Healthy Hospitals. Healthy Communities.
A Better West Virginia.

A The State Journal Publication

West Virginia Hospital Association www.wvha.org

Contents

Office of the Governor
State Capitol
1900 Kanawha Boulevard, East
Charleston, WV 25305

State of West Virginia
Earl Ray Tomblin
Governor

Telephone: (304) 558-2000
Toll Free: 1-888-438-2731
FAX: (304) 342-7025
www.wvgov.org

GREETINGS FROM GOVERNOR TOMBLIN

As Governor, it's my privilege to once again recognize *Hospital Day at the Legislature*. I'm glad to see this event continue.

Nothing could be more important to West Virginians than health and well-being, and our hospitals work hard each day to ensure we have just that. Providing all the benefits of modern medicine, they are equipped to effectively manage our care with hometown compassion and top-notch treatment.

Let me take this opportunity to applaud those responsible for this special day. I'm pleased to offer them my congratulations on a job well done.

In closing, I extend my sincere best wishes. I have no doubt the 2013 *Hospital Day at the Legislature* will be a tremendous success.

Best regards,

Earl Ray Tomblin

Earl Ray Tomblin
Governor

Healthy Hospitals. Healthy Communities. A Better West Virginia.

JOE LETNAUNCHYN

Every day, thousands of compassionate caregivers work in West Virginia hospitals caring for patients, celebrating new life and restoring hope and health to people in their communities. As the largest component of our state's healthcare system, hospitals serve patients around the clock regardless of their ability to pay. Hospitals are the cornerstone of our healthcare system, providing services that range from inpatient and outpatient care to emergency and intensive care to community-based wellness programs. Hospitals also play a significant role in medical education by supporting programs that result in trained healthcare professionals who are greatly needed throughout our state. Healthy hospitals contribute to healthy communities, which creates a better West Virginia.

The West Virginia Hospital Association (WVHA) and its 65 member hospitals and health systems have one overriding goal: to ensure that every West Virginia resident has access to "the right care in the right place at the right time." Although financial, operational, political, and regulatory pressures continually challenge our hospitals and caregivers in achieving this goal, the WVHA and the hospital community stand ready to work in 2013 on both the state and national level to seek bipartisan, collaborative solutions to meet these challenges.

West Virginia cannot be a strong state without a strong healthcare system. Just as the state of West Virginia must invest in jobs and the economy, it must also invest in a healthcare system that promotes economic stability and the health and well-being of residents. The state depends on hospitals not only to provide healthcare to 1.8 million people, but also to provide more than 43,500 jobs, purchase millions of dollars in supplies and services, and invest millions of dollars in capital projects. With the additional jobs and spending these roles generate, the total positive economic impact of West Virginia hospitals on our state is more than $8.2 billion annually.

WVHA's overall advocacy efforts in 2013 will focus on both ensuring a sustainable healthcare system in the near term and supporting the continued transformation of our healthcare system for the future. For the first objective, adequate levels of Medicaid funding to hospitals must be maintained. Our hospitals currently subsidize the state's Medicaid program, serving Medicaid patients in exchange for payments that do not fully cover the basic costs of the services provided. Hospitals also help bring in substantial federal matching funds by paying approximately $130 million annually in provider taxes. Payment policies, on the federal and state levels, certainly impact our ability to continue offering the level of services that our residents deserve.

As you will note in the following pages, hospital leaders continue to explore, develop and implement innovative ways to provide the best healthcare in the most efficient, effective and safe manner. And while patient care is the core mission, hospitals also touch a number of lives beyond traditional healthcare through community programs and services that promote a healthy state. West Virginia hospital leaders are passionate about healthcare and they are passionate about improving the health of West Virginia communities. On behalf of WVHA, thank you for the opportunity to share just a few of the good things that represent West Virginia hospitals.

Sincerely,

Joe Letnaunchyn
President and CEO
West Virginia Hospital Association

The West Virginia Hospital Association: Who We Are

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 65 hospitals and health systems across the continuum of care. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in healthcare advocacy, education, information and technical assistance, and by being a catalyst for effective change through collaboration, consensus building and a focus on desired outcomes. Members of the Association believe it is essential, in the interest of West Virginia citizens, to have a strong healthcare system that supports and improves the health status of those people served by our hospitals, as well as the economic condition of the state. West Virginia's hospitals seek to establish and maintain trust among providers, policymakers and the public through actions, sensitivity, professionalism and community-minded commitment to service.

West Virginia Hospital Association Member Hospitals and Health Systems

Beckley VA Medical Center
Bluefield Regional Medical Center
Boone Memorial Hospital
Braxton County Memorial Hospital
Cabell Huntington Hospital
CAMC Health System
- CAMC General Hospital
- CAMC Memorial Hospital
- CAMC Teays Valley Hospital
- CAMC Women and Children's Hospital

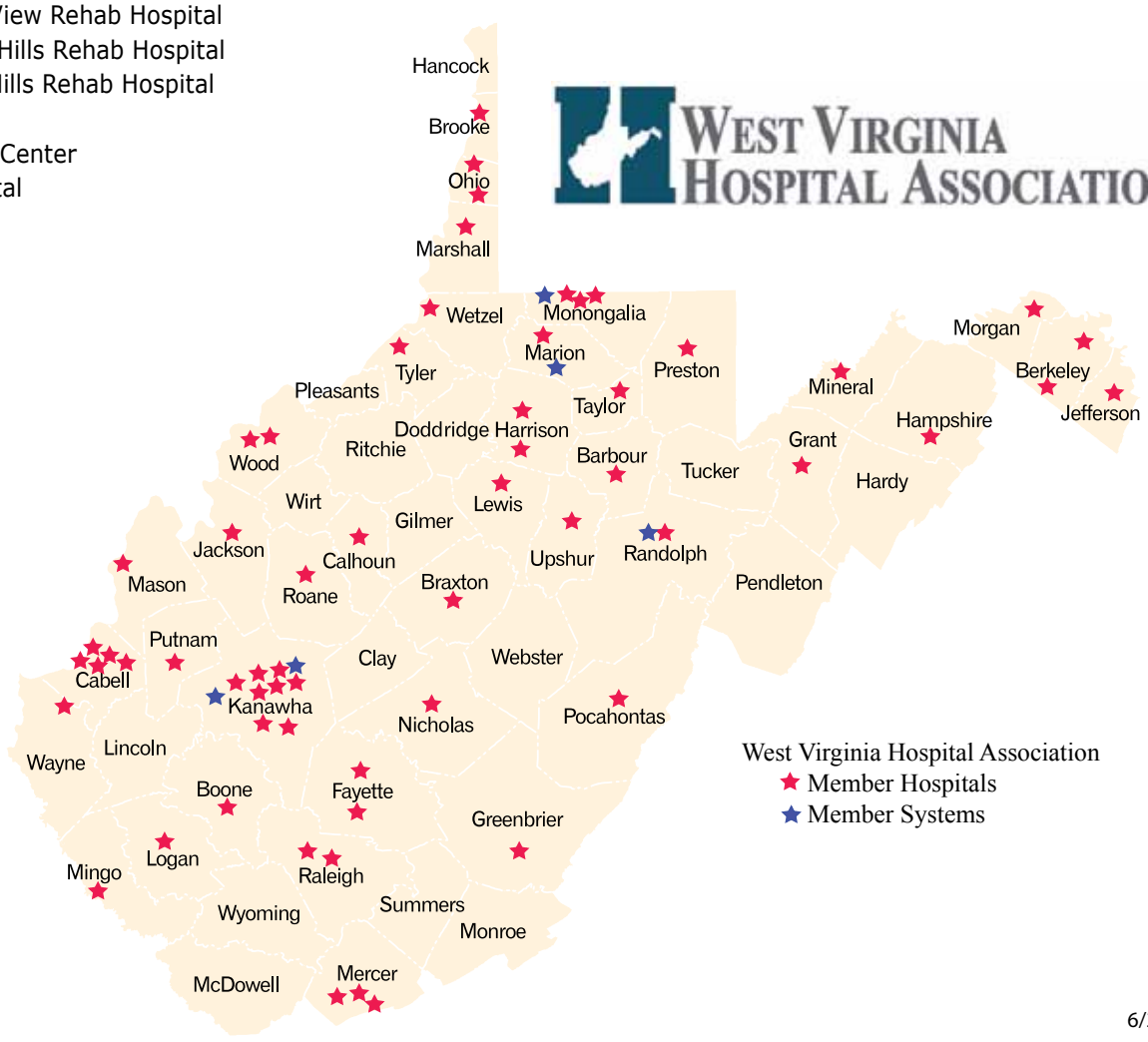
Charleston Surgical Hospital
Cornerstone Hospital of Huntington
Davis Health System
- Broaddus Hospital
- Davis Memorial Hospital

Fairmont General Hospital
Grafton City Hospital
Grant Memorial Hospital
Greenbrier Valley Medical Center
Hampshire Memorial Hospital
HealthSouth Huntington Rehab Hospital
HealthSouth MountainView Rehab Hospital
HealthSouth Southern Hills Rehab Hospital
HealthSouth Western Hills Rehab Hospital
Highland Hospital
Huntington VA Medical Center
Jackson General Hospital
Logan Regional Medical Center
Louis A. Johnson VA Medical Center
Martinsburg VA Medical Center
Minnie Hamilton Health System
Monongalia Health System
- Monongalia General Hospital

Montgomery General Hospital
Ohio Valley Medical Center
Plateau Medical Center
Pleasant Valley Hospital
Pocahontas Memorial Hospital
Potomac Valley Hospital
Preston Memorial Hospital
Princeton Community Hospital
Raleigh General Hospital
Reynolds Memorial Hospital
River Park Hospital
Roane General Hospital
St. Joseph's Hospital
St. Mary's Medical Center
Select Specialty Hospital
Sistersville General Hospital
Stonewall Jackson Memorial Hospital
Summersville Regional Medical Center
Thomas Health System
- Saint Francis Hospital
- Thomas Memorial Hospital

War Memorial Hospital
Weirton Medical Center
West Virginia United Health System
- Camden Clark Medical Center
- United Hospital Center
- West Virginia University Hospitals
- WVUH-East/City Hospital
- WVUH-East/Jefferson Memorial Hospital

Wetzel County Hospital
Wheeling Hospital
Williamson Memorial Hospital



6/22/12

Healthy Hospitals.

Healthy Communities.

A Better West Virginia.

- Hospitals are among the state's top employers.
- Hospitals employ more than 43,500 people statewide.
- Hospitals contribute $8.2 billion to our state's economy.
- Hospitals are a vital part of the infrastructure needed to support economic development.
- Hospitals are a major deciding factor for new businesses to relocate in West Virginia.

WEST VIRGINIA HOSPITAL ASSOCIATION

www.wvha.org

Rural Hospitals Central to Community Economies

By Doug Bentz
CEO, Roane General Hospital
Chairman, WVHA Board of Trustees

Rural hospitals are deeply entrenched in the economic stability of their communities, and it is impossible to explore rural healthcare without discussing this relationship. An uncertain future lies ahead, with many small, rural hospitals already struggling to keep their doors open. The federal *Affordable Healthcare Act* (ACA) could help or hinder these hospitals.

In general, hospitals are a large and well-established source of employment for any community. Hospitals offer a wide range of job opportunities from highly-skilled surgeons to service support staff – and all of these jobs make a healthy, well-rounded facility. Hospital employment affords employees the opportunity for salary with benefits, such as insurance. They often contribute to the development of their employees via educational growth, which supports educational entities within and around the communities. Hospitals purchase goods and services from local businesses, which further helps to sustain the local economy.

According to the American Hospital Association (AHA) in 2011, "rural community hospitals are typically the largest employers in their communities and stand alone in their ability to offer highly-skilled jobs. For every hospital job in a rural community, between 0.32 and 0.77 more jobs are created in the local economy spurred by the spending of either hospitals or their employees. A strong healthcare network also adds to the attractiveness of a community as a place to settle, locate business or retire."

The West Virginia Rural Health Association (WVRHA) in a 2011 report described West Virginia as "the third most rural state in the nation based upon the percentage of residents living in non-metropolitan areas…Fifty of West Virginia's 55 counties are federally designated as Health Professional Shortage Areas… [the state] has higher than average obesity rates, tobacco use and risk factor indices…. [and] has one of the nation's oldest populations…"

There are 60 hospitals in West Virginia; 19 of the 60 are Critical Access Hospitals (CAHs). Roane General Hospital (RGH) is one example of a CAH serving a rural community that has been designated as a Health Professional Shortage Area in West Virginia. Roane County has additional healthcare entities, including a federally qualified health center, rural health clinics and private practices. Together, these healthcare entities serve a population of 15,446 with an unemployment rate ranging from nine to 12 percent, according to the Roane County Economic Development Association.

RGH employs 250 full-time employees. The hospital payroll is $11 million and the average employee salary is $44,000 dollars per year. Considering the economic impact statement published by the AHA in 2011, RGH has positively impacted the economy of Roane County with 450 jobs and $20 million. Additional economic influential factors include the employment of a surgeon and primary care providers – cited by the National Center for Rural Health Works as directly correlating to the creation of jobs in rural communities (*Economic Impact of Rural Health Care*, September 2012).

Roane County is just one example of a West Virginia community with its economy dependent upon the survival of its rural hospital. The other 18 West Virginia counties with CAHs, and those with small rural hospitals, also support their counties' infrastructures. The closure of even one of these facilities would increase the unemployment rate in that county, decrease the average per capita income, and cause a ripple effect within community businesses.

West Virginia has a long history of support for rural healthcare organizations, but the future holds uncertain times for these facilities. The ACA provides opportunities for rural facilities, including Meaningful Use Funding and the 340B Drug Program. However, uncertainties, such as changes to the Provider Tax, DSH payment cuts, Medicare payment cuts, and expanded Medicaid enrollment reign over rural facilities in this state, their communities and the patients they serve. For these reasons and more, continued support is a priority request from administrators and leaders of these organizations and the communities legislators represent.

The Value of Community Hospitals in Rural West Virginia

By Jeff Powelson
CEO, Broaddus Hospital

West Virginia's aging population and rural nature create challenges when it comes to providing healthcare to our residents, but our state's small hospitals are up to the task and deliver excellent services while also serving as critical economic drivers in our local communities.

Broaddus Hospital, an affiliate of Davis Health System, Inc., is an excellent example of the dedication of rural health providers. Residents of Barbour County receive access to 24-hour, seven-day emergency room care in a modern healthcare setting with a wide range of services. Broaddus achieved certification in 1994 as the nation's second Rural Primary Care Hospital, and the community-owned facility later converted to a Critical Access Hospital (CAH). Its 72 beds include a dozen acute care and swing beds, plus a 60-bed skilled/intermediate nursing unit.

Benefits to Barbour County residents – and people who live near other CAHs in West Virginia – are numerous. At Broaddus, for example, patients have access to some of the most modern technology available, including a 16-slice CT scanner, ultrasound, digital mammography and teleradiography. Because nearly 20 percent of the Barbour County population is 65 or older – a figure repeated around West Virginia and expected to grow in the coming years – maintaining access to critical healthcare services is even more important.

The emergency department at Broaddus Hospital sees about 8,000 visits a year, with the closest secondary option for most of these patients being at least 30 to 45 minutes away. That time span could literally make the difference between life and death in some cases. Physicians at Broaddus are able to quickly assess situations and take appropriate action, whether that is local treatment or stabilization and transport via helicopter or ambulance to another facility.

In addition to the healthcare advantages of having a hospital in their community, area residents also benefit economically. Rural hospitals serve as significant employers throughout the state and support a number of local groups and activities, such as youth-sponsored Relay for Life, and many more. Broaddus Hospital, for example, is one of the top five employers in Barbour County, with 180 employees and an annual payroll over $6 million.

More and more, hospitals are adding to their services to provide a full continuum of care, and that's certainly the case at Broaddus. In addition to the traditional hospital setting, our campus includes long-term care through Mansfield Place, as well as full-service physical, occupational and speech therapy through the Total Therapy Center. Despite the numerous benefits to locally-based community healthcare, challenges continue to face our state's rural hospitals. With the help of our employees, elected representatives, community supporters and healthcare experts, we will continue our commitment to providing outstanding care in our local areas.

The Emerging Role of Telemedicine in Healthcare

By Mark Doak
CEO, Davis Health System

West Virginia hospitals, particularly those in rural areas, take advantage of the latest technology to maximize telemedicine opportunities to provide the best patient care possible and, in some cases, save lives. Davis Health System, based in Elkins, is a pioneer in some of these invaluable initiatives.

Programs in which Davis Memorial Hospital (DMH) cooperates with healthcare facilities, such as West Virginia University (WVU) Hospitals or Charleston Area Medical Center (CAMC), allow critically ill people to be seen and treated by the state's top specialists. DMH and its affiliates provide outstanding care to residents of north central West Virginia and the Potomac Highlands, but the population base doesn't generate the same number of cases physicians in more urban areas may see. Thanks to telemedicine, their experience is available to people throughout the state.

One of the first such collaborations to confirm a diagnosis and treat stroke patients as quickly as possible began in December 2010 when the TeleStroke Program brought together WVU Mountain Doctor Television, the WVU Neurology Department, and physicians at DMH. This effort has provided outstanding results for people of the region, with videoconferencing sometimes taking the place of lengthy ambulance rides over roads that frequently are treacherous in the winter.

That successful venture helped pave the way in July 2011 for the Perinatal Partner Program, in which DMH uses telemedicine to connect pediatricians and obstetricians who have high-risk neonatal patients with experts at hospitals participating in a telemedicine grant received by CAMC. In addition to providing outstanding care, the grant-funded program eases physical and financial burdens by allowing patients to remain closer to home for treatment.

As a regional medical center for five rural counties, Davis Health System is positioned to become a hub for telemedicine outreach efforts in surrounding counties, such as Tucker, Pocahontas and Barbour. Physicians at DMH can use equipment and technology to accurately and confidentially review test images and results and help to determine the best course of treatment without requiring a lengthy ambulance ride.

Additional telemedicine efforts underway through Davis Health System include *teleconsults* for nephrology patients and an initiative with long-term care facilities to collaborate on discharge planning.

The possibilities are endless, if some barriers can be overcome. One hurdle, of course, is cost. Although long-term savings are likely for those participating, the upfront costs can be significant and even prohibitive for smaller facilities. Ensuring high-speed broadband Internet is available where needed is another critical factor when it comes to expanding telemedicine opportunities. Providers also will have to address the issues of reimbursement and malpractice insurance, because existing rules and regulations do little to address those topics. What's most important to remember, however, is that all this new technology has a central, simple goal: to connect qualified physicians around the region, state, and country so that they can work together to provide the best possible care for their patients.

"We are excited about the prescription cost savings that we are able to pass along to our patients through the 340B program. SUNRx did a great job of installation and education for our hospital and all of our physician clinics."

Dodie Arbogast, CPA
Chief Financial Officer
Stonewall Jackson Memorial Hospital

340B. Simplified.

Let SUNRx demonstrate how our fully automated system can help you design a customized 340B program that benefits your organization, your patients and your community.

Expand Access. Provide convenient access to affordable medications through targeted discount drug programs and an integrated network of contract pharmacies.

Optimize Patient Savings. Our proprietary pricing algorithm means patients pay the lower of the 340B price or the cash amount every time at every contract pharmacy.

Promote 340B Compliance. Leverage an automated system that removes the risks associated with regulatory compliance and helps you safeguard against drug diversion.

For more information on implementing a 340B program in your organization, contact:

Anthony Frasco
Regional Manager
SUNRx
afrasco@sunrx.com
(267) 319-2612

Richard L. Miller
President
West Virginia Health Services
rmiller@wvha.org
(304) 353-9732

SUNRx

West Virginia Health Services

West Virginia Hospitals Bracing for Healthcare Reform

By Joe Letnaunchyn
President and CEO,
West Virginia Hospital Association

Our nation's healthcare system has entered a new era with the enactment of the *Affordable Care Act* (ACA) - federal health reform. Throughout this publication, you will read various aspects of how reform impacts the hospital field. This landmark legislation will significantly change how healthcare is financed and delivered for years to come.

As the largest segment of healthcare in West Virginia, hospitals will continue to play a significant role in how reform provisions unfold across the Mountain State. Changes are likely to continue as Congress grapples with ongoing fiscal cliffs later this year. Hospital payment reductions for Medicare and Medicaid hospital services may further threaten access to care for patients and communities.

First and foremost, hospitals in West Virginia and around the country have a legal obligation to care for patients that is unlike the obligation of any other business or individual. We are obligated by federal law to care for everyone, regardless of their ability to pay. In fact, the *Emergency Medical Treatment and Liability Act*, known as EMTALA, requires every Medicare-participating hospital with an emergency department (ED) to screen and stabilize (i.e., treat) each and every patient who presents themselves to a hospital ED seeking care. No exceptions.

An estimated 300,000 West Virginians are currently uninsured, and before federal health reform was enacted, that number was certain to increase. There are still a lot of unknowns surrounding the implementation stage of reform, but access to coverage is the fundamental key reason that hospitals supported the law. Reducing the number of uninsured West Virginians reduces costs for everyone, makes the healthcare system more efficient, and improves the health status of our state's citizens. Often the uninsured skip preventative and screening treatments, meaning preventable or treatable problems end up as acute illnesses in our hospital EDs. At this stage, a patient's healthcare costs end up being much higher and are passed along to insured hospital patients.

While most public debate on the ACA has focused on coverage (including the expansion of Medicaid), affordability, payment, and health exchanges – hospitals and other healthcare providers are faced with implementing a crucial aspect of the legislation: improving patient safety and quality of care.

On October 1, 2012, significant patient safety initiatives went into effect, marking the beginning of a historic shift in how Medicare reimburses healthcare providers and facilities. For the first time, payments for acute inpatient care services are tied to the quality of care provided. Payments are now based in part on how effectively hospitals meet new measures related to the quality and value of patient care. Like most components of the reform law, we will continue to see pay-for-performance changes roll out steadily over the next few years, marking a significant shift in how providers are reimbursed.

Medicare's Hospital Value-Based Purchasing (VBP) program is one of the new efforts designed to reward hospitals that provide high-quality care for their patients. The VBP program implements a pay-for-performance approach affecting payment for inpatients at more than 3,500 general acute care hospitals throughout the country, including those in West Virginia.

Under the VBP program, the quality of care provided by hospitals will be measured through a set of 12 clinical quality measures and a composite measure of patient experience. In general, these measures revolve around reducing readmission rates, preventing hospital and surgical errors and linking payment to patient experience scores. Under these new forms of payment, all hospital services will need to work to deliver improved outcomes and increased value. The goal is to invest all players in the healthcare system — hospitals, providers, insurers and other payers — in improving the efficiency and excellence of patient care. Under this program, hospitals achieving the specified quality measures will receive higher payments, while those that fail to meet the standards will see payment reductions.

> ***For the first time, payments for acute inpatient care services are tied to the quality of care provided.***
>
> — Joe Letnaunchyn

The ACA puts the responsibility for improving current practices squarely on healthcare leaders, who are now challenged to assess and replace current procedures with safer, more effective approaches. To ease the burden, hospitals must look to other healthcare organizations that have tackled similar challenges, borrow effective strategies and approaches from their peers, and enter into collaborative arrangements to improve care.

This is a new world for all stakeholders: hospitals, physicians, nurses and other caregivers, and even patients and their families. But most recognize that working together to build a true system of healthcare is the best way to meet their commitment to provide high-quality patient care, with improved patient outcomes especially in this era of decreasing resources.

Amerinet

Listen. Create. Deliver.

Unique Solutions for Your Healthcare Facility

Our Value

Amerinet works together with the **West Virginia Hospital Association** to help more than 200 healthcare providers in the state realize savings by aggregating purchasing volume and using that leverage to negotiate with manufacturers, distributors and vendors. **As a member, you can save money on virtually everything you buy.**

- **Supply Chain Management** – Delivering an average of 4 to 7 percent savings per member
- **Professional Services and IT** – Delivering savings of 5 to 20 percent per member for IT products and services
- **Data Analytics** – Delivering average savings of 12 to 26 percent with Amerinet Savings Roadmap
- **Quality and Patient Safety** – Maximizing your efforts to match cost reduction and quality improvements
- **Revenue Enhancement** – Delivering as much as a 5 percent increase in cash collections
- **Education and Networking** – Delivering savings of $65 to $200 per employee, per CEU program in more than 30 healthcare disciplines
- **Employee Access Contracts** – Savings for your facility and employees on cell phone services, moving expenses and educational opportunities

In addition to our comprehensive portfolio of solutions which deliver improved clinical outcomes, enhanced supply chain efficiencies and reduced costs, other benefits of working with Amerinet include:

- No cost to join and no commitment levels
- Group purchasing provider of choice for the National Rural Health Association

"Amerinet has demonstrated their commitment to our organization by providing our staff the means to make our healthcare system more effective and efficient. Our partnership also assists the state hospital association in providing support and resources to their members."

Wayne Griffith
Chief Executive Officer
Princeton Community Hospital
Princeton, WV

CALL NOW TO START SAVING:
Richard L. Miller
President
West Virginia Health Services
304-344-9744
rmiller@wvha.org

Contract Portfolio

- Construction
- Diagnostic Imaging
- Energy Solutions
- Environmental Services
- Executive Resources
- Foodservice
- Laboratory
- Medical Surgical Supplies
- Office Solutions
- Pharmacy
- Plant Engineering

The Benefits of Medical Liability Reform

By Tony Gregory
VP Legislative Affairs
West Virginia Hospital Association

Several years ago, West Virginia's healthcare system was in severe crisis due to the lack of affordable and/or available medical liability insurance. Physicians were forced to either restrict the services they offered, move their medical practice out of state or quit practicing altogether. As a result, several areas of the state began experiencing the loss of specialty services, such as neurology and surgery.

Many doctors in West Virginia were notified their malpractice insurance would not be renewed. This threat of medical liability coverage loss further prompted physicians to explore relocating outside of West Virginia, retiring from practice, and/or limiting the scope of their hospital privileges. West Virginia hospitals were confronted with the possibility of loss of healthcare services in the community and a lack of sufficient doctors to cover emergencies and call schedules. Faced with the possible collapse of West Virginia's healthcare system, as well as concerns over patients' access to care being severely jeopardized, the Legislature responded by passing two rounds of medical liability reform legislation, first in 2001 and then in 2003.

In 2001, after a five-week special session, the Legislature passed HB 601. This bill included numerous components designed to be tools to help put the medical liability insurance market back on track. Those were: a tax credit aimed to assist physicians with their rising premiums and the creation of a state-run insurance program for physicians who could not obtain medical liability insurance from the private market.

The bill also included several medical liability reform measures, including: prohibiting third party bad faith claims; requiring notice of claims and a certificate of merit 30 days prior to the filing of a medical malpractice claim; and expansion of the juries in medical malpractice cases from six members to 12, among other items. HB 601 was a significant first step toward addressing availability and affordability within the medical liability environment.

A commitment to curtail the continued erosion of the insurance market and the rising premium costs experienced by physicians and hospitals alike prompted the Legislature and other policymakers to move forward with further reforms. During the 2003 Regular Session, the Legislature once again tackled the crisis with the passage of HB 2122. This legislation was the first comprehensive medical liability reform that had passed in West Virginia for more than 20 years. The legislation greatly mirrored successful reforms in California and placed West Virginia at the forefront of many states in regard to such laws.

HB 2122 included: a $250,000 non-economic damages cap; a $500,000 trauma cap; collateral source offset; elimination of joint liability; creation of a patient injury compensation fund; and more stringent medical expert witness requirements. Additionally, the legislation provided capital in the form of a loan and a mechanism for the creation of a physicians' mutual insurance company.

We continue to experience the results of a collective effort that included a coalition of providers, the business community and others working with legislative leadership and policymakers to solve this crisis. Due to these significant reforms, a stabilization of West Virginia's medical liability market is occurring. Premiums have stabilized and the creation of the West Virginia Mutual Insurance Company (WVMIC) has provided measurable and necessary security for the healthcare community.

While hospitals and healthcare providers remain vigilant in protecting against any threats to erode the current reforms, the benefits are real and are being realized. For example:

- **Premiums for doctors have been dramatically reduced:** An Obstetrician/Gynecologist (Ob/Gyn) paid $117,599 for a million cover in 2005. In 2012, that same Ob/Gyn paid $59,898 for the same amount of insurance. Source: *WVMIC rate filings*.
- **Active licensed physicians in West Virginia have increased:** In 2004, the state licensing boards indicated there were 3,532 physicians actively practicing in West Virginia. By 2011, that number rose to 3,946, in large part because there was a feeling of stabilization in the med mal market. Source: 2011 *West Virginia Department of Insurance Market Share Report*.
- **Competition has increased in the marketplace:** In 2004, the Board of Risk and Insurance Management (BRIM) was the primary insurer for physicians with some small carriers in the mix. By 2010, thanks to the efforts of the West Virginia Department of Insurance, the Mutual is the primary carrier, but there are dozens of other insurance companies competing for business - which will make the product more affordable for the West Virginia doctor. Source: *West Virginia Department of Insurance company filings.*
- **Medical Malpractice claims have been reduced:** In 2003, there were over 300 medical malpractice claims filed in West Virginia. Between 2003 and 2012, the average annual filings dropped to 185 state-wide. That's an average reduction of about 65 percent. Source: 2011 *West Virginia Department of Insurance Market Share Report*.
- **Patient Safety has been increased:** West Virginia's largest medical malpractice company informs us that more than 90 percent of their physicians have been involved with special patient safety programs and educational classes designed specifically to make patient safety the number one priority in our state. Source: *West Virginia Mutual Insurance Company*.

We must stay the course and protect all aspects of the medical liability reforms. In fact, in 2011, the West Virginia Supreme Court of Appeals upheld a key portion of the reforms related to the cap on non-economic losses for medical malpractice cases. Among other things, the Court found the state cap on non-economic losses for pain and suffering is constitutional. The decision goes a long way toward further stabilizing the medical liability climate in West Virginia and protecting access to healthcare a decade since the passage of the landmark legislation.

Clearly, reversing the state's significant medical liability reforms would be a giant step backward in terms of progress in improving the medical liability climate in West Virginia. It also would negate all the efforts of a strong coalition of providers, the business community and others working with policymakers to improve the state's healthcare climate for all West Virginians.

The best place to have a baby *just got better.*

The Hazel Ruby McQuain Birth Center at Mon General Hospital is making sure new babies and their moms enjoy the best birthing experience.

To make sure expert maternity care is always within reach, the Birth Center is expanding to provide expecting mothers a peaceful space with a bedroom like atmosphere, whirlpool-type tubs, hardwood floors and accomodations for a family member to stay the night and a dedicated operating room for C-sections located within the unit.

These 16 new state-of-the-art labor, delivery, recovery and postpartum rooms allow a woman having a routine labor and delivery to remain in the same room throughout her stay with her newborn.

At Mon General, we make sure every delivery is special.

Mon General Hospital
Better. Together.
mongeneral.com

Physician Recruitment in Challenging Times

By Robert J. Gray
Senior Vice President
Thomas Health System

There are currently about one million doctors in America taking care of all 312 million of us. According to the U.S. Department of Health and Human Services, only 200,000 of the one million are primary care physicians. The Association of American Medical Colleges has predicted there will be a shortage of 90,000 physicians by 2020 because the *Affordable Healthcare Act* (ACA) will make so many more people eligible for health insurance.

In West Virginia, the Governor is facing the decision of extending benefits to somewhere between 130,000 and 165,000 more people by expanding the Medicaid program. Today there are 1,700 primary care physicians to take care of the 1.83 million West Virginians. However, the problem is not today, the problem is waiting for us just down the road.

West Virginia's three medical schools do a great job training new doctors. All medical schools do. Medical schools are expanding in the U.S. and new medical schools are in various stages of development. The pipeline becomes constricted with post-medical school training. The number of residencies is not expanding to accommodate the number of medical school graduates seeking those training spots. Medical school cost is paid by medical school students, in large part by loans. Residencies are funded by the Centers for Medicare and Medicaid Services (CMS). This agency is already under extreme financial pressure to manage its costs in the wake of 10,000 Americans per day going on the Medicare rolls. There is just no money to fund additional residency spots. Five factors are changing the future of physician recruitment for West Virginia:

- We have a shortage of doctors and it's only going to get more severe with time. That simple fact, which we learned in Economics 101, will drive up the cost of recruiting doctors to West Virginia.
- Over half of the students in American medical schools are women.
- Medical students take on incredible debt to become doctors. It is not uncommon at all now to talk to a new doctor with $200,000 in medical school debt. This fact alone is driving many young medical students away from primary care and into better paying specialties. This debt is the equivalent of having to pay for a second house.
- Physicians are no longer willing to work long hours. The younger generation values its time away from work. Any doctor you see in a hospital after eight o'clock at night is guaranteed to be over 50 years old.
- The days of private practice, of actually hanging a shingle and being your own boss, are dead. Well over half of American doctors are employed now, usually by hospitals, and this trend is accelerating. Doctors are fearful of future uncertainty and are watching their reimbursements decrease as their expenses increase. Transferring this new expense to hospitals will present us with a formidable challenge. This is our new reality.

In spite of these challenges, there still is a bright future out there. Many young physicians with West Virginia ties will settle in West Virginia and serve the state where they grew up. One of the best predictors of where physicians choose to practice is where they train. That, coupled with the fact that seven percent of doctors move every year, expands our recruitment pool.

Since so many physicians now want to be employed, the formula for successful recruitment and employment includes the infrastructure for supporting employment opportunities. A hint here: successfully managing a physician practice takes a specialized skill set that is not easily transferable from other occupations.

Medicine is a complex business. That bears repeating, medicine is a complex business. Successful recruiting not only involves selling the opportunity, community and lifestyle, it now includes selling the structure and employment model.

Hospitals among Top Employers in West Virginia for 2012

Of the top 100 largest private employers in West Virginia for last year, 17 were hospitals. Three were in the top 10; six were in the top 20; and 10 were in the top 50.

2 - West Virginia United Health System
3 - Charleston Area Medical Center, Inc.
9 - St. Mary's Medical Center, Inc.
11 - Wheeling Hospital, Inc.
12 - Cabell Huntington Hospital, Inc.
14 - Camden-Clark Memorial Hospital
23 - Monongalia General Hospital, The
32 - Herbert J Thomas Memorial Hospital Association
36 - Raleigh General Hospital, LLC
45 - Weirton Medical Center
55 - Ohio Valley Medical Center, Inc.
67 - University Physicians & Surgeons
77 - Charleston Hospital, Inc. (Saint Francis Hospital)
83 - Logan General Hospital, LLC
86 - Pleasant Valley Hospital, Inc.
89 - Davis Memorial Hospital
94 - West Virginia University Medical Co. (University Health Associates)

Source: WorkForce West Virginia March 2012

CAMC: Working to Keep Patients Out of the Hospital

By David Ramsey
President & CEO,
CAMC Health System

Many chronic conditions, such as congestive heart failure (CHF), can cause patients to be admitted to the hospital more than once. As part of a national focus on reducing hospital readmissions, Charleston Area Medical Center (CAMC) has implemented programs to help patients establish follow-up care before they are discharged from the hospital. Getting timely and proper treatment by a primary care physician can reduce the incidence of readmissions, benefiting both patients and hospitals.

"We may be able to reduce readmission rates if we can arrange for patients to receive follow up care outside of the hospital setting," said Dale Wood, CAMC's chief quality officer. "For example, if a patient has CHF and is discharged from the hospital, we know that if they see a primary care physician in seven to 10 days the physician will be able to identify some changes to medications and diet that will help the patient. If this is done in a timely manner, it can reduce the likelihood of being readmitted to the hospital for fluid buildup. If patients don't see a primary care physician after discharge, they are more likely to be readmitted."

The federal government has identified certain conditions – CHF, heart attack, pneumonia, COPD and others – that, if treated with follow-up care, can reduce readmissions. CAMC's process to identify and track at-risk patients is a team effort that involves many departments and individuals.

"We start with a risk assessment to determine which patients are most likely to be readmitted so we can plan interventions for them. Our call center then works with the unit staff to arrange follow-up appointments for patients within seven to 10 days of discharge," Wood said.

If the patient does not have a primary care physician, the call center finds one for them in their community and makes the necessary appointments. CAMC has also implemented a call-back system to track high-risk patients. Patients are phoned after discharge to ask about their conditions, give important care reminders and identify any problems that exist.

The process to prevent readmissions also involves patient education, patient teach-back and coordination with home healthcare agencies to ensure that patients have the information and equipment they need upon discharge. CAMC is working together with others around the region to strategize about improving readmission rates. "We have established a continuum of care committee that includes physicians, administrators and staff from nursing homes, home health agencies and other healthcare facilities in the region," Wood said.

One of the next steps is to create a transition document that patients take home with them explaining their care in detail. "This keeps others in the care process, such as nursing homes, informed about that patient's needs," Wood said. "Our goal is always to provide the highest quality care to our patients and part of that is keeping them healthier and out of the hospital."

West Virginia Hospital Association HEN

By Jim Kranz
VP, Professional Activities
West Virginia Hospital Association

In December 2011, the Centers for Medicare & Medicaid Services (CMS) awarded 26 state, regional and national hospital system organizations contracts to serve as Hospital Engagement Networks (HENs). This two-year collaborative has two primary aims: Keep patients from getting injured or sicker and help patients heal without complications. More specifically, by the end of 2013 preventable hospital-acquired conditions (HACs) would decrease by 40 percent and hospital readmissions would decrease by 20 percent.

The West Virginia Hospital Association (WVHA), in cooperation with the American Hospital Association's Health Research and Educational Trust (HRET), part of the CMS Partnership for Patients initiative, was awarded a contract to offer this opportunity to healthcare organizations in West Virginia. All hospitals in the state are involved in a HEN; 32 have chosen the WVHA HEN. Participants have access to extensive resources including: HAC-specific change packages; Improvement Leader Fellowship Program, collaboratives, and senior leadership meetings held in various locations across the country; a comprehensive data tracking and reporting system through which comparative data may be extracted; coaching calls and webinars on best practices; and on-site expert consultations.

The HEN helps identify solutions already working to reduce HACs, and works to spread them to other hospitals and healthcare providers. These organizations serve as *mobile classrooms* – bringing the lessons learned by innovative healthcare leaders to the other hospitals in their region. West Virginia HEN hospitals are very involved in this aspect of the collaborative. They share ideas not only locally and regionally, but nationally as well. Several of our hospitals have been featured speakers at national meetings because of their outstanding accomplishments through the HEN. Many more hospitals in the state will be recognized as we continue to work through the upcoming year. Ultimately, people requiring healthcare services in West Virginia will benefit from this collaborative in their own communities.

The Impact of Hospitals on Local Economies

By Patrick Shaw
CEO, Grafton City Hospital

The year 2015 will have many implications when it comes to the various stages of compliance for the federal healthcare *Affordable Care Act* (ACA), and Grafton City Hospital (GCH) will be striving to meet all of those regulating requirements. This same year will also mark a milestone accomplishment for the hospital – its 100th anniversary. For nearly a century, GCH has been the epicenter for healthcare in Grafton and Taylor counties.

Rural hospitals face enormous economic pressures as governmental payments continue to decline, but we continue to work diligently to meet the needs of those we serve. Being a Grafton native, I know first-hand that we as a community are extremely fortunate to have a hospital in this county and its presence is of vital importance to the local economy.

GCH employs over 275 people, fulfilling many types of classifications, such as full- and part-time, temporary, and per diem employment opportunities. As with many other counties, this number of employees may only be rivaled by the county school system. This translates into approximately $10 million dollars in direct payroll being infused into our local economy. These dollars have a resounding ripple effect in that they are used to purchase local goods and services, shop in locally-owned and operated businesses, or perhaps are deposited in a local bank for a *rainy day*. In addition, the hospital itself does all it can to purchase as many products locally as is feasible. We purchase large quantities of food items, hardware and construction supplies, as well as more specialized services that we don't employ, such as local engineering firms or catering services.

Another avenue with a direct, but often overlooked, impact on the local economy is charity and uncompensated care. GCH provides these to those that meet the qualification standards and guidelines. We continue to see these numbers rise on a yearly basis and that significantly impacts on our bottom line. Setting aside the bottom-line issue, GCH remains committed to providing the best possible care available without regard to one's ability to pay. Being able to extend this to our patients allows them to utilize the dollars that they have to purchase goods and services locally, further stimulating support for our local economy.

Rural hospitals such as ours are a necessary component and part of a comprehensive healthcare delivery system. We provide many mainstream services, such as acute inpatient care, long-term-care, emergency room, X-ray, and lab, as well as more specialized services, such as cardiology, nephrology and surgery. It takes a team approach from all staff members to provide a service that is available 24 hours a day, seven days a week, 365 days a year. This synergistic approach is necessary to operate as efficiently and effectively as possible within the confines of limited budgetary resources.

We do so much more than the content of this article, which I could expand on in detail, but time and space do not permit. In short, we continue to be active in local civic and community organizations and boards, support local sport teams and events, and offer periodic health fairs and immunizations. We have a phenomenal Wellness Center available for public use.

GCH is the cornerstone of healthcare in our community and we don't take that responsibility lightly. We will continue to exercise our ability to be an integral part of our community through engaging all the issues mentioned in this article, as well as many more. We are proud to be both a leading employer and an economic driver in our community and look forward to meeting that challenge for many years to come.

Medicaid Expansion and West Virginia Hospitals

By Joe Letnaunchyn,
President and CEO
West Virginia Hospital Association

One of the most important provisions of the new federal health reform law – the *Affordable Care Act* (ACA) - is the ability of states to expand Medicaid coverage to the lowest-income residents without health insurance. However, in mid-2012, the U.S. Supreme Court ruled this provision is optional. Now states like West Virginia are left with the policy decision of ultimately determining whether they have the programmatic, operational and fiscal capacity to expand their Medicaid programs. There are important ramifications for hospitals moving forward.

The ACA expands Medicaid in various ways, directing states to cover categories of people that they never had to cover before. Expansion eligibility focuses on all legal residents earning up to 133 percent of the federal poverty level (FPL). The ACA includes a standard 5 percent income disregard that effectively raises the income limit to 138 percent of FPL.

The federal government will pay for nearly all of the expansion, at least in the short term, from 2014-2016. From 2017 through 2020, states' federal match rate (FMAP) will be reduced to 95 percent in 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent in 2020 and thereafter. However, concern has been expressed that Congress could reduce these matching rates based on future federal budget financial pressures, putting more strain on state budgets.

The Court's decision concluded that Medicaid expansion could remain in place as long as states have a real choice whether to accept it. The Court therefore, ordered the federal government not to punish states that opt out of Medicaid expansion by taking away all of their Medicaid funding. This one change has essentially transformed Medicaid expansion into an opt-in program.

Another consideration includes a maintenance of effort (MOE) requirement that prevents states from adopting more restrictive eligibility standards, methodologies or procedures for its Medicaid program. The MOE was effective upon enactment of the ACA and expires when the HHS secretary determines that a health insurance exchange (Exchange) has been established by the state. In a state that does not participate in the expansion, the Exchange may be able to provide subsidies for some of those who otherwise would have qualified for Medicaid coverage under expansion. Other provisions related to expansion focus on a streamlined enrollment process relating to income, eligibility and tax credits, along with increased Medicaid rates for primary care services to Medicare levels in calendar years 2013 and 2014.

Factors surrounding expansion certainly create reason for pause, but for hospitals who incur more than $740 million in uncompensated care annually the decision is more acute:

- **Medicaid expansion reduces the number of uninsured:** West Virginia has approximately 300,000 uninsured people, more than 130,000 of which would benefit from expansion. Reducing the number of uninsured West Virginians reduces costs for everyone, makes the healthcare system more efficient and improves the health status of residents. Often the uninsured skip preventative and screening treatments, meaning preventable or treatable problems end up as acute – and more expensive – in emergency rooms. Thus, a patient's healthcare costs end up being much higher and are passed along to insured patients at the hospital.
- **Medicaid expansion protects WV hospitals:** Hospitals will treat West Virginia's indigent population whether Medicaid is expanded or not. The only question is whether those costs will be paid with federal money. Budget savings built into the ACA will cost West Virginia hospitals an estimated $1.3 billion over 10 years in cuts to Medicare payments. Additional cuts in disproportionate share (DSH) funding, which reimburses hospitals for unpaid indigent care, are mandated under ACA, and are scheduled to occur even if state-level Medicaid coverage expansions do not. If West Virginia doesn't accept Medicaid dollars through expansion, it will be subsidizing the costs of other states without receiving any of the benefits. For some hospitals - especially small hospitals that are already financially stressed - that loss would be troubling. Large hospitals would also feel the pinch, losing millions in payments without expansion.
- **Medicaid expansion will help spur WV's economy:** Finally, the state's economic progress depends on having a healthy workforce and financially vibrant hospitals. Raise the state's health level and the state has more opportunities to thrive economically. Numerous studies now rank West Virginia at the bottom in the nation for the health of our citizens. That ranking is unacceptable, and comes hand-in-hand with lost workforce productivity, hundreds of millions of dollars in medical bills and thousands of preventable deaths. One way to deal with the problem is through increased access to affordable healthcare through coverage and by encouraging personal responsibility.

Taking these factors into consideration, hospitals believe that expansion should occur only after thoughtful analysis is conducted by policymakers and stakeholders alike to ensure the state has the programmatic, operational and fiscal capacity to appropriately do so as federal funding for the program decreases. Policymakers should look at the entire range of services offered under Medicaid to ensure the state can economically support coverage for the eligible Medicaid population.

Because expansion is a major initiative impacting many aspects of the delivery system, the state must cautiously and systematically proceed. The state must take into consideration how expansion will interface with future programmatic changes to Medicaid, such as managed care, and the impact both will have on existing payment methodologies for hospitals and other providers.

focus3 BENEFITS

How Well are Your Benefits Supported?

A Preferred Partner for

West Virginia Health Services

NBGA National Benefits Group of America, Inc

Offers WVHS members The Total Benefits Support Solution

Pillars of Support

1. Technology
2. Impementation
3. Communication
4. Client Services

The Total Benefits Support Solution

West Virginia Health Services and current partner, National Benefits Group are proud to announce that they have formed an alliance with focus3 BENEFITS to deliver The Total Benefits Support Solution to WVHS members.

focus3 BENEFITS specializes in the design, communication, enrollment and administration of employee benefit plans. The focus is on the proper use of technology, the implementation/ enrollment of the benefit package, the communication of the benefits to the employees and the on-going client services provided to WVHS members.

NGBA and focus3 *BENEFITS* provide a solid foundation of support for WVHS members.

What members are saying...

Jon R Steen, Chief HR Officer, Davis Health System:
"BSI and focus3 BENEFITS have provided exceptional service to our hospital. Their team is knowledgeable, accessible, and always willing to lend a helping hand. They have demonstrated the ability to provide our employees with prompt, reliable service. They are a very valued resource."

Barbara Coalter, Director of HR, Weirton Medical Center:
"We are very excited about our new partnership as focus3 BENEFITS offered the complete package."

To ensure your benefit package is understood and your organization is receiving the best return on your investment, please contact:

Richard L. Miller, President—West Virginia Health Services
Phone: (304) 344-9744 • Email: rmiller@wvha.org

WVU Healthcare Preparing for Change

By Bruce McClymonds
President and CEO, WVU Hospitals

Ruby Memorial Hospital, West Virginia University (WVU) Children's Hospital and Chestnut Ridge Center, all on the WVU Health Sciences campus, treat thousands of Medicare and Medicaid patients each year. And, while the anticipated changes to these programs are important to every West Virginia hospital, we at WVU Healthcare will face some very specific challenges.

Like our peers in academic health centers across the country, we have a special responsibility to our state's most seriously ill or seriously injured patients. We are a major part of West Virginia's safety net for patients who face financial barriers to healthcare. And, in addition, we have a mission to support education – including providing millions of dollars each year to the WVU School of Medicine and supporting the 385 residents who are training to provide healthcare across the state and nation.

Historically, the Medicaid and Medicare programs have been the mechanism used by both the federal government and the state to support these important pieces of the healthcare system. As we move through the implementation process for the *Affordable Care Act* (ACA), our efforts at WVU Healthcare are aimed at protecting the interests of our patients and assuring that we continue to support the education of vitally needed health professionals to serve our state.

The reforms will mean that more West Virginians will have healthcare coverage. That is good news for us, as we currently spend millions of dollars each year on care for indigent patients who do not qualify for any insurance plan. But covering these new patients won't be free. We fully expect the budgets for both Medicare and Medicaid to be stretched to the limit in the next several years. Our hospital, like all others, will face more and more limits on reimbursement as these programs struggle to contain growing health costs while their numbers of enrollees climb.

We also expect that private insurers will take further steps to limit their costs. The ACA does little or nothing to eliminate cost-shifting. Insurers and their clients – employers who offer insurance to their employees – bear the burden when Medicare, Medicaid and other programs do not cover the full cost of healthcare for the people they cover.

It is impossible to predict exactly how these issues will affect WVU Healthcare. Important decisions about the specifics of reimbursement at the federal level have not yet been made; the State of West Virginia has not decided how it will proceed in adopting expanded eligibility rules for Medicaid. But a few things are certain. We will be forced to hold down our costs. We will be increasingly reimbursed based on quality measures and health outcomes rather than on procedures and costs. We will care for an older population as our state's demographics change.

At WVU Healthcare, we welcome these challenges. We're already working to be more efficient, to continue to measure and improve the quality of the healthcare we deliver and to train the next generation of health professionals to work in the health system of the future.

11,640 Employees **1,644** Physicians **27** Locations **5** Hospitals **1** Goal:

To improve the health of the people we serve.

"From the Ohio to the Potomac, we've added new services, new facilities and the newest medical technology. We never lose sight of the fact that, at West Virginia United Health System, our most important mission is caring for the people who call West Virginia home."

J. Thomas Jones

Tom Jones, CEO

West Virginia United Health System

Camden Clark Medical Center
Parkersburg

United Hospital Center
Clarksburg

WVU Hospitals
Ruby Memorial
Morgantown

WVUH-East
City Hospital
Martinsburg

WVUH-East
Jefferson Memorial
Ranson

Providing advanced healthcare, professional training, and research innovation to West Virginia.

www.wvunitedhealthsystem.org

Medical Education: The Foundation of High Quality Healthcare

By Brent A. Marsteller
FACHE, President and CEO,
Cabell Huntington Hospital

Medical education is the foundation on which high quality healthcare is built. It establishes the framework and principles that guide physicians throughout their ever-changing careers. It fosters a hunger for knowledge and discovery that leads to life-saving medical breakthroughs and groundbreaking innovations in healthcare delivery. And, it must be acquired in an atmosphere in which the conventional is challenged and excellence is expected.

Teaching hospitals serve a vital role in both medical education and our nation's healthcare system. They not only train future physicians, but also help develop new treatments and cures, improve quality of care and provide highly specialized medical services to their communities.

As an academic medical center (or teaching hospital) associated with Marshall University Joan C. Edwards School of Medicine, Cabell Huntington Hospital (CHH) has grown in ways unimaginable just 15 years ago. The hospital's evolution to a thriving, academic medical center has allowed the Huntington/Tri-State community to recruit dozens of world-class medical specialists – highly specialized physicians and surgeons usually found only in much larger metropolitan areas.

As teachers, CHH's physicians must continually stay on the leading edge of medical discovery and advanced technology – and that translates to better healthcare for everyone in our communities. Additionally, because of their academic pursuits, many Cabell Huntington physicians, themselves, are actively involved in clinical research that leads to promising new medical and surgical treatments. Clinical trials at CHH and the Edwards Comprehensive Cancer Center routinely offer hope to thousands of patients throughout our region.

Unfortunately, teaching hospitals and academic medical centers face a significant threat as deficit reduction negotiations and budget cuts loom on the horizon. Historically, Medicare has compensated teaching hospitals for the higher direct and indirect costs associated with teaching hospitals, such as the costs of residency programs, greater use of emerging technologies and greater patient severity.

Some policymakers, however, are advocating for significant reductions in Medicare graduate medical education (GME) payments to teaching hospitals. Both the President's Plan for Economic Growth and Deficit Reduction and the Simpson-Bowles deficit commission call for reductions in direct and indirect GME payments that could have a tragic impact on teaching hospitals and the communities they serve.

The American Hospital Association (AHA) and the West Virginia Hospital Association (WVHA) strongly oppose reductions in Medicare funding for GME at our nation's teaching hospitals. Cuts would not only jeopardize the ability of these hospitals to train the next generation of physicians, but could limit their ability to offer state-of-the-art care, hamper efforts to improve access to care, and result in crippling economic losses.

It is vitally important that we preserve the strong foundation of high-quality healthcare in West Virginia and the U. S. Quality medical education at our teaching hospitals is the bedrock on which that care is built. And we must do everything we can to prevent further cracks in that foundation. The stakes are much too high.

Cabell Huntington Hospital

Your Partners for *daVinci*® Gynecologic Cancer Surgery

Gerard Oakley, MD, is the only gynecologic oncologist within 130 miles of Huntington using the *daVinci*® Surgery System to provide minimally invasive surgical treatment for women with gynecological cancers.

daVinci® gynecologic cancer surgery – one more reason the Edwards Comprehensive Cancer Center at Cabell Huntington Hospital provides a distinct difference in cancer care.

Edwards Comprehensive Cancer Center

A Distinct Difference in

Cancer Care.

For more information or to schedule an appointment, please call 304.399.6600.

1340 HAL GREER BLVD.
HUNTINGTON, WV 25701
304.526.2000
WWW.CABELLHUNTINGTON.ORG

Cabell Huntington Hospital

Your Partners for Life

Behavioral Healthcare in the Two Virginias

By Wayne Griffith
FACHE, CEO,
Princeton Community Hospital

The very attributes that are so rightly admired and celebrated among the citizens of central Appalachia, individualism, self-reliance and strength of character, can be a detriment when it comes to acknowledging and seeking help for mental health issues. Many associate mental illness with weakness, or feel that behavioral health refers only to those who are profoundly psychotic. In fact, with adequate treatment –medication management and/or counseling – individuals with mental health concerns respond to treatment and live productive lives.

There are numerous misconceptions about mental illness. The goal of modern medicine is to treat those with mental illness in their communities and, when necessary, provide acute hospitalization for stabilization of their symptoms. Now, thanks to community outreach and educational efforts, people are more willing to acknowledge the need for behavioral healthcare.

For many years, Princeton Community Hospital (PCH) maintained a small 24-bed behavioral medicine department within the hospital. In the mid-2000s, it became apparent the need for mental health assessment and treatment far exceeded our in-house capabilities. We also recognized the importance of expanding the scope of our services to meet the additional needs of our patients, our community and our region. As a result, PCH partnered with Diamond Health Corporation, headquartered in Richmond, Virginia, to develop a freestanding mental health inpatient and outpatient hospital in Bluefield, West Virginia.

The former St. Luke's Hospital in Bluefield underwent extensive renovations and was re-opened in the spring of 2010 as The Behavioral Health Pavilion of the Virginias. The Pavilion has filled a critical need in southern West Virginia and southwest Virginia. Dr. Jeffry Gee, Medical Director and chairman of Psychiatry at The Pavilion said, "I see The Pavilion as the preferred destination in our region for mental health treatment provided by caring, knowledgeable and well-trained psychiatrists, nurse practitioners, nurses, and counselors. We have had dramatic expansion and improvement of psychiatric services here at The Pavilion in the past two-and-a-half years, and my vision is to continue to guide that clinical growth to ensure superior care to those people in need of our services; not just in our local area, but region-wide. The Pavilion is able to provide a comprehensive continuum of care that includes step-down services through intensive outpatient programming, traditional outpatient counseling and medication management. This facilitates greater continuity in patient care, including better communication and coordination with the patient's other healthcare providers."

The Pavilion currently has inpatient programming with 64-bed capacity consisting of a 30-bed geriatric unit, a 24-bed general adult unit and a 10-bed psychiatric intensive care unit. As a result of the three separate units, patient care is delivered in an environment that best meets the treatment needs of each patient and the diverse population served. The Pavilion also provides two levels of intensive outpatient care – a Partial Hospitalization Program and a Structured Outpatient Program – as well as traditional outpatient medication management and traditional outpatient counseling.

Educational outreach efforts are also offered through local health fairs, annual expos for women and senior citizens, as well as presentations at various colleges, universities and civic organizations in the area. We also sponsor the annual Out of the Darkness Walk to raise suicide awareness in the region, which not only educates the public about the growing threat of suicide, especially among young people, but also acts as a support mechanism for surviving family members who continue to suffer from the loss of their loved ones.

The Pavilion works with medical schools and nursing and counseling programs in our region to provide clinical training and internship opportunities for students. Educational efforts reach primary care providers through off-site seminars.

More and more, physicians are recognizing mental health as a true component of their patient's condition. Having a nearby mental health facility enables the primary care provider to quickly obtain help for their patient. PCH and Diamond Healthcare recognized a great need for, and took action to provide, the very best behavioral healthcare facility available in the region.

Princeton Community Hospital – The First in West Virginia to Receive Breast MRI Accreditation.

Dana O. Olson, M.D.
Diagnostic Radiologist
Princeton Community Hospital

Breast MRI Accredited Facilities in West Virginia

Princeton Community Hospital is currently one of only two breast MRI accredited facilities in the state.

"The ACR gold seal for breast MRI accreditation is one more example of our commitment to improving the health and quality of life for the citizens of southern West Virginia and southwest Virginia."

Dana O. Olson, M.D.

In November 2011, Princeton Community Hospital became the first hospital in West Virginia to receive breast Magnetic Resonance Imaging (MRI) accreditation from the American College of Radiology (ARC).

Because breast cancer is such a prevalent disease, it has become a primary focus of the Medical Imaging Department at Princeton Community Hospital. Breast MRI is a very sensitive exam that can detect malignancies at the earliest stages. A woman with a high probability for breast cancer, such as having several relatives who have had breast cancer, would be a primary candidate for a breast MRI.

"For the confidence that our community has placed in us, I feel that I and other members of the medical staff must do the very best we can to give area residents the highest quality hospital possible," stated Dr. Dana O. Olson, diagnostic radiologist.

Superior technology. Uncompromised care.

PRINCETON Community Hospital

122 Twelfth Street • Princeton, West Virginia 24740-1369
Phone: 304.487.7000 • www.pchonline.org

OVMC Opens Adolescent Behavioral Health Center

To continue a commitment to serve its community full-stop, Ohio Valley Medical Center (OVMC) has opened the doors to the brand-new Robert C. Byrd Child and Adolescent Behavioral Health Center. It is one of the few acute care centers within the state of West Virginia and the only facility in the immediate area that treats acute behavioral issues of children and adolescents.

"Having these services here will allow us to care for those children locally where parents and caregivers can participate in their child's treatment. We have provided these services at OVMC, but the increased number of beds will prevent children from being sent out of the area to receive treatment, which inhibited family participation," said Rick Buckelew, Director of Behavioral Health Services for Ohio Valley Health Services & Education.

The Center provides a unique opportunity for area youth and their families to benefit from such state-of-the-art services and it will be an improvement over Hillcrest, the former site for childhood and adolescent psychiatric services. Originally built for adults, Hillcrest was revamped to accommodate up to 13 young patients. In 2011, Hillcrest cared for 433 children and adolescents ages five to 17, with the largest percentage coming from Ohio County, Belmont (OH), and Marshall and Brooke counties. Seventy-eight percent of the children seen in 2011 were Medicaid or charity care patients, which reinforced the fact that OVMC provides services for those children most in need in the Wheeling and surrounding area.

Hillcrest, however, had no physical structure to separate the youngest from the oldest. Because psychiatrists often order no roommate for the younger children – meaning a full unit is often 12 patients instead of 18 – Hillcrest operated at only 66 percent capacity. Also, there are no additional nearby acute child inpatient units in West Virginia.

The Center's inpatient program represents the most intense level of care to manage the most extreme behavioral health symptoms. Children who enter the program come in crisis often as a result of an emotional shock. When a child is in a behavioral health crisis they may lose rational thought, which places them at risk for harming themselves. Creating an immediate safe environment is the first step towards recovery from such a crisis state. The Center will provide a multi-disciplinary approach to addressing children's needs by showing them how to follow rules, compete and cooperate healthily, and exercise both body and mind.

"Untreated depression is the number one cause of suicide, which is the third leading cause of death among young people," said John Antal, Director of Adolescent/Clinical Services at OVMC. "Our facility can provide the healing that youth need with the combination of psychiatric intervention, psychotherapy, recreational activities, and educational services. Research shows that a blending of such modalities can assist a child or adolescent to regulate moods and problem solve to become a more confident individual. The youth can then experience cognitive, emotional and behavioral adaptation in a resilient manner."

Partnering with Long-Term Acute Care Hospitals Yields Benefits

By Tamara Fuller
Director Business Development,
Select Specialty Hospital

In the fall of 2011, John Deering, in his mid-50s, and two of his law enforcement friends visited Big Bend National Park in Texas. The weather was ideal to ride motorcycles. The three took one last ride to Santa Elena Canyon, situated on the Rio Grande River across from Mexico. On their return to the main highway, Mr. Deering began to sneeze violently. As he began to slow down, he had one last hard sneeze. The next thing Mr. Deering says he remembers was looking up at a beautiful blue sky. His friends later reported that he skidded 150 feet on his back.

Mr. Deering was transported by ambulance to a local hospital. As he waited to be airlifted to a trauma center he stopped breathing. He had two punctures in his right lung, a fractured wrist and torn ligaments and severe damage to his knee. Trauma doctors said he had less than a 20 percent chance of survival.

Days later, Mr. Deering was alive but on a ventilator and a feeding tube. Attending physicians say it was clear that their patient needed more time to recover, but in an intensive care setting. When Mr. Deering was transferred to Select Specialty Hospital, he had not yet been weaned from his ventilator.

Thanks to his care at Select Specialty hospital, his recovery was rapid. Less than a month later, he was discharged. He was able to walk with a cane. His family, including his beloved Great Dane Apollo, missed him terribly. But quick thinking by the emergency room staff and the specialized care at Select Specialty Hospital allowed Mr. Deering to overcome great odds.

Around the time of Mr. Deering's recovery, another struggle began to gain momentum on Capitol Hill in Washington. There, lawmakers were fighting to preserve specialty hospitals like the one that saved Mr. Deering's life.

About 450 hospitals like Select Specialty Hospital operate in the U.S. Usually located within larger, short-term acute care hospitals, these specialty hospitals have succeeded in helping larger hospitals with their most challenging patients. West Virginia has two of these long-term acute care hospitals called LTACs. As with Mr. Deering, they often work wonders. Unfortunately, LTAC hospitals have long struggled to survive because of an absence of clear federal standards. This may change soon, however, with a bipartisan bill introduced in the Senate in the fall of 2011 and endorsed by the American Hospital Association (AHA). Based on a series of policy ideas first developed by the AHA and refined by two well-respected Senate veterans, the proposal would make clear which facilities qualify as LTAC hospitals. The legislation would ensure that LTAC hospitals only treat the sickest patients. These proposed federal standards – what Medicare Payment Advisory Committee (MedPAC) calls certification criteria – are years overdue.

> *LTACs occupy a critical position in the continuum of care.*
> — Tamara Fuller

LTACs occupy a critical position in the continuum of care. They treat patients who need extended hospital stays due to the complexity and severity of their conditions. The average stay for LTAC patients is 25 days, which is almost 20 days longer than the average general hospital stay. Some LTACs are large, others are small. But they all serve both elderly and young patients. Happily, there's wide support for the legislation that's now pending in Congress.

AHA President and Chief Executive Officer Richard Umbdenstock said: "Since 2004, Congress, the Medicare Payment Advisory Commission and other stakeholders have called for the development of patient and facility criteria that would define LTACs and the types of patients they serve. The bill puts us on a path to finally establishing uniform patient and facility criteria that will distinguish LTACs from all other provider settings. The new criteria will bring about a common definition for LTAC patients and services and solidify that access to care is based on patients' medical needs. This will allow LTACs to focus on their mission of caring for very sick patients who need intensive care for a long period of time."

The legislation protects access to vital care for medically complex patients, the ones who truly require a longer hospital stay. The hospital industry agrees that when the bill is enacted into law, patients like Mr. Deering will be the ultimate beneficiaries. We can and should support federal criteria for these critically needed strategic partners.

Boone Memorial Hospital Excels in Serving its Community

By Karlie Belle Price
Public Relations & Marketing Director
Boone Memorial Hospital

Boone Memorial Hospital (BMH) in Madison opened its doors in 1964 with the philosophy of People Serving People. Its mission continues strong nearly 50 years later as each patient continues to be treated on an individual, personal basis and as community initiatives thrive.

"The comfort and care of our patients is and always has been our major goal and connecting to our community is extremely important to our success," said Tommy Mullins, BMH Administrator. "BMH provides the community with the tools needed to educate and increase health awareness. About six years ago, we implemented a public relations and marketing department to allow us to provide more unique community events to better serve and educate the public. It's been a great success."

BMH has indeed excelled in community outreach. The hospital has, for example, focused hard on breast health. For several years, BMH received a $20,000 grant from the West Virginia Affiliate of the Susan G. Komen for the Cure. These funds allowed the hospital to distribute free mammograms to qualifying women. Ladies' Night Out, An Evening Dedicated to Breast Health was developed in 2007 and held for several consecutive years. Over 125 women attended annually, enjoying a catered dinner and breast cancer education in a fun, informal setting. The event continues today through a partnership with the local Julia Price Breast Cancer Foundation.

Other breast cancer awareness events include the hospital's annual participation in Breast Cancer Awareness Day and a Breast Cancer Walk organized by the radiology department. In 2012, BMH raised over $800 for the cause. A few years ago, the hospital implemented SHOP TALK, a program that provided local beauticians and salon owners with breast cancer educational kits. Beauticians were trained to educate women on the importance of self-breast exams and mammography.

BMH is also proud of its new community task force, All about Health (AAH), BMH Working for a Healthy Community. AAH has held multiple health education programs across the county on both large and small scales, such as fairs, exercise programs and innovative education events. The group consists of over 30 members, including physicians, retirees, students and other healthcare professionals and volunteers.

The hospital offers an annual Health Fair in October – an event that has nearly tripled in size from its initiation – with more than 55 vendors and almost 700 attendees. BMH also participates in the American Cancer Society Relay for Life, sponsors at least three blood drives annually, holds a food and toy drive during the holiday season, and the lab performs testing for the West Virginia Cardiac Kids Program each year. Hospital representatives have attended the local college Vocational School Opening Day, and sponsors three medical students who upon graduation will return to BMH to work in the new facility.

BMH has been a beacon to residents for nearly half a century and will continue to serve its residents far into the future. There are now exciting plans for a brand-new hospital to serve the community for years to come.

Camden Clark Medical Center and the Diabetes Epidemic

The prevalence of diabetes is increasing in epidemic proportions in the U.S. Perhaps most alarming is the impact on economically at-risk groups, such as Native Americans, Hispanics, African Americans and Appalachians. According to surveys by the Centers for Disease Control (CDC), nearly 12 percent of all adults in West Virginia (almost 250,000) were diagnosed with diabetes in 2011 and the poorest counties in the state have the highest prevalence rates of the disease.

In addition to higher prevalence rates, West Virginians experience more diabetes-related complications, such as heart disease, stroke, blindness, chronic kidney disease and lower extremity amputation. Although much of the increased risk for chronic disease in West Virginia can be attributed to unhealthy life-styles (tobacco abuse, obesity, etc.) there is increasing evidence that the socioeconomic stress of poverty itself – there are increased stress hormone levels which induce obesity and diabetes – contributes to obesity and diabetes risk.

It's a paradox that individuals with the greatest food insecurity are more obese than others because they tend to eat more – and less healthy – foods when both are available. Finally, decreased access to even basic medical care is a major barrier in West Virginia, and access to physician specialists, diabetes educators and nutritionists is limited, and/or non-existent, in many rural areas of the state. Topping off a bad situation, endocrinologists, the principle medical specialists trained in diabetes management, are in very short supply in our state.

In Parkersburg, when Dr. Frank Schwartz left private practice to join the faculty of the Ohio University Heritage College of Osteopathic Medicine (HCOM) in 2003, there were no endocrinologists left in the city. Acknowledging this problem, he set out to develop a Diabetes Fellowship for primary care physicians at HCOM. In 2005, Jay Shubrook, DO, became the first physician to complete the program. Dr. Shubrook is now the director of the program and, along with Dr. Schwartz, seven physicians have now completed the fellowship and two are currently in training. This past summer Camden Clark Medical Center became the second clinical site for the HCOM Diabetes Fellowship and agreed to support the training of one physician per year for the next five years.

Camden Clark's goal is to retain as many of these diabetes specialists as possible and encourage them to remain in the region to practice medicine and teach in their internal medicine residency.

Tobacco in West Virginia: Raising the Excise Tax

By Cinny Kittle
Director, Coalition for a
Tobacco-Free West Virginia (CTFWV)

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined – and thousands more die from other tobacco-related causes, such as fires caused by smoking and smokeless tobacco use.

The toll of tobacco use is especially hard-hitting in West Virginia. The state ranks number one in the nation in adult smoking, with a rate of 28.6 percent. More than 19 percent of West Virginia high school students smoke and 25.5 percent of them (mostly males) use smokeless or spit tobacco. Each year, 4.5 million packs of cigarettes are bought or smoked by kids in the state.

West Virginia also has the highest rate of smoking among pregnant women (29.7 percent), more than twice the national average of 13.4 percent. Research studies have found that smoking and exposure to second-hand smoke among pregnant women is a major cause of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth. Mothers who smoke have double the rate of premature delivery compared to nonsmoking mothers, and there is a clear relationship between the number of cigarettes smoked during pregnancy and low birth weight babies.

Smoking alone costs West Virginia $690 million each year in direct healthcare costs, with $1.01 billion in productivity losses according to the Bureau for Public Health. The tobacco industry spends $8.5 billion in marketing expenditures nationwide, with an estimated portion spent in West Virginia of $110.6 million.

The Centers for Disease Control and Prevention, in its *Best Practices* document, indicates West Virginia should invest at least $28 million per year to adequately fund a comprehensive tobacco prevention effort in the state. Currently, West Virginia directs $5.7 million. Significant increases in tobacco taxes are a highly effective tobacco control strategy and lead to significant improvements in public health. The positive health impact is even greater when some of the revenues generated by tobacco tax increases are used to support tobacco control, health promotion and/or other health-related activities and programs.

West Virginia's current cigarette tax is .55 cents per pack, which ranks 44th in the nation and is well below the national average of $1.48 per pack. The state can achieve significant health and revenue gains by increasing the tax on cigarettes and other tobacco products, such as smokeless tobacco and cigars, to parallel the rate on cigarettes. This discourages all tobacco use.

The CTFWV, established in 1989, is a statewide group whose mission is to educate the public about tobacco-related issues and advocate for policies that reduce, with the intent to eliminate, tobacco use in West Virginia. The West Virginia Hospital Association has provided a home for the CTFWV since 2001.

Growing Healthy Babies: Protecting Infants from Cigarette Smoke

By Mary Beth Barr
CEO, Grant Memorial Hospital

Grant Memorial Hospital staff is very serious about advocacy efforts to protect infants from dangers of cigarette smoking. The nursing staff works closely with obstetricians and pediatricians to ensure mothers-to-be receive education regarding tobacco use during and after pregnancy.

Family Maternity Unit (FMU) nursing staff begins the education process with a patient's initial visit to the FMU several months prior to their delivery date using various tools to assess smoking status.

"Our registered nurses truly understand the importance of promoting a healthy lifestyle to their patients before, during and after pregnancy," said Amanda Hawk, RN, FMU Nurse Manager. "We recognize that if their own health isn't enough to make them quit smoking, then the health of their baby should be. Our mantra is that there is no safe level of smoking while pregnant."

The FMU nursing staff is actively engaged with the DAY ONE program, which provides DVDs and handouts for parents' viewing. Patients who smoke, or have a smoker in the household, are shown the *Smoke Free from Day One* DVD to teach patients the effect of second-hand smoke on infants. In addition, patients receive frequent bedside nursing communication describing how nicotine, carbon monoxide and numerous other poisons the patient inhales through a cigarette will be carried through the bloodstream and go directly to their unborn child. It is also emphasized that babies exposed to secondhand smoke may develop reduced lung capacity and are at higher risk for sudden infant death syndrome (SIDS).

Grant Memorial is a smoke-free campus. Patients are informed of this status upon admission. The benefit of this is viewed as a possible determent in resuming their smoking habit once they are discharged. Because nicotine is a drug, other alternate options – like nicotine gum and patches – are offered only as a last resort when non-drug treatment efforts, such as counseling, have failed.

"We certainly get discouraged at times, but our nursing team understands that encouraging mothers to quit smoking at any point during pregnancy is more beneficial than continuing to smoke throughout the entire nine months of pregnancy, especially if it is done within the first trimester," said Kim Linville, CNO. "We recognize that quitting for good can be very difficult and we attempt to encourage our patients with compassion and non-judgmental attitudes that the benefits are worth it – a healthy baby in addition to many more years of good health to enjoy with him or her!"

DAY ONE

DAY ONE is an early intervention and parenting education program first developed in 1984 by New Horizons for Learning, a non-profit, international human resource network in Seattle, Washington. It is based upon the work of researchers in neonatal education in the U.S. The mission of Day One in West Virginia is to improve the health, education and economic status of the state by ensuring a healthy start in life for babies. DAY ONE is an investment in West Virginia's children.

The Healthcare Education Foundation, a subsidiary of the West Virginia Hospital Association (WVHA), is the home for DAY ONE, with primary funding provided through grants from the Claude Worthington Benedum Foundation and the West Virginia Department of Health and Human Resources, Division of Tobacco Prevention. DAY ONE is offered in many hospitals through various departments to educate parents about the tremendous potential of their newborn babies. It helps new parents to become their child's first teacher so their baby will become a successful learner. WVHA and Day One strive to work collaboratively with other organizations, such as hospitals, for West Virginia's children. To learn more about DAY ONE, visit the website www.wvha.org.

Mon General Hospital Promotes Importance of Breastfeeding

The experience of breastfeeding is special for so many reasons – the joyful bonding with baby, cost savings, and health benefits for both mother and baby. Breast milk has all the right nutrients, in just the right amounts, at just the right time. Throughout the breastfeeding relationship, just like during pregnancy, mom's body knows what her baby needs.

According to the American Academy of Pediatrics, all babies should be breastfed exclusively for the first six month of life and thereafter for one year and beyond. "Human milk," the Academy states, "is species-specific and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding."

Colostrum – often called liquid gold – is the thick yellow first breast milk, very rich in nutrients and antibodies that a woman makes during pregnancy and just after birth. Although baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach, which is about the size of a hazelnut, can hold. Throughout the period of breastfeeding, breast milk continues to change and adapt to the baby's needs. For most babies — especially premature babies — breast milk is easier to digest than formula. The cells, hormones, and antibodies in breast milk protect babies from illness. This protection is unique; formula cannot match the chemical makeup of human breast milk. Breast milk also saves time, money and resources. Breastfeeding helps baby's brain flourish, which may enhance the ability to learn. Some studies suggest breastfeeding may result in higher cognitive development.

Breast milk is easy on baby's delicate tummy, causing less stomachaches, diarrhea and constipation. Formula-fed babies have higher risks of necrotizing enterocolitis, a disease that affects the gastrointestional tract in pre-term infants. Breastfed babies have lower respiratory infections, atopic dermatitis, asthma, obesity, Type 1 and Type 2 diabetes and childhood leukemia. Breastfeeding has also been shown to lower the risk of SIDS (sudden infant death syndrome). Since breastfeeding helps to build a strong immune system, babies get sick less often so moms and dads might miss less work, too.

Recent research shows that if 90 percent of families were to breastfeed exclusively for six months, nearly 1,000 infant deaths could be prevented and the country could save $13 billion per year in healthcare costs.

Breastfeeding is also great for mom's health. It helps her womb shrink back into shape and encourages her body to heal. It even helps her to burn calories and lose weight. Breastfeeding is linked to a lower risk of breast cancer, ovarian cancer, postpartum depression and Type 2 Diabetes.

When an emergency occurs, breastfeeding can save lives. It shields babies from contaminated water sources and can protect against respiratory illnesses and diarrhea, which can be fatal in populations displaced by disaster. Breast milk is always fresh and readily available, is the right temperature for babies and can help prevent hypothermia.

Because of the importance of breastfeeding, Mon General Hospital in Morgantown is doing its part to promote breastfeeding by helping one family at a time. According to West Virginia's current birth score summary data, the breastfeeding intention average for Mon General patients is 68.7 percent, as compared to the state average of 50.5 percent. This is the highest in the state. The hospital offers monthly classes focused entirely on breastfeeding; topics include benefits of breastfeeding, strategies for successful breastfeeding, problems that may occur, and ways to overcome these challenges. Parents learn what a good latch-on looks like, how to tell if baby is getting enough milk, how to pump milk and strategies on returning to work.

"When a new mom is having difficulty," says Pamela Poe, Perinatal Education Coordinator and Lactation Consultant at Mon General Hospital, "the protocol is patience, persistence and consistency. We, as a hospital, are heading in the direction of getting all staff on the same page about breastfeeding so patients receive consistent information from caretakers. This happens through our hospital's commitment and staff education and dedication."

"It is evident that education, encouragement and support of the breast feeding mother and her newborn baby provided by the delivering hospital play a key role in their long-term breastfeeding success," says Cinny Kittle, Director of Health Improvement Initiatives for the West Virginia Hospital Association, and Director of the West Virginia Breastfeeding Alliance (www.wvbfa.com). "It provides that most important healthy start from day one."

Protecting Patients, Visitors, Staff and Property Since 1982

As members of the International Association for Healthcare Security & Safety, we stay current with the Environment of Care requirements of The Joint Commission. Security America specializes in the unique security needs of healthcare facilities and we've earned the praise—and confidence—of our clients statewide.

Security America

Best Protection for the Best Value

www.SecurityAmerica.com
888 - 832 - 6732

Professional Security Officers for:
- Emergency Rooms
- Infant Care Area
- Admissions
- Pharmacy
- Waiting Rooms
- Patient Information
- Medical Records
- Behavioral Health Units
- Visitor Access/Egress
- Stairwells, Hallways & Parking

Also specializing in:
- Loss Prevention Surveys & Security
- Non-violent Physical Restraint
- Blood borne pathogen hazards / protection
- HIPAA Compliance Standards
- TJC Environment of Care Requirements
- Training of Proprietary Security Force

Preferred Provider - West Virginia Health Services

"Security America takes a professional, business-like and comprehensive approach to your protection needs. The company partners with you to assist in guiding or directing a customized security program for your hospital or clinic."

*—**Richard L. Miller**, President,WVHS*

Endorsed by leading providers

"Since 2001, we have placed our confidence in the qualified staff and quality services provided by Security America." *—**Dan Lauffer***
Chief Operating Officer
Thomas Health System

"Security America guarantees that their staff is well trained and available to meet our needs." *—**Ben Vincent***
Chief Administrative Officer
Braxton County Memorial Hospital

Caring for Communities During Emergencies

By Samantha Stamper
Director of Emergency Preparedness,
West Virginia Hospital Association

Last year, West Virginia set nearly 100 records for extreme weather events, according to a new report from the Natural Resource Defense Council (NDRC). West Virginia saw two fierce examples of extreme weather conditions in 2012. During both events, hospitals and emergency management staff were challenged with two different types of dangerous storms. On both occasions, staff stood strong and protected both patients and communities.

On June 29, a Derecho storm (or land hurricane) barreled across West Virginia, resulting in mass power outages across the state leaving residents reeling. Both business and the public were greatly impacted, some for an initial 24 hours, but most for many days. Hospitals, central to the community during emergencies, naturally saw a surge in people seeking assistance for such things as oxygen and medication. All hospitals were on generator power following the storm; many remained so for days.

All West Virginia hospitals have back-up and emergency generator power capacity and have a special designation for priority power restoration for obvious life-saving reasons. However, hospitals had limited or nonexistent ability to run HVAC systems. Fortunately, there were no fatalities in the state.

On October 28, the State Emergency Operations Center was activated to prepare for the *FrankenStorm* which hit the east coast and impacted 20 states with causing widespread damage. Most of West Virginia experienced blizzard conditions and power outages (again). Fortunately, hospitals were prepared for power outages and had tested their back-up power during the Derecho.

The largest issue in both the Derecho and the *FrankenStorm* was mass power outages overwhelming the ability to address even priority facilities. Extreme temperatures, however, were also a factor. In June, hospitals worked in almost unbearable heat to take care of their communities. In October, numerous hospital staff wearing coats and gloves worked multiple shifts in cold and snow. Fortunately, there were no known hospital evacuations.

According to the NDRC report, the country could face more weather extremes in the future. If so, it is vital for West Virginia to maintain highly-skilled emergency response partners.

The Hospital Preparedness Program, directed by the West Virginia Hospital Association (WVHA), will be on the ready to meet future weather challenges. The program is coordinated through the West Virginia Department of Health and Human Resources Center for Threat Preparedness. The program provides West Virginia hospitals with $1.2 million in direct assistance, including emergency preparedness supplies, training, and functional exercises to test response capabilities. The program also disseminates relevant information statewide through a network of hospital contacts made up of safety, risk management, facilities and emergency department personnel. The WVHA would like to acknowledge the commitment of West Virginia hospitals in *keeping the lights on* and caring for their communities during times of emergency.

West Virginia E-Directive Registry Continues Leadership for End-of-Life Care

By Dr. Alvin H. Moss
Director, West Virginia Center
for End-of-Life Care

Over the past decade, West Virginia has established itself as a national leader in end-of-life care. In July 2002, the West Virginia Center for End-of-Life Care was officially established through support from the West Virginia Legislature. It evolved from the West Virginia Initiative for End-of-Life Care and now continues in its efforts to improve all aspects of end-of-life care for state residents. The Center serves as an educational resource for healthcare professionals, the public, and legislators seeking information and training about end-of-life care in West Virginia.

Last year, the Center and the West Virginia Health Information Network (WVHIN) launched the e-Directive Registry. (WVHIN supports physicians and healthcare providers in providing the best patient care through the electronic delivery of medical data.) The Registry makes advance directives and medical orders available online 24/7 to those providing patient care, allowing patients' wishes and medical orders to be respected throughout the continuum of healthcare settings. The Registry is a secure online database maintained through WVHIN that allows healthcare providers to quickly access accurate information regarding a person's care wishes as they near the end of life.

The e-Directive Registry is good news for West Virginians. Now patients in a medical crisis anywhere in the state can have their advance directives and medical orders accessed online at any time by their healthcare providers. The Registry serves more than 13,000 West Virginians, with residents having submitted such vital forms as their Medical Power of Attorney, Living Will, DNR Card, or POST (Physician Orders for Scope of Treatment). The next step is to ensure as many qualified providers as possible register to access those patients' advance directives and medical orders.

Users of the e-Directive Registry must apply for access as a healthcare organization, such as a hospital, nursing home, hospice, home health agency or physician practice. Center staff can provide the three documents needed to secure access: a Participation Agreement in the WVHIN; a Business Associate Agreement; and the West Virginia e-Directive Registry Agreement Health Care Provider Registration.

When the Center receives those forms via fax, E-mail, or mail, a designated person at that healthcare organization will receive administrative access to the WVHIN and the Registry. There is absolutely no cost for either the patient or the provider to use the West Virginia e-Directive Registry, but the benefits are priceless.

Surveys repeatedly show that, when the time comes, most West Virginians prefer to avoid dying connected to machines that add little to their quality of life. They want their pain managed and their wishes honored. The Registry is an important tool to help ensure West Virginians receive the medical treatment they want. At their most vulnerable time, patients will have peace of mind knowing their healthcare wishes will be honored, and healthcare providers will know they are providing exactly the type of care people want – no more and no less.

For more information on the Registry, please visit www.wvendoflife.org.

Hospitals in West Virginia

Listed by Number of Beds as of July 2010

This list originally appeared in The State Journal's 2012 Book of Lists

Facility	Type	Trauma Center (3/2011)	City	County	2010 Bed Count
CAMC Health System*	General Acute	Level I; Women & Children's Level IV; Memorial Division Level IV	Charleston	Kanawha	838
West Virginia University Hospitals	General Acute	Level I	Morgantown	Monongalia	531
Ohio Valley Medical Center	General Acute	Level II	Wheeling	Ohio	453
St. Mary's Medical Center	General Acute	Level II	Huntington	Cabell	393
United Hospital Center	General Acute	Level IV	Clarksburg	Harrison	375
Cabell Huntington Hospital	General Acute	Level II	Huntington	Cabell	313
Raleigh General Hospital	General Acute	Level IV	Beckley	Raleigh	300
Wheeling Hospital	General Acute	Level II	Wheeling	Ohio	277
Camden-Clark Memorial Hospital	General Acute	Level III	Parkersburg	Wood	273
Princeton Community Hospital	General Acute	—	Princeton	Mercer	267
Thomas Memorial Hospital	General Acute	Level IV	South Charleston	Kanawha	260
City Hospital (WVUH East)	General Acute	Level III	Martinsburg	Berkeley	241
Bluefield Regional Medical Center	General Acute	Level IV	Bluefield	Mercer	240
Weirton Medical Center	General Acute	Level IV	Weirton	Brooke	238
Fairmont General Hospital	General Acute	Level IV	Fairmont	Marion	207
Pleasant Valley Hospital	General Acute	Level IV	Point Pleasant	Mason	201
Monongalia General Hospital	General Acute	Level IV	Morgantown	Monongalia	189
Beckley Appalachian Regional Healthcare Hospital	General Acute	Level IV	Beckley	Raleigh	173

Hospitals in West Virginia

Listed by Number of Beds as of July 2010

This list originally appeared in The State Journal's 2012 Book of Lists

Facility	Type	Trauma Center (3/2011)	City	County	2010 Bed Count
Peterson Rehabilitation Hospital and Geriatric Center	Rehabilitation	—	Wheeling	Ohio	172
River Park Hospital	Psychiatric	—	Huntington	Cabell	165
William R. Sharpe Jr. Hospital (State)	Psychiatric	—	Weston	Lewis	150
Logan Regional Medical Center	General Acute	Level IV	Logan	Logan	140
Reynolds Memorial Hospital	General Acute	Level IV	Glen Dale	Marshall	127
Welch Community Hospital (State)	General Acute	—	Welch	McDowell	124
St. Francis Hospital	General Acute	—	Charleston	Kanawha	123
Greenbrier Valley Medical Center	General Acute	—	Ronceverte	Greenbrier	122
Summersville Memorial Hospital	General Acute	Level IV	Summersville	Nicholas	105
Grafton City Hospital	Critical Access	—	Grafton	Taylor	101
St. Joseph's Hospital	General Acute	Level III	Parkersburg	Wood	95
St. Joseph's Hospital of Buckhannon	General Acute	Level IV	Buckhannon	Upshur	95
Mildred Mitchell-Bateman Hospital (State)	Psychiatric	—	Huntington	Cabell	90
Davis Memorial Hospital	General Acute	—	Elkins	Randolph	90
HealthSouth Mountainview Regional Rehabilitation Hospital	Rehabilitation	—	Morgantown	Monongalia	80
Highland Hospital	Psychiatric	—	Charleston	Kanawha	80
Williamson Memorial Hospital	General Acute	—	Williamson	Mingo	76
Broaddus Hospital	Critical Access	—	Philippi	Barbour	72
CAMC Teays Valley Hospital	General Acute	—	Hurricane	Putnam	70
Stonewall Jackson Memorial Hospital	General Acute	Level IV	Weston	Lewis	70
Montgomery General Hospital	Critical Access	—	Montgomery	Fayette	69

Hospitals in West Virginia

Listed by Number of Beds as of July 2010

This list originally appeared in The State Journal's 2012 Book of Lists

Facility	Type	Trauma Center (3/2011)	City	County	2010 Bed Count
Summers County Appalachian Regional Healthcare Hospital	Critical Access	—	Hinton	Summers	61
Roane General Hospital	Critical Access	Level IV	Spencer	Roane	60
HealthSouth Southern Hills Rehabilitation Hospital	Rehabilitation	—	Princeton	Mercer	60
Wetzel County Hospital	General Acute	Level IV	New Martinsville	Wetzel	58
HealthSouth Rehabilitation Hospital of Huntington	Rehabilitation	—	Huntington	Cabell	52
Jackson General Hospital	General Acute	—	Ripley	Jackson	46
Grant Memorial Hospital	General Acute	—	Petersburg	Grant	45
Hampshire Memorial Hospital	Critical Access	—	Romney	Hampshire	44
Minnie Hamilton Health Care Center	Critical Access	Level IV	Grantsville	Calhoun	42
War Memorial Hospital	Critical Access	—	Berkeley Springs	Morgan	41
HealthSouth Western Hills Regional Rehabilitation Hospital	Rehabilitation	—	Parkersburg	Wood	40
Charleston Surgical Hospital	General Acute	—	Charleston	Kanawha	35
Select Specialty Hospital	Long-term Acute Care	—	Charleston	Kanawha	32
Cornerstone Hospital of Huntington	Long-term Acute Care	—	Huntington	Cabell	28
Plateau Medical Center	Critical Access	—	Oak Hill	Fayette	25
Jefferson Memorial Hospital (WVUH East)	Critical Access	Level IV	Ranson	Jefferson	25
Pocahontas Memorial Hospital	Critical Access	—	Buckeye	Pocahontas	25
Potomac Valley Hospital	Critical Access	—	Keyser	Mineral	25
Boone Memorial Hospital	Critical Access	Level IV	Madison	Boone	25
Preston Memorial Hospital	Critical Access	Level IV	Kingwood	Preston	25
Braxton County Memorial Hospital	Critical Access	Level IV	Gassaway	Braxton	25
Webster County Memorial Hospital	Critical Access	—	Webster Springs	Webster	15
Sistersville General Hospital	Critical Access	Level IV	Sistersville	Tyler	12

* CAMC Health System consists of Charleston Area Medical Center, CAMC Memorial Division and CAMC Women and Children's

NOTE: List excludes Veterans' Administration hospitals. Source: West Virginia Health Care Authority

Can you buy the technology you need – when you need it?

Now you can. With Fifth Third Bank.

With over 153 years of banking experience, we understand the importance of being the provider of choice. It requires an investment in state-of-the-art technology and resources to deliver the highest levels of care and patient satisfaction.

That's why Fifth Third Bank has committed an extensive team of professionals to service the healthcare industry. We're dedicated to helping you find unique opportunities for your business. When it's time to make the next investment, you'll receive the right financial advice to help you make smart financial decisions—so you can move quickly to get it done.

To become the provider of choice, you need the bank of choice. Fifth Third Bank.

For more information, **visit 53.com/healthcare**

FIFTH THIRD BANK

Partner-in-Charge of Healthcare
Charleston/Morgantown

Norman C. Mosrie

- Over 25 years of healthcare experience
- Certified Healthcare Financial Professional
- Fellow of Healthcare Financial Management Association
- Appointed to AICPA National Healthcare Expert Panel

Experience our relationship focused service model backed by the muscle and efficiency of a strong team of more than 1700. Dixon Hughes Goodman is proud to serve West Virginia hospitals, physician groups, senior housing, long term care, home health and hospice providers.

"Dixon Hughes Goodman delivers the depth, experience and practical solutions we need - all accessible through one contact point, who navigates the resources on my behalf."

- Allen Butcher, CFO Camden-Clark Memorial Hospital

MUSCLE + efficiency

positively unique

DIXON HUGHES GOODMAN LLP

CPAs and Advisors throughout the Southern U.S. | dhgllp.com/healthcare
Richard L. Slater, Managing Partner | Charleston: 800.924.6697 | Morgantown: 877.826.6372