

WEST VIRGINIA

HOSPITALS

PARTNERS IN CARE



Member
Magazine 2020

A production of
**THE
STATE
JOURNAL**

 WEST VIRGINIA
HOSPITAL ASSOCIATION

The Bowles Rice Health Care Team



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This publication was created through the efforts of WVHA member hospitals and member associates,
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Cabell Huntington Hospital Receives Gold Honors for Quality and Safety



Cabell Huntington Hospital (CHH) was recognized by the West Virginia Hospital Association (WVHA) for outstanding work in the Commitment to Excellence Honors Program. CHH received Gold Honors for patient safety and quality.

The WVHA recognized CHH for outstanding work in the following topic areas:

- Antibiotic stewardship
- Tobacco cessation assistance
- Breastfeeding initiative
- Opioid stewardship
- Care transitions
- Influenza vaccination
- Emergency Department Information Exchange (EDIE)
- Hospital Improvement Innovation Network (HIIN)
- WVHA Discharge Data Program

 **Cabell Huntington Hospital**
 Member of MOUNTAIN HEALTH NETWORK



CHH President Kevin Fowler accepts an award from WVHA President and CEO Joe Letnaunchyn during the Commitment to Excellence Honors Program awards ceremony recently held at the WVHA annual meeting.



From the Chair

The Importance of Partnerships



Kevin Fowler

President

Cabell Huntington Hospital
Chair, WVHA Board of Trustees

As children, we were taught the importance of the “buddy system” — having someone to walk with us and avoid potential pitfalls that may come our way. As healthcare providers, we still use that same principle today as we partner with our community and walk with the people we serve on their health journey. And as medicine continues to change, and we look for more ways to improve our community’s health, we partner with other healthcare providers to offer patients more resources and better access.

This year’s magazine theme is “Partners In Care.” Throughout these pages, you will see how the WVHA is leading the way with our members, from partnering with other hospital and non-hospital providers, to working with community organizations and local businesses. We still have much work to do to improve the health and well-being of the people of our state, but I am excited to see so many people working together to make those improvements happen.

A great example of our efforts is the telestroke grant planned for the FY 2020 budget by the WV Legislature. Representatives from the WVHA teamed up with tertiary

hospitals that provide stroke services and representatives from critical access hospitals to form the Telestroke Task Force. Stroke is a leading cause of both death and disability in West Virginia and the Task Force is working together with hospitals and providers to create a state-of-the-art statewide telestroke program to increase access to timely treatment and the number of positive outcomes for stroke patients.

At Cabell Huntington Hospital (CHH), a part of Mountain Health Network, we are working with a number of community providers and organizations to address our population’s high burden from chronic diseases like diabetes, cardiovascular disease, cancer, and lung disease. I am personally very proud of our efforts to address substance use disorder through programs like Provider Response Organization for Addiction Care and Treatment (PROACT), as we seek to not only provide treatment, but to address all of the other factors that go into substance use disorder, including spiritual, social and financial needs. And these kinds of successes are duplicated throughout the state and the WVHA membership.

I am pleased with this year’s theme of “Partners In Care,” because it’s a concept that I am personally very passionate. At CHH, our brand promise is your “Partners for life.” But that’s not just a tagline, that’s a creed we follow each and every day and welcome others to join us. Just like on the school playground, we are our community’s “buddy,” looking out for their well-being and helping them navigate the pitfalls of chronic disease and achieve better health. And as medicine continues to change, we must change with it. The WVHA will continue to lead the way and support its members as we continue to reach out to our communities and invite more “Partners In Care.”

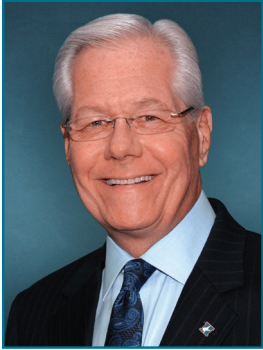


"Just like on the school playground, we are our community's 'buddy,' looking out for their well-being and helping them navigate the pitfalls of chronic disease and achieve better health."



From the President's Desk

WV Hospitals: Partners in Care



Joseph M. Letnaunchyn
President and Chief Executive Officer
West Virginia Hospital Association

Everyday West Virginia's hospitals and health systems are being challenged to improve the health of the communities they serve. To successfully advance the health of our population, it is necessary to address the drivers of health, including socioeconomic factors, health behaviors and the physical environment.

Our hospitals and health systems in the Mountain State are ideally positioned to achieve this goal: *to improve the health of their communities*. Not only do they have expertise in improving health, most hospitals are one of the largest employers in their communities and have established strong reputations as major community stakeholders. Consider that 14 of the top 100 employers in West Virginia are hospitals and health systems.

The scope and multifaceted approach necessary to improve the health of communities is not a task that can be undertaken by a single organization or sector alone. Each organization working independently can have an impact, but by partnering with other organizations around a shared goal, the impact can be much greater. This is the theme of our magazine this year: "WV Hospitals: Partners in Care."

We believe that a collaborative approach among partners is essential to building a *culture of health*: a society where all

individuals have an equal opportunity to live the healthiest lives they can, whatever their ethnic, geographic, racial, socioeconomic or physical circumstances happen to be.

Cross-sector collaborations to improve community health are becoming widespread across the U.S. and here in West Virginia, with many hospitals and health systems playing a key role. Of course, everyone can make a bigger impact if they work collaboratively rather than independently. This approach is practical because, in many cases, various community organizations are working on related issues or are targeting the same populations, creating an opportunity to align efforts, reduce duplication, optimize financial resources and, ultimately, improve the overall health and well-being of the community.

The partnerships described in the pages that follow are diverse and reflect ones that are traditional in nature (e.g. public health departments, other healthcare organizations) as well as nontraditional (e.g., law-enforcement, educational organizations, faith-based organizations). This year, we're featuring many examples of hospitals and health systems partnering with community organizations and the degree to which they are collaborating.

I'm extremely proud to help represent our hospitals and health systems that are *community-minded* and taking *teamwork* to a whole new level.

From serving as leaders in their fields to engaging patients in new ways to improve the healthcare delivery experience, our 46,000 dedicated healthcare professionals are partnering in their communities to meet their mission of healing, health and hope.

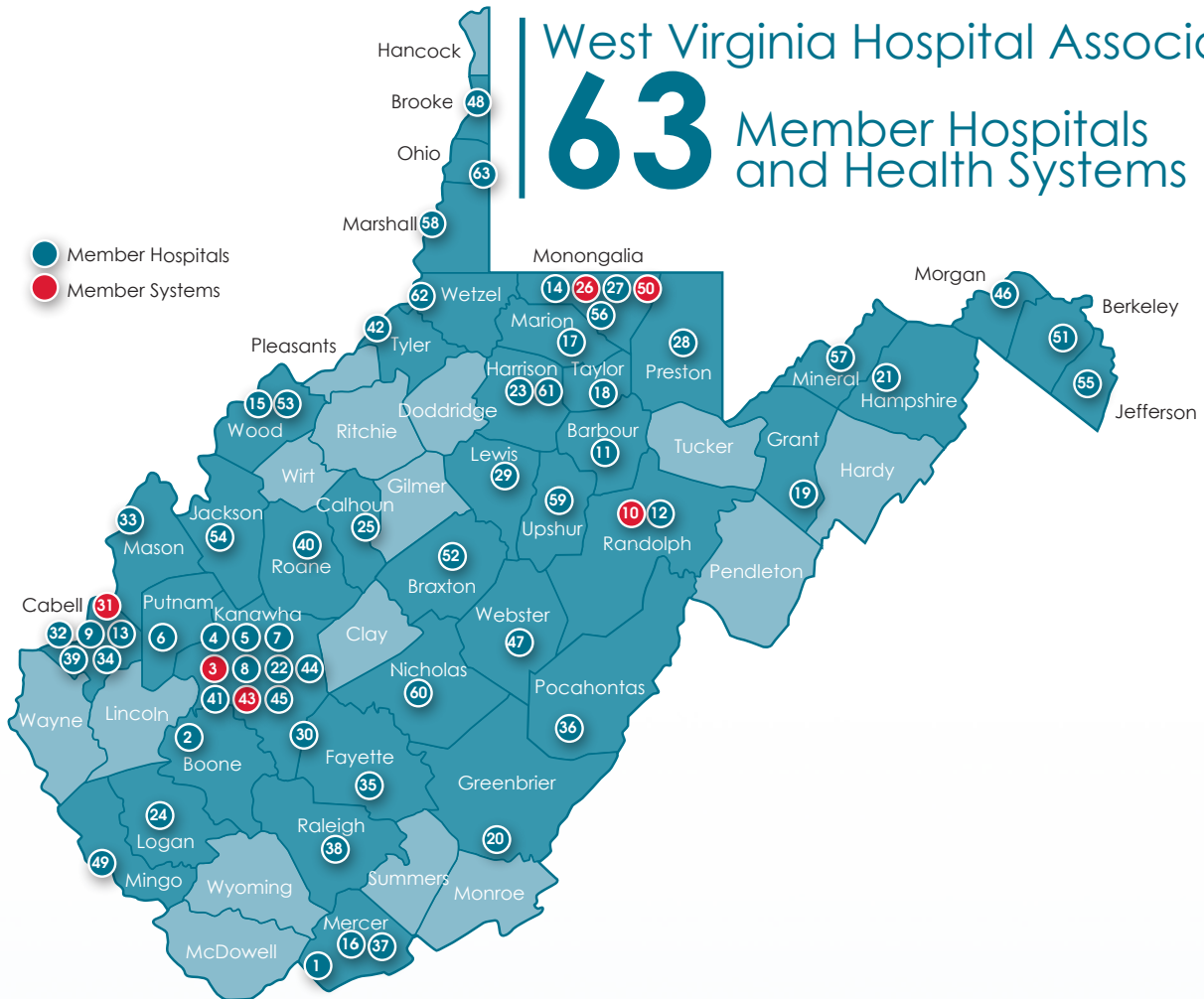
The West Virginia Hospital Association: Who We Are

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 63 hospitals and health systems across the continuum of care. The WVHA was founded in 1925 to serve as the collective voice of the state's hospital community. Today, the mission of the WVHA is to support its members in achieving a strong, healthy West Virginia.

Members of the Association envision a strong healthcare system that supports optimizing the health status of West Virginians served by hospitals and improving the economic condi-

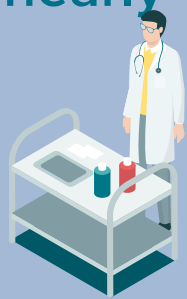
tion of the state. The values of quality, transparency, integrity, collaboration and innovation guide the actions of the Association so that member hospitals and health systems can provide high-quality, affordable, accessible healthcare for West Virginia families and communities. The Association is proud to be a part of the state's hospital industry, adding value to the health and wellness of West Virginians. In addition to representing hospitals and health systems, the WVHA includes associate member organizations that partner with West Virginia's hospitals.

West Virginia Hospital Association
63 Member Hospitals
and Health Systems



1. Bluefield Regional Medical Center
2. Boone Memorial Hospital
3. CAMC Health System
 4. CAMC General Hospital
 5. CAMC Memorial Hospital
 6. CAMC Teays Valley Hospital
 7. CAMC Women and Children's Hospital
8. Charleston Surgical Hospital
9. Cornerstone Hospital of Huntington
10. Davis Health System
 11. Broadus Hospital
 12. Davis Medical Center
13. Encompass Health Rehabilitation Hospital of Huntington
14. Encompass Health Rehabilitation Hospital of Morgantown
15. Encompass Health Rehabilitation Hospital of Parkersburg
16. Encompass Health Rehabilitation Hospital of Princeton
17. Fairmont Regional Medical Center
18. Grafton City Hospital
19. Grant Memorial Hospital
20. Greenbrier Valley Medical Center
21. Hampshire Memorial Hospital
22. Highland Hospital
23. Highland-Clarksburg Hospital, Inc.
24. Logan Regional Medical Center
25. Minnie Hamilton Health System
26. Mon Health
 27. Mon Health Medical Center
 28. Mon Health Preston Memorial Hospital
 29. Mon Health Stonewall Jackson Memorial Hospital
30. Montgomery General Hospital
31. Mountain Health Network
 32. Cabell Huntington Hospital
 33. Pleasant Valley Hospital
 34. St. Mary's Medical Center
35. Plateau Medical Center
36. Pocahontas Memorial Hospital
37. Princeton Community Hospital
38. Raleigh General Hospital
39. River Park Hospital
40. Roane General Hospital
41. Select Specialty Hospital
42. Sistersville General Hospital
43. Thomas Health
 44. Saint Francis Hospital
 45. Thomas Memorial Hospital
46. War Memorial Hospital
47. Webster County Memorial Hospital
48. Weirton Medical Center
49. Williamson Memorial Hospital
50. WVU Medicine - West Virginia University Health System
 51. WVU Medicine Berkeley Medical Center
 52. WVU Medicine Braxton County Memorial Hospital
 53. WVU Medicine Camden Clark Medical Center
 54. WVU Medicine Jackson General Hospital
 55. WVU Medicine Jefferson Medical Center
 56. WVU Medicine J.W. Ruby Memorial Hospital/WVU Medicine Children's
 57. WVU Medicine Potomac Valley Hospital
 58. WVU Medicine Reynolds Memorial Hospital
 59. WVU Medicine St. Joseph's Hospital
 60. WVU Medicine Summersville Regional Medical Center
 61. WVU Medicine United Hospital Center
 62. Wetzel County Hospital (managed by WVU Hospitals)
 63. Wheeling Hospital (managed by WVU Hospitals)

West Virginia hospitals employ
nearly 46,000 people statewide



Treat over 1.2 million
people in their emergency
departments



WEST VIRGINIA

HOSPITALS



PARTNERS IN CARE



Welcome nearly 19,000
newborns into the world



Provide care for over
7 million outpatients



Working Together to Provide a Higher Level of Care for the Community



Mike Mullins, FACHE

President and CEO

Mountain Health Network

*“Individually, we are one drop.
Together, we are an ocean.”*

This Japanese poet’s popular quote is a great way of saying; we can be so much more when we work together. That is what we have found as Cabell Huntington Hospital and St. Mary’s Medical Center have formed to create Mountain Health Network and are working together to provide a higher level of care for the communities we serve.

Two great examples of that teamwork are our two Centers of Excellence — Hoops Family Children’s Hospital at Cabell Huntington Hospital and St. Mary’s Regional Heart Institute. In August, all pediatric services were transitioned to Hoops and in October, all coronary interventional cardiac catheterization services were centralized at St. Mary’s Regional Heart Institute and new system protocols for acute cardiac emergencies at Cabell were put in place. The teamwork at both hospitals was exceptional and just the beginning of the remarkable joint efforts we are undertaking. We at Mountain Health have a commitment to improving the health and well-being of our region and by

combining our resources and our already excellent staffs, we will achieve much more than individually.

But the teamwork doesn’t stop there. We are forming partnerships beyond the hospitals to meet our mission of serving the community. We are working closely with Marshall University Joan C. Edwards School of Medicine, Marshall Health, Pleasant Valley Hospital, Valley Health and Thomas Health Systems on Provider Response Organization for Addiction Care & Treatment (PROACT). This outpatient substance use disorders treatment center brings together behavioral, social and medical resources to provide comprehensive care to those seeking treatment. We also work with a number of other providers in our area, including HIMG on the new MHC ACO, and Scott Orthopedic Center.

Another leading example of the power of partnerships is the Regional Health Summit. Now in its fourth year, the annual summit brings together more than 150 healthcare and public health professionals, non-profit and academic partners, state government officials and elected officials as key stakeholders represent more than 40 organizations from 21 counties in West Virginia, Ohio and Kentucky. The purpose is to strengthen strategic efforts across healthcare, public health and community organizations to improve health, wellness and prevention efforts by enhancing multi-sector collaboration at a regional level. These annual meetings have generated additional workshops, initiatives and partnerships that continue to develop key strategies to identify and address the community’s greatest health needs.

We look forward to opportunities to continue to partner with like-minded organizations who share our commitment to our region. The health and well-being of our region is critical and it will take more partnerships to create solutions for the people who count on us.



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Filling Gaps in Women's HealthCare

Tracy D. Fath

V.P., Marketing & Development
Davis Medical Center

Davis Medical Center Women's HealthCare strives to bring better health to life and to achieve that goal, partners with community groups to better serve its patients, including the youngest and most vulnerable patients in the area.

Anne L. Banfield, M.D. FACOG, Director of Women's HealthCare, said one of its first partnerships was the Substance Use in Pregnancy Program.

"We have a grant through the West Virginia Perinatal Partnership," Banfield said. "Originally, the collaborative focused on infant mortality but their goal has evolved to include maternal mortality. We're improving the care of moms and babies in West Virginia."

The grant is for the OBMHE Program – the Obstetric Patient Medicated Assisted Treatment Program.

"We do Suboxone/Subutex treatment for women who are pregnant and post-partum," Banfield said. "It's called the Substance Use in Pregnancy, Treatment for Two Program."

This is important because the Drug Free Moms and Babies (DFMB) Project reported findings that substance use in pregnancy in West Virginia has experienced a drastic rise in the past decade. WV has the highest age-adjusted drug overdose death rate in the nation and the third highest prescribing rate of opioid analgesics. In 2009, an umbilical cord tissue study with samples from eight WV hospitals showed that nearly 20 percent of infants were antenatally exposed to licit/illicit drugs and alcohol, excluding nicotine.

The DFMB Project is a comprehensive and integrative medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services.

DMC social worker, Gail Peacock serves as the Mother, Baby Care Coordinator.

"I help patients with a variety services including medical referrals, completing HUD applications, WIC enrollment, and additional treatments," she said. "We assist in getting car seats and breast pumps - I also help with referrals to Right from the Start, Parents as Teachers or the HAPI program."

Peacock said sometimes the spouse or partner of the mother need services as well. "If we can get them placed into a program, they can support each other; it makes it a whole lot better."

Dr. Mary Scott, PhD, is another important part of the treatment team specializing in the psychological and social/

interpersonal therapies for adults with depression, anxiety and chronic physical conditions.

Another outreach is the Webster County Memorial Hospital (WCMH) Prenatal Primary Care program. The integrated model brings family medicine providers into partnership with DMC obstetricians and practitioners to provide clinic visits, routine prenatal diagnostic screenings, education and support.

Through grant funds received by the Higher Education Commission and the WV Perinatal Program, Davis Health System was able to place central fetal monitoring technology at the clinic in Cowen and the emergency department at Webster County Memorial Hospital.

The program greatly reduces the need for women to travel outside the county for important prenatal care.

"The closure of Summersville Hospital's obstetrical services has increased 'drop in deliveries' at Webster's emergency department. When women have little or no prenatal care, there is increased risk for both mother and baby. Through this program women have access to valuable care and education, ensuring safer deliveries and healthy babies," Banfield added.

The program targets women who have normal and low-risk pregnancies. Last trimester care and deliveries are provided through Women's HealthCare in Elkins.

Additional collaborations for women include:

- A partnership with the WV Right from the Start (RFTS) program. A RFTS social worker is conveniently housed in the Women's HealthCare office to meet with the obstetric patients. Their free services and support help new moms, babies and families create safe and nurturing home environments.
- HAPI (Helping Appalachian Parents and Infants) collaborates closely with the RFTS Program. They manage "Buckle Your Baby for Life" and provide car seats for parents who do not have one.
- The Randolph County Family Resource Network provides formula, cribs, and a once a month baby pantry. They also sponsor a Community Baby Shower.
- Each month, Women's HealthCare donates menstruation products to the local Catholic Charities and Women's Aid in Crisis. These are supplies needed by those agencies but not ones typically donated through normal community contributions.

"Our mission, as a community hospital, is to bring opportunities for education, low cost care, and resources to our regional female population," said Dr. Banfield. "If we don't build these partnerships and increase the programs and services, many women will simply go without because traveling to other counties isn't an option for everyone."

"We can't do it all alone, and fortunately we don't have to. We've developed a strong alliance of valuable partners, bringing better health to women."



The Opioid Crisis: By the Numbers



Americans die each day from an opioid overdose.¹



U.S. drug overdose deaths in 2017. 47,600 (67.8%) involved an opioid.²

59.8%



of opioid overdose deaths involved synthetic opioids

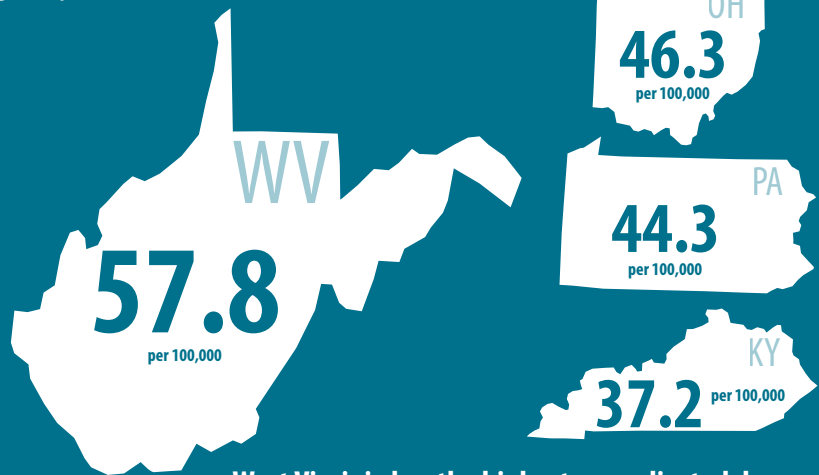
WV had the highest synthetic opioid involved overdose death rate in the nation at 37.4 per 100,000.²



63%

Of all opioid deaths also involved other drugs.³

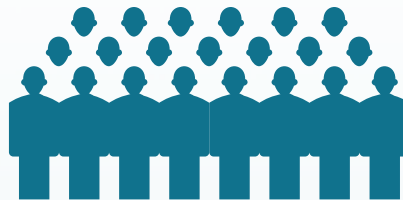
Age-adjusted Overdose Death Rate



West Virginia has the highest age-adjusted drug overdose death rate in the nation. (57.8 per 100,000)²

2 million

In 2018, 2 million people had an opioid use disorder in the US.⁴



9.9 million

9.9 million misused prescription pain relievers.⁴

50%

Just over 50% of people who misused a prescription pain reliever got it from a friend or relative.⁴

**2009
146.9**

In 2017, WV opioid prescriptions per 100 persons decreased to the lowest rate since 2009, but was still the 8th highest prescribing rate in the country.⁵

**2017
81.3**

WV also had the highest overdose death rate involving prescription opioids in the nation (17.2 per 100,000).²



The opioid crisis cost approximately \$696 billion in 2018.⁶

¹ Centers for Disease Control and Prevention (CDC). Opioid Overdose. December 18, 2018. Available at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

² Scholl L, et al. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;67:1419–1427. DOI: <http://dx.doi.org/10.15585/mmwr.mm67152e1>

³ Gladden RM, O'Donnell J, Mattson CL, Seth P. Changes in Opioid-Involved Overdose Deaths by Opioid Type and Presence of Benzodiazepines, Cocaine, and Methamphetamine — 25 States, July–December 2017 to January–June 2018. MMWR Morb Mortal Wkly Rep 2019;68:737–744. DOI: <http://dx.doi.org/10.15585/mmwr.mm6834a2>

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/>.

⁵ CDC. 2018. US Opioid Prescribing Rate Maps. <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

⁶ Council of Economic Advisors. October 28, 2019. The Full Cost of the Opioid Crisis: \$2.5 trillion over four years. Available at: <https://www.whitehouse.gov/articles/full-cost-opioid-crisis-2-5-trillion-four-years/>



St. Joseph's Hospital Partnering with Others to Address Opioid Issues

Lisa A. Wharton, MA

Vice President

Marketing, Public Relations & Foundation

WVU Medicine St. Joseph's Hospital

St. Joseph's Hospital is working together with other organizations to help address the opioid issues in the community. Locally, they are part of a million dollar grant program funded by the Health Resources and Services Administration (HRSA). The program, entitled the Rural Communities Opioid Response Program (RCORP), is a multi-year initiative to address barriers to access in rural communities related to substance use disorder (SUD), including opioid use disorder (OUD).

Partnering on the grant are St. Joseph's Hospital of Buckhannon, part of the WVU Medicine hospital system; Community Care of West Virginia, a Federally Qualified Health Center (FQHC) located in central West Virginia; Opportunity House, a non-profit organization that provides recovery-oriented housing programs, support and recovery coaching services; and WestCare, a national nonprofit offering a broad spectrum of behavioral health and human services in 19 States, four U.S. territories, and three countries.

As part of the grant, St. Joseph's Hospital will be hiring a Registered Nurse to serve as their Opioid Coordinator. This person will help to shape policies and procedures to improve care and outcomes for patients with substance use disorder. They will work with community organizations and internal teams and will lead the hospital's Opioid Collaborative Multidisciplinary Team.

As patients present to the hospital's Emergency Room with substance use disorders and/or overdose, the hospital will work with the patient to encourage recovery op-

tions. As part of the grant, Opportunity House will have peer recovery coaches trained as a resource for Braxton, Lewis and Upshur counties who can meet directly with patients.

On a state level, the hospital is working with the WVHA's Opioid Collaborative which was formed in July 2018 to help West Virginia hospitals advance their stewardship of opioids within the hospitals and better assist those with opioid use disorder in accessing treatment. Through the collaborative, members have access to regular education sessions featuring state and national experts, learning network sharing of best practices, and facility-specific utilization reports with statewide benchmarking.

St. Joseph's Hospital is also participating in the Drug Free Moms and Babies (DFMB) Project, an initiative of the West Virginia Perinatal Partnership. The DFMB Project is a comprehensive and integrative medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services.

In order to support staff in working with patients with substance use disorders, the hospital has mandated Stigma Training provided by Stigma Free WV, for all employees. The training helps staff to identify types of stigma, and to learn ways of working with patients to assist them in a positive recovery path with a variety of tools such as listening without judgement, and learning the facts about addiction.

St. Joseph's Hospital believes working together with other organizations, locally and statewide, will better help everyone address the issue of addiction. "I sincerely hope this partnership will help the people of Buckhannon, Upshur County and the surrounding areas in addressing this important issue," said Skip Gjolberg, President, St. Joseph's Hospital.

"St. Joseph's Hospital believes working together with other organizations, locally and statewide, will better help everyone address the issue of addiction."

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Hospitals Need Advocates Now More than Ever



Tony Gregory

Vice President, Legislative Affairs
West Virginia Hospital Association

The healthcare industry is in the midst of profound transformation, much of it driven by legislative action. The West Virginia Hospital Association (WVHA) represents 63 West Virginia hospitals and health systems at the state and federal level to advance sound health policies and to ensure that lawmakers understand how the decisions they make impact the health of West Virginians. We've worked hard to develop strong relationships with legislators and other policymakers—and we build on these relationships to advocate on behalf of our members.

Once again, we've developed another robust state legislative agenda for the 2020 legislative session that focuses on improving access to coverage and care, as well as making hospitals safe places to be for employees, patients and visitors. To support these goals, our membership has identified some of the following state legislative priorities:

- Protecting Medicaid;
- Supporting a Strong Certificate of Need (CON) Law;
- Modernizing Non-Profit Hospital Boards;
- Protecting Patients from "Surprise Billing";
- Modernizing WV's Telemedicine Laws;
- Improving the Involuntary Hospitalization Process;
- Supporting Healthcare Education Programs;
- Promoting public health initiatives; and
- Protecting and preserving the integrity of the WV Medical Professional Liability Act (MPLA), to name some of the issues on our legislative radar.

Many other operational, clinical, and regulatory issues of importance affect hospitals and naturally emerge throughout the session. With the support of our membership, WVHA is always prepared to respond when necessary.

As the premier advocate and primary voice for West Virginia hospitals and health systems, the WVHA seeks to influence the public policy environment and advance the health of individuals and communities in West Virginia.

The legislative session continues to unfold, and the WVHA remains focused on promoting responsible public policy, encouraging public accountability, and fostering an appropriate balance between those who provide and those who pay for healthcare services. Our influential, united voice is necessary to achieve laws and regulations that are in the best interest of hospitals and health systems and the patients they serve.

Hospitals and Healthcare in the US and WV: Economic Impact

Healthcare is a major force in the U.S. economy and in West Virginia. In fact, hospital care is the largest component of the healthcare sector as a whole both nationally and in the Mountain State.

While patient care is the most visible priority for hospitals, less recognized are the significant connections and contributions that hospitals make within the community and broader regional economy. No question that hospitals are a catalyst for economic development and their effect extends far beyond their walls. Most recent data shows:

America's hospitals:

- Employ 5.9 million people;
- Are one of the top sources of private sector jobs;
- Support more than \$3 trillion in economic activity;
- Admit over 36.5 million patients;
- Provide care for more than 600 million outpatients;
- Treat more than 140 million people in their emergency departments;
- Perform 27 million surgeries; and
- Welcome nearly 3.9 million newborns into the world.

West Virginia's hospitals:

- Are among West Virginia's top employers;
- Employ nearly 46,000 people statewide;
- Support nearly \$10.5 billion in economic activity to our state's economy;
- Account for 14 of the top 100 employers;
- Are a vital part of the infrastructure needed to support economic development;
- Are a major deciding factor for new businesses to relocate in West Virginia;
- Admit over 227,000 patients;
- Provide care for over seven (7) million outpatients;
- Treat over 1.2 million people in their emergency departments;
- Perform nearly 270,000 surgeries; and
- Welcome nearly 19,000 newborns into the world.

Source: American Hospital Association, Center for Medicare and Medicaid Services, Center for Disease Control, KFF.org



Partnering to Ensure Greater Access to Quality Healthcare in Southern West Virginia



Jeffrey E. Lilley

Chief Executive Officer

Princeton Community Hospital

The healthcare landscape throughout the United States continues to ebb and flow with changing demographics, issues surrounding reimbursement, and the need to provide critical services to the communities we serve. That is also the case in West Virginia as unprecedented changes in hospital ownership have become the norm.

On October 1, 2019, Princeton Community Hospital's (PCH) acquisition of Bluefield Regional Medical Center (BRMC), previously owned and operated by Community Health Systems (CHS), received official approval. BRMC and its associated ancillary healthcare operations became subsidiaries of PCH. The initial process started nearly a year earlier as CHS publicly announced a movement to shift some of its markets to a more urban, hub and spoke-type of environment. The fit for PCH and BRMC was apparent and the opportunity to provide a higher level of healthcare to communities in southern West Virginia was within reach. From the medical staff makeup to the employee population, consistencies were found, collaborative ideas were addressed, and a movement toward finding efficiencies is being realized.

In today's healthcare environment, both PCH and BRMC face the challenge of providing successful service lines for our demographics – an aging population in Mercer County and in the primary and secondary service area. As that demographic continues to age and face more chronic diseases, there is an increased need for specialized service lines such as nephrology and cardiology. It was difficult when both organizations were trying to provide the same services to the same population. I believe that competition ultimately resulted in an out migration of patients in our community. Those folks were forced to drive north to Charleston or Morgantown; east to Roanoke; or south to Bristol and Wake Forest for highly specialized treatment.

Travel outside the area is sometimes difficult for patients and it is often a hardship for their families. We believe that one of the major benefits of the acquisition will be the ability to evaluate those needed service lines and recruit providers in a more efficient and collaborative manner where we can successfully attract physicians into this region so that more



patients may be treated in both facilities. This will, in many cases but certainly not in all, keep patients in our communities without the need for them to travel outside of the service area because of the lack of specialty services.

BRMC excels in their cardiology program, providing a full array of services including interventional cardiology procedures. PCH excels in their surgical services including general surgery, otorhinolaryngology (ENT), urology and many other specialty areas. Both facilities have made great strides in orthopedic excellence including achieving a Center of Excellence in Joint replacement. Having said that, I believe the greatest strengths of both facilities are the employees. Our employee population in southern West Virginia is a resilient and dependable group of professionals. Early on when we began discussions with BRMC's leadership, it became very clear that both organizations benefited from employees with an uncompromising work ethic.

Both facilities are currently working independently and that will continue, at least for the foreseeable future. During the acquisition process we purposefully moved forward as two independent hospitals. We want to try to find efficiencies in all areas and further explore opportunities to grow various service lines. We will work strategically together to achieve those steps then evaluate all options for a long-term plan, considering the impact on the patients we serve as PCH, BRMC, and The Behavioral Health Pavilion of the Virginias, our 64 bed Psychiatric Hospital. These long-term considerations are necessary to evaluate as our environment continues to evolve. One thing is for sure, all facilities, staff and leadership will be placing patient care as priority number one.

We are excited by the new partnership with BRMC and by the opportunity it offers to ensure greater medical access and to strengthen delivery of healthcare in southern West Virginia.

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Wheeling Hospital, WVU Medicine Agreement Brings Promise of Growth, Continued Healthcare Commitment to Region

Thea Gompers

Director, Marketing/Public Relations
Wheeling Hospital

When the West Virginia University Health System (WVU Medicine) in June announced it had entered into a management services agreement with Wheeling Hospital, reaction was somewhat mixed.

Would the 170-year-old vital part of Wheeling's history lose its identity? What about its tradition of excellence and legacy of caring?

As it turns out, those initial concerns not only were calmed; Wheeling Hospital's partnership with WVU Medicine brought a promise that the region's premiere healthcare provider will continue to grow while maintaining its commitment to the region it has supported since 1850.

"With the WVU agreement, Wheeling Hospital is poised to provide its top quality healthcare for generations to come," said Douglass Harrison, who was named the hospital's new CEO when the agreement was announced. "The combination of Wheeling Hospital's long-standing service to the area and WVU Medicine's ever-expanding specialties will enhance healthcare in a wide variety of ways. This is an exciting time for Wheeling Hospital."

Wheeling Hospital already is known for its comprehensive cancer care, full-service cardiac catheterization lab, Surgical Center, Center for Pediatrics, Level II Emergency/Trauma Center and women's services. Harrison said the involvement of WVU Medicine with the hospital will serve to expand those services. Consideration also is being given in other areas where more specialties could be developed.

One of Wheeling Hospital's goals has long been to provide high quality healthcare locally, so patients and their families don't have to travel long distances to receive the help they need.

With two hospitals, including Harrison Community Hospital in Cadiz, OH, eight health centers, the Continuous Care Center and the Howard Long Wellness, Wheeling Hospital provides premium healthcare to residents of Wheeling, and Eastern Ohio. The health centers offer services such as family medicine, lab stations, radiology, physical therapy and pharmacies, making them available to those who live outside of Wheeling.

"WVU Medicine's management of our hospital will definitely help us increase our presence throughout the Northern Panhandle and Eastern Ohio," Harrison said. "This region has some very rural areas, and we want to ensure that everyone has access to quality care."

"We're very excited for the future of Wheeling Hospital. The tradition of excellence and legacy of caring will carry on."

The hospital also participates in numerous health fairs for all ages, promotes healthy lifestyles at area schools, and takes wellness campaigns to events such as the Cancer Research Classic and the Women's Health Holiday Basketball Classic.

In addition, hospital employees every year contribute time, energy and funds to groups such as the American Heart Association, Catholic Charities, the YSS Freeze Shelter and the Leukemia and Lymphoma Society.

"Our commitment to helping others is long standing, and our employees are the best," Harrison said. "They never fail to step up to the plate when asked to help others, whether it's disaster victims, important causes or needy individuals and families."

Harrison said that with WVU Medicine's guidance, Wheeling Hospital will be able to help even more area residents.

"WVU Medicine has long been known for its giving, and we're so glad to now be a part of that far-reaching effort," he said.

When WVU Medicine and Harrison first came aboard at Wheeling Hospital, they were immediately challenged with the news that the only other hospital in Wheeling, Ohio Valley Medical Center, and its affiliate, East Ohio Regional Hospital were closing permanently. The ensuing concern was how to continue to provide quality healthcare to long-time OVMC and EORH patients and their families.

"We immediately began making, and stepping up plans to expand services to downtown Wheeling and our health clinics," Harrison said. "We take our healthcare commitment to this region very seriously, and I'm proud to say our employees have come through with flying colors."

Harrison and WVU Medicine view such healthcare hiccups as opportunities to step back and examine where they can improve delivery of premium comprehensive care to the thousands of West Virginians and East Ohioans they serve. And they're definitely up to the challenge.

"We're very excited for the future of Wheeling Hospital," Harrison said. "The tradition of excellence and legacy of caring will carry on."



Roane General Hospital Adapting to Changing Healthcare Trends to Better Serve their Community

Amy W. Downey, CPA MPA

Vice President of Financial Services

Roane General Hospital

The WVHA's 2020 theme of "WV Hospitals: Partners in Care" is very well-timed for one member of the Association. Roane General Hospital, located in Spencer, first opened its doors in 1970. Now, fifty years later, the Hospital is embarking on a new \$22 million expansion and renovation project that will change not only the face of the facility, but also the care it's able to provide its patients. The Hospital is adapting to changing trends in the delivery of medical care and wellness which will address the community's needs for decades to come.

Roane General Hospital is somewhat unique in that it was built using the proceeds of a community fundraising effort. In 1966, after a needs study completed by the Roane County Chamber of Commerce highlighted the need, a group of 14 Roane County citizens championed the cause to build a local hospital. Through multiple local fundraising campaigns, a county of approximately 15,000 residents donated nearly \$600,000 to fund the construction of the initial facility, which opened in 1970. Roane General Hospital has always been a facility for its people, by its people.

The project has a few major components including the addition of a 30,000 square foot medical office building that will house an expanded wellness center and therapy space and the consolidation of primary and specialty clinic space with an increase in exam rooms. Additionally, a 10,000 square foot public hallway on the face of the Hospital will allow for easy public access to outpatient services. The renovation of an additional 20,000 square feet of the current Hospital will update the emergency room, walk-in clinic, radiology and lab spaces to better serve patients.

The physical change to the Hospital is not the only transformation in progress. A major component of the Hospital's vision is a transition from providing simply healthcare to managing wellness. A new "Prescription for Your Health" program will aim to not only treat patients but provide whole-health wellness management. The focus will be to not only treat a patient's current acute ailment, but to provide a preventative management program for the community at large.

Roane General Hospital is the largest private employer in Roane County. The expansion project will arguably be the largest economic development project in the county in the last 25 years. This project will ensure that Roane General not only continues to be a vital member of the community for its citizens, but will lead the way in providing the means and the space necessary to take care of its community.



Rendering of Roane General Hospital's expansion and renovation project.

Ground breaking ceremony for Roane General Hospital's expansion and renovation project.



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Dale Witte

Marketing and Public Affairs

Charleston Area Medical Center

For nearly 50 years, CAMC has been committed to a mission of education, training thousands of physicians, nurses, pharmacists and other advanced practice professionals. On any given day, there are about 800 learners in CAMC's facilities.

In fact, teaching and training medical students and physician residents was one of the main reasons for the 1972 merger of Memorial Hospital and General Hospital to create Charleston Area Medical Center.

Since then, one-third of the medical students at West Virginia University in Morgantown have come to WVU's Charleston Division and CAMC for their third and fourth years of medical school. The students spend those two years here, and often longer if they continue their residency at CAMC. This affiliation created the oldest regional medical education campus in the United States. There are 85 WVU medical students assigned to CAMC facilities for the 2019-2020 academic year.

CAMC also provides a regional campus site for the West Virginia School of Osteopathic Medicine (WVSOM) in Lewisburg, training more than 40 third and fourth year students on-site. CAMC and WVSOM recently signed an expanded affiliation agreement to host even more students at CAMC locations for the 2020-2021 year.

Half of the physicians on CAMC's medical staff received training here.

"Training tomorrow's workforce is a critical part of our mission," said CAMC President and CEO David Ramsey. "That means training nurses, physicians, pharmacists, radiology and lab technicians, and dozens of other key clinical positions that are needed to operate a comprehensive academic center."

CAMC also features the CAMC School of Anesthesia (affiliated with Marshall University) and a clinical psychology internship. The CAMC Health Education and Research Institute provides continuing medical education, outreach education and research support to physicians, allied medical professionals as well as patient and consumer health service projects in West Virginia and the region.

Because of CAMC's expansive clinical opportunities, other West Virginia/regional residency programs are affiliated with CAMC for a part of their training experi-

ences, including residents/fellows from WVU and Marshall University.

"The teaching programs (residents, fellows and teaching faculty) provide a lot of patient care at CAMC," said Sharon Hall, president of the CAMC Health Education and Research Institute. "Under supervision, residents are working in our clinics and operating rooms. These physicians in training are an important part of our care team at CAMC. They help us care for patients 24 hours a day, 365 days a year. The academic mission also provides healthcare providers for the region with approximately one-third of graduates annually remaining in West Virginia to practice or to continue training."

"CAMC's teaching mission adds a learning focus to our entire hospital culture," Hall said. "The learning that goes on between the faculty and the students and residents, along with the research they are conducting, create an environment of constant improvement and learning."

CAMC also serves as the clinical teaching site for numerous health professionals, helping them to obtain the clinical experiences they need to learn to care for patients. In the academic year ending in 2019, CAMC served as a clinical training site for 1,537 learners through 148 educational affiliations with West Virginia and regional colleges and universities.

Nurses are the largest component of the healthcare workforce, and there has been a national nursing shortage for several years.

One innovative approach CAMC has taken to combat the shortage is to provide scholarships and loan forgiveness to employees who want to go to nursing school and for students currently in a nursing program.

"It's a win, win, win scenario," Ramsey said. "Students get financial assistance and are guaranteed a job, and CAMC gets employees in needed positions."

For several years, CAMC has collaborated with BridgeValley Community and Technical College on a nursing program that graduates students each December. This helps increase the number of graduate nurses available in the winter, as opposed to only having a new group of nurses each spring.

"We had this big void for the rest of the year and found ourselves short of nursing talent in the winter months, so we decided to design a program that addressed our need," Ramsey said.

Not only is CAMC training future clinicians, it also provides critical services locally so patients do not have to travel for care.

"The commitment that CAMC has to provide state of the art healthcare to our region, and to train clinicians for the future, is very significant and expanding," Ramsey said.



Potomac Valley Hospital Provides Fully Recognized Diabetes Prevention Program

Christian Brooks

Senior Public Relations and Marketing Strategist
WVU Medicine Potomac Valley Hospital

Pre-diabetes, defined as a condition in which the fasting blood glucose is elevated (100-125) but not high enough to be diagnosed as Type 2 diabetes, is a growing threat to our population. Approximately one in three adults have pre-diabetes and 90 percent of them are not aware they are at high risk. In an attempt to help improve the health of the individuals in our community, Potomac Valley Hospital (PVH) adopted the Group Lifestyle Balance (GLB) Program, a Diabetes Prevention Program.

PVH was the first hospital in West Virginia to earn full recognition as an accredited National Diabetes Prevention Program, in 2014. Earlier this year, the program was awarded continued full recognition through June 2021. PVH Diabetes Education and Prevention Coordinator, Brenna Earnest MSN, RN, CDE, was invited to speak at a West Virginia Hospital Association conference in March of 2019. The conference focused on the potential importance of creating a Diabetes Pilot Project in Critical Access Hospitals (CAH) in West Virginia. Earnest was able to provide valuable, insider information on the importance of a successful program.

Establishing a Diabetes Prevention Program allows primary care providers and lifestyle intervention coaches to work together to identify, screen and educate those at risk for developing Type 2 diabetes. The GLB Program consists of twenty-two sessions held over a period of 12 months, aiming at reaching two main goals: weight loss and physical activity.

"I believe the GLB diabetes prevention program has been a wonderful asset for our community. Since the beginning, I have seen many patients increase their physical activity. Increases in total movement including steps taken and physical activity help prevent diabetes and contribute to healthy weight loss. I've noticed that our group participants enjoy the group sessions and comradery with each other," says Earnest.

Since the inception of the Diabetes Prevention Program at PVH in 2012, participants have seen many successes. From the beginning of January 2017 to the end of December 2018, there were 129 individuals attending that experienced a 4.7 percent average weight loss and had increased their weekly physical activity.



Valerie Starcher, Diabetes Educator and Brenna Earnest, Diabetes Education and Prevention Coordinator present Potomac Valley Hospital's 2019 CDC Full Recognition certificate for their Diabetes Prevention Program.

To date, the participant to lose the most weight was Denise Junkins, losing 72 pounds over the course of a single year.

When questioned about her success in the program, Denise responded, "The program at Potomac Valley Hospital offers a wonderful support network. The mentors are very informative and encouraging. With their help, encouragement, and knowledge you have all of the tools to achieve your goal and maintain a healthy lifestyle."

Potomac Valley Hospital currently has four GLB coaches conducting various programs throughout Mineral County. Coaches partner with different organizations within the community for space to hold the classes. This helps make the classes more accessible to participants and helps reach a larger audience.

"As a certified diabetes educator, my interest for improving the overall health of our community has always been on the forefront of my mind. This program is designed to do just that," says Valerie Starcher, Diabetes Educator.



Valley Health Partners to Tackle Diabetes

Carol Weare

Public Relations Manager, Marketing & Communications
Valley Health – Hampshire Memorial & War Memorial

In 2018, 15 percent of West Virginia's adults had diabetes, the second highest rate of any state in the country. In Hampshire and Morgan Counties, where Valley Health System operates two hospitals, physician practices, and rehabilitation, wellness and fitness centers, the incidence of diabetes is 12.3 percent (Hampshire) and 16.6 percent (Morgan). The seventh leading cause of death nationwide, those with type 2 diabetes have a greater risk of heart attack, stroke, blindness, kidney failure, and lower extremity amputations.

Preventing death and disability from diabetes is something Valley Health takes seriously. Our providers, certified diabetes educators, dietitians, nurses and wellness staff help those with the disease feel informed, in control, and able to lead healthy and fulfilling lives. A free year-long Diabetes Prevention Program, recognized by the Centers for Disease Control and Prevention (CDC), is designed for adults with high blood sugar and other risk factors who are ready to make lasting lifestyle changes. Those with diabetes are encouraged to take a two-day class to learn the ins and outs of managing the disease including self-monitoring, avoiding crises, and the importance of good nutrition and exercise.

Stacy Schultz, RD, diabetes educator at Valley Health War Memorial Hospital in Berkeley Springs, tells patients "...it seems like you're driving a car with no map, no destination. But I can help you navigate." A favorite class activity is a trip to the grocery store to compare food labels and discuss making smart nutritional choices.

To identify vision damage caused by diabetes, Hampshire and War Memorial Hospitals offer free diabetic retinopathy screenings each year in partnership with Winchester, VA, retina specialist Robert Wehner, MD. A recent screening identified fifteen people with eye disorders.

In Romney, the hospital's diabetes educator partners with the Hampshire County Diabetes Coalition and Valley Health's Hampshire Wellness & Fitness (HWF) to sponsor an annual "Date with Diabetes" event with education and resources on diet, insulin and medication use, and other condition-related challenges. They cosponsor a similar "Dining with Diabetes" event with the County Extension office, and grocery store tours with the Diabetes Coalition and Health Department. The center also hosts an annual Diabetes Camp for children with Type 1 diabetes to rein-



War Memorial Hospital diabetes educator Stacy Schultz, RD, on a recent grocery store tour.

force disease management and connect with peers who share their issues.

HWF partners with the county's Parks and Recreation Department, Hampshire County Public Schools, West Virginia School for the Deaf and Blind, and others to build healthy habits for lifelong wellness. The Hampshire Memorial Hospital Development Fund underwrites Fit4Kidz, a free ten-week, after-school program for 10-14 year olds which blends land-based and aquatic exercise, nutritional learning, and fun.

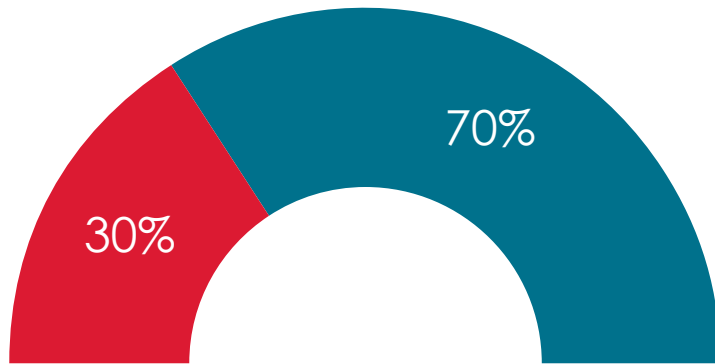
"It's important to create opportunities for local kids," says center director Trina Cox, MS, ATC. "In rural communities like ours, safe, healthy recreational activities are limited, so we are happy we can open our doors to all youth in the area—with no membership requirements."



Critical Access Hospitals a Vital Subset

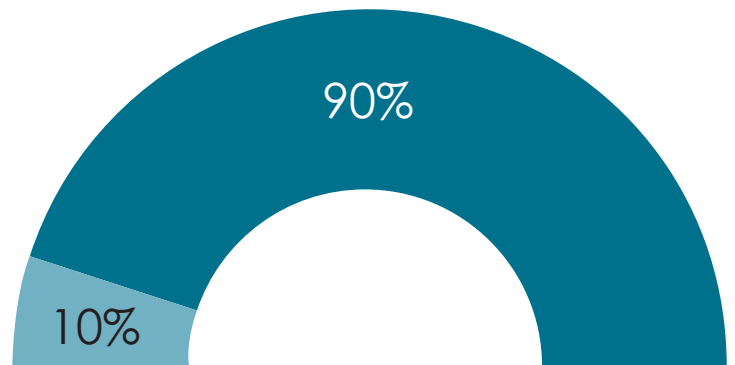
In order to meet the Critical Access Hospital (CAH) criteria established by Medicare, a CAH hospital must have:

- 25 or less acute care beds; and
- an average length of stay of no more than 96 hours.



CAH Hospitals
Other Hospitals

21 of West Virginia's hospitals are designated as Critical Access Hospitals (CAHs) 30%



Urban
Rural

Critical Access Hospitals are located in 20 of the state's 55 counties. 90% are located in a rural county.

Source: CAH Network Survey January 2018



Building a Healthy Community

Roane General Hospital has a big, bold vision and is embarking on its largest renovation and expansion since first opening its doors in 1970. Plans are in place that set the stage for the future of healthcare in Roane County. We are building a dream that will ensure access to healthcare excellence for all in a place that, more than ever, will deliver care you can trust... close to home.

For more information, visit roanegeneralhospital.com



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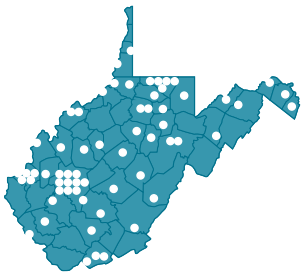
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West Virginia Hospitals: By the Numbers



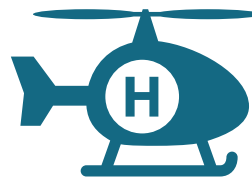
63

WVHA member
hospitals and health
systems



69

Hospitals in West
Virginia



31

General acute care
hospitals



21

Critical Access
Hospitals (CAH)



18

Specialty facilities
including:
psych, rehab, long term
acute, veterans affairs.



42

WV counties have a
hospital

30 counties have 1 hospital;
12 counties have two or
more hospitals; 13 counties
with no hospital.



46,000

People Employed by
hospitals statewide



19,000

Newborns welcomed
to West Virginia



227,000

admitted patients



7 million

outpatients cared for



1.2 million

people treated in
emergency departments



270,000

surgeries performed



WVU Medicine Serves the Community through Trauma Services

Dana M. DeJarnett, MS

Health Promotion Coordinator

The Wellness Center

WVU Medicine Berkeley Medical Center

WVU Medicine East includes Berkeley Medical Center (BMC) and Jefferson Medical Center (JMC) and serves the Eastern Panhandle of West Virginia. WVU Medicine East's mission is to improve the health status of Eastern Panhandle residents by providing excellence in health and wellness services. In order to better serve the community, the Trauma Department is finding ways to better serve the community in times of crisis as well as to prevent serious health issues and injury.

Most recently, BMC joined the national Stop the Bleed Campaign to train community members on the techniques of hemorrhage control in the event of a bleeding emergency. With help from the BMC Medical Staff, University HealthCare Foundation and donations from the ICU Director and her husband, 10 Stop the bleed kits were provided to the 6 area middle schools and 4 high schools. Trauma Nurses and Critical Care Nurses from BMC provided training to over 122 school staff members. Similar programs have also been provided to Jefferson County Schools.

"Stop the Bleed is a nationwide initiative from the American College of Surgeons to educate the public on the basics of hemorrhage control, including proper wound packing and tourniquet application," Donnie Grubb, trauma coordinator for Berkeley Medical Center, said. "We have partnered with Martinsburg Fire Department, Local Emergency Planning Committee, and BSR Training to roll out this community-wide initiative aimed at empowering the public to take control during a bleeding emergency and help save a life before professional rescuers arrive."

"We appreciate the opportunity for our staff to train with the assistance of Stop the Bleed and WVU Medicine," Elaine Bobo, communications director for Berkeley County Schools, said. "While it is impossible to train for every possible situation in a school emergency, this training will enable staff members to react rather than panic. The information and skills shared can be applied in any environment, both professionally and personally, and we are hopeful that each person trained can share the basics of handling bleeding emergencies before the professionals arrive."

To further assist with emergencies in the community, the Trauma Department has worked closely with the West



Trauma Coordinators Christina Ferraro and Donnie Grubb led a Stop the Bleed training workshop for members of the security staff from both hospitals.

Virginia State Police Eastern Panhandle division to provide first aid training and trauma kits to the troopers. Most recently- the University Healthcare Foundation donated an additional 10 trauma packs to include all the lifesaving medical equipment needed in the time of an emergency including tourniquets and QuickClot dressings to help achieve bleeding control until EMS arrives.

Prevention is also an important part of how the Trauma Department serves the community. In order to assist new parents with proper car safety seat installation, Trauma Services actively participates with the WV Governors Highway Safety Program to provide car seat checks and installations by nationally certified Child Passenger Safety Technicians (CPST).

To create awareness to new drivers, every year, the Trauma Department collaborates with the Martinsburg Fire Department and Martinsburg High School to provide education on distracted driving and substance abuse through a variety of activities. One activity sponsored by the BMC, MHS and HealthNet Aeromedical Services, Base 8 is a mock accident scene which proves to have an impact on the Junior and Senior class.

In addition, along the lines of prevention, to address the vaping crisis, the Trauma and Critical Care Departments have partnered with the Berkeley County Health Department and Berkeley County Schools to provide education to all middle and high school health classes on vaping. Dr. Ryan McCarthy is working with a med student to provide the latest research and evidence based information to create a presentation for the students. The goal is to be ready to present to classes the first of the year.

Through these initiatives, WVU Medicine East is taking steps to actively engage the community in prevention efforts to reduce illness and injury and provide support in case of emergencies to reduce harm and improve the well-being of our community.



The Benefits of Telemedicine

Tony Gregory

Vice President, Legislative Affairs
West Virginia Hospital Association

Currently, 76 percent of U.S. hospitals connect with patients and practitioners at a distance through the use of video and other technology. We know in West Virginia the use of telemedicine is rapidly expanding and evolving, with hospitals and healthcare providers around the State offering telehealth services, and patients being able to access virtual care as part of these healthcare delivery models.

Telemedicine can help expand care options to areas that previously did not have them including *behavioral health*, for which there are critical professional shortages; and lifesaving technologies for *telestroke*, to name a few areas. In addition to specialty care, telemedicine brings numerous other benefits including virtual appointments, allowing providers to care for patients at home through remote patient monitoring, and enabling provider-to-provider consultations.

By increasing access to physicians, specialists and other providers, telemedicine helps ensure patients receive the right care, at the right place, at the right time.

Telemedicine makes sense because it:

- Enhances consumer choice, outcomes, convenience and satisfaction;
- Reduces costs by limiting unnecessary trips to the emergency room;
- Enhances physician availability to reduce health delivery challenges; and
- Improves quality of care.

Currently, states like West Virginia alternate between using the term “telemedicine” or “telehealth”. In some states both terms are explicitly defined in law and/or policy and regulations.

“Telehealth” is sometimes used to reflect a broader definition; while “telemedicine” is used mainly to define the delivery of clinical services. Additional variations of the term, primarily utilizing the “tele” prefix are also becoming more prevalent. For example, the term “telepractice” is being used frequently as it relates to physical and occupational therapy, behavioral therapy, and speech language pathology. “Telepsychiatry” is also a term commonly used as an alternative when referring specifically to psychiatry services.

There are three primary types of telemedicine: *Live Video*, *Store-and-Forward*, and *Remote Patient Monitoring (RPM)*. Generally, live synchronous video is the most broadly accepted form of telemedicine or telehealth, but laws continue to advance, expanding opportunities for other variants of telehealth.

1. **Live Video:** The means of providing healthcare services via live video conferencing, facilitating two-way audio and video communication either between a patient and provider, or two providers.
2. **Store-and-Forward:** The process of collecting and sharing clinical information electronically to another clinician for evaluation. Information typically includes medical history, documents such as laboratory reports, images, and video and/or sound files.
3. **Remote Patient Monitoring (RPM):** A form of virtual care delivery in which patient data is collected outside of traditional care settings and transmitted to a provider at a remote location. It can be used most simply to monitor blood sugar levels or blood pressure.

While it’s generally recognized that the federal government needs to do more to support telemedicine use nationwide, West Virginia too can take steps to remove barriers

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and provide uniformity. One of the areas of continued focus for WVHA member hospitals and health systems:

- “Full Private Payer Parity” - utilized to describe laws that mandate telehealth services be both covered by private insurance plans and reimbursed at a rate that is the same as in-person care. Currently, there are at least 12 states, including neighboring Kentucky that have full private payer parity - when both coverage and reimbursement are comparable to in-person services.

From emergency department care to remote patient monitoring for chronic care management and access to care from specialists, telemedicine is changing the way healthcare is provided -- both expanding patient access to routine and specialty care while improving patient satisfaction and outcomes.

Coverage, payment and other policy issues remain challenges in the full use of telehealth, including remote patient monitoring and similar technologies. Medicare policy on the federal level is particularly challenging, as it limits the geographic and practice settings where beneficiaries may receive services, as well as the types of services that may be provided via telemedicine and the types of technology that may be used. Access to broadband services and state-level policy issues involving private payer parity and originating site also limit the ability to use telemedicine.

Telestroke Funding Available to WV Hospitals

As a result of the WV Legislature including funding in the FY 2020 budget for the establishment of a statewide telestroke program, West Virginia hospitals can implement such a program by partnering with a West Virginia tertiary hospital providing stroke services, and by meeting certain criteria. Those hospital systems providing telestroke services are:

- Charleston Area Medical Center (CAMC);
- Mountain Health Network
- WVU Medicine

Hospitals can receive up to \$35,000 in year one to establish the program, and up to \$25,000 in subsequent years (if funds are available) if the telestroke program is maintained, and the receiving hospital continues to meet specified criteria of the telestroke program.

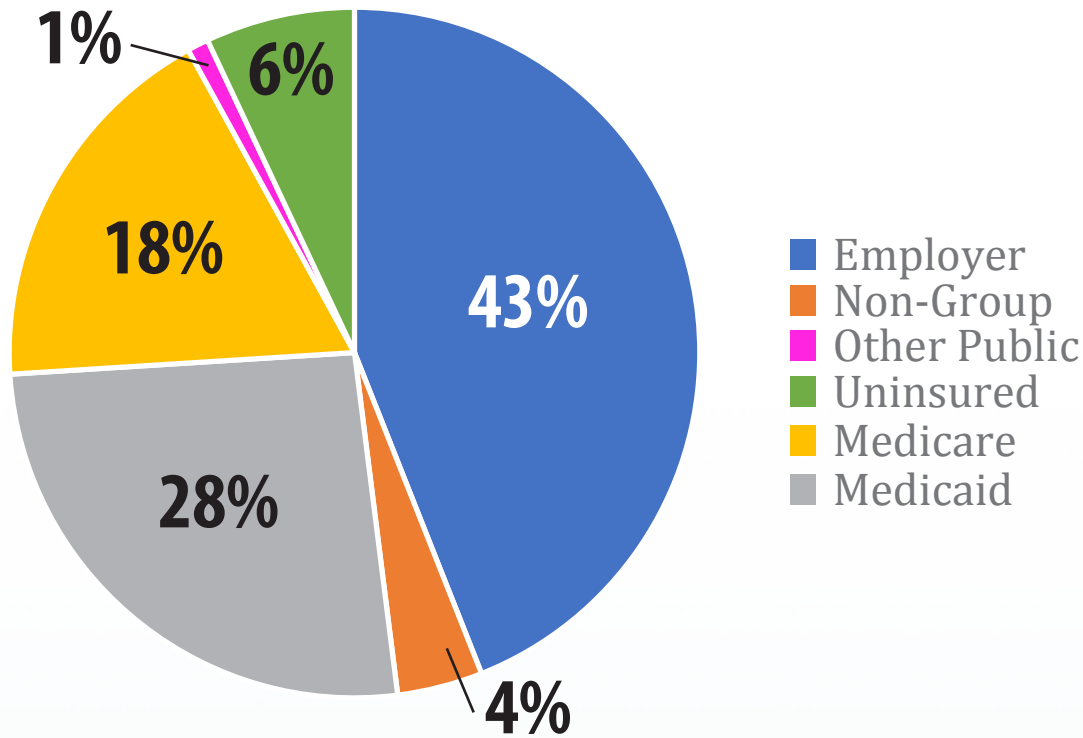
For more information about the program, please contact Joe Letnaunchyn at joelet@wvha.org.

The WVHA supports the expansion of patient access created by hospitals' efforts to deliver high-quality and innovative telemedicine services.





Primary Health Coverage of West Virginians



Insured West Virginians: A majority of the non-elderly receive their health insurance as a job benefit, but not all workers receive benefits. If benefits are not available through employers, residents may purchase insurance policies or simply private pay for medical services. **49%** of West Virginians are insured through:

- **Employer:** Includes those covered by employer-sponsored coverage either through their own job or as a dependent in the same household. **43%**
- **Non-Group:** Includes individuals and families that purchased or are covered as a dependent by non-group insurance. **4%**
- **Other Public:** Includes those covered under the military or Veterans Administration. **1%**

Uninsured West Virginians: Even though West Virginia expanded Medicaid there are still uninsured citizens in West Virginia. **6%**

Medicare: A federally administered and financed health insurance program for the disabled and elderly (65 and older). Medicare covers **18%** of West Virginians.

Medicaid: A federal-state partnership where the federal and state governments jointly fund the cost of the program. Medicaid covers low-income children, pregnant women, the elderly, persons with disabilities and parents or caregivers of children meeting specific low-income thresholds, and low income adults and families. After the expansion of Medicaid **28%** of West Virginians are now covered by Medicaid.

Secondary Insurance Coverage: Many times an insured will have a second insurer due to employment status, for out of pocket costs or uncovered medical services. Typically, Medicare beneficiaries have a commercial secondary policy for the coverage of out of pocket costs. If a Medicare beneficiary qualifies to have Medicaid as the secondary, the beneficiary is referred to as a “dual” in reference to the coverage from both programs.



WV Hospitals: Utilization Mix

Hospitals treat everyone who comes through their doors regardless of their ability to pay for services. This is a federal requirement for some services, such as emergency care, but also a point of pride for West Virginia hospitals, and a service hospitals provide as cornerstone institutions in their communities. The ability to care for those in need is analogous to the oaths taken by the medical professionals that work in hospitals. The graph below illustrates the payor mix utilization in West Virginia hospitals.

Medicare 46%

Medicaid 23%

Other Government 8%

Non Government 23%
(commercial pay; self pay; uncompensated care)

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WVU Medicine Reynolds Memorial Hospital will Fill a Major Behavioral Health Need in the Northern Panhandle

Karin Janiszewski

Director Corporate Communications & Public Relations
WVU Medicine Reynolds Memorial Hospital

It's being labeled a crisis situation in the Northern Panhandle of the Mountain State, and it's a need that WVU Medicine Reynolds Memorial Hospital is addressing.

Renovations are currently underway on the fifth floor for an adult inpatient behavioral medicine unit. The construction carries a hefty \$5 million price tag, but David Hess, MD, president and chief executive officer, says it's an investment that's well worth the cost.

"We've already had those patients come to our emergency room and just be at their wits end because there is no inpatient psychiatry facility nearby. It puts a burden on the families because they're having to take their loved ones hours away to other treatment facilities. It's an issue when you do not have access to this care in our region."

The mental health crisis became emergent when Ohio Valley Medical Center in Wheeling, WV, closed in September taking with it Hillcrest Behavioral Health Services, the area's only inpatient behavioral health facility. The Robert C. Byrd Child and Adolescent Behavioral Health Center also closed its doors at the same time leaving patients nowhere to turn locally. Even the psychiatrists employed by OVMC were displaced. RMH has hired three of those psychiatrists – two adult, Paul Papadimitriou, MD, Alber Ghobrial, MD, and one child and adolescent psychiatrist, Nihit Gupta, MD.

"The initial intent was for us to lease space on OVMC's campus, but we weren't able to work out an arrangement with the real estate owners. We had to quickly create a Plan B. We had a good relationship with the psychiatrists, and I think they wanted to be a part of what we were building. We had to speed up the plan to move everything to Reynolds' campus sooner," Dr. Hess said.

The construction is not something that can happen overnight. There are strict guidelines that must be followed to be in compliance with Joint Commission standards for inpatient behavioral medicine facilities.

"People in the community see houses being built in a couple of months, but for an inpatient psych facility, it has to be ligature free. You basically have to tear out everything that is standard for a routine medical floor, and you have to insert ligature-free items so that there is no possible



way that a patient can harm themselves with anything on the floor. This takes time, but the construction crews are working diligently to keep the project moving quickly," Hess said.

Creating a space for the inpatient behavioral medicine floor meant eliminating the Skilled Nursing Care unit, which Hess says was a difficult decision to make, however, he feels it was the right decision for the community.

"Quite honestly, it came down to our mission and what the community needs. There are other skilled facilities in our area that patients can go to, but there isn't another inpatient psychiatric facility. We felt driven to make this happen. It's just the right thing to do."

Hess says the behavioral medicine floor should be opened by late summer or early fall. In the meantime, office hours will begin at RMH in January 2020 for outpatient treatment for adult, child, and adolescent patients.



Hospital Partnerships for Children in the Child Welfare System



Cynthia Persily, PhD
Chief Executive Officer
Highland Hospital

The child welfare crisis in West Virginia is well known. The intersection of the child welfare system, the juvenile justice system, and the healthcare system adds additional complexity to an already overwhelming problem. Never is this complexity more evident than when a child in the “system” is admitted to a hospital like Highland Hospital for psychiatric care. Highland Hospital has developed unique partnerships with the child welfare system and the juvenile justice system to assure that these children are stabilized and transferred to the most appropriate level of care in the community.

First, some background. In West Virginia, in October of 2019, it was estimated that 6700 children in West Virginia are in foster care, a 70 percent increase since 2013. Of these children, 85 percent have a parent who is struggling with substance use disorder. Judges dockets across the state are filled with abuse and neglect cases. Many of these children suffer from anxiety disorders, major depressive disorder, and post traumatic stress disorder. Many, even at a young age, are self-harming. Many have been arrested and become a part of the juvenile justice system and may be sent to detention centers where they may develop acute psychiatric symptoms. Many end up court ordered to psychiatric inpatient care for stabilization.

This is when the child welfare crisis becomes even more pronounced, as children may not have many options for placement after an acute hospitalization.

Highland Hospital sees many children in state custody for treatment. Because we know that the acute care environment is only effective for acutely ill patients, we start at the time of admission to work with Child Protective Services, DHHR guardians, Guardian Ad Litem, and the court to plan for discharge. This year, as the crisis hit home more critically, the Highland Hospital multidisciplinary treatment team began a weekly “staffing” with the Commissioner of the Bureau for Children and Families, Regional DHHR Directors for child services, members of the Supreme Court’s Juvenile Justice Commission and the Bureau for Behavioral Health to assure that we are all working in concert to assure that children are stabilized and promptly moved to a community setting, in the least restrictive environment possible. This partnership, which brings all involved parties together focused on the welfare of children on a weekly basis has begun to reap benefits for these children. Placements are accelerated, acute care stays are limited, and each member of the group begins to understand the challenges of others.

Partnerships should be developed from a common need, to use the power of the partnership to meet a common goal. Hospitals must cross the boundaries of organizations to assure that intractable problems are addressed in a proactive manner. Highland Hospital considers the child welfare system, the juvenile justice system, as well as the healthcare system to be integral partners in meeting our mission to provide high quality services in a caring environment. Our children deserve nothing less.

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Julia Spelsberg

PR/Marketing Director

Stonewall Jackson Memorial Hospital

The staff, administration, and board of Mon Health Stonewall Jackson Memorial Hospital (SJMH) have devoted themselves to the health and well-being of the residents and patients who support the Lewis County healthcare facility. SJMH has truly been a “Partner in Care” by serving as an important community resource. But over the past few years SJMH’s community outreach has grown even larger with more initiatives. The West Virginia Hospital Association’s focus this year aligns perfectly with the mission of SJMH - “to enhance the health of the communities we serve, one patient at a time” and SJMH is constantly improving those efforts.

The Hospital’s dietitian and Population Health nurse were trained as diabetic educators. After gaining certification, the duo began a series of six-week diabetic education classes in the SJMH service area. The classes have been well attended and patients are enthusiastic about their lifestyle changes learned in the classes. The Hospital also employed a Population Health Coordinator who has worked closely with physicians to promote annual wellness visits and to encourage patients to receive their annual preventative screenings. The family nurse practitioner has been able to educate a number of patients who now understand the truism that early screenings save lives.

Members of the SJMH Cardiac Rehabilitation Department have been instrumental in community relations providing blood pressure, pulse oximetry and other screenings for the disabled and low-income individuals. The staff has provided clinical screenings at other community events including the annual “Healthy Heart Fair” held around Valentine’s Day. Another project for that staff is collaboration with the local senior center to provide safety and health checks in senior citizens’ homes - the ‘Healthy Homes’ program. SJMH staff also provided health screenings at Sharpe Hospital and at the federal prison in Gilmer County. In February, several dozen staff members attended a Glenville State College basketball game and provided a very large health fair before the game for students and attendees.

Pace Yourself Lewis County has been a collaborative effort led by members of the SJMH Wellness Committee and local groups to encourage healthy habits through walking and running events. After several years of coordinating walk/runs, the group will have a full year of monthly walk/runs with a Pace Yourself 2020 Race circuit.

The Hospital has other health initiatives created over the past five years including the creation of playgrounds, an urban orchard, and the installation of elevated gardens for the elderly and disabled. These efforts truly show the collaboration of local groups with SJMH. For example, the playgrounds were funded in part with grants from the Try This Conference, and created by volunteers. The urban orchard was planted by botany students from Lewis County High School. The local WVU extension agent holds an annual pruning workshop at the urban orchard – a great example of local cooperation for the benefit of our community.

For decades, members of the SJMH staff have worked with the American Cancer Society’s Relay for Life of Lewis County. The Hospital is an important financial supporter for the fundraiser.

In October 2019, the Hospital promoted a county-wide Community Baby Shower which provided baby clothing and other newborn goods, as well as educational materials for approximately fifty women – both pregnant and new mothers. A local non-profit, the WV Jazz Society coordinated a five-concert Pink Ribbon music series for the benefit of the Mon Health System to educate people and raise money for the hospitals’ breast cancer programs. SJMH worked with the county CEOS clubs to organize the 25th Annual Lewis County Breast Cancer Awareness Luncheon with over 100 attendees, including 25 breast cancer survivors. For the 17th year, SJMH held the annual charity golf tournament, which provides scholarships to students pursuing degrees in healthcare. At the end of the month, events were capped off with the annual SJMH Safety Fair for children. A variety of non-profit groups provided safety education for children with a Halloween theme. Children could learn about fire safety by a trip through the Fire Department’s Smoke House; high school students provided games which combined safety and fun for the children; the local police department provided gun safety information...just to name a few of the events.

At Christmas, the generous SJMH employees: “fill” shoe boxes (coordinated by a SJMH nurse) to be sent to third world countries; adopt 25 Salvation Army Angels so that local, needy children will have a good Christmas; and ring the bell to collect money for the Salvation Army. New in 2019, members of the Oncology Department created a “Giving Tree” placed in front of the SJMH facility with mittens, toboggans, and winter scarves as ornaments for residents in need of warm apparel.

In conclusion, Hospital CEO Avah Stalnaker noted, “As a community hospital, Stonewall Jackson Hospital is committed to caring for our residents close to home. As well as providing healthcare for the north central and central West Virginia area, SJMH has created an invaluable relationship with the communities here. SJMH strives to be Partners in Care and the relationship with the community is paramount.”



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WVU Medicine Camden Clark Providing Nationally Recognized Cardiac Care to Mid-Ohio Valley

WVU Medicine Camden Clark Medical Center in Parkersburg serves an 11 county, 250,000 resident region in Western West Virginia and South-eastern Ohio and continues to be recognized nationally for their expertise in multiple areas of cardiac care. U.S. News and World Report recently named WVU Medicine Camden Clark as a High Performing hospital for the treatment of heart failure for the third straight year and added the same designation for treatment of heart attack in 2020.

In addition, new data released from Healthgrades, the leading online resource for comprehensive information about physicians and hospitals, ranked WVU Medicine Camden Clark among the top 10 percent in the nation for the treatment of heart attack and heart failure. Every year, Healthgrades evaluates hospital performance at almost 4,500 hospitals nationwide for the most common inpatient procedures and conditions, and identifies top-performing hospitals where outcomes are statistically significantly better than expected and the findings are released in the Healthgrades 2019 Report to the Nation.

Camden Clark's cardiac care program is also recognized as a Designated Blue Distinction Center by Highmark West Virginia for Cardiac Care.

And the newest CareChex® rankings, released this quarter, recognized Camden Clark for the following achievements:

- Top 10 percent Nationally for medical excellence in overall medical care
- Top 10 percent Nationally for patient safety in overall medical care
- Top 10 percent Nationally for patient safety in cardiac care
- Top 10 percent Nationally for patient safety in heart attack treatment

The CareChex® rankings benchmark the clinical quality, patient safety and performance of virtually all acute care hospitals and health systems throughout the U.S.

The WVU Heart and Vascular Institute also increased its services at WVU Medicine Camden Clark in downtown Parkersburg in 2019 enhancing its support of the only hospital in the Mid-Ohio Valley to provide open-heart surgery.

Cardiothoracic Surgeon Geoffrey Cousins, M.D. began operating at WVU Medicine Camden Clark Medical Center in mid-January and serves as Chief of Cardiac Surgery, while Cardiovascular Surgeon Sulaiman Hasan, M.D. joined the WVU Heart and Vascular Institute team in Parkersburg later that month.

Both surgeons see patients at their full-time practices located on the WVU Medicine Camden Clark campus and are assistant professors in the WVU School of Medicine Department of Cardiovascular and Thoracic Surgery.

Dr. Cousins and Dr. Hasan work closely with Parkersburg Cardiology Associates, the Mid-Ohio Valley's leading cardiology practice of eight cardiologists and six nurse practitioners. The Parkersburg Cardiology Associates team now cares for patients on the WVU Medicine Camden Clark campus in a new state-of-the-art, two-story facility that opened earlier this year.

The continued expansion of cardiac care services, as well as improved access to healthcare close to home and the relationships with WVU Medicine Heart and Vascular Institute and Parkersburg Cardiology Associates, is a key benefit to the community being served by WVU Medicine Camden Clark.

Hospitals Among Top Employers in West Virginia for 2019

Of the top 100 largest private employers in West Virginia for 2019, 14 were hospitals. Four were in the top 10; six were in the top 20; and 11 were in the top 50.

1 – WVU Medicine
 3 – CAMC Health System
 4 – Mountain Health Network
 8 – Wheeling Hospital, Inc.
 12 – Mon Health
 18 – Thomas Health System, Inc.
 29 – University Physicians & Surgeons, Inc.
 30 – Alecto Healthcare Services, LLC
 (Fairmont Regional Medical Center)

38 – Weirton Medical Center
 45 – Davis Health System
 47 – Raleigh General Hospital, LLC
 59 – Appalachian Regional Healthcare, Inc.
 84 – Logan General Hospital, LLC
 99 – Valley Health Systems, Inc. (Hampshire Memorial Hospital & War Memorial Hospital)

Source: Workforce West Virginia March 2019



Healthcare Workforce Challenges and Needs in West Virginia

Tony Gregory

Vice President, Legislative Affairs
West Virginia Hospital Association

West Virginia hospitals provide access to lifesaving care 24-7. This is possible when hospitals have qualified staff with the right skills, in the right place, providing high-quality care for West Virginia's 1.8 million citizens. West Virginia's challenges in building and maintaining the hospital workforce are multi-faceted, with several driving factors:

- Sicker patients with increasing behavioral health and substance use disorder and other chronic diseases;
- An aging patient population;
- New types of healthcare worker positions created by requirements in the Affordable Care Act (ACA);
- Managing a multigenerational workforce with varying views on work-life balance;
- Retirement of baby boomers from healthcare professions;
- Regulatory and policy constraints preventing some healthcare workers from practicing to the full extent of their training; and
- Increased access to technology through telehealth, electronic health records and online job boards.
- Shortages in some classifications of providers, such as physicians in certain specialties, nurses, therapists, psychologists.

These and other factors underscore the need for robust efforts in workforce planning and investments in West Virginia among all stakeholders. This is particularly true in the *Nursing Field*, where the challenges are more acute.

There are many stakeholders and policymakers invested in the on-going effort to address current and anticipated challenges impacting the nursing workforce. The WVHA, along with the Future of Nursing, The WV Organization of Nurse Executives, The WV Nurses Association, and The WV Center for Nursing, among other nursing organizations, educators, physician and provider groups, are all working tirelessly to assess the challenges involving the current landscape; analyze the latest numbers on employment needs; and identify comprehensive and collaborative solutions moving forward.

A snapshot of the current landscape in nursing shows that for fiscal year (FY) 2018, there were 34,299 Registered Nurses (RNs) licensed in West Virginia, according to statistics compiled by the Board of Registered Nurses in West Virginia. This is a slight upward trend over the last several years. It's worth noting that in 2017, West Virginia enacted the Enhanced Nurse Licensure Compact (eNLC), effective January 2018, enabling RNs from other eNLC states to work in West Virginia without notification to the RN Board.

The total number of licenses is trending upward and the number of RNs who reside within West Virginia's borders is around 22,000 to 22,500 or 67 percent. Of the RNs licensed in WV, one third reside in other states, mostly those surrounding WV. Close to 3,000 live in Ohio and 1,500 are from Pennsylvania. Further, the mean salaries for all categories of nurses is lower in WV than in surrounding states.

One of the more significant challenges in the nursing field is that clinical nurses are beginning to retire from the workforce, so there's much to do to ensure the supply stays



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in place over the next decade as more baby boomers live longer. In West Virginia approximately:

- 25 percent of the nursing workforce are ages 36-45;
- 23 percent are ages 46-55;
- 22 percent are 25-35 and
- One quarter of RNs are ages 56-65, representing 21 percent of the workforce who still hold an active license.

There are other trends influencing the future of nursing, and one such area involves Nursing Education. The challenges are noteworthy:

- Nurse educators are in short supply: an aging nurse faculty population; a reliance on a disproportionate number of part-time faculty; lack of nurse educators prepared at the doctoral level and; poor compensation rates compared to practice specialties which require equivalent education, among other reasons.
- Colleges and universities face difficulty growing their nursing education programs; WV hospitals in fact, are individually supporting nursing education in their communities.

Each of these complex factors contribute to the difficulty now experienced by colleges and universities in growing their nursing education programs. According to a West Virginia Workforce Data Snapshots presentation from the WV Center for Nursing, the need for nurses and nurse faculty continues to grow through 2024, with a need to increase faculty by 23 percent to keep pace with growth in programs. Further, nursing faculty salaries remain significantly lower than practice salaries – which some educators have expressed is a reason for leaving faculty positions or for schools of nursing being unable to expand.

Finally, in terms of employment needs, the latest projections on wages and job growth for RNs from the Bureau of Labor Statistics also present some interesting findings. The ten-year national workforce is projected to grow 6.5 percent, but RNs are expected to see a growth of 16 percent over the same period. This occupation is expected to grow faster than the national average. In West Virginia, RNs are expected to see a growth of 8 percent, meaning over a 10-

year period, West Virginia will need to produce 590 RNs annually just to keep pace with the growth.

West Virginia is not alone in its healthcare workforce challenges, particularly in the *Nursing Field*. However, recruitment and retention strategies can vary significantly nationally, statewide and regionally.

Collaboration. In West Virginia, new strategies must emerge as delivery model changes, regulatory and policy limitations, and a growing patient population, require a larger, more highly skilled hospital workforce. One size will not fit all. All stakeholders — government, academia and employers — must continuously collaborate to identify innovative policy solutions and strategic investments to best deliver the healthcare workforce of the future.

Meaningful Data. Further, statewide and regional data can be helpful in shaping workforce planning by providing a benchmark, and an opportunity to evaluate workforce collaborations and investments. Additionally, data provides a fresh perspective on the status of the workforce, while illuminating opportunities to adapt and innovate to meet growing demand. Supply data are available however demand data are not, making workforce projections difficult.

State Legislative Budget Action: The WVHA supports a concentrated focus on state healthcare education programs in the State Budget, with emphasis on adequately funding nursing education throughout West Virginia to meet the capacity of an increasing number of qualified applicants.

Hospitals are essential to the communities they serve. The hospital workforce is the fuel that powers a hospital's economic and social power. Increased workforce vacancy and turnover can negatively affect quality of care, patient safety, healthcare spending, patient satisfaction and employee engagement. Recruitment and retention aren't exclusively local challenges or problems with immediate solutions. Rather, the road to build the healthcare workforce requires continuous investments, and regular targeted and timely recalibration. It demands innovation and collaboration at all levels — local, state and federal — with a focus on new, strategic investments to recruit and retain all West Virginia healthcare professionals.

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Different Types of Hospitals

Hospitals vary dramatically, from large to small, rural to urban, acute to specialty and everything in between. And even within a particular category or peer group, the services provided also vary from hospital to hospital. Hospitals are generally divided into four categories:

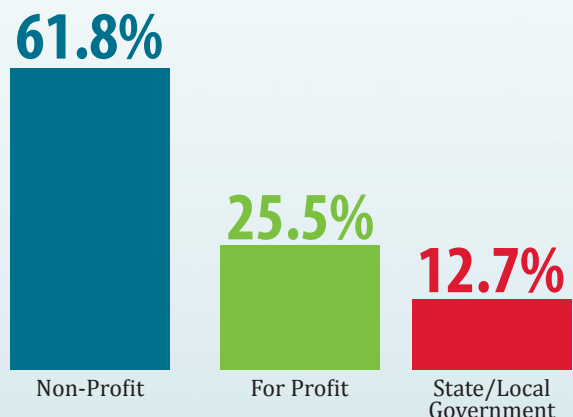
- **Urban Acute Care Hospitals:** These hospitals provide inpatient services, emergency medical and surgical care, continuous nursing services and necessary ancillary services 24/7/365. Many urban hospitals also provide a wide range of specialty and sub-specialty services.
- **Rural Acute Care Hospitals:** Like their urban counterparts, these hospitals also provide inpatient services, emergency medical and surgical care, continuous nursing services and necessary ancillary services 24/7/365 to rural communities in West Virginia. Many rural hospitals are often the only provider in their community and offer a broad range of services, from primary care and rehabilitative services to nursing home and hospice care.
- **Critical Access Hospitals (CAH):** This subset of rural hospitals serves West Virginia's smallest communities. They have no more than 25 acute care beds and must generally be located at least 35 miles from the closest hospital. Because of their federal designation as CAH's, Medicare reimburses them differently than other hospitals: they are paid based on allowed operating costs, as established by Medicare. There are **21 Critical Access Hospitals** in WV.
- **Specialty Hospitals:** These hospitals are primarily or exclusively in the treatment of a particular condition or type of service. (e.g., psychiatric, rehabilitative, long-term acute). They often provide both inpatient and outpatient services, but may not have the same services as a general hospital - for example specialty hospitals rarely have emergency departments, but may offer more comprehensive services than an acute care hospital for their particular specialty and are still subject to most regulatory obligations that apply to acute care hospitals. There are **18 Specialty Hospitals** in WV.

Ownership of Hospitals

Ownership structure of hospitals can also impact financial operations and governance.

- **Non-Profit Hospital:** These hospitals are non-profit corporations and are thus exempt from some taxes, but any profits must be reinvested in achieving their mission (usually associated with providing health-care services or improving community health). As a condition of their tax-exempt status, these hospitals are also required to conduct community health needs assessments and report community benefit.
- **For-Profit Hospital:** These hospitals are investor owned and report to a corporate board of directors to whom they owe a fiduciary duty. Proprietary hospitals pay property and income taxes and profits are often returned to investors in the form of an annual dividend. Property and income taxes paid by hospitals fund local fire, EMS and other public services crucial to the health of communities.
- **Government Owned Hospital (state or local):** These hospitals are publicly owned and operated and typically have a governing board elected by a city or county. Government owned hospitals are tax-exempt.

Hospital ownership type varies in West Virginia



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Together, we can bring clarity and certainty to the realm of value-based care and population health.
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