



Fort Wayne Medical Society Foundation turns 60! pages 19-22

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## Fort Wayne Medical Society

## Mission Statement

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

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

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

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

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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.

## 175th Convention Recap

There were 59 resolutions this year (not including expiring resolutions up for renewal), of which 23 were approved as introduced, and 18 were approved with amendments.

## New officers are: President:

William Pond, MD (elected 2023, began his term at Convention)

#### President-elect:

Ryan Singerman, DO

## Speaker of the House:

Andrew Trobridge, MD

## Vice Speaker:

Alexander Choi, MD

#### Treasurer:

Shalin Arnett, DO

#### **Assistant Treasurer:**

Seung Sim, MD

#### **AMA Delegates:**

Rhonda Sharp, MD; Vidya Kora, MD; Thomas Vidic, MD (completing the term of David Welsh, MD, following Welsh's election to the AMA Board)

## AMA Alternate Delegates:

Lisa Hatcher, MD; Tashera Perry, MD; Roberto Darroca, MD (completing Dr. Vidic's term)









## Dr. William Pond: Elected as the ISMA President



Colonel (ret.) (Dr.) William W. Pond last served as Indiana State Air Surgeon, JFAC-IN (HQ IN ANG). His responsibilities included the Fort Wayne 122 MDG and Terre Haute 181 MDG as well as geographically separated units throughout Indiana. His responsibilities included ensuring that all aspects of

medical and professional care are performed thoroughly, accurately, and professionally.

A lifelong resident of Northeastern Indiana, the colonel graduated from New Haven High School in 1972; he attended Butler University from which he graduated summa cum laude with highest honors in both Chemistry and Zoology in 1975. He graduated from Indiana University Medical School in 1979 followed by a residency in Anesthesiology. Due to a critical need for physicians following the Gulf War in 1992, Dr. Pond volunteered as a true citizen soldier and received his commission; he earned Flight Surgeon Wings in 1993 as the Aerospace Medicine Distinguished Graduate. As a citizen militiaman, he continued his military service while engaged in the full-time practice of medicine and as an active member of his community.

Dr Pond is a Fellow of the American Society of Anesthesiologists with 42 years' experience in a tertiary care community hospital in which he personally provided anesthesia care for all surgical subspecialties including cardiac and renal transplantation, major vascular, neonatal, neurosurgical, pediatric, orthopedic, and obstetrical. As Clinical Assistant Professor for the Indiana University School of Medicine, he has taught the Anesthesia & Critical Care Skills and Pharmacology course for the last 41 years for medical students, orthopedic and family practice residents. He is an instrument rated single engine land and sea plane pilot, avid skier, mountain climber, high altitude physiologist, pianist, bagpiper, beekeeper, certified SCUBA Master & Rescue Diver, and prior Boy Scout Leader. He was ATLS, PALS, ACLS, EMT/ Paramedic instructor, past-President of the 850 physician Fort Wayne Medical Society, and Team Physician for WWII Veteran Honor Flights, general medical officer at the Turtle Mountain Indian Reservation, physician for humanitarian medical missions having served in Palestine, Thailand,

China(x2), Honduras, Dominican Republic(x2), Brazil, Morocco, India, Bangladesh, Jordan, Mexico, Egypt(x2), Haiti and Bulgaria. In 2005, he led the Indiana Joint Task Force Katrina Air Guard Medical Response to the Mississippi Gulf Coast. He was named "National Medical Officer of the Year, 2006" by the Air National Guard and in 2011 the 30th Anniversary IU School of Medicine/Fort Wayne "Outstanding Physician Educator," in 2013 he was awarded the "Raymond L White Award for Distinguished Military Service," and in 2020, the Alpha Omega Alpha Faculty Award. During the 2007 "Surge," he commanded the Air Force 447 EMEDs Hospital in Baghdad, Iraq. He served as Medical Investigating Officer for Aircraft Mishap Investigation Boards (2008 T-38, Sheppard AFB; 2009 HH-60, Bagram, Afghanistan; 2009 training fatality, JB Andrews (Board President) & 2015 F-16, Douglas, AZ for Iraqi AF Commander, 2012 ANG medical representative for the US Presidential Budget Operation Execution Working Group (OEWG), 2011-2013 Chair NGB Joint Surgeon General's FAC and 2014 Commander of Fort Wayne Commandery No. 4, Knights Templar. He served as the ANG Medical Service representative to the Air Director's Field Advisory Council (ADFAC), USAF/ANG National Level 1 Credentials Reviewer, and prior Medical Director of Fort Wayne IU ASC, PM WM Wayne Lodge #25 Dr. Pond continues to serve as Deputy TPM Scottish Rite, President, Executive Board, Fort Wayne/Allen County Department of Health; his current positions with the Indiana Medical Association include: Executive Committee, Chair Constitution & Bylaws, Commission on Legislation, President of the ISMA and President Indiana Medical Foundation.

#### **EDUCATION:**

1975 Bachelor of Science Degree in Chemistry and Zoology, Butler University, Indianapolis, Indiana 1979 Doctor of Medicine Degree, Indiana University School of Medicine, Indianapolis, Indiana 1982 Residency in Anesthesiology, Indiana University Medical Center, Indianapolis, Indiana 1997 Air Command and Staff College, by correspondence 2000 Air War College, by correspondence

continued on page 8

## Following is a reprint of Dr. Pond's acceptance speech:

#### Physician-led care:

Restoring and preserving the health of our fellow Hoosiers is a high and noble calling; I thank you for the privilege of leading this organization of physicians who provide that care. Medical care is a team effort; the best person to lead that team is the most highly trained, responsible, and rigorously selected person- the physician - it is you in this room and our physician colleagues. Imagine a football team without a quarterback or ship without a captain. Everyone plays an indispensable role when we provide care for our patients: not just physicians, but also physician assistants, nurses with various levels of training, dietitians, housekeeping, medical records, security, technicians, pharmacists, and administrative support. Each should be appreciated for the unique and special skills that advance the care of our patients. The responsibility delegated to specially trained assistants should be determined by the physician based not only on level of training, but clinical competence, roles, and level of trust. ISMA firmly believes in the team practice model with the physician leading it.

#### Transparency of Medical Provider Care:

Dr. Huber and Dr. Azad eloquently noted that patients also have a right to know the degree of training and level of responsibility of those involved in providing their care. All medical workers, including nonphysicians, are to be commended for endeavoring to provide a professional appearance, but a white coat with a clipboard and a stethoscope around the neck do not qualify that person to be a director of the patient's medical care. No wonder patients are confused. When patients see a pharmacist, dietitian, therapist, nurse, it is easy for them to improperly assume qualifications and responsibility that these important team members do not possess. ISMA advocates for transparent badging and titles, so that patients know the qualifications and level of authority of the team members providing their care. These are physicians.

The ISMA led the way in winning passage of one of the first state laws to make clear that the title of doctor communicates to our patients a specific promise of qualifications and training. Be assured that we will continue our work on transparency in patient care.

#### Competition and Patient/Physician Freedom:

The ISMA has also made progress toward tearing down the barriers created by non-compete clauses. As physicians, we have seen the tragic impact of these provisions more often than you may think. Physician autonomy or rather lack thereof was identified as a major factor in "physician burnout." When employment conditions change or become overly burdensome, physicians must have the right to change their employment arrangement. Indiana is an "at will" employment state, which means that you may quit, or your employer may fire you for any reason - or no reason. But with noncompete clauses, when the relationship ends, the employer may stay in town, but you must leave your home, your friends, your community, and your patients. Imagine that you've had a long day, it's time to go home, and your employer now demands that you stay late to work on medical records or work on them at home in your "pajama time," or that you must decrease your time spent with each patient to generate more revenue, or that you can no longer see your patients in the hospital, or that you cannot cut back to take care of your children or your debilitated spouse. We as physicians and our patients must have freedom to maintain our relationships and remain in our communities. Physicians, especially younger ones who are saddled with debt, have no leverage to negotiate a contract without a noncompete clause when all the employers have colluded to make noncompete clauses a condition of employment. Going to court may ultimately be successful, but can take years, and tens of thousands of dollars. Most physicians stay trapped in the undesirable situation or simply leave town. This deprives patients of their choice of a physician and the doctor of the freedom to work.

Happily, the times they are "a-changing." The fight for common-sense employment rights has been a long one; the actions by state and federal government and by some individual employers show that physicians' voices are being heard. Because of the work of all of you in this room and the ISMA, 14 months ago, the Indiana General Assembly extended protections against noncompete contracts to all primary care physicians in Indiana. In November, Eskenazi Medical Group, the 6th largest in the state, removed non-compete clauses from all

physician contracts, regardless of specialty. During its consideration of a rule to ban noncompete contracts, the Federal Trade Commission received 26,000 public comments of which more than 25,000 supported an end to this unfair and anti-competitive practice. So, in April, the FTC banned noncompete contracts for all physicians under its authority. Since the FTC protections may face years of litigation, it is essential that the Indiana General Assembly act now to afford the protections to all Indiana physicians; such equality can be accomplished, for example with a simple strike out of 2 words. With your help, the ISMA will continue to work to level the playing field.

#### **Prior Authorization:**

Twenty-three states have now enacted laws addressing the senseless burdens of prior authorization. All of us have experienced this, probably too many times. For example, your patient has tried an orderly, stepwise, medically sound progression to arrive at the least expensive and most effective medication, which was well documented and approved. Then the insurance company, pharmacy benefit manager or formulary changes and the patient must start the process all over again. This is causing real harm to real patients. Then, the physician or staff must spend hours of uncompensated time hacking through mazes of red tape; this takes away from time that should be spent on our patients. We understand that patients have a right to select their insurance carrier and determine the benefits that will be covered – but it is the interminable delays and hassle factor to which patients and physicians object. When flying an airplane, there is a checklist before takeoff. Medicine should have the same type of checklist, developed by physicians in conjunction with the insurance companies to expedite approval. And Indiana should join those states which have adopted a "gold card" rule: a physician whose prior authorization requests are approved 95% of the time should earn the right to receive blanket approval for specified medications or procedures. When we speak with our legislators and governmental experts, they are guided by data and by personal stories. The ISMA has been collecting this data and these stories; please continue to send them in because they do have an impact.

#### **Protection of Physicians:**

This year, we received a reminder of how the ISMA's work years ago continues to have an important and positive impact years later. None of us will soon forget the first months of the COVID pandemic: Diagnosis and treatment by video, schools and businesses closed, patients isolated, terrified to leave home, single patient masks used for the entire day, shedding clothes at the home door for an immediate shower. Physicians valiantly did the best they could, treating patients every day when others were afraid to go to work. With the work of you, the ISMA, and the Indiana General Assembly, legislation was enacted to protect physicians working in these difficult dangerous times and to be held accountable to the standards of that time, not later when the pandemic subsided and resources were again available. As memories of the emergency faded, those protections were challenged. The Indiana Court of Appeals turned to the ISMA, and a brilliant amicus curiae (friend of the court) brief shepherded by our remarkable Executive Vice President Julie Reed guided the decision that preserved these protections for all of us.

#### Summary:

Colleagues, legislation and policy will be made, and fiscal allocations made, with or without us. It is critical that we physicians be intimately involved. We have continuing work to do to promote the medical care team, transparency, access of patients to their physicians, physician freedom, prior authorization, and protections for physicians.

We are here because of the support of so many to whom we owe great gratitude: our parents, family, physician colleagues, ISMA staff, our patients, and communities, and for me, my wife Camille, past National President of the AMA Alliance.

#### **Concluding:**

The future remains bright for us in medicine: more than any profession, we are blessed to be able to render vital services to patients in their most vulnerable time, to share their most intimate confidences, to enjoy great community respect and to use our minds and skills to their utmost potential. With all of you here we will continue to lead good, fulfilling lives with a sense of purpose.

## Residency 101

Ushna Ejaz, MD



Beep beep, the alarm went off at 5 am, but I'd been up since 3 am. Holding my 6 month old baby I ran to prepare a bottle for my 18 month old. I glanced quickly at the laundry pile to make sure my husband and I both had clean scrubs for that day. We divided the kids,

trying to put them back to bed. The front door opened: my nanny was here, thank God. I had 10 minutes to squeeze in a shower or breakfast. Shower, duh.

Starting intern year with 2 under 2 sounded like a death sentence. Going through it, I realized maybe death would have been quicker, if not easier. I reached work, received a sign out from the night float, and set myself for another call day. As I poured coffee, I realized I could have had it worse. At least I wasn't getting Ubers at 5:45 am, which was extremely unreliable, not to mention arduous. I missed home, missed food... how I wished I could have a warm breakfast. But there was no time. Being new to the EMR, all tasks took me twice the amount of time it would normally take.

Moving to a new country, having kids in a completely foreign environment, getting used to the fast paced work life in the US health system, the constant cortisol peak has taken its toll on me. I found myself struggling with sleep deprivation, social isolation, questioning my decision to do this. I wasn't the only one struggling. I found that most of my peer residents dealt with hormonal imbalances, constipation, hemorrhoids, and weight loss/ weight gain. Moon face was a common look.



Often our only meals were the ones graciously provided by Parkview Hospital. The snacks in the residents lounge, though not the healthiest, were still enough to keep us going.



Everyone found their ways to cope. As my peers got together every other evening to vent after work, I found myself wanting to stay behind to spend those precious 2

hours with my babies. I cut back on a lot of stuff – eating, sleeping, bathroom time, self care. Everything took a back seat as I made intern year and my family my only priorities. It took its toll, when I developed severe health issues by March of the intern year.

I remember being scared of sharing my health problems with my program leadership, because somehow I felt my performance would determine how they would respond to all future mom applicants. How my overworked brain made that connection is something I cannot comprehend now. But one year ago, it was a significant added stress. To call all that baseless wouldn't be entirely untrue because I recall overhearing co-residents commenting on how I "should stay home and take care of kids". Some questions were direct: Did I pump?, Did I want another baby? Other concerns were discussed behind my back.

Initially a little shaken by the audacity, I tried to shake off the self-doubt, which was now creeping into my work and ruining my confidence. Pretty soon I focused on all the constructive feedback I got, and started to ignore the comments on my personal choices. I focused on becoming better as an intern and learning. And oh, I had so much to learn. It was a whole world of knowledge. And I wanted to soak it all up!

It did have its effect. My patients improved, my plans became more structured; my confidence increased once I found my voice in the sea of voices that surrounded me. It was probably the hardest thing I had to do. All my life, I've lived by a rule. I called it Dush's law: "if you want to truly do something, you will find

reasons to do it." So I found my reasons: the first reason will always be my beautiful family. Secondly are my patients whom I'm lucky enough to treat. Thirdly are my talented faculty and mentors who work so hard to build me into who I currently am. And it's true, when you're following your passion, you don't get burned out.

By the end of my first year, I was meeting most of my professional and personal goals. I still struggle with child care (I really wish hospitals here had attached day-care program). I also began to understand the struggles of healthcare here in the Midwest. A severe shortage of doctors, especially in the peripheral hospitals with census going up to 40/45 patients per doctor. Though our wonderful PA's and NP's struggle to help with the patient load, it's hard to deny the glaring shortage of doctors. Especially female doctors in fields like cardiology, ortho, neurosurgery etc.

And while I doubted my being here initially, here's my two cents on female physicians, especially mom doctors: in my experience they are all something out of this world! You won't find anybody who's more efficient than us. Our baseline mom anxiety drives us to outperform everything. We know what it's like to have lives depend on us, so we take the responsibility of our patients' seriously. We are used to communicating



and interpreting without a lot of words. It's a superpower you don't get until you get it. Lastly, we treat our jobs as a privilege because not every mom gets to make the decision of following her medical career path

freely. So next time you see one of us in the hospital, tell us we're doing a good job.



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## Reviewing Your Financial Goals | STAR Wealth Management Team

It is hard to believe that we are now in the fourth quarter of 2024, with a new year coming soon. And while we believe that clients should have long-term goals with appropriate long-term time frames, STAR Private Advisory suggests you address the following topics in the short-term.

- 1. First, review your non-qualified investment portfolios for unrealized losses. Potentially, unrealized losses can be turned into realized losses, thereby decreasing your current tax liability. Your wealth or tax advisor can help you with this. This practice is known as loss-harvesting and should become an integral part of your journey to financial wellness.
- 2. Review your charitable and philanthropic goals. Philanthropy should never be driven solely by tax considerations, but there may be tax benefits that help you and your family achieve your philanthropic goals. Gifting highly appreciated assets to important charities should be part of your philanthropic review. Individuals older than 70 ½ can make qualified charitable distributions directly from their Individual Retirement Account (IRA). Your wealth advisor can help you determine the optimal way to satisfy your charitable goals.
- 3. Review your Annual Exclusion Gifts. The IRS allows an individual to gift \$18,000 to anyone, without tax consequence. A married couple could give \$36,000 annually to each of their children, to each grandchild and so forth. Since many of us would not want to gift \$36,000 outright to a seventeen-year-old, consider establishing a 529 College Savings Plan for your younger loved ones. This approach helps to fund ever increasing education costs, and potentially reduces your taxable estate. 529 Plans are easy to establish and are very flexible. Your wealth advisor can help you do this.
- 4. Review and understand your combined marginal tax rate: Federal + SALT (State and Local Taxes). Lower tax rates plus changes in the bond markets mean many investors no longer need to use muni bonds in their non-qualified portfolios. The decision as to whether municipal (tax-free) bonds or corporate (taxable) bonds are used is solely driven by the combined marginal tax rate. In many instances, municipal bonds that were purchased four to five years ago have significant unrealized losses that can be harvested, and the proceeds directed to taxable bonds which may have higher after-tax yields than that of the municipal bonds.

5. And finally, for those individuals with potential estate tax liabilities, now is the time to act. On January 1, 2026, the federal gift and estate tax exemption will decline from the current amount of approximately \$13.6 million down to a range of \$7 to \$8 million. An individual with a current taxable estate valued at \$12 million would face no estate or gift tax if they were to pass away between now and January of 2026. If instead the individual were to pass away in January of 2026 with the same level of wealth, they would owe an estate tax of \$1.5 to \$2 million.

## Those with the potential for a taxable estate in 2026 should consider:

- Accelerated gifting: Remember the point above about being able to gift \$18,000 to anyone? Well, imagine a married couple, each with three married children, each having three children. In this example, \$540,000 can be gifted annually to their children, their children's spouses, and their nine grandchildren without any gift and estate tax consequences. Executing this accelerated gifting strategy in 2024 and in 2025 would reduce the married couple's taxable estate by nearly \$1.1 million.
- The creation of a Spousal Lifetime Access Trust (SLAT), an estate planning tool that irrevocably transfers wealth to your spouse. The SLAT will not be considered part of your estate at your passing. Your spouse can draw on the account for the two of you to support your standard of living. At the spouse's passing the remaining assets are transferred to your designated beneficiaries.
- Gifting closely held business interests is a powerful wealth transfer tool. Valuation discounts can be applied that lower the gift value; thus, a gift of \$100 of closely held business assets may be worth only \$60 to \$70 for estate tax purposes.

Families with the potential for estate tax liabilities should act now, since the creation of a SLAT, transferring closely held business assets, or executing other estate planning strategies simply take time.

The professionals at STAR Financial Bank can be your partners on your journey to financial wellness. Our experience and expertise can help you and your family have a more abundant life by working with us. Please call Kate Miller, the President of STAR Private Advisory, if you would like to discuss how STAR Financial Bank can become your trusted advisor.

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## Illicit Fentanyl - The Silent Killer

E.Jon Brandenberger, MD, MDI, Allen County Coroner, Family Physician, Parkview Physicians Group



We have all heard of the fentanyl epidemic that has ravaged our country in recent years, leaving behind a legacy of senseless death and loss. As if this story could be any more

tragic, fentanyl's toll on our young people has been especially cruel.

Generalities only set the scene. Put into perspective with real-world numbers, this epidemic is even more tragic and startling.

In 2022 – a single year – overdose deaths from all substances were just under 108,000 nationwide. Imagine the outrage if that number were a jumbo jet with 295 passengers crashing daily. Every 28 weeks in 2022, the same number of Americans died from overdose – 58,000 – as were lost in the Vietnam War.

These extraordinary numbers of needless deaths have not spared the community we live in and love.

Fentanyl, a synthetic opioid, was first synthesized by Paul Janssen in 1959. It was approved for medical use in the United States in 1968, and became the most often used opioid for intraoperative analgesia. Since the early 1990's the fentanyl patch is commonly used for chronic pain from various causes. Fentanyl is 100 times stronger than morphine.

My first experience with fentanyl overdose deaths was in the mid 90's when a nursing home aid collected used Duragesic (fentanyl) patches, microwaved them to crystalize any residual fentanyl, collected the residue and placed into a crack pipe to smoke it. She overdosed and died as a result.

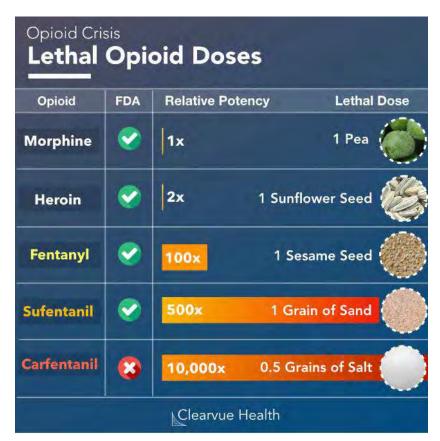
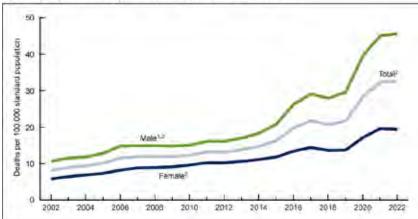




Figure 1. Age-adjusted rate of drug overdose deaths, by sex: United States, 2002-2022



Significant increasing short from 2002 to 2002, with different times of charge-cover area, p. < 0.03.

OTTES: Disg oversions deaths were destribed using international Distantiation of Diseases. (On Pavision underlying saute-of-basis codes x465–x44. xin0–x44.

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A man, whom some consider to be the godfather of fentanyl, was a high school dropout and a self-taught genius chemist. In 1961, when he was 15 years old, he first synthesized heroin in his parents' basement. By the early 90s, he had become the first person in America to have illegally produced fentanyl, a drug 100 times more potent than morphine and 50 times stronger than heroin. (There is an excellent four part series on Fox Nation on the Godfather of Fentanyl.)

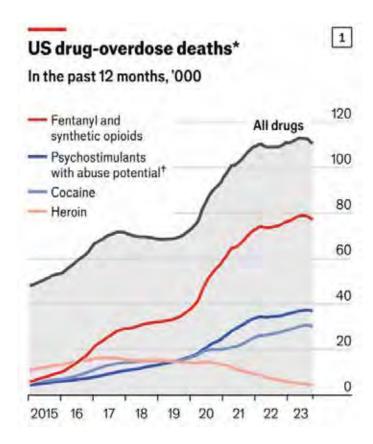
In Allen County from 2019 through 2023 there was encouraging news. Fatal overdoses in Allen County dropped from 154 in 2022 to 120 in 2023. Additionally, statistics through August 2024 look promising, as nonfatal overdoses are down 31% from the same period in 2023. This is a significant drop, thanks to Fort Wayne Police Department's Hope and Recovery Team (HART) program and other community-based efforts. Another significant influence was the easier access and distribution of Narcan, which reverses the effects of opioids. Encouraging, but 120 deaths are still tragic and needless.

The discouraging news in the stats is that non-fatal overdoses stayed the same from 2022 to 2023. People are still overdosing, but fewer are dying from overdose. Also discouraging is the increase in the number of child and adolescent overdose fatalities in Allen County. In 2022, there were two such deaths, a four-year-old who found some fentanyl and cocaine and ingested it, and a 16-year-old fentanyl overdose. In 2023 There were seven child and adolescent overdose deaths: A 14-year-old, two 15-year-olds, three 16-year-olds and a 17-year-old.

Observations are that when adolescents take a pill they are often alone, perhaps a pill that looks like a Xanax a parent takes or a Percocet that mom took postoperatively. They take the pill alone and many die as a result. Six out of 10 pills purchased on that street that appear to be opioids are in fact laced with lethal amounts of fentanyl.

When individuals over 20 years old take a street purchased drug, they often do it with others around who likely have Narcan close by.

In 2004, after six teen deaths in car crashes, my office launched Drive Alive, now drivealiveindiana.org, a not-for-profit helping parents of new drivers develop safe





#### PERSONAL EFFECTS OF FENTANYL

- Relaxation
- · Intense sense that all is right, even excitement (euphoria)
- · Slowed movements and slurred speech
- · Constricted, small pupils
- · Somnolence, sleepy
- · Falls asleep, then unusually loud snoring
- · Breaths get longer between and more shallow
- Finally respirations depressed to point of not enough oxygen available to the brain & body
- · Respirations stop and heart stops & death

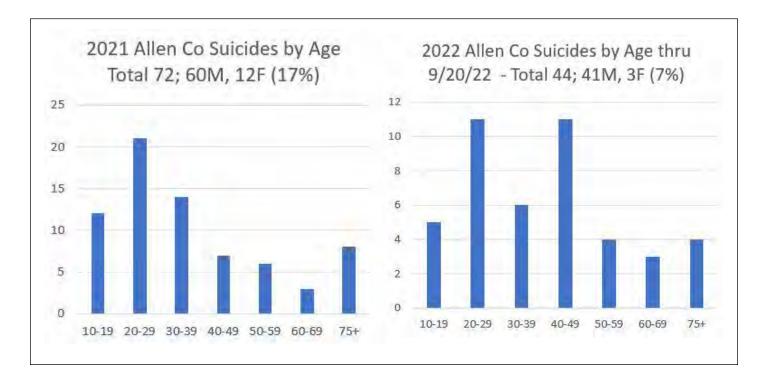
continued on page 16

habits with an aim to save teen lives. In the same vein, the Allen County Coroner's Office has partnered with the Allen County Commissioner's Office and other organizations to bring awareness to kids and parents of the extreme danger of taking a pill from a friend.

Our community and so many others are confronted daily by the terrible combined tolls of the mental health crisis and the easy access to substances laced with fentanyl. We in law enforcement see this first-hand all too often. Now parents and caregivers can see the same information by visiting our new campaign called "One Pill Can Kill" by visiting www.remedylive.com/onepill.

As Allen County Coroner, my office has a very specific job: Identification and determination of cause and manner of death. But this work has also ignited in me a deep conviction and a sense of moral duty to our community to prevent needless death and suffering. The Allen County Commissioners felt this the same conviction and secured significant funds from the opioid settlement to create the One Pill Can Kill campaign. Leaders in Allen County sought to reach the community, especially our young people and their parents, with a message about the very real danger of taking a pill that could unknowingly be deadly. Because one pill really can kill.

#### Allen County Fatal vs non-fatal overdoses in Allen County Child & Adolescent OD Fatalities 2019 144 vs 829 2023 2023 2020 145 vs 1243 4 y/o Fentanyl & cocaine 17 y/o Effexor 2021 173 vs 1227 16 Fentanyl 15 Fentanyl 2022 154 vs 959 16 Fentanyl 16 Fentanyl Observations are that when adolescents 2023 120 vs 959 take a pill they often are alone. 14 Fentanyl 15 Fentanyl combo When young & older adults take a pill. In the past 2 years fatal overdoses declined, 154 to 120 they are often with others, who can assist 16 Fentanyl However non-fatal overdoses have not declined 959 and 959 with Narcan



To get this message heard, we needed a partner that knew the pulse of the youth of our community. RemedyLIVE is that partner. There is no other organization better than RemedyLIVE at listening to and having meaningful conversations with those we needed to reach. People hear a message best when it is delivered by a voice like RemedyLIVE that listens, communicates and delivers HOPE.

Problems on the scale of a drug epidemic are terrifying. Few of us even know where to start combating the threat. In Allen County, the good news is that the One Pill Can Kill web site can be the first step many of us are looking for. Spend a moment there today with your family and start a conversation that could save a life.

Every era brings with it great opportunities as well as great challenges. The fentanyl epidemic is the challenge of today.

## Agencies Supporting Today's Efforts

- · Allen County Child Fatality Review Team
- · Fort Wayne Police Department
- Fort Wayne Fire Department
- Allen County Sheriff's Department
- · Allen County Prosecutor's Office
- · Allen County Board of Health
- Allen County Coroner's Office
- Indiana State Police
- · Mayor Sharon Tucker
- · New Haven Police Department
- TRAA
- County Fire Dept's NW, SW, EC, NE, WC
- Fort Wayne Community Schools
- · Northwest Allen County Schools
- Southwest Allen County Schools
- · East Allen County Schools
- Drive Alive
- · Remedy Live
- · Drug and Alcohol Consortium
- · Fort Wayne Recovery
- Allendale



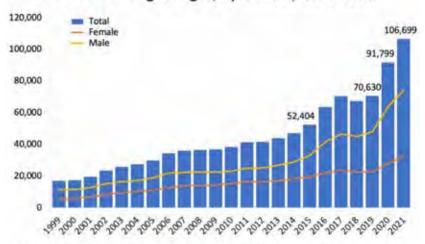
## It takes only a few grains of fentanyl to cause an overdose

ABOVE: A lethal dose of heroin compared with a lethal dose of carfentanyl and fentanyl

RIGHT: Lethal dose of fentanyl compareed to a 1 cent coin.



Figure 1. National Drug-Involved Overdose Deaths\*, Number Among All Ages, by Gender, 1999-2021



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# Fort Wayne Medical Society Foundation - Revitalized and Ready! | Joel Harmeyer, Executive Director, FWMS





During a Society meeting on October 27, 1964, Dr. William Clark appeared before the board to propose the establishment of the Fort Wayne Medical Society Foundation. Taking a cue from other county medical societies at the time, Dr. Clark envisioned launching a foundation to collect and combine physician giving in the name of the Fort Wayne Medical Society. Organizing charitable donations under one entity was also desired to bring public awareness of the Society to the larger community. The proposal was unanimously approved.

It is fascinating to look back at this proposal sixty years later knowing what the FWMS-Foundation has become. Across those sixty years, our foundation is now the fiduciary agent to three organizations (Fort Wayne Medical Education Program, FWMS-Alliance, and Council on Senior Services). The foundation has also grown its giving portfolio to over one million dollars. Throughout its history, the FWMS-Foundation has incubated two medical non-profits that have become pillars of our healthcare community (Neighborhood Health and Healthier Moms & Babies).

It is also interesting to note that within the last ten years, both our foundation's overall fiscal value and its giving process are both revitalized and functioning at a high level. Much of our success is due to the wonderful leadership provided by Sharon Singleton, MD, president of the FWMS-Foundation. She added two non-physician board members to offer a community perspective. These two directors, Linda Buskirk and Roger Reece, have offered valuable insight into gaps in local giving while establishing a specific yearly giving process we follow to ensure consistency and fairness.

Also critical to our financial growth, was our Treasurer at the time, Scott Stienecker, MD. Dr. Stienecker, now the FWMS Chairman of the Board, consolidated several charitable accounts across various financial institutions. These funds were yielding less than ideal rates of return. Dr. Stienecker was instrumental in changing our investment strategy to stocks and bonds that produce higher returns while mitigating risk through a balanced portfolio.

Both Drs. Singleton and Stienecker oversaw the sale of 709 Clay Street and invested the proceeds into our new investment strategy. The foundation still resides at 709 Clay Street, now as tenants, eliminating maintenance and utility costs. As of this writing, our investment fund at Raymond James, lovingly called the "Building" fund, has a value of \$1,051,000.

Following the specific giving process that began in 2020, the directors of FWMS-Foundation have authorized the distribution of \$131,096 to date. See the infographic below for a complete list of organizations that received funds.

Before awarding funds, we vet each organization through site visits and talks with upper management. The gifts we award are unrestricted, so we want to make sure recipients have a plan for the amount received.

The most rewarding part of this process is awarding funds. We distribute funds close to the holidays each year and hear wonderful stories of how our gifts are put to good use. The unrestricted nature of our awards allows organizations to start and/or finish projects, provide additional staff training, or help with operating costs. The average FWMS-Foundation gift is \$5000.

As we enter our sixty-first year, the FWMS-Foundation is truly making a difference in Allen County. We have money to gift, a process by which to distribute that money, and a list of prequalified local organizations that pursue causes important to our members. The only missing piece is...YOU!

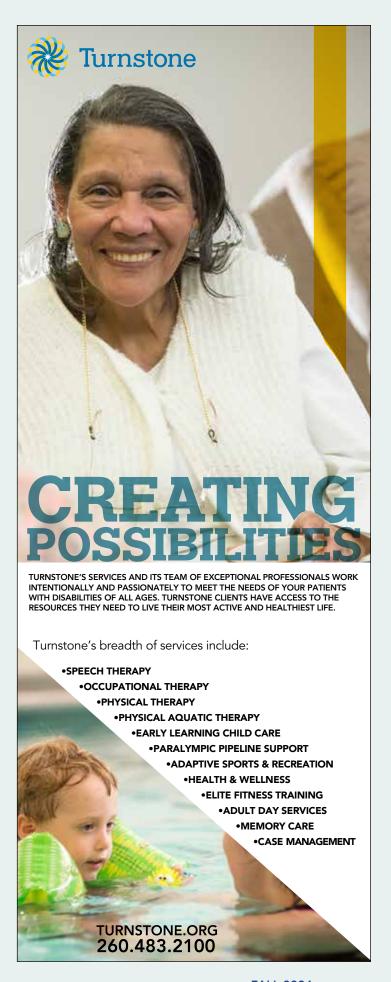
We want to do more. We want to help more organizations. We can only do that with a larger giving portfolio. Members regularly tell me they are interested in being more charitable, but do not know where to begin. When you make a gift to the FWMS-Foundation, your money is going to local organizations hand-selected by your colleagues.

As the year winds down, it is the perfect time to donate to the FWMS-Foundation. If you have questions about any part of this process, we have trusted partners ready to assist. To get started, call the FWMS office at (260) 420-1011 or send me an email at: joel@fwms.org.

When I think back to that important meeting in the fall of 1964, I know the physicians who launched the FWMS-Foundation would be proud of our progress. Let's honor them by doing even more to improve the quality of life for residents of Allen County.

Allen County
Non-Profit Organizations
That Have Received
FWMS-Foundation Gifts

FWMS - Alliance
Positive Resource Connection
The Carriage House
St. Joseph's Mission
Turnstone
Kerith Brook
Journey Beside Mothers
Mission: Motherhood
IUSM-FW Student Emergency Fund
Parkview Foundation
Vera Bradley Foundation
Matthew 25
Blue Jacket
Community Harvest
Rescue Mission



# The Heart of Healing: Local Doctors Uplifting the Community | Roger Reese, Executive Director, Associated Churches





The Executive Director of the Fort Wayne Medical Society Foundation, Joel Harmeyer, asked me a few years ago to consider serving on their Board of Directors as an advisor to help assist the Board with an understanding of the array of non-profit care and services provided in our community.

This has been a wonderful experience for me as I saw firsthand how the medical community comes together to examine some of the gaps in care and try to prop up those areas where they can make a difference.

In our community, medical doctors play a vital role in healthcare and the broader scope of philanthropy. These professionals often extend their influence beyond the confines of their clinics, offering time, treasure, and talents to support non-profit organizations that aim to uplift the entire community.

Local doctors frequently volunteer their time to provide free health clinics, offering essential medical services to those who might otherwise go without. These clinics ensure that everyone can access quality healthcare regardless of their financial situation. This act of service significantly reduces health disparities and fosters a more nutritive, more resilient community.

For example, Dr. Sarah Turner (a local physician) takes time to meet with young mothers of "Journey Beside Mothers", a local program that provides mentors to highly vulnerable, underserved mothers (see photo). She chats with them about their experiences and how addictions can complicate their journey in negative ways. Vulnerable moms get to talk with a doctor in a nontraditional way, making the mothers feel seen and heard, thus the doctor's message to them more impactful.

Most non-profits provide the perfect venue because it often has the connections and excellent relationships

needed to address populations that struggle with medical care.

Financially, doctors contribute generously to non-profits (the FWMS Foundation included), funding crucial programs and initiatives. Their donations help sustain a wide array of services, from food banks and shelters to educational programs and health awareness campaigns. These contributions are more than just monetary—they represent a commitment to community well-being and a dedication to societal improvement.

Moreover, doctors share their vast talents by educating the public, training the next generation of healthcare professionals, and supporting health initiatives. They lead workshops, participate in community health fairs, and collaborate with non-profits to design programs that address the specific needs of their communities. This sharing of knowledge and expertise elevates the entire community, ensuring that critical health information is accessible to all.

The impact of these contributions is profound. Non-profit organizations benefit immensely from the support of local doctors, enabling them to broaden their reach and enhance their services. The ripple effect of this generosity is felt throughout the community, raising the overall quality of life and fostering a spirit of collective responsibility and care.

Ultimately, the time, treasure, and talents given by local doctors create a symbiotic relationship where both the givers and receivers experience growth and enrichment. It's a testament to the power of community and the incredible potential that lies in working together for the greater good.



## Serving Our Community | Linda Buskirk, Buskirk Solutions





I have served my community in a variety of ways, from local government, to volunteering, to serving as a consultant for many charitable organizations and churches. But I never expected to be serving on the Board of the Fort Wayne Medical Society Foundation. I'm not a doctor (I haven't even played one on TV). My only glimpse into the world of health care came when my husband, Ronald Buskirk, served as Ethics and Compliance Officer of St. Joseph and Dupont hospitals.

Dr. Sharon Singleton, President of the Foundation Board, convinced Rev. Roger Reece and I that the all-physician Board would benefit from our not-for-profit leadership experiences as it determines how to have community impact with the Foundation's resources. What an honor to help the Foundation Board determine how best to live into its mission, which is:

"To make donations to other charitable 501(c)(3) organizations, to encourage and develop educational and

scientific activity in the field of medical science in Allen County and to promote the betterment of public health."

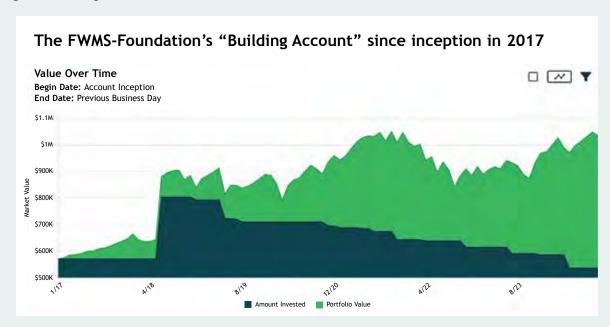
"Giving money away" sounds easy. Determining the best way to make wise investments to positively impact individuals and the community requires strategic discernment, especially with as many great charitable organizations as exist in Allen County.

In 2020, the doctors on the Foundation Board put their minds and their hearts to work to identify these three "Pillars of Giving" as areas of strategic focus for grant awards:

- 1. Underserved/vulnerable populations
- 2. Mental Health/addictions
- Physician well-being (includes those in residency and medical students)

Each year the board considers whether to affirm or modify these pillars. So far, the original three remain. Each year, the board awards grants to recipients who meet at least one of the three pillars. There is no application process for the Foundation's grant program. It is the awareness and compassion of the Board's physicians that informs their strategic decision making.

As a patient, I am grateful for the knowledge and skill of each of the doctors who monitor and provide for my health. As a Foundation Society Board member, I am doubly blessed to witness how physicians view the wider community's health symptoms and threats, and how they move in step with the Foundation's broader mission to protect, heal and save.



## Fort Wayne breaks ground on new hospital

Indiana University Health is expanding its services to the Fort Wayne community with the construction of a new hospital. On Wednesday, Sept. 25, IU Health Fort Wayne officially broke ground for the new hospital that will be in the 9600 block of Lower Huntington Road, near the current medical office building on Ernst Road.



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

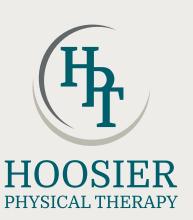
In addition to the hospital, a medical office building will connect to the facility, enhancing the integrated care experience for patients and providers.

The ground-breaking ceremony brought together community members and team members at IU Health.

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







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## Hospital news | Lutheran Health Network

## The Orthopedic Hospital recognized as Center of Excellence by AORN TOH recognized for commitment to reducing surgical error





The Orthopedic Hospital Staff at The Orthopedic Hospital at Lutheran Hospital and The Orthopedic Hospital Southwest

The Orthopedic Hospital (TOH) has been recognized as a Center of Excellence in Surgical Safety: Prevention of RSI by the Association of periOperative Registered Nurses (AORN), representing more than 200,000 surgical nurses across the country. With this award, AORN recognizes the hospital for its commitment to reducing the risk of surgical errors by advancing the education of its surgical team members in the prevention of near misses and the consequences of unintentionally retained surgical items (RSI). TOH is the only hospital in the State of Indiana to receive the Center of Excellence recognition.

AORN announced its national education and recognition awards program in early 2022. The Orthopedic Hospital is among the first facilities in the United States to earn the designation as a Center of Excellence in Surgical Safety: Prevention of RSI. The award signifies the hospital has adopted new practices in its continued safe care of the surgical patient after successfully completing the months-long comprehensive, evidence-based program.

Unintentionally retained surgical items, or RSIs, refer to any surgical sponge, instrument, tool, or device that is unintentionally left

in the patient at the completion of a surgery or other procedure. For years, unintentional RSIs have been identified as the most common sentinel event in surgical or invasive procedures by The Joint Commission, the standards-setting and accrediting body in health care.

"As surgical procedures continue to advance and medical research reveals new methods to improve surgical patient safety practices, it is imperative that facilities and practitioners adapt their practice in the interest of patient safety," said AORN's Executive Director/CEO Linda Groah, MSN, RN, CNOR, NEA-BC, FAAN. "This Center of Excellence for Surgical Safety designation shows the community that they can depend on the quality of care provided."

"Delivering quality safe orthopedic care for the community is the standard for the surgeons, surgical team and support staff at The Orthopedic Hospital. In receiving this award, AORN recognizes TOH's commitment to patient safety, adoption of new practices and technology, and completion of comprehensive, team-based education for the prevention of RSIs. We are proud to be a Center of Excellence in Surgical Safety," said Amy Hochstetler, Chief Administrative Officer of The Orthopedic Hospital.



## Hospital news | W Lutheran Health Network



# Lutheran Kosciusko Hospital Marks Major Expansion Completion Ribbon cutting on October 8 celebrated project completion

A ribbon cutting and open house occurred on Tuesday, October 8 at Lutheran Health Network's Lutheran Kosciusko Hospital (LKH) marking the completion of a \$30 million capital investment project.

Community and hospital leadership included representatives from the LKH board, medical staff, city and chamber who provided comments during the ceremony that was held inside the newly redesigned lobby.

"The medical staff at Lutheran Kosciusko Hospital has been

committed to the delivery of quality healthcare services to our patients since 1976. This renovation and expansion makes access to care more convenient and comfortable for our patients, visitors, doctors and employees," said Dr. Brian Reichenbach, Lutheran Kosciusko Hospital medical staff member and LKH board of trustees member. "The ongoing investment is a priority for the hospital and we hope our patients are pleased with the improvements," he added.

The project includes 25,700 square feet of new construction and renovations.

- An expanded, redesigned lobby with new public entry
- Renovations to all patient rooms, public spaces and nursing stations on the medical, surgical and intensive care units
- Updates to the hospital façade
- New campus exterior signage to enhance patient wayfinding
- Surgical services expansion and updates, including:
  - Expanded pre- and post-surgical bays with additional spaces for increased patient privacy and more room for family members to be with loved ones
  - Renovation of existing operating room so surgeons can accommodate more complex cases, allowing patients to be scheduled sooner and remain close to home when surgery is needed
  - Expanded sterile processing area with new technology for faster equipment sterilization



Lutheran Kosciusko Hospital is also the area's only hospital with both an accredited chest pain center and accredited stroke center. The hospital offers a variety of quality services close to home, including emergency care, an urgent care center, birthing center, heart and stroke care, orthopedics, occupational health, rehabilitation services, a sleep center, a wound care center and a cancer care center providing radiation therapy.

"The board of trustees at Lutheran Kosciusko Hospital are community members who understand the demand for continually developing healthcare services. This project is an improvement to support patient care as we continue to invest in our patients' and medical staff's needs," said Alan Alderfer, LKH Board Chairman.

#### About Lutheran Kosciusko Hospital

Lutheran Kosciusko Hospital is a 72-bed facility with all-private rooms, located on a 30-acre medical campus in Warsaw, Ind. Accredited by The Joint Commission and a part of Lutheran Health Network, the hospital offers a variety of quality services close to home, including emergency care, an urgent care center, heart and stroke care, orthopedics, birthing center, occupational health, rehabilitation services, a sleep center, a wound care center and a cancer care center providing radiation therapy. Lutheran Kosciusko Hospital has the only emergency department in the county that is an accredited chest pain center and accredited stroke center. For more information, visit lutherankosciuskohospital.com or call (574) 267-3200.



## First Pulsed Field Ablation (PFA) procedure performed in northeastern Indiana at Lutheran Hospital

PFA uses electrical pulses to target malfunctioning cells in atria then ablate

Lutheran Hospital is pleased to announce that the first Pulsed Field Ablation (PFA) procedure has been performed in northeastern Indiana by Dr. Jason Rodriguez, electrophysiologist with Lutheran Health Physicians. Atrial fibrillation (AFib) is an irregular heartbeat that can come and go, or happens in sudden episodes. With the incidence of atrial fibrillation on the rise, effective and efficient therapies allow physicians to treat more patients, reduce complications, and benefit overall public health.



Cardiac ablation is a mini-

mally invasive procedure to treat AFib symptoms. Pulsed field ablation (PFA) uses electrical pulses to target malfunctioning cells in the atria in order to stop AFib symptoms and return one's heartbeat back to normal. PFA is an alternative to standard-of-care thermal ablation. A non-thermal approach for the treatment of drug-refractory, recurrent, symptomatic, intermittent atrial fibrillation (AF), it is proven to be an effective treatment option for patients.

"Providing our patients with outstanding heart care is a priority for the cardiology team throughout Lutheran Health Network. We recognize Dr. Jason Rodriguez for striving to continually improve the patient care experience and outcomes by providing the city's first cardiac ablation procedure using Pulsed Field Ablation," said Lorie Ailor, Chief Executive Officer of Lutheran Hospital.

"It is rewarding to continually pursue technological advancements as they benefit my patients who suffer with Afib. While we work to control this disease through lifestyle changes, diet and medication, we now have the capability at Lutheran Hospital to help people control Afib through PFA, " said Dr. Jason Rodriguez.

During a traditional ablation procedure, a catheter is guided to the interior of the heart and generates extreme temperatures – hot or cold – to destroy targeted areas in the heart associated with abnormal heart rhythms. The PFA System relies on tissue selective, non-thermal electric fields to ablate heart tissue and avoid disrupting surrounding structures. Data from a clinical trial found that therapy with the device was as safe and effective as conventional thermal ablation, with statistically shorter ablation times and a quicker learning curve for physicians.

AFib can put you at risk of other complications including blood clots, stroke and heart failure. Common treatments to manage AFib include lifestyle changes, such as eating a heart-healthy diet and watching alcohol and caffeine intake; medications, which can manage the heart rhythm or reduce the risk of blood clots; and procedures such as cardioversion or cardiac ablation, to restore a normal heart rhythm.

## Hospital news | \* PARKVIEW



## Parkview Health Graduate Medical Education welcomes 38 new resident physicians



Thirty-eight physicians will begin their residency training at Parkview Health beginning this year. (Three residents not pictured)

Thirty-eight resident physicians were welcomed to Parkview with a white coat ceremony marking the start of their residency with Parkview Health Graduate Medical Education.

It's the third class of individuals to make the transition from student to physician through the program, which again grew year-over-year with the addition of two new programs: obstetrics and gynecology, and physical medicine and rehabilitation. Parkview Health Graduate Medical Education now includes five program tracks, including internal medicine, general surgery, transitional year, obstetrics and gynecology, and physical medicine and rehabilitation.

Since launching in 2022, the program has inducted 87 total resident physicians.

"We're proud to be able



Dr. Sue Steffy, chief medical officer and designated institutional official for Parkview Health Graduate Medical Education, welcomes resident physicians, their families and guests.

to continue to grow the opportunities available to resident physicians in the state of Indiana and in northwest Ohio," said Dr. Susan Steffy, chief medical officer and designated institutional official, Parkview Health Graduate Medical Education. "Throughout our five programs, these first-year doctors will continue to learn and grow alongside Parkview's team of experienced clinicians. We're eager to get started and share with them Parkview's dedication to excellent care."

The inaugural class of five obstetrics and gynecology residents was presented their white coat at this year's ceremony, beginning their four-year commitment to the program. Additionally, 15 internal medicine residents began a three-year residency, and four general surgery residents began a six-year commitment.

This year also welcomes 12 physicians into the transitional year program. The one-year program serves as a prerequisite for advanced medical residencies, including physical medicine and rehabilitation. The physical medicine and rehabilitation program is expected to welcome two resident physicians to the three-year program later this month.

"As Parkview Graduate Medical Education enters its third year, we continue to build and grow programs that will impact our entire state and our region for generations to come," said Dr. Ray Dusman, president, Physician and Clinical Enterprise, Parkview Health. "We are building a pipeline of talent to the region, while also enhancing our physician recruitment efforts and creating greater access to care. It's easy to see both the economic and health benefits for the community."

This year's class includes a diverse roster of physicians, with 12 completing their degrees at the Indiana University School of Medicine, as well as graduates from other U.S. universities and several international institutions. This year's resident physicians and their programs are as follows:

#### Obstetrics and Gynecology Resident Physicians

- Sierra Froehlich, MD, Indiana University School of Medicine
- Emily Hinkle Northern, MD, University of Missouri-Columbia School of Medicine
- Megan Keen, DO, Michigan State University College of Osteopathic Medicine
- Hannah Sparks, DO, University of Pikeville Kentucky College of Osteopathic Medicine
- Elizabeth Wright, DO, Western University of Health Sciences College of Osteopathic Medicine of the Pacific

#### Internal Medicine Resident Physicians

- Joseph Acchiardo, MD, Saint James School of Medicine
- Oyine Ali-George, MD, Ross University School of Medicine
- Aya Balan, DO, West Virginia School of Osteopathic Medicine
- Ozgun Erten, MD, Ege Üniversitiesi Tip Fakültesi
- Brandon Jacobs, MD, Indiana University School of Medicine
- Pragya Karki, MD, Nepalese Army Institute of Health Sciences College of Medicine

## Hospital news | \* PARKVIEW

- Madeline Ku, MD, Indiana University School of Medicine
- Ravi Malpani, DO, Midwestern University, Chicago College of Osteopathic Medicine
- Marcelos Mbabit, MD, Ross University School of Medicine
- Sidra Mukhtar, MD, King Edward Medical University
- Summiya Nasim, MD, Fatima Jinnah Medical University
- **Salma Saidahmed, MD**, Al-Zaiem Al-Azhari University Faculty of Medicine and Health Sciences
- Shraddha Shrestha, MD, Jalalabad Ragib-Rabeya Medical College
- Mohammad Anas Wahba, MD, University of Damascus Faculty of Medicine
- Rafia Zubair, MD, Gujranwala Medical College

#### **General Surgery Resident Physicians**

- William Conley, MD, Medical College of Wisconsin
- Steven Jacob, MD, Texas A&M Health Science Center College of Medicine
- Benjamin McSweeney, MD, George Washington University School of Medicine and Health Sciences
- Alexandra Schray, MD, University of Missouri-Kansas City School of Medicine

#### Transitional Year Resident Physicians

- Thomas Akurugo, MD, University of Illinois College of Medicine – Rockford
- Samantha Andryk, DO, Marian University College of Osteopathic Medicine
- Christian Daake, MD, Indiana University School of Medicine
- Griffin Elzey, MD, Indiana University School of Medicine
- Kreigh Elzey, MD, Indiana University School of Medicine
- Andrew Fox, MD, Indiana University School of Medicine
- Mahmood Kedo, MD, Indiana University School of Medicine
- Nicholas Nguyen, MD, Indiana University School of Medicine
- John Reed, MD, Indiana University School of Medicine
- Abdurrahman Roussi, MD, Wake Forest University School of Medicine
- **Kevin Roy, DO**, Chicago College of Osteopathic Medicine of Midwestern University
- Chaenny Sim, MD, Indiana University School of Medicine

## Physical Medicine and Rehabilitation Resident Physicians

- Aatif Basher, MD, Indiana University School of Medicine
- Muzammil Ali-Khan, DO, Marian University College of Osteopathic Medicine

According to the Indiana Graduate Medical Education Board, continued investment in the state's physician pipeline is critical to meeting increasing demand, especially in rural and underserved areas, and for improving health outcomes and quality of life for all Hoosiers.

To learn more about the Parkview Health Graduate Medical Education program, visit parkview.com/GME.



Pictured here with Dr. Patrick Woodman, program director, five obstetrics and gynecology resident physicians will begin their training at Parkview Health this year. This is the first cohort of resident physicians to join Parkview's new obstetrics and gynecology residency program.



Pictured here with Dr. Scott Yen, program director, 15 internal medicine resident physicians will begin their training at Parkview Health this year.

## Hospital news



Parkview Health and Ortho NorthEast break ground on new ambulatory surgery center and medical office building



Parkview Health and Ortho NorthEast (ONE) broke ground on a new orthopedic ambulatory surgery center (ASC) and medical office building in Warsaw on Tuesday, Aug. 20.

The new facilities will be located on C.R. 200 N, just north of Parkview Kosciusko Hospital (PKH). Construction on the 14,750-square-foot ASC, Parkview Kosciusko SurgeryONE, is tentatively scheduled to be completed by October 2025, along with a Parkview Physicians Group clinic and ONE clinic next door.

"ONE and Parkview share a lasting commitment to delivering exceptional orthopedic care," said ONE President Dr. Chris Johnson. "We look forward to bringing that level of care to the Warsaw community, with fellowship-trained, subspecialized surgeons."

Parkview Kosciusko SurgeryONE will offer a broad range of outpatient orthopedic surgeries, including total joint replacements, sports medicine procedures like ACL reconstruction, and surgeries for the spine, hand, and upper extremities.

"With state-of-the-art equipment, patients can now benefit from less invasive surgery and quicker recovery times," said Dr. Alan McGee, president, Parkview Health Orthopedics. "We're excited to continue expanding the range of care options offered to residents in Kosciusko County."

The new facilities are Parkview's latest investment in Kosciusko County. After recently completing an expansion that doubled the size of the former Parkview Warsaw, the new Parkview Kosciusko Hospital opened to the public in January 2024. Parkview opened a new occupational health and shared employer clinic on Mariners Drive in November 2023.

"More and more residents in Kosciusko County are selecting Parkview as their preferred healthcare provider, and we're committed to meeting that growing demand," said Scott Gabriel, market president, Parkview Health Northwest. "The opening of our new surgery center, along with new physician and orthopedic offices, will enhance our ability to serve the community and provide high-quality care close to home."

The ceremony included a welcome address, comments from physician leaders, and a blessing before the board of trustee members, staff and special guests broke ground at the site.



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