial lung disease. This once-per-year award is given to "best of the best" therapists who are nominated by the patients they serve.

Gorman joins more than 500 therapists nationwide who have been honored with the PHIL award since 2006.

Gorman started with Parkview in November 2009 as a student associate before beginning as a respiratory therapist in 2010. He is one of Parkview's charge respiratory therapists and works in the Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU). Gorman also works on NICU transport cases at PRMC, the role in which he was nominated for the PHIL Award.

"Nothing can be scarier for a new parent than their newborn or child having trouble breathing, but great therapists like Chase do so much to help put families at ease and make sure their children are safe and healthy," said Rebekah Johnson, manager of cardiopulmonary services at Parkview Regional Medical Center (PRMC) and Parkview Southwest.

Gorman was nominated by a Parkview intensive care nurse and new mother, whose pre-term baby needed to be transferred to the PRMC NICU shortly after birth. Gorman helped prepare the family and their baby for the transport and upon arrival in the NICU, re-evaluated the baby's condition, answered numerous questions and helped the parents feel confident and reassured that their newborn was in good hands.

"I remember turning to my husband and saying that I trust Chase with her life because of all the amazing things I, as a nurse, have witnessed him do here at Parkview," the mother said in her nomination entry. "It was so lovely and reassuring to see a familiar face in one of our darkest moments. My little family will forever be grateful for Chase in the sense that he made our transition from labor and delivery to the NICU feel at ease."

Parkview leaders surprised Gorman with an award presentation at PRMC on Thursday, March 28. PHIL winners receive an "Appreciation" sculpture, a framed certificate and PHIL Award lapel pin from The FACES Foundation.

More information about the PHIL Award and a list of past recipients can be found at <https://www.thefacesfoundation.org/phil-award>.



Parkview Health Respiratory Therapist Chase Gorman poses with an award certificate and statuette after being recognized with the PHIL Award from The FACES Foundation following a surprise presentation at Parkview Regional Medical Center. The national award honors respiratory therapists who provide exemplary care, with nominations made by the patients they serve.

▶ **Dr. Alan Yahanda returns to Fort Wayne and Parkview Health to lead Packnett Family Cancer Institute**



Alan M. Yahanda, MD, an accomplished surgical oncologist and physician leader, has been named president of the Parkview Packnett Family Cancer Institute (PFCI). Dr. Yahanda previously practiced for many years in Fort Wayne, providing surgical care for cancer patients at Parkview hospitals from 2000-2013.

“Dr. Yahanda’s return to Parkview is a win for our entire region,” said Dr. Ray Dusman, president of physician and clinical enterprise at Parkview Health. “I’m confident that, under his expert guidance, Parkview will continue to grow as a leader in cancer care, and patients and their families will continue to feel the compassion and support of our expert physicians and sub-specialized care teams.”

In the decade since leaving Fort Wayne, Dr. Yahanda worked in Atlanta, Georgia, where he practiced at the Cancer Treatment Centers of America and was named the hospital Chief of Staff and enterprise Chair of Surgery. More recently, he was in St. Louis, Missouri, where he served as the associate director of oncology clinical programs and director of surgical and perioperative clinical programs for SSM Health in the Missouri and Southern Illinois regions.

“I just could not pass up the opportunity to return to Parkview to work in a vibrant health system committed to providing exceptional cancer care to patients in the Fort Wayne community and throughout the Midwest,” Dr. Yahanda said. “I am absolutely energized by the chance to help lead PFCI into a promising future.”

As president, Dr. Yahanda will provide clinical leadership and strategic vision for the health system’s oncology programs and will partner with health system leaders to continue Parkview’s pursuit of excellence in clinical innovation, quality, safety and optimal outcomes for all cancer patients.

“Dr. Yahanda is an incredibly talented physician who has made remarkable contributions to research and innovation throughout his career. His expertise, professional demeanor and patient-centered approach will be a great fit at PFCI,” said Dr. Roy Robertson, president, Parkview Heart Institute and specialty service lines. In his role, Dr. Robertson provides executive oversight of all Parkview specialty service lines, including cancer.

Dr. Yahanda received his medical degree from the Johns Hopkins University School of Medicine and went on to complete his general surgical training at the Johns Hopkins Hospital. He then completed a fellowship in surgical oncology at the University of Texas M.D. Anderson Cancer Center in Houston. He has held several academic appointments, including assistant professor of surgery in the division of surgical oncology at the University of Michigan and clinical assistant professor of surgery at the Indiana University Purdue University School of Medicine in Fort Wayne. He is board certified in general surgery, holds a specialty certificate in surgical oncology and is a fellow of the American College of Surgeons.



Alan M. Yahanda, MD
President,
Parkview Packnett
Family Cancer Institute

A personalized approach to treatment and beyond.

Fighting cancer. Although it’s something we excel at, it’s just one part of what we do at the Parkview Packnett Family Cancer Institute. Here, we don’t just treat cancer. We treat *you* — offering the medical expertise and personalized support you need before, during and after diagnosis. From prevention services to state-of-the-art diagnostics and treatment options to palliative care and a unique survivorship program, we’re with you every step of the way. It’s world-class cancer care. And it’s right here at Parkview.



Whether you're joining us for a short-term stay to recover from surgery or an illness, or for long-term skilled nursing, the Rehabilitation Center at The Towne House understands your drive to regain your strength and independence.

As northeast Indiana's only retirement community to earn national accreditation in person-centered care, our dedicated physical, occupational and speech therapists focus on your abilities, not disabilities. They are committed to helping you overcome obstacles and accelerate healing, while supporting your emotional, social and spiritual well-being... sort of like your personal yogi. **Call today to arrange a tour.**

Get back to your independent self in no time.



The **TOWNE HOUSE**
Retirement Community
A BHI SENIOR LIVING COMMUNITY

2209 St. Joe Center Road • Fort Wayne, IN 46825 • 260-483-3116 • www.TowneHouse.org





ISMA
INDIANA
STATE
MEDICAL
ASSOCIATION

ISMA 175th Annual Convention

Sept. 6-8, 2024
Embassy Suites
6089 Clarks Creek Road
Plainfield, IN

Visit
ismanet.org/convention
to register

Fort Wayne Medical Society
709 Clay Street, Suite 101
Fort Wayne, IN 46802