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Official Publication of the
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MEDICINE

QUARTERLY

Board Member SPOTLIGHT: Get to know your FWMS Trustees





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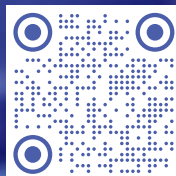
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THE
Fort Wayne
Medical Society
INVITES YOU TO ATTEND OUR
**2026
ANNUAL
DINNER**

An Evening of
*Celebration and
Recognition*

**Wednesday, April 29, 2026
Fort Wayne Country Club**

**5221 Covington Road
Fort Wayne, Indiana 46804**

**5:30 pm - 6:30 pm
Cocktail Hour**

**6:30 pm
Dinner**

**7:15 pm
Annual Meeting Begins**

Executive Director Remarks



**To reserve your spot, contact us at:
(260)420-1011
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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.



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MORE THAN PHYSICIANS: The Human Side of the FWMS Board of Trustees

Lindsey Liepold, Fort Wayne Medical Society



For some time now, I've wanted to create a board member spotlight, and I'm thrilled that it's finally coming together! After seven years working with the Fort Wayne Medical Society (FWMS), I can say without hesitation that it has been a true privilege to work alongside the remarkable physi-

cians who serve as our Board of Trustees.

There is something genuinely powerful about watching a group of colleagues come together multiple times a year to represent Allen County. These trustees devote their time and expertise to advancing the best interests of the profession while keeping the health and well-being of our community at the forefront. Their commitment is both inspiring and reassuring.

As FWMS staff members, Joel and I hold a unique experience and perspective within the organization. One of the most rewarding parts of our roles is getting to know our members on a human level. We see firsthand the immense responsibility so many of you carry into work every day. That perspective became especially personal to me last year, when I found myself not only visiting my primary care physician (who happens to be a board trustee), but later undergoing a surgery performed by

another board trustee. The takeaway was simple but meaningful: our board members are exceptional physicians who deliver outstanding care. As a patient, what put me most at ease was knowing them as people, while still deeply respecting their expertise.

With a membership body of more than 1,200 physicians, it's natural to want to know who represents you at both the county and state levels. Fort Wayne's medical landscape has evolved significantly over the years. What was once a city dominated by private practices, where most physicians knew one another, has grown into a community shaped largely by health systems, with more colleagues than anyone could possibly know.

This is where FWMS, alongside the Indiana State Medical Association (ISMA), plays a vital role: we are proudly neutral. We serve as a safe, inclusive space where every physician in Fort Wayne can come together around a shared purpose: the importance of your profession and its impact on our community. Our board reflects that commitment, with representation from every major health system in the area, as well as independently owned practices.

For now, we invite you to turn the pages and get to know a handful of the trustees who dedicate their time and energy to serving you. We're proud of their leadership and excited to share a little bit more about them!



**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.

Board Member SPOTLIGHT

Preeti Dembla, MD, MBA
Internal Medicine • Medical Director
Utilization Management • Parkview



The Doctor Behind the Title

For me, medicine has always been about more than diagnoses and treatment plans. My career has shaped a grounded, thoughtful approach to both patient care and life outside the hospital.

Quick Take

- **Coffee order:**
Hot – Café latte Cold – Iced brown sugar oat milk shaken espresso
- **Favorite cocktail:** Margarita
- **Favorite dessert:** Crème brûlée
- **If not a doctor, what would you be:** Librarian
- **Favorite travel destination:** Paris
- **Currently reading:** The Secret of Secrets by Dan Brown
- **Favorite movies:** Schindler's List and Shawshank Redemption
- **Favorite shows:** NCIS and CSI

Favorite Local Spot

- **Restaurant:** Hideout 125
- **Order:** Ahi tuna with wasabi potatoes

Life Outside Medicine

When I'm not working, I like to recharge through tennis, yoga, travel, cooking, and time outdoors. Evenings are for disconnecting—whether that means heading to the gym, playing tennis, or simply spending time with my family and friends. A future trip on the calendar, always helps keep me grounded.



Perfect day off:

Coffee on the deck ➡ yoga ➡ long walk outdoors ➡ lunch with girlfriends ➡ reading with my dog curled up nearby ➡ tennis ➡ family dinner ➡ TV ➡ bed.

Cases That Stayed With Her

One of my most unforgettable cases occurred during residency training in India: a 10-year-old boy presenting with paralysis that progressed rapidly to encephalitis. What initially appeared to be Guillain-Barré syndrome was ultimately diagnosed as **rabies**. The boy had been attacked and bitten by a stray dog a week before presentation, but family did not report it upon admission. The case was devastating—and unforgettable.

Another case was of a woman in her 60s who presented with worsening confusion which rapidly progressed to lethargy and comatose state. All basic work up was negative. As expected, her family was also very frustrated as they were not getting any answers. Finally, CSF send out labs confirmed the diagnosis of **Anti-NMDA-receptor autoimmune encephalitis**. This was about 15-20 years ago when it was not well known and is still a very rare disease which often gets misdiagnosed. At that time, there was no treatment available. We transferred the patient to Cleveland Clinic, but she did not survive.



Favorite Quote

“Don’t waste your time in anger, regrets, worries, and grudges. Life is too short to be unhappy.”

– Roy T. Bennett

Family First

I am married to Dinesh Agnihotri, MD and we are the proud parents of two accomplished children:

- Neha, a fourth-year medical student applying to Internal Medicine residency with plans for pulmonary critical care
- Mihir, a Purdue graduate and civil engineer working for INDOT

And then there’s Leo, the family’s four-year-old morkie — self-appointed shadow and constant companion.

Practicing Medicine in a Changing System

When asked what she wishes she had learned earlier, Dr. Dembla doesn’t hesitate: **billing, coding, and dealing with insurance companies.** Today, the ever-changing insurance landscape remains one of the most influential — and frustrating — factors in my work.

My leadership philosophy centers on a simple principle: **patients always come first**, even as physicians navigate operational demands and organizational growth.

AI in medicine? I see both promise and risk.

“AI excites me — and concerns me. We can’t rely on it so much that we lose our skills.”

What practices or habits help you manage stress and stay grounded?

“I have learnt to prioritize my tasks, focus on what’s most important and manage my time. Delegating work when needed. I also practice Yoga and do deep breathing exercises to help manage stress.”

If I could go back in time, my advice to my resident self would be clear: **prioritize work-life balance early to prevent burnout.**

What do you think physicians misunderstand most about their own wellness needs?

“Adequate sleep, good food and regular exercise are the most important – in that order. And that you don’t need to exercise for 1 hour to get the benefit.”



Words to Live By

My personal philosophy comes from my mother, who taught me to focus on what I can control and let go of the rest.



**Fort Wayne
Medical Society**

Board Member SPOTLIGHT

Edgardo Rivera Rivera, MD, MBA, CPE, FAAP
Pediatric Gastroenterology • Parkview



I've been fortunate to build a career that allows me to care for patients while also thinking deeply about how healthcare systems function and evolve. My work sits at the intersection of clinical medicine, leadership, and strategy. I find meaning in trying to align all three with purpose and humanity.

Quick Take

- **Coffee order:** Brown sugar cortado with whole milk
- **Favorite drink:** Starbucks strawberry acai refresher; Tinto de Verano, Sangria, or an Aperol Spritz
- **Favorite dessert (lately):** Basque cheesecake
- **Favorite restaurant:** Proximo – carnita tostone to start and cilantro chicken pesto for the main course
- **Favorite movie:** Schindler's list. Every time I watch it is like the first time. A powerful movie!
- **Favorite travel destination:** Anywhere or any country where I can learn about history and their role in the world. Sorry, I'm not the guy longing for pristine waters and white sand!
- **If not a doctor, what would you be:** Historian or tourist guide
- **Favorite shows:** There are many shows I enjoy, but there is one that I used to watch as a kid called "El Chavo del 8" which brings me joy every time. I can watch it a thousand times and still laugh just as hard!

Life Outside the Office

"If I had an entire day to myself with no obligations, I would spend it somewhere with my family. There really wouldn't be any other way."

I also have a deep passion for history – trying to understand events from multiple perspectives and get as close to the truth as possible. Everything changes depending on whose perspective you're looking through, and understanding those perspectives is key to understanding the world as a whole.

Cases That Have Stayed With Me

One of the most interesting cases I've encountered involved a patient who presented to the Pediatric ICU with what everyone initially believed was Refeeding Syndrome. After further evaluation, I discovered the true diagnosis was Fanconi Syndrome. The case ultimately ended up being published!

One of the most difficult, but also most rewarding, cases happened during my fellowship. A six-month-old baby presented with end-stage liver disease and spent more than six months in the hospital, with multiple transfers in and out of the Pediatric ICU. She eventually received a liver transplant, and today she is doing great and thriving!

Those are the cases that stay with you.

Favorite Quote

“Whoever saves one life, saves the world entire.”

– Mishnah, Sanhedrin 4:5

What's a book or podcast you're enjoying lately?

Book: *UnLeadership* by Scott and Alison Stratten • **Podcast:** *NPR Hidden Brain* hosted by Shankar Vedantam



Finding Meaning During Burnout

During difficult periods, I try to maintain a personal touch with every patient I see. Whether we're talking about video games, pets, or weekend plans, I put effort into making each visit feel personal. When I'm able to connect with patients on that level, it means the world to me, and it reminds me why I do this work.

Balance and Staying Grounded

I've learned that balance means different things to different people, and even different things to the same person, at different stages of life.

For me, self-reflection has been essential. Over the last couple of years, it's helped me stay grounded, focused, and clear about what truly matters. Prayer and meditation are also important practices that help me manage stress and stay centered.

Physician Wellness, Reconsidered

I think what often gets misunderstood about physician wellness is that much of the distress we experience isn't a self-care failure. It's moral injury and system injury. That's not true for everyone, but it's certainly not uncommon.

On Quality, Operations, and Growth

Having a business background has helped me tremendously when it comes to navigating competing priorities.

I don't see quality care, operations, and organizational growth as mutually exclusive. Instead, I focus on clearly defining the non-negotiable standards of patient care and then being flexible with the "how" rather than the "why." Thoughtful compromise, data-driven decisions, and listening closely to both frontline teams and leadership help make that balance sustainable.

Trends Influencing My Work

Clinically, the era of biologics for inflammatory bowel disease has been a true game changer.

At the same time, one unfortunate trend I continue to see is the increasing number of insurance denials for necessary therapies. Perhaps the most powerful and visible trend in my daily work, however, is the rapid incorporation of artificial intelligence into healthcare and everyday life.

I'm excited about AI's potential to reduce errors, personalize care, and free clinicians to spend more time with patients, but I'm also deeply concerned that without strong ethical guardrails and transparency, AI could amplify bias, damage the doctor-patient relationship, and cause real harm.

My biggest barrier at work?

Without a doubt the lack of time with patients. I think AI will be facilitating a significant amount of our work such as documentation and other bureaucratic processes, so we can spend more time face to face and actually be present in those important patient conversations.

What I Wish I Had Learned as a Resident

I wish I had learned more about the complex way healthcare really works. As residents, we're taught what's required to pass our boards and practice safely and independently. However, we learn almost nothing about how our decisions help shape (or don't shape) the future of healthcare. Mission and vision alignment, financial stewardship, quality metrics, value-based care, strategic initiatives, and physician leadership are perspectives I've gained over the years but looking back, I wish I had been exposed to them much earlier in my career.

What I'd Tell My Resident Self

You will be okay. Even when days are long and the work doesn't seem to end, everything will be fine.



**Fort Wayne
Medical Society**

Board Member SPOTLIGHT

Erin Jefferson, DO, FAAFP
Family Medicine • IU Health Medical Group



Quick Take

- **Coffee order:** Coffee with cream. On a special day I will order a brown sugar cortado as a treat.
- **Favorite drink:** Root Beer, Coffee, or Champagne
- **Favorite dessert:** Ice cream
- **Favorite Restaurant:** BB's Indian Kitchen
- **Favorite travel destination:** Utrecht (outside of Amsterdam)
- **If not a doctor, what would you be:** An aeronautical engineer for NASA or a makeup artist for the film industry. Practically speaking, I have interest in writing novels and doing book illustrations. I have intentions of doing some of that work on the side while I continue the practice of medicine.
- **Favorite shows:** Embarrassing to admit, but I thoroughly enjoy reality shows such as The Real Housewives and Love is Blind. After a busy day in the clinic, I find myself enjoying shows that are easy to watch and not mentally taxing. However, my husband and I are always on the hunt for a good streaming series and enjoy watching those together.

Difficult Cases

There are too many to count! I always find it interesting when I see a case that I have only read about in textbooks.

As a primary care physician, I have the fortunate opportunity to develop very close relationships with my patients. Anytime one of my longstanding patients is diagnosed with a malignancy or terminal illness, it is very difficult.

"It is a privilege to support patients in their final days, but it is always difficult to process."

My staff and I often send handwritten cards to patients going through difficult times. It reinforces the human element of the job, which is so critical to feeling fulfilled.

How I Evaluate Competing Demands

Prioritization! I often ask myself: Does this benefit my patients? Does this uphold the core mission/vision of my employer? Does this provide me with joy personally?
If the answer is no to all three, I decline or prioritize it lower on the list.

Life Outside Medicine

I try to have a well-balanced set of interests outside of medicine. I read, paint, garden, and dabble in home remodeling. I also find tremendous enjoyment in traveling; learning about the history, art, and food of various cultures.

I am so blessed to be married to my wonderful partner, Jared. We have two rescue dogs at home that keep us busy. We also are fortunate to have an amazing family and several nieces and nephews to spoil!

If I had an entire day to myself

I would take the dogs on a long walk with my husband ➡ get a long massage ➡ read a good book (in sweatpants!)





“The emotional burden of our job is sometimes more taxing than the time burden.”

Balance, Burnout, and Meaning

I find that I am most balanced if I carve out (and protect!) a small amount of time every day for my own hobbies. Sometimes my husband and I strategically select travel destinations that are international or remote. This allows us to fully “disconnect” from technology.

I have found three things to be most helpful for me:

1. A small amount of pleasure reading every day
2. Periodic social media breaks to avoid negativity and wasted time
3. Going to bed early!

Looking Back On Residency

I wish I had learned more about how the healthcare system works (Medicare, Medicaid, insurance companies, pharmacy benefit managers). The system is very complex and I often find myself explaining how the system works to patients. I would have appreciated more formalized education on these things!

If I could go back in time, I would tell myself to practice setting healthy boundaries early in my career. The nature of medical training can make it difficult to set these boundaries but it is an important skill to develop to ensure a long, fulfilling career!

“Healthy boundaries allow me to be the best version of myself for my patients and family.”

Practicing Medicine in a Changing System

I see that social media is influencing the type of care and testing that patients are seeking. While I appreciate any opportunity for patients to self-advocate, it is occasionally challenging to support evidence-based treatment recommendations with so many competing sources of information.

Most stressful part of your job?

Insurance company denials for medications and diagnostic studies!

What advancement or trend in medicine most excites you and which one concerns you?

My answer for excitement and concern is the same: Artificial Intelligence. I see tremendous opportunities for this technology to reduce stress in my day. However, I also see potential challenges with accuracy, liability, and encroachment of scope.

“AI should be utilized as a tool, but not a replacement for thoughtful medical guidance.”



My Most Important Influence

If I had to choose one influence, it would be my mother. She is a special and strong woman. She taught me to be an independent, critical thinker. She also demonstrated kindness and acceptance of others from my earliest memories.



**Fort Wayne
Medical Society**

Fort Wayne Medical Society | New Members

HASAN AHMAD, DO

Specialty: Obesity Medicine & Internal Medicine
Group: Parkview Physicians Group-Hospital Medicine
11109 Parkview Plaza Dr, Fort Wayne, IN 46845

ABRAR AHMED, MD

Specialty: Emergency Medicine
Group: Professional Emergency Physicians
608 Union Chapel Rd, Fort Wayne, IN 46845

PETER ALI, MD

Specialty: Cardiovascular & Cardiothoracic Surgery
Group: Parkview Physicians Group-Cardiovascular Surgery
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Specialty: Internal Medicine Resident
Group: Parkview Residency Center
2231 Carew St, Fort Wayne, IN 46805

JESSICA ALLISON, DO

Specialty: Family Medicine Resident
Group: Fort Wayne Medical Education Program
750 Broadway, Ste 350, Fort Wayne, IN 46802

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Specialty: Cardiology
Group: Parkview Physicians Group-Cardiology
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Specialty: OBGYN
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ANDREW BROWN, DO

Specialty: Breast Surgical Oncology
Group: Parkview Packnett Family Cancer Institute
11050 Parkview Circle, Fort Wayne, IN 46845

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Specialty: Trauma/Acute Care Surgery
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Specialty: Diagnostic Radiology
Group: FW Radiology
3707 New Vision Dr, Fort Wayne, IN 46845

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Group: Parkview Residency Center
2231 Carew St, Fort Wayne, IN 46805

ISA MALIK, MD

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The Perfect Storm: A Winter of Uncertainty for Fort Wayne Healthcare

Andrew Roberts, MD



As the snow begins to settle on the streets of Fort Wayne this winter, the local medical community faces a forecast far colder than the temperature outside. We are closed out 2025 not with the usual reflections on clinical progress, but with a profound sense of apprehension.

We are bracing for a convergence of policy shifts and leadership failures that threaten to unravel the very fabric of patient access and public health in Allen County.

We now face a legislative “triple threat” that struck on January 1st. Between the expiration of vital Affordable Care Act (ACA) subsidies, the implementation of the “One Big Beautiful Bill Act” (OBBBA), and the systematic dismantling of scientific trust by the Department of Health and Human Services (HHS), we are staring down a cliff.

For our patients, particularly the working poor and those with chronic conditions, the safety net is not just fraying; it is being actively cut.

The December 31st Cliff: The End of ACA Affordability

The most immediate financial shock arrived at midnight on New Year’s Eve. Unless a highly unlikely agreement is reached in Washington, the enhanced premium tax credits—originally passed under ARPA and extended by the IRA—will expire.

For years, these subsidies have been the dam holding back a flood of costs for middle-class families. If that dam breaks, the Kaiser Family Foundation estimates that premiums for subsidized enrollees will rise by an average of 114% in 2026.

In practical terms for Fort Wayne, this is catastrophic. A local family of four earning \$70,000, who currently pays a manageable premium for a Silver plan, could see their monthly costs triple overnight. We know the physiological cost of this financial policy: healthy individuals will drop coverage, the risk pool will become sicker, and patients with manageable conditions like hypertension or diabetes will ration their medication until they end up in our emergency rooms in hypertensive crisis or DKA. With over 300,000 Hoosiers currently relying on these marketplace plans, the ripple effect on our local hospital systems will be severe.

The “Big Beautiful Bill”: Structural Demolition of Medicaid

While the subsidy cliff is a financial shock, the “One Big Beautiful Bill Act” (OBBBA), signed by President Trump in July, represents a structural demolition of Medicaid that will hit Indiana uniquely hard.

The legislation introduces the strictest federal work requirements in history, mandating 80 hours of work per month for beneficiaries aged 19 to 64, with almost no exceptions for caregivers. While Indiana has experimented with work requirements via the Healthy Indiana Plan (HIP 2.0) before, the administrative burden of this new federal mandate is unprecedented. It guarantees that thousands of eligible Hoosiers will lose coverage simply due to bureaucratic “red tape” and failure to navigate a complex reporting portal rather than a failure to work.

Even more alarming is the provision within the OBBBA that prohibits states from using provider taxes to fund their share of Medicaid. Indiana has long relied on the hospital assessment fee to draw down federal matching dollars. By eliminating this mechanism, the bill blows a massive hole in the state budget. This will likely force Indiana to slash reimbursement rates to levels that make it fiscally impossible for independent practices to see Medicaid patients, deepening the access desert in our rural and urban underserved areas.

The War on Evidence: Chaos at HHS

However, we cannot discuss the health of our community without addressing the erosion of truth at the federal level. The confirmation of Robert F. Kennedy Jr. as Secretary of Health and Human Services has moved beyond political controversy and into the realm of direct patient harm.

We have already seen the consequences of his “Make America Healthy Again” agenda here in Fort Wayne. The skepticism toward established immunization schedules, amplified from the Secretary’s podium, directly contributed to the severity of our spring measles outbreak. But his agenda has since expanded into areas that are baffling to those of us grounded in evidence-based medicine.

The Acetaminophen Confusion

Perhaps most frustrating for our OB/GYN and pediatric colleagues is the Secretary’s recent crusade against acetaminophen (Tylenol). Despite decades of safety data and

consensus from the American College of Obstetricians and Gynecologists (ACOG), Secretary Kennedy has used HHS channels to claim a causal link between acetaminophen use during pregnancy and autism.

This creates an impossible situation for our pregnant patients. When a fever spikes during pregnancy, it poses a real risk to the fetus. Acetaminophen has been our safest tool to manage that risk. Now, patients are scared to take it, leaving them vulnerable to unchecked fevers, all based on a hypothesis that lacks robust clinical evidence.

Raw Milk and “Health Freedom”

Furthermore, the Secretary’s push to legalize and promote raw milk nationwide couldn’t come at a worse time. With H5N1 (Bird Flu) circulating in dairy herds, encouraging the consumption of unpasteurized milk is statistically reckless. We are seeing a conflation of “freedom” with “risk,” where the freedom to consume raw products is being prioritized over the public health imperative to prevent a zoonotic spillover event.

HIV/AIDS Denialism

Most chillingly, we are seeing a resurgence of rhetoric questioning the link between HIV and AIDS. Secretary Kennedy’s history of engaging with HIV denialism is now influencing policy discussions regarding funding for the Ryan White CARE Act. For our infectious disease specialists in Allen County, this is terrifying. We have spent decades turning HIV into a manageable chronic condition. To entertain the idea that HIV does not cause AIDS is to insult the memory of the millions we lost and to gamble with the lives of those currently undetectable and living healthy lives.

This anti-science posture has led to a brain drain at the CDC, with career epidemiologists resigning in protest. When the next pandemic threat arrives, will the experts be there to answer the call?

A Beacon of Hope: Matthew 25 Health and Care

Amidst this gloom, there is a light in our city that I must highlight. I have the privilege of volunteering at **Matthew 25 Health and Care** on East Jefferson Boulevard, and frankly, it is one of the few things keeping my cynicism at bay.

As federal and state safety nets disintegrate, Matthew 25 stands in the gap. It is the only full-time, faith-based clinic in Allen County providing medical, dental, vision, and mental health services at no cost to low-income, uninsured adults who are ineligible for Medicaid.

When the OBBBA strips coverage from our neighbors and the ACA subsidies vanish, places like Matthew 25 will be the last line of defense. They don’t care about political posturing or federal dysfunction; they care about the human being in front of them. Whether it’s managing a diabetic patient who can no longer afford insulin or treating a dental infection that would otherwise lead to sepsis, the work done there is the embodiment of the Hippocratic oath.

I am profoundly grateful for their mission and for the community of volunteers who keep it running. But we must be honest: charity was never meant to replace a functioning healthcare system. Matthew 25 is a lifeboat, and while it is sturdy and crewed by saints, the ship of state is sinking around it.

Conclusion: Advocacy is Treatment

We are entering a winter of profound uncertainty. The combination of skyrocketing private premiums, a gutted Medicaid program, and a federal apparatus hostile to established science creates a perfect storm.

As physicians, our duty extends beyond the exam room. We must urge our state representatives to mitigate the damage of the OBBBA where possible. We must double down on patient education, countering the confusion coming from Washington with the trust we have built in Fort Wayne. And we must support local institutions like Matthew 25 that will bear the burden of these policy failures.

The policies taking effect in 2026 are not abstract; they will be measured in missed diagnoses, untreated conditions, and preventable suffering. We must be ready to catch those who fall.

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Many, if not most, who read this will not have been active practitioners when I retired, in 2006, after 20 years practicing general psychiatry in Fort Wayne. I have since been enjoying a dignified retirement in the beautiful mountains of western North Carolina. You

might now know enough to wonder what I might have to say that would be of interest to medical practitioners in the community I left behind.

Sometimes there are unanticipated crises that seem so vast and menacing that we must all rise to do what we can to prevent the very fabric of our civilization from unraveling. This seems, more than any time I can recall, to be such an instance.

For anybody interested in surviving the next few years, the current crisis in public health is of vital concern. Most Americans, unfortunately, have no notion of the threat. As our public health apparatus is systematically destroyed by individuals with little concept of medical science and its many benefits, disaster looms. We survived the great pandemic of the early years of this decade, thanks to a fantastic burst of medical technology that allowed safe, effective vaccines to be constructed and manufactured on a time scale that seemed unthinkable to those who understood the history of vaccine technology.

Then came the totally unexpected spectacle of a great popular uprising against medical science, because it was NOT PERFECT. This outcome is of great interest to many academic fields, not the least of which being psychiatry. It brings to mind a classic book titled “Extraordinary Popular Delusions and the Madness of Crowds” written by Charles Mackay and first published nearly 200 years ago.

I will not attempt to explain all the behaviors of the maddened crowds who have chosen to put their faith in celebrities of no obvious scientific qualification. It does seem that our culture has badly lost its footing and has failed to inculcate important social values into a large

segment of our citizenry. Those of us fortunate enough to have had the privilege of becoming a physician floated above the public on a cloud of success, just as success in a more modest sense has become inaccessible to the majority of our fellow-citizens. At present, we don’t speak the same language as those less fortunate, so we have lost our ability to reach them in ways that convey our understanding of their plight. And because we expect every problem to have a rational solution, we have been unable to imagine how we might help such people outside of the narrow confines of conventional medicine. And no, I don’t think more psychiatrists is the answer.

“May you live in interesting times” is a proverbial ancient Chinese curse, though scholars agree that it is neither ancient nor Chinese in origin. The concept has obvious resonance in the modern era, as discussed in a new book by historian Peter Turchin called “End Times”. He has studied how governments fall, analyzing numerous examples over thousands of years. Certain patterns emerge.

In general, stable governments tend to live a century or so, as wealth accumulates and makes its way from the working class to an expanding economic elite that captures the workers’ output, leaving them in poverty. Based on these patterns, Turchin has predicted that the current decade of our century is a likely time for our democratic government to be tested, possibly to failure.

Certainly the gap between those of us who work for a living and those “elite” folks who specialize in capturing wealth has grown enormously in the past few decades. All I earned in my career as a practicing physician is relatively tiny compared to what celebrities and captains of industry routinely take home in a single year.

The normal course of the disintegration of government follows when the economic elites become swollen to the point that their wealth seems insufficient to them when compared to the competition. There follows an uprising in which one elite group plays on the resentments of the working class to mobilize them in open rebellion. This may lead to an armed uprising, with the elimina-

tion of the concept of human rights. Unfortunately, those naturally well-equipped to rise up in violent revolution are rarely well-suited as leaders in times of peace. This causes the crowds to change sides readily as we move from one unstable government to another.

Just how a society can escape this nastiness is the subject of many books, of which my favorite is “Civil Resistance” by Erica Chenoweth, an academic expert on how nonviolent mobs can overthrow dictators. This author’s research indicates that nonviolent resistance works better than the alternatives. The book explores the history of nonviolent resistance with the intention of laying out a detailed discussion of methods, some of which work better than others.

Neither book is an easy read, but I think both are necessary to acquiring the skills that could lead one to a successful plan for non-violent revolution, whether as leader or follower. Of course I’m not volunteering for any sort of leadership position in this matter, as my talents are altogether lacking. I will certainly appreciate those who have a gift for such activities.

It does seem to me that physicians, as a group, have a lot of resources that could support the education and acculturation of those less fortunate, and that it is past time we found ways to effectively deploy these resources.

In the meantime, I’ve found one small group of public health experts who have devoted considerable time and talent to communicating the actual facts of vaccination science to a growing audience of both medical and lay readers. The leader of this group is a distinguished epidemiologist, wife and mother, by the name of Katelyn Jetelina, who is accessible through her free newsletter at yourlocalepidemiologist.substack.com. I’ve found this a very helpful, hopeful publication in my struggle to understand where we’re headed and how to improve my own chances of making it through the next few years. I’ve chosen to support her work financially, and I continue to promote it to others who might benefit.

As a retired physician, I implore you to never give up or quit.



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Thomas Gutwein, MD,
Allen County Department
of Health,
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Each and every person has the potential to make a difference. Just Google it, to find many ways to make it happen.

As medical professionals, we have extraordinary power to make a difference. We must be keenly aware, though, that we can affect people negatively as well as positively.

We're all presented numerous opportunities to put a smile on someone's face – a smile they might not otherwise have produced. We also could also make an adverse difference, depending on simple things such as how we interact, how we respond to a question or how we approach someone.

Let me jump to a broader perspective. Most of us do not have the ability to change the whole world. But we do have the ability to change part of the world, a very meaningful part. We can change our environment, our community – and our patients, of course – in a positive way. Does it take all of your free time that is so precious? Absolutely not. Making a positive difference means sharing a passion about something important.

As Allen County Health Commissioner, I am fortunate to be in a unique position to help improve our community, and I am passionate about positive change. I'm not physically changing everyone or anything, but I do have the opportunity to be a part of a great team at the Allen County Health Department that partners with some great teams in our community to improve lives. We work with organizations like Healthier Moms and Babies to help lower our infant mortality rate, and we are making a difference. As a community, we have made some great progress. “Community” includes you, as a physician or health care provider – or you, as a financial donor or someone who gives their time to local organizations meeting new and future mothers where they are.



You are where the opportunities arise, providing education, supplies and resources to help deliver healthier babies and provide sustenance and environments in which children can grow and develop into our future.

The infographic on the left provides an overview of efforts with community partners to fight infant mortality in Allen County.

I want to thank all of you for helping fight this ongoing problem. Some of you are incredibly passionate about this and spend hours every week focused on these challenges. Others might not be singularly focused but still regularly provide education and guidance to these important members of our community. Each encounter matters. Every interaction is an opportunity to improve the lives of the moms, kids and our community as a whole.

You have the ability to make a positive difference every day. Thanks for taking the time to go the extra mile when the opportunity is presented – not just for your patient, but for your family, neighbors and friends.



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Three years ago FWMEP leadership and faculty identified the intellectual and developmentally

disabled (IDD) patient population as an area where we could improve patient care and provide valuable educational opportunities for our burgeoning physicians. We began this new venture with a resident research project “Barriers to Quality Healthcare for Patients with Autism Spectrum Disorder.”

The things we knew from the outset were anecdotal and common sense but could only be applied generally to our clinic’s patients. We were aware the autism spectrum disorders (ASD) may behave, communicate, interact and learn in ways that are different from other people. The abilities of those affected and their responses to stimuli can vary significantly. Since their symptoms often develop before the age of 3, and research shows that early intervention services can greatly improve a child’s development. Over 85% of the respondents stated that sensory issues made it difficult to obtain quality care with intolerance of loud noises, crowded waiting room and unusual lighting being major contributors. Another two-thirds of the care givers had experiences where they needed to educate the physician about ASD and its characteristics.

This completed project confirmed for us that we have multiple opportunities for education and improvement in our care for patients with IDD. We successfully obtained extra-mural support for a variety of projects with local organizations. For instance, the health benefits of exercise are well-established. The literature has surprisingly few good examples of the down syndrome (DS) patients benefits as they compare to equivalently aged children without the disease. Furthermore, there was no clear delineation of which exercises or physical assessments give the most robust cardiovascular health results. Through this project we are aiming to inform future family medicine health recommendations for

optimal structured exercise programs. Next, we are assisting in the evaluation of intensive versus longitudinal physical rehabilitation regimes for IDD patients. Considering the challenges for IDD patients when their routine is broken by healthcare visits its important to minimize disruptions while maximizing their health outcomes. Finally, we have developed a curriculum with internal and external speakers who can provide the residents with best practices for treating IDD patients. This longitudinal project will provide the content as part of our spiral curriculum with purposeful reinforcement of key considerations across a wide variety of intellectual and developmental diseases.

This education was further supported at the Fort Wayne Medical Education Program by our newest faculty member Lydia Henschen LMHC. Her professional expertise and personal passion are deeply rooted in advancing access to meaningful, compassionate healthcare for individuals with IDD. Her commitment is informed not only by more than two decades of hands-on experience, but also by lived family experiences that continue to shape her advocacy and approach to care.

Lydia’s extensive background includes supporting individuals with IDD in group home settings, providing structured family care for adults in her own home, serving as a foster parent, and practicing as a behavioral health provider. Today, she brings this wealth of experience into medical education, where she is dedicated to equipping resident physicians with practical, purpose-driven training as they learn to navigate the complexities of caring for patients with IDD.

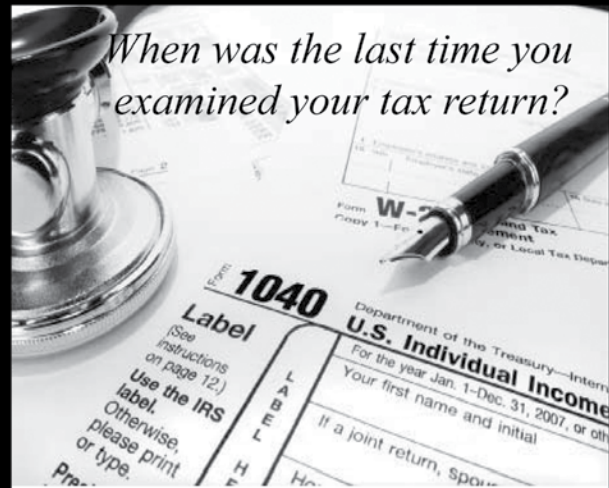
Our program’s hands-on approach to caring for individuals with IDD has led to an expansion of in-visit resource navigation training (WHOs). This model allows patients to learn how to navigate the healthcare system directly from trusted experts, in real time, and in ways that are individualized and responsive to their immediate needs. By offering support at the moment it is needed—rather than through lengthy referrals, delayed classes, or overwhelming to-do lists—we are fostering more meaningful engagement and understanding.

As a Patient-Centered Medical Home (PCMH), our clinic has long demonstrated excellence in delivering comprehensive care while addressing the challenges of social determinants of health (SDOH). Individuals with disabilities, however, are disproportionately impacted by these barriers. In response, we are expanding services to improve accessibility and real-time navigation of what would otherwise be obstacles—using tools and standard operating procedures thoughtfully designed with the IDD community in mind.

Currently, our efforts are focused on strengthening clinic-wide practices by implementing improved SOPs that better support patients with IDD and their families. Enhanced physician-to-patient education is delivered through lectures, hands-on “hip-to-hip” training, and collaborative staffing models. These efforts are already leading to improved health literacy and greater confidence among patients navigating the healthcare system. Importantly, these changes benefit not only patients, but also resident physicians, who are now experiencing meaningful progress and small wins where barriers once existed—an important factor in reducing burnout.

Throughout this work, the voices of the IDD community remain central. Whether through organic interactions within the clinic or through patient advisory board meetings, lived experiences continue to inform and guide our evolving practices.

Looking ahead, we hope these foundational efforts will establish our program as a trusted and compassionate ally for individuals and families seeking competent care. Our vision is to cultivate confident, resilient, and well-prepared physicians who will carry these values forward—shaping healthcare environments beyond our clinic and making accessible, respectful, person centered care a reality for the IDD community wherever they practice.



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Co-Presidents Fort Wayne Medical Society Alliance
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For the 2025/26 year, it is our initiative to grow our membership. We are a small but mighty alliance. Last year in April, we had 21 members and 6 Friends of the Alliance. This year with our efforts we have 18 new members and a total of 47 members. We are happy that this initiative has been successful thus far. We are trying some new things, but are open for any ideas, suggestions, thoughts, etc. from our current board and membership. We have made our membership FREE for the 2025-26 year.

This year, we decided to create a fall membership drive newsletter. It's been years since we've sent out a newsletter. In order to get it out to the masses we sent it to 1500 FWMS members. We wrote a welcome letter and included that in the newsletter. To date we have received 12 new memberships and 31 previous members signing up. We have had many positive comments already on the mailer. One previous member from 25+ years ago stated she thought we, "had folded and weren't in existence any longer." She has since rejoined.

Maria and I are calling each new individual member, thanking them for joining, and inviting them to our socials –Fall membership luncheon, board meeting lunch and learns, and to any of our events. We have created a 'welcome' committee to call and meet future new members for a 'coffee on us.' Because our first Coffee Social, Sip and Learn was so successful, we had over 25 members and new members in attendance, we are planning to do this more frequently, every 3 months or so.

Our current members, especially our new younger members would like to know more about nonprofits in our area and how to get involved in our communities, we would like to showcase/spotlight some of these each meeting. Any current members involved with a local non-profit are invited to give a 10-15 minute presentation at our board meetings. Even better if there are community involvement opportunities that come up that our members can volunteer for, e.g. Habitat for Humanity Women Build, any non-profit walk etc. We've asked membership to please share with us and we will place these on our Social and Community Calendar, our social media platforms etc. calling for participation from our current membership.

Our first community non-profit member showcase featured a previous board member and president of the Alliance,

Cammy Sutter, current CEO of Little River Wetlands Project. She hosted a Lunch and Learn for our board meeting. Then after our board meeting we took a guided hike through the wetlands.

We, as an alliance, were invited to other community events. Our Alliance board member Liz Hathaway, serves on the Super Shots board. She invited us to their "Be a Flu Fighter." Several of our members participated and got their flu shots.

We were also invited and sponsored a table at the first ever Hope's Harbor Hopeloween by board member Preeti Jain, who serves on the Hope's Harbor board. This was a fantastic event and was so well attended. Over 500 children and their families participated in the day. They had a petting zoo, balloon art, face painting, food trucks, live music, and much more.

Our Alliance was present at the Tin Caps Princess Night. Guests were encouraged to dress up like their favorite Princess. Our members, volunteers and friends of the alliance were present with a booth showcasing Cinderella Dress Day. We had teen volunteers dress up and pass out information about the event this spring. It will be our 25th year of providing thousands of dresses, shoes, jewelry and more to deserving teens. All for free. There is also a free health fair for the teens to participate in while waiting for entrance to the event.

The Alliance had a great time at the Fall Membership Social. We all 'experienced' a 7 day trip around Italy. With the help of our fashionista, Nancy Gouloff Grabner CAbi Consultant, we learned how to pack a capsule wardrobe in a carry on bag for the week.

We, as part of the Fort Wayne medical community, supported the IU-FW medical school with two events. First, was the Back-to-School BBQ welcoming over 100 new medical students and residents. The theme was country western. There were games, lasso contests, prizes and great BBQ. In October we helped with check-in during the medical school's Trunk or Treat. This was so well attended and over 100 children and their families and 400 pounds of food was collected for the Community Harvest Food Bank.

We had a current member host a Holiday Bourbon and Cheese Pairing Party, featuring Drink Master Raj Shukla, from the Netflix series. It was so much fun and everyone learned something about bourbon. Over 20 in attendance. We are all ready to take a trip on the Kentucky Bourbon Trail with Raj as our guide!

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We also created a new friendraiser: a trivia night at a brand new local restaurant/social club, The Fairfield. They have Duckpin Bowling, VR Golf, Axe Throwing/ Barrel room, Karaoke and more. Other future events that are in the works include in February a Curling Club Date Night, March Madness Basketball Bracket and Dinner, and more (details to follow).

We have two of our biggest community events coming up, Doctor's Day at Science Central March 7th, 2026 10-4, and The 25th Annual Cinderella Dress Day March 22nd 8am - 3pm at the Coliseum. Both of these events require many hands. If you'd like to volunteer please visit our website to sign up and get involved. Also look for a Sign Up Genius to volunteer.

Follow us on Facebook and Instagram. If you haven't already, please sign up to be a member of our alliance either as a medical spouse or as friends of the alliance at <https://alliancefw.org> by filling out the form online.

Every alliance and community event that we are involved with requires our board, membership, committees and volunteers to help plan and orchestrate our communication/



25th Anniversary

Cinderella Dress Day

For teen girls grades 7-12

NEW LOCATION:
War Memorial Coliseum Conference Center
Sunday, March 22, 2026
Doors open at 8 AM - Shop until 3 PM

- ♥ Free prom dresses, shoes, jewelry, undergarments, minor alterations
- ♥ Free Health Fair

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social media campaign to spread the word, and the 'welcoming committee' to call all new members and invite them personally to these events. We are so grateful to all of our current members, friends of the alliance, and volunteers. Without you, we couldn't do what we do. We look forward to our bright future as we connect, support and promote our medical community in Fort Wayne, Indiana.

► IU Health Ball Memorial Hospital launches Indiana's only robotic-assisted shoulder replacement procedure



Indiana University Health is now the only health system in Indiana offering an advanced robotic-assisted option for shoulder replacement procedures. This technology gives surgeons the ability to plan each surgery in greater detail and perform it with

enhanced control, resulting in care shaped around the patient's specific anatomy.

Orthopedic surgeon Dr. Jacob Triplet is currently the only surgeon in the state performing this type of robotic-assisted shoulder procedure, expanding access to innovative surgical options for patients in Muncie and surrounding communities.

The technology supports surgeons by streamlining the most complex steps of the operation, guiding implant placement, and promoting more consistent results from patient to patient. Greater precision in the operating room can support a smoother recovery, improved comfort, and stronger long-term function.

"We are committed to bringing leading surgical options to the communities we serve," says Jeff Hanson, service line administrator of orthopedics, rehab and neurosciences. "Robotic-assisted technology gives our team an added level of precision and control. It's another way we are working to improve the patient experience and deliver high-quality care close to home."

Before surgery, the system uses a 3D CT scan to help the care team develop a comprehensive plan tailored to the patient's needs. During the procedure, it provides real-time data that guides the surgeon's movements and supports accuracy while preserving clinical judgment.

"We're proud to be the only provider in Indiana offering this level of advanced shoulder care," says Dr. Triplet. "Our goal is always to deliver safe, high-quality treatment, and this technology allows us to do that in a way that is truly individualized for each patient."

This first surgery in Indiana represents a major milestone and signifies that shoulder replacement is entering a new era of surgical planning, precision, and personalization. For many patients, especially those with complex shoulder conditions, robotic-assisted surgery promises hope of better outcomes than ever before.

► IU Health Foundation receives \$770,000 grant to expand Congregational Care Network

IU Health Foundation has received a \$770,000 grant from the Centene Foundation and Managed Health Services (MHS) to expand the Congregational Care Network (CCN) into Allen and Lake counties, strengthening community-based support for vulnerable patients across Northern Indiana.

The two-year grant will fund the growth of CCN, a program that connects trained volunteers from local faith communities with patients who are at risk of social isolation following a hospital stay. Volunteers offer weekly check-ins, emotional support and help navigate community resources – creating a bridge between clinical care and community connection.

The expansion comes at a time when national health leaders are sounding the alarm on the public health impact of loneliness. In a 2023 advisory, U.S. Surgeon General Dr. Vivek Murthy called social disconnection an "epidemic," linking it to increased risks of heart disease, stroke, dementia and premature death.

Additionally, a report from the National Academies of Sciences, Engineering, and Medicine detailed startling findings on loneliness and social isolation in older adults concluding that social isolation significantly increased an individual's risk of premature death from all causes, rivaling the risks associated with smoking, obesity and physical inactivity. Social isolation was associated with around a 50% increased risk of dementia, a 29% increased risk of heart disease and a 32% increased risk of stroke.

"Isolation can be a serious barrier to healing," said Jay Foster, vice president of Spiritual Care at IU Health. "This grant allows us to extend the reach of the Congregational Care Network to ensure more patients have someone walking alongside them after discharge. We're grateful to the Centene Foundation and MHS for investing in this work."

Cassandra Tice, director of grants at IU Health Foundation, emphasized the importance of community partnerships in addressing social isolation. "This grant is a powerful example of what's possible when healthcare and community organizations work together," Tice said. "By expanding CCN into Northern Indiana, we're not just improving patient outcomes. We're building a more connected, compassionate system of care."

"We are thrilled to collaborate with IU Health and other local partners to expand the Congregational Care Network to Northwest Indiana," said Mark D. Fox, Associate Dean and Regional Campus Director for the IU School of Medicine – Northwest – Gary. "This initiative provides an opportunity for our students to be more deeply involved in the community and to gain valuable insight into social factors impacting health."

MHS, as a health coverage provider for the state of Indiana for 30 years, understands the importance of building connections in the community to improve access to care and overall wellness. "Being able to partner on vital initiatives like this with IU Health and the Centene Foundation to impact social isolation aligns directly with our mission at MHS to transform the health of the communities we serve, one person at a time," states Christina Hage, MHS Plan President and CEO.

Originally launched in Indianapolis, CCN has served hundreds of patients through partnerships with congregations, community organizations and IU Health social workers. The expansion into Allen and Lake counties builds on this model, with a focus on training volunteers, coordinating care and measuring impact. Early interest from clergy groups and multi-faith partners in both Fort Wayne and Gary has been strong, with four new congregations joining the network so far.

► Lutheran Hospital Receives ACC Chest Pain Center with Primary PCI and Resuscitation Accreditation

Lutheran Hospital provides necessary care, resources to patients with heart attack symptoms

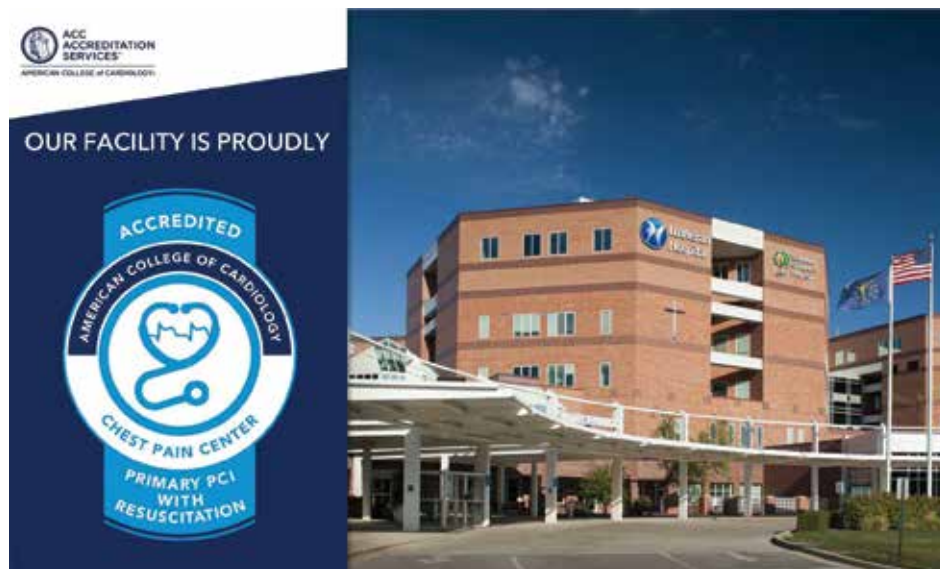
The American College of Cardiology has recognized Lutheran Hospital for its demonstrated expertise and commitment to treating patients with chest pain. Lutheran Hospital was awarded Chest Pain Center Accreditation with Primary PCI and Resuscitation in November based on rigorous onsite evaluation of the staff's ability to evaluate, diagnose and treat patients who may be experiencing a heart attack.

According to the Centers for Disease Control and Prevention, more than 730,000 Americans suffer a heart attack each year. The most common symptom of a heart attack for both men and women is chest pain or discomfort. However, women are more likely to have atypical symptoms. Other heart attack symptoms include, but are not limited to, tingling or discomfort in one or both arms, back, shoulder, neck or jaw, shortness of breath, cold sweat, unusual tiredness, heartburn-like feeling, nausea or vomiting, sudden dizziness and fainting.

Percutaneous coronary intervention (PCI) is also known as coronary angioplasty. It is a non-surgical procedure that opens narrowed or blocked coronary arteries with a balloon to relieve symptoms of heart disease or reduce heart damage during or after a heart attack.

"The American College of Cardiology has independently verified and recognized that the Lutheran Health Network is dedicated to and invested in the Chain of Survival for patients with Acute Coronary Syndrome. This begins in the Prehospital Ground and Helicopter EMS system, and extends through the continuum of care in the Emergency Department, Cardiac Cath Labs, ICU, OR, Telemetry, and Cardiac Rehab. It takes a dedicated and coordinated team of multidisciplinary health care providers to support and care for a village, and that is what we have here at Lutheran Hospital," said Dr. Jack Scott, Medical Director of the Emergency Department at Lutheran Hospital.

Hospitals that have earned ACC Chest Pain Center with Primary PCI and Resuscitation Accreditation have proven exceptional competency in treating patients with heart attack symptoms and have primary PCI available 24/7 every day of the year. As required to meet the criteria of the accreditation designation,



they comply with standard Chest Pain Center protocols and are equipped with a robust hypothermia program for post-cardiac arrest treatment. These facilities also maintain a "No Diversion Policy" for out-of-hospital cardiac arrest patients.

"Lutheran Hospital has demonstrated its commitment to providing Northeast Indiana with excellent heart care," said Deepak L. Bhatt, MD, MPH, FACC, chair of the ACC Accreditation Management Board. "ACC Accreditation Services is proud to award Lutheran Hospital with the Chest Pain Center with Primary PCI and Resuscitation Accreditation."

Hospitals receiving Chest Pain Center with Primary PCI and Resuscitation Accreditation from the ACC must take part in a multi-faceted clinical process that involves: completing a gap analysis; examining variances of care, developing an action plan; a rigorous onsite review; and monitoring for sustained success. Improved methods and strategies of caring for patients include streamlining processes, implementing guidelines and standards, and adopting best practices in the care of patients experiencing the signs and symptoms of a heart attack. Facilities that achieve accreditation meet or exceed an array of stringent criteria and have organized a team of doctors, nurses, clinicians, and other administrative staff that earnestly support the efforts leading to better patient education and improved patient outcomes.

► Lutheran Hospital Appoints Dr. Dillon Bannis as Chief Medical Officer



Lutheran Hospital, the flagship facility of Lutheran Health Network, announced the appointment of Dr. Dillon Bannis as its new Chief Medical Officer (CMO). Dr. Bannis officially assumed the role on Dec. 1st, 2025 and will be responsible for leading the hospital's clinical strategy, ensuring the highest standard of patient safety and quality care, and serving as the primary liaison between the administration and the medical staff.

Dr. Bannis brings several years of distinguished experience in clinical practice in obstetrics/gynecology, medical leadership and healthcare administration to Lutheran Hospital. He completed his residency at Mercy Hospital Medical Center in Chicago before becoming an attending physician at the same institution. He transitioned into hospital administration at Mercy as Chief of Strategic Operations and Chief Medical Informatics Officer. Most recently, Dr. Bannis was the Chief Medical Officer and Chief Medical Informatics Officer for Insight Hospital and Medical Center in Chicago.

Dedicated to patient-centered care and community health, Dr. Bannis has also led initiatives that improved access, quality and

outcomes across Chicago's South Side. Dr. Bannis served on the Near South Planning Board for Insight Hospital, advancing neighborhood-focused health planning and partnerships. He has received awards in Excellence in Minimally Invasive Surgery and Excellence in Female Pelvic Medicine and Reconstructive Surgery. Dr. Bannis also received the Health Achievement Award for his work with healthcare improvements for the city of Chicago.

"We are ecstatic that Dr. Bannis has joined the Lutheran Hospital leadership team," said Lorie Ailor, Chief Executive Officer of Lutheran Hospital. "His deep commitment to evidence-based medicine, coupled with a proven track record of fostering collaborative relationships in the community and with physicians, makes him the ideal leader to champion our ongoing mission of delivering high-quality, compassionate care to Fort Wayne and the surrounding communities."

"I'm honored and excited to get to work in Fort Wayne. Lutheran Hospital has such a strong reputation for excellence and service to northeast Indiana that I hope to be an active part of," said Dr. Bannis. "I look forward to collaborating with internal and external partners to further strengthen our commitment to quality and innovation, ensuring that every patient receives the best possible care."

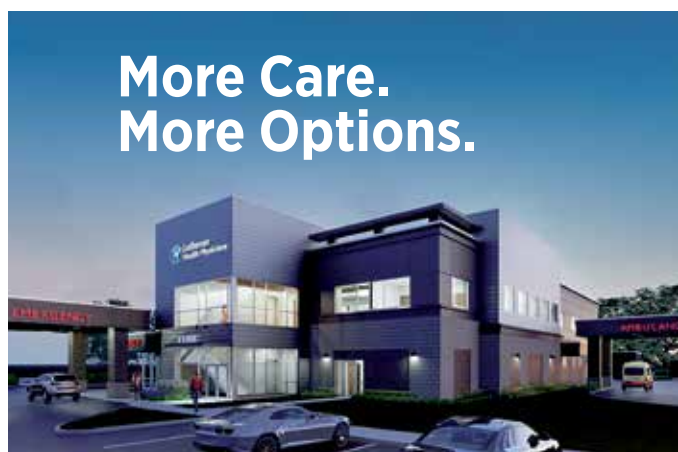
► 20 Lives, One Mission: Lutheran Hospital Reaches All-Time High LVAD Implants

Lutheran Hospital has reached a record-breaking milestone, performing 20 Left Ventricular Assist Device (LVAD) implant procedures in 2025. This achievement underscores the hospital's position as a regional leader in specialized cardiovascular care and its commitment to improving the quality of life for patients in and around Northeast Indiana.

"Each implant we perform represents much more than a successful procedure, it represents the gift of time. By reaching this record volume, we are directly contributing to the longevity of our community, allowing our patients to return to their families and reach milestones they might not have otherwise seen. It is a privilege to provide the interventions that turn a life-threatening diagnosis into a story of survival and long-term health," said Asim Mohammed MD., an advanced heart failure cardiologist with Lutheran Health Physicians.

An LVAD is a mechanical pump that is implanted into patients with severe heart failure to help the heart's main pumping chamber circulate blood to the body. The surge in procedures reflects the growing trust patients place in Lutheran Hospital's surgical teams and the clinical experience of the cardiac care team.

"Reaching this record number of implants is a testament to the dedication of our surgeons and staff," said Lorie Ailor, Chief Executive Officer of Lutheran Hospital. "More importantly, it represents 20 lives changed. Our focus remains on providing the most advanced technology with the precision and care our patients deserve."



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► Parkview's Dr. Ray Dusman honored with C-Suite of the Year award

Award presented by the Indianapolis Business Journal



Dr. Ray Dusman, president of physician and clinical enterprise, Parkview Health, accepts the Indianapolis Business Journal C-Suite of the Year Award from Lesley Weidenbener, editor and assistant publisher for the IBJ.

Photo credit: Chad Williams, IBJ Media

Dr. Ray Dusman, president of physician and clinical enterprise for Parkview Health, was honored Tuesday as one of the Indianapolis Business Journal (IBJ) C-Suite of the Year award winners.

Dusman was one of 23 business executives recognized by the IBJ on Tuesday, where the central Indiana media group also recognized six CEO of the Year awardees.

"Dr. Dusman has been a guiding hand for Parkview for more than two decades," said Rick Henvey, CEO, Parkview Health. "As Parkview's chief clinical leader, Dr. Dusman plays an essential role in planning for the future, forecasting our needs and attracting and developing a team of

world-class physicians and advanced practice providers who deliver excellent care to our patients. Parkview wouldn't be where it is today without his vision and leadership."

Dusman began his career as a cardiologist in 1989 and joined Parkview Health in 2010 as a member of Fort Wayne Cardiology, where he served as a cardiologist. He was named chief physician executive in 2013 and now serves as president of physician and clinical enterprise, overseeing all of Parkview's clinical healthcare delivery. Dusman has served on Parkview's board of directors since 2003, including service as vice-chairman continuously since 2009.

Dusman has overseen substantial growth within Parkview during his many years of service, including affiliation of numerous hospitals, the expansion of Parkview Physicians Group and the development of Parkview's graduate medical education program, first launched in 2021.

Dusman has served as the Indiana Governor for the American College of Cardiology and held leadership roles for that organization for close to 10 years. He has previously served on local medical nonprofit boards including Erin's House for Grieving Children and Matthew 25, a free charity clinic located in Fort Wayne.

"Ray has always been a great physician, a great colleague and a great friend," said Dr. Michael Mirro, chief academic research officer for Parkview Health and fellow longtime Parkview cardiologist. "He understands what it takes to be a great clinician because he is one and has led and inspired so many to greatness here at Parkview. He was an exemplar of excellence in clinical care. Our patients now benefit every day from the leadership he brings to all Parkview caregivers."

Dusman earned his undergraduate degree from Indiana University and MD degree at Rutgers University and completed his graduate medical education at Indiana University in Internal Medicine, cardiology and cardiac electrophysiology. He is board-certified in internal medicine, cardiology and cardiac electrophysiology. He also holds a master's degree in business administration from the University of Notre Dame.

► Parkview Health earns Great Place To Work certification



Parkview Health has recently received its first-ever certification by *Great Place To Work*®, recognizing Parkview for its excellent culture and workplace environment.

Parkview's job satisfaction was 30 percentage points higher than the U.S. employer average.

"At Parkview, while our co-workers are focused on providing excellent care to those we serve, we are focused on cultivating a workplace culture that helps attract, and most importantly, retain the best talent," said Dena Jacquay, chief administrative officer, Parkview Health. "We are extremely grateful and humbled that our co-workers have once again made it clear that Parkview – is a *Great Place To Work*."

Great Place To Work is the global authority on workplace culture, employee experience and the leadership behaviors proven to deliver market-leading revenue, employee retention and increased innovation. According to *Great Place To Work* research, job seekers are 4.5 times more likely to find a great boss at a Certified great workplace. Additionally, employees at Certified workplaces are 93% more likely to look forward to coming to work, and are twice as likely to be paid fairly, earn a fair share of the company's profits and have a fair chance at promotion.

In order to receive certification, Parkview provided information about its workforce, benefits and culture and surveyed co-workers asking what they thought about working for Parkview.

Parkview regularly solicits feedback from co-workers, whether through the systemwide Listening Tour focus groups, an annual culture survey, stay interviews with co-workers, or the CEOonDemand platform. Numerous new benefits have come in direct response to co-worker feedback, with nearly two dozen changes as part of the ongoing *Your Voice Matters* campaign.

Parkview currently employs more than 17,500 people across more than 20 counties and maintains a voluntary retention rate of more than 90%, more than five percentage points higher than national benchmarks for healthcare organizations.

► Parkview's Dena Jacquay named to Inspiring Leaders list *Selected among 24 CEOs, 18 executives in 2025 awards program*



Parkview Health Chief Administrative Officer Dena Jacquay has been selected to the 2025 Inspiring Leaders list by Inspiring Workplaces Group.

The Inspiring Leaders Awards celebrate the PeopleFirst leaders who go above and beyond to create positive impact for their people and their organizations alike. Complementing the global **Inspiring Workplaces Awards** — where Parkview Health ranked as the **No. 1 nonprofit and No. 31 overall in North America and No. 43 globally** this year — these awards recognize the individuals whose actions uplift their people, strengthen culture and put their workers first every day.

Inspiring Workplaces Group recognized 24 CEOs and 18 executive leaders on its 2025 list.

"Dena is a big part of the reason why Parkview has been so frequently recognized as a top workplace in Indiana, the U.S. and on a global scale," said Rick Henvey, CEO, Parkview Health. "Dena's passion for shaping Parkview's culture of excellence is exemplified by her tireless work to meet with and listen to co-workers as part of our systemwide Listening Tour and then to work closely with our leaders to bring about the new benefits and changes that our co-workers want. While Parkview's caregivers provide excellent care for the patients we serve every day, Dena leads the charge when it comes to caring for our co-workers."

The honorees selected for the 2025 Inspiring Leaders list were nominated by their employees and selected based on how they communicate purpose, build trust and lead inclusively. Each embodies the qualities of an inspiring leader, those who: clearly connect people to the organization's mission, values and goals; create belief and shared purpose; build trust through openness and authentic engagement; foster confidence in leadership; actively champion a culture of belonging; ensure every voice is heard and valued; and empower employees to share ideas and

shape decisions, helping them feel invested in the organization's direction.

Jacquay joined Parkview in 2000 and has served in a variety of key leadership roles over the 26 years. As chief administrative officer, Jacquay directly oversees key strategies and business functions, including human resources, community impact and foundation, information systems, marketing and communications, patient experience, supply chain, public safety, nutritional and environmental services, and facilities engineering.

Jacquay has led Parkview's systemwide Listening Tour effort, first launched in mid-2024. During tour stops, Jacquay meets with a small focus group of co-workers to discuss their experience working for Parkview and to receive ideas and feedback about their roles and their workplace environment. Feedback gathered from the tour, which includes over 80 to date, around Parkview's 22-county service area, has led directly to creating change at Parkview.

Jacquay has encouraged an approach of "radical flexibility," to try new things and find more ways to say "yes" to new opportunities or ideas.

"Dena gives our leaders the tools to shape their workplaces, inspire their teams and deliver for their patients," said Dr. Ray Dusman, president, physician and clinical enterprise for Parkview Health. "Dena supports initiatives big and small that provide professional and personal support to our physicians, our nurses and our co-workers. These programs ensure that Parkview not only attracts the best healthcare professionals, but helps them to grow and bring their best to work every day."

Parkview was recognized for its workplace culture numerous times so far in 2025, including being named the **No. 5 Most Loved Workplace** in the U.S. by the Best Practices Institute; selected as one of **Becker's Healthcare's 150 Top Places to Work in Healthcare**; named a **Newsweek Best Places to Work in Healthcare**; and selected as a **Forbes Best-in-State Employer** for the fourth consecutive year.

"These awards celebrate those exceptional leaders who make a tangible, positive impact, setting a standard of empathy, integrity and vision that resonates throughout their teams," said Matt Manners, CEO and founder, The Inspiring Workplaces Group. "You can see that by the testimonials their colleagues shared about them in the entry process. They are the catalysts for change, sparking innovation, engagement, a sense of belonging and proving that leadership is about elevating others as much as oneself."

To see the full list of 2025 winners, visit inspiring-workplaces.com/awards/inspiringleaders.



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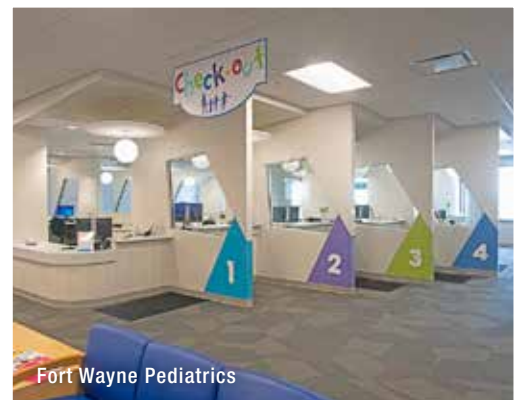
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