

MEMBER MAGAZINE 2021

WEST VIRGINIA

# HOSPITALS

DEFINING RESILIENCE





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## *From the Chair*

# Working Together to Remain a Beacon of Hope



**Albert L. Wright, Jr.**  
President & CEO  
WVU Health System  
Chair, WVHA Board of Trustees

This past year tested the strength, resolve, and resourcefulness of West Virginia's hospitals, and I think we can all agree that our state's hospitals, and the remarkable people who work at them, passed with flying colors. No one in 2019 or the earliest weeks of 2020 could have reasonably expected or predicted a pandemic that would turn the world on its head so quickly, but early on we saw hospitals and caregivers from across the globe rise to the occasion and meet the challenge of caring for people with the new SARS-CoV-2 virus.

Here in West Virginia, our hospitals collectively and immediately came together to share best practices and resources, and worked as one to ensure the response to the world's most serious public health crisis in generations was swift, coordinated, and impactful. We worked together to address some of the most pressing issues we faced early in the pandemic, including the global shortage in personal protective equipment. We partnered with Governor Jim Justice and his leadership team, including Dr. Clay Marsh, West Virginia's COVID-19 czar, to ensure our response to managing the pandemic here in the Mountain State was carefully planned and aggressively executed. We challenged our leaders across our respective health systems and hospitals – from frontline supervisors to seasoned executives – to provide a new level of leadership that further inspired and engaged team members at a time of high stress and uncertainty. Many of us also asked our team members to make temporary, financial sacrifices for a greater good, namely to ensure our hospitals, placed under financial duress by the COVID-19 pandemic, could remain viable during a time that the public needed them the most. We also called upon our providers and IT teams to make wholesale changes to the practice of medicine by pivoting entire medical practices to virtual visits almost overnight. The innovation, creativity, and heavy lifting

*"West Virginians everywhere should be proud of their hospitals and the people who work at them. From doctors and nurses, to accountants, dietary specialists, and environmental services technicians, our hospitals are staffed by incredibly resilient and diverse people who frequently subordinate their own needs to the needs of others."*

to do so in such a short time is truly remarkable and a terrific example of West Virginia grit!

West Virginians everywhere should be proud of their hospitals and the people who work at them. From doctors and nurses, to accountants, dietary specialists, and environmental services technicians, our hospitals are staffed by incredibly resilient and diverse people who frequently subordinate their own needs to the needs of others. I'm proud to be part of this group, and proud to work with them, and although we operate under many different names and brands, and frequently compete for the same patients, we share one common mission – to care for our fellow West Virginians and to ensure they can get the care they need here in their home state.

As West Virginia hospitals look beyond the COVID-19 pandemic, they will embrace the lessons they learned from it, and they will continue to drive innovation and further deploy technology to ensure patients have greater and easier access to the care they provide. As West Virginia, along with the rest of the nation and world, emerges from the COVID-19 pandemic, West Virginia hospitals will continue their tradition of service and remain a *Beacon of Hope* to people everywhere.





## *From the President's Desk*

# West Virginia Hospitals: Defining Resilience



**Jim Kaufman**

President and Chief Executive Officer  
West Virginia Hospital Association

As the newest member of the West Virginia Hospital Association (WVHA) Team, I am honored and pleased to be in our great state working on behalf of our 59 member hospitals in support of a healthy West Virginia. With its long tradition as a dynamic and unified voice for hospitals, I am fortunate to lead the WVHA which represents the largest segment of healthcare in West Virginia.

West Virginia has depended on our hospitals and their clinical teams to guide and support the state's response to the COVID-19 pandemic. Our hospitals have been on the front lines caring for COVID-19 patients, responding to critical healthcare needs, and supporting their staff and communities.

From the pandemic and the incredible response efforts of our hospitals to the myriad of policy and regulatory issues, healthcare will remain front and center well into 2021 as we continue efforts to ensure all West Virginians have access to care. If we've learned anything over the last year, it's that our team of hospital leaders and volunteers are always prepared to answer the call. In my short time in West Virginia, I've personally witnessed amazing caregivers and leaders doing amazing things: courage, self-sacrifice, teamwork, compassion, celebrating, consoling –

truly taking care of our community during a challenging time.

The challenges remain and in many cases are even greater than before including increased operational costs, revenue losses, and staffing challenges resulting from our COVID-19 response. But rest assured, our resolve will continue now and far beyond the pandemic.

Of course, our ability to serve our communities would not be possible without the 49,000 compassionate caregivers in our hospitals who continue to provide high quality care with innovation, compassion and excellence. In the pages that follow, we're honored to feature many of our heroes doing what they do best: caring for West Virginians. From using telemedicine and virtual care to ensure their patients have access to quality care - to working with their local communities to ensure they have proper PPEs and accessible COVID-19 testing, hospitals are truly defining what it is to be resilient. There's more to the story, and with its long tradition of bringing the hospital community together, the WVHA is committed to telling it.

Over the last year, we have certainly encountered numerous challenges and changes in the delivery of healthcare, but the hospitals in West Virginia have never lost focus on their shared vision: a strong healthcare system that optimizes our health status and improves the economic condition of the state. So, in addition to treating illness and injury, and healing our patients, we are improving the quality of life in our communities—and I can't imagine a more worthwhile professional focus.

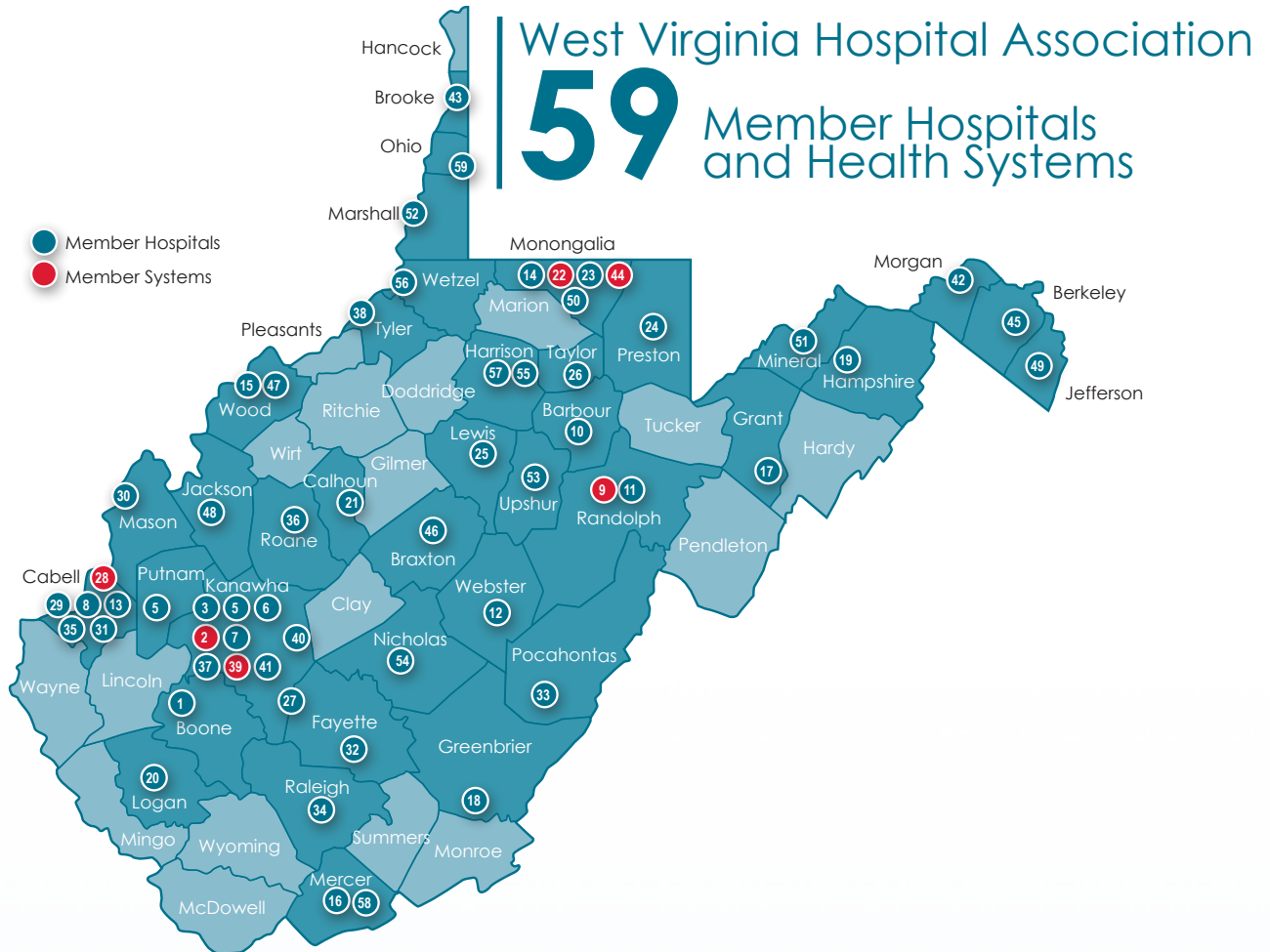
## The West Virginia Hospital Association: Who We Are

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 59 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 condition 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.





- Boone Memorial Hospital
- CAMC Health System
- CAMC General Hospital
- CAMC Memorial Hospital
- CAMC Teays Valley Hospital
- CAMC Women and Children's Hospital
- Charleston Surgical Hospital
- Cornerstone Hospital of Huntington
- Davis Health System
- Broaddus Hospital
- Davis Medical Center
- Webster County Memorial Hospital (an Affiliate of Davis Health System)
- Encompass Health Rehabilitation Hospital of Huntington
- Encompass Health Rehabilitation Hospital of Morgantown
- Encompass Health Rehabilitation Hospital of Parkersburg
- Encompass Health Rehabilitation Hospital of Princeton
- Grant Memorial Hospital
- Greenbrier Valley Medical Center
- Hampshire Memorial Hospital
- Logan Regional Medical Center
- Minnie Hamilton Health System
- Mon Health
- Mon Health Medical Center
- Mon Health Preston Memorial Hospital
- Mon Health Stonewall Jackson Memorial Hospital
- Grafton City Hospital (an Affiliate of Mon Health)
- Montgomery General Hospital
- Mountain Health Network
- Cabell Huntington Hospital
- Pleasant Valley Hospital
- St. Mary's Medical Center
- Plateau Medical Center
- Pocahontas Memorial Hospital
- Raleigh General Hospital
- River Park Hospital
- Roane General Hospital
- Select Specialty Hospital
- Sistersville General Hospital
- Thomas Health
- Saint Francis Hospital
- Thomas Memorial Hospital
- War Memorial Hospital
- Weirton Medical Center
- WVU Medicine - West Virginia University Health System
- WVU Medicine Berkeley Medical Center
- WVU Medicine Braxton County Memorial Hospital
- WVU Medicine Camden Clark Medical Center
- WVU Medicine Jackson General Hospital
- WVU Medicine Jefferson Medical Center
- WVU Medicine J.W. Ruby Memorial Hospital/WVU Medicine Children's
- WVU Medicine Potomac Valley Hospital
- WVU Medicine Reynolds Memorial Hospital
- WVU Medicine St. Joseph's Hospital
- WVU Medicine Summersville Regional Medical Center
- WVU Medicine United Hospital Center
- WVU Medicine Wetzel County Hospital
- Highland-Clarksburg Hospital, Inc. (managed by WVU Medicine)
- Princeton Community Hospital (managed by WVU Medicine)
- Wheeling Hospital (managed by WVU Medicine)



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HEALTHCARE  
HEROES WHO MAKE  
SACRIFICES TO CARE  
FOR US WE SAY...

THANK  
YOU



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[www.wvha.org](http://www.wvha.org)



# Hospitals Need Advocates Now More than Ever



## Karen Bowling

Chief Executive Officer

WVU Medicine

Braxton County Memorial Hospital

Summersville Regional Medical Center

The healthcare industry is in the midst of profound and unprecedented times. Our hospital community and healthcare heroes are not only on the frontlines of care, but we are also front and center on a flurry of changing policy directives, rules and regulations that seem to be coming at us daily. This will continue from the federal and legislative policy side as we deal with a multitude of unknowns during this public health emergency.

The West Virginia Hospital Association (WVHA) represents 59 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.

Against the backdrop of a pandemic and public health emergency, we have once again developed another robust state legislative agenda 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 priorities for the 2021 legislative session:

- Protecting Medicaid;
- Seeking an increase in hospital payments from the Public Employees Insurance Agency (PEIA) that are in line with the cost of providing care;
- Supporting a Strong Certificate of Need (CON) Law;
- Removing barriers in the use of Telehealth;
- Supporting Healthcare Education Programs, like nursing education programs;
- Promoting public health initiatives; and
- Advocating for immunity for liability claims arising out of or related to a healthcare provider's response to COVID-19.

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. Hospitals are a catalyst for economic development and their effect extends far beyond their walls. Most recent data shows:

### America's hospitals:

- Employ 6.2 million people;
- Are one of the top sources of private sector jobs;
- Support more than \$3.3 trillion in economic activity;
- Admit over 34.2 million patients;
- Provide care for more than 766 million outpatients;
- Treat more than 143 million people in their emergency departments;
- Perform more than 19 million surgeries; and
- Welcome nearly 3.7 million newborns into the world.

### West Virginia's hospitals:

- Are among West Virginia's top employers;
- Employ nearly 49,000 people statewide;
- Support nearly \$11.6 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 225,000 patients;
- Provide care for over 6.5 million outpatients;
- Treat nearly 1.2 million people in their emergency departments;
- Perform nearly 270,000 surgeries; and
- Welcome over 18,000 newborns into the world.

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





# COVID-19 Care Should Create a Community Call to Action for the Hospital Industry



**Dan Lauffer**  
Chief Executive Officer  
Thomas Health

As a hospital administrator who just emerged from Chapter 11, I'm constantly engaged with our management team whose focus is ensuring that Thomas Health delivers on its mission to care for patients 24 hours a day seven days a week throughout each and every year. Never before however has our organization and the hospital industry been challenged as they are today to provide that care. For some, there's a first time understanding of just how valuable and needed our community hospitals are in a pandemic.

But this realization underscores that our community hospitals in "normal" times are a needed, valuable and constant provider of care for the elderly, sick and infirmed. Whether it's a water crisis, a drug epidemic, or a pandemic, hospitals are valuable assets to all of West Virginia.

The existence of these valuable resources however are now in peril not just from the pandemic; these assets were in financial trouble before the pandemic due to a large number of issues creating a perfect financial storm. West Virginia's declining economy lead by the coal industry, large numbers of elderly patients with chronic comorbid conditions requiring more resources for proper care, outmigration of young residents, and expansion of PEIA and Medicaid to residents who cannot afford insurance all contribute to the growing financial hole the industry finds itself in West Virginia. Failure to acknowledge these issues will result in more hospitals closing and it will create access issues and poorer health for West Virginians who already have significant health problems. So what are the numbers? To help illustrate the government payer problem, here's a breakdown for an uncomplicated gallbladder surgery.

West Virginia has approximately:

- 400,000 Medicare patients and pays approximately \$4800 dollars to the hospital for the surgery.
- 515,000 patients are enrolled on Medicaid which pays \$2800-\$3000
- 230,000 patients on PEIA which pays less than Medicaid
- Commercial insurer's pay \$10-12,000 for the procedure and now make up only 18% of the patient

*"Failure to acknowledge these issues will result in more hospitals closing and it will create access issues and poorer health for West Virginians who already have significant health problems."*

population of West Virginia. Several years ago those covered under commercial employer sponsored healthcare was near 30%.

These figures illustrate that out of 1.7 million people in West Virginia, 1.2 million have health insurance coverage by programs that pay hospitals and doctors less than the cost of care. This is simply unsustainable. Hospital care is labor intensive with highly skilled professionals, expensive supplies and drugs which all of us want for our families and friends.

Even in normal times, healthcare delivery is very challenging from a financial and operational perspective. The pandemic has made this crisis worse, and should create a community call to action to address this issue. Where will our communities be if we should be faced with another disaster or another pandemic-like crisis? We come to expect these health resources will be there when we need them; let's not let our communities down during a crisis or in our "normal" hour of need! Solutions to this issue are not easy; but things to consider include a consumption tax that supports these government led programs, more economic development, and restructuring the method by which PEIA and Medicaid funds are received by hospitals and doctors so that payments are aligned with the cost of providing care.

Hospitals are often a vital part of a county's economy; and in some regions of West Virginia, remain the largest employer. Further deterioration of the hospital financial picture will further erode the already challenged economy and quality of life for its residents. A "call to action" to address this issue should start now.

# Healthcare Financing 101

## Jim Kaufman

President and Chief Executive Officer  
West Virginia Hospital Association

**W**est Virginia hospitals are unified under one mission: providing high quality care to their communities 24/7/365. The services we provide range from advanced trauma care and other specialized services to community health such as immunizations. Offering these and many other services would not be possible without the efforts of nearly 49,000 people employed by West Virginia hospitals. While everyone thinks of front-line care givers, hospitals are complex institutions requiring a wide range of skills including electricians, nutritionists, and cyber-security experts, among many other supportive individuals. Not only are we large employers in communities throughout West Virginia, but we also contribute to the economy, spending more than \$11 billion annually in communities purchasing everything from complex medical equipment to meals for patients.

For hospitals to provide such a wide array of services and remain as economic engines, funding directly tied to our patient's health insurance plays a primary role.

As Graph 2 shows (*see Primary Health Coverage of West Virginians on page 11*), more than 61% of West Virginians' receive their healthcare coverage from government sources: Medicare (federally administered for those disabled or 65 years and older), Medicaid (federal-state program for low income and disabled), and Public Employee Insurance Agency (PEIA covers state and non-state employees). The remaining 39% receive their coverage mostly from commercial insurance sponsored by their employer, purchased as individuals or small group while others remain uninsured.

Health insurance coverage is not the same as "use or access to care" – commonly referred as *utilization*. By several measures of health status, West Virginians enrolled

in Medicare or Medicaid are older, have chronic conditions, or are disabled. These beneficiaries require more care than a healthy individual enrolled in an employer plan. As Graph 1 illustrates (*see WV Hospitals: Utilization Mix below*), more than 78% of the patients receiving care at West Virginia hospitals are covered by government programs (Medicare, Medicaid, and PEIA) compared to 45% nationally.

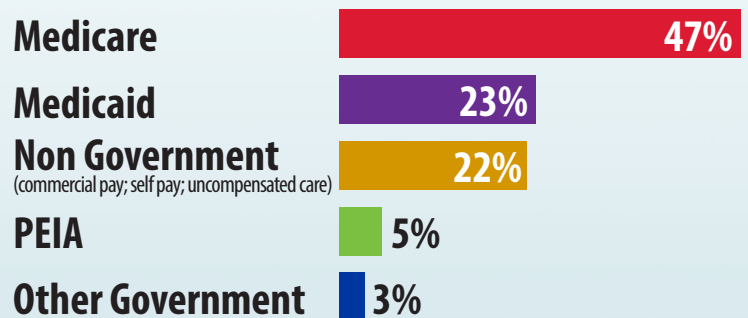
Coverage and utilization are critical to understanding hospital financing because while we operate 24/7, we are only paid when patients require care. Next, health insurance programs are not the same in terms of payment - commercial insurance negotiates with hospitals regarding what they will pay while government programs - Medicare, Medicaid, and PEIA dictate what they will pay for care. In West Virginia, these government programs represent more than 78% of the care we provide, and they pay significantly below cost. This is one of the fundamental challenges the hospital community in West Virginia faces and a contributing factor to the financial stability of our industry as a whole.

Let us imagine another business – a car dealership who was required to operate like a hospital. First, it would be open 24-hours, 365 days a year. The service bays would stand ready to repair a car in case of an accident. As for financing, each car has a sticker price that is similar to a hospital's "charges" while the "chargemaster" would be equal to listing the price of every bolt and lug nut separately instead of the total cost of the car. Few car buyers or patients pay the sticker price. Instead, imagine a car buying service who negotiates the price of a car for a large group, similar to commercial insurance. Now imagine a dealer listing a car for \$20,000, which cost \$18,000 to manufacture and government telling the dealer they purchase it for \$15,000 – that is how Medicare, Medicaid, and PEIA pay a hospital for care.

Car dealers can decline to sell a car or provide repairs, while hospitals are required to provide care to everyone regardless of their ability to pay. This is a point of pride and a service that hospitals provide as cornerstone institutions in their communities 24/7/365. This is what makes hospitals unique and why ensuring access to care through a better understanding of hospital financing is important.

## WV Hospitals: Utilization Mix (Graph 1)

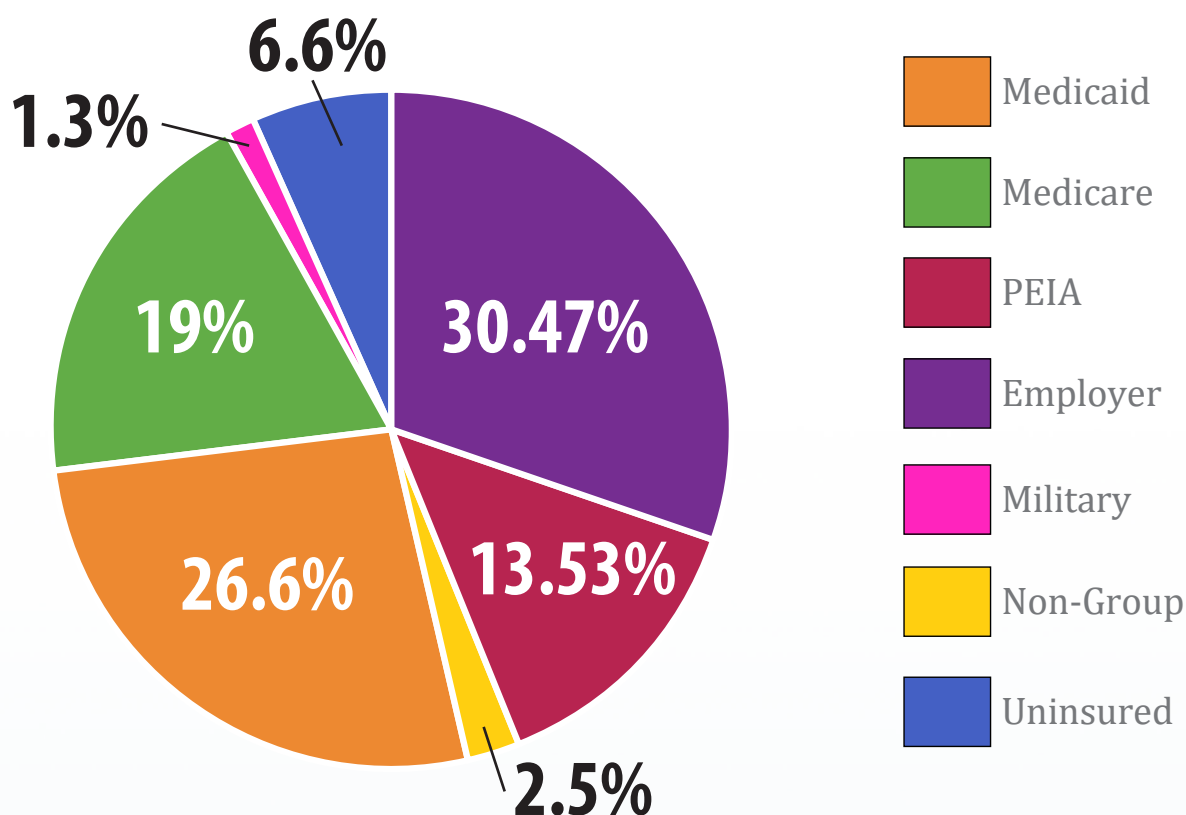
Hospitals treat everyone who comes through their doors regardless of their ability to pay for services. This is a federal requirement for some services, such as emergency care, but also a point of pride for West Virginia hospitals, and a service hospitals provide as cornerstone institutions in their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







# Primary Health Coverage of West Virginians (Graph 2)



A U.S. Census Bureau survey asks respondents about their health insurance coverage throughout the previous calendar year. It is worth noting that respondents may report having more than one type of coverage. In this analysis, individuals are sorted into only one category of insurance coverage using the following hierarchy:

**Medicaid 26.6%:** Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligibles who are also covered by Medicare.

**Medicare 19%:** Includes those covered by Medicare, Medicare Advantage, and those who have Medicare and another type of non-Medicaid coverage where Medicare appears to be the primary payer. Excludes seniors who also report employer-sponsored coverage and full-time work, and those covered by Medicare and Medicaid (dual eligibles).

**PEIA 13.53%:** Public Employees Insurance Agency is health coverage supplied to State employees and offered to county and other non-state governmental entities.

**Employer 30.47%:** Includes those covered through a current or former employer or union, either as policyholder or as dependent.

**Military 1.3%:** Includes those covered under the military or Veterans Administration.

**Non-Group 2.5%:** Includes those covered by a policy purchased directly from an insurance company, either as policyholder or as dependent.

**Uninsured 6.6%:** Includes those without health insurance and those who have coverage under the Indian Health Service only.

**N/A:** Estimates with relative standard errors greater than 30% are not provided.



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## **Mon Health Preston Memorial Hospital**

- ✱ CMS 5-Star Hospital
- ✱ Acute Stroke Ready Hospital Certification by Joint Commission (1st in WV)
- ✱ Gold WVA Honors Program
- ✱ Bariatric Center of Excellence

## **Mon Health Stonewall Jackson Memorial Hospital**

- ✱ CMS 3-Star Hospital
- ✱ Top 100 Best Safety Net Hospital for America by Lown Institute
- ✱ Gold WVA Honors Program
- ✱ Leapfrog Hospital Safety Grade A
- ✱ CMS Value-Based Purchasing - Net Recipient, Improving Each Year
- ✱ The Joint Commission Accredited, Including Lab
- ✱ Baby-Friendly Hospital

## **Mon Health Medical Center**

- ✱ CMS 4-Star Hospital
- ✱ U.S. News & World Report Excellence in CHF
- ✱ Gold WVA Honors Program
- ✱ First Baby-Friendly Hospital in WV
- ✱ Commission on Cancer Certification
- ✱ HCAHPS Cleanest Hospital and #2 for Patient Satisfaction
- ✱ Highmark Blue Cross Blue Shield West Virginia with a Blue Distinction® Centers for Knee and Hip Replacement Designation
- ✱ Blue Distinction Center for Maternity Care 2020 Program
- ✱ CMS Value-Based Purchasing - Net Recipient, Improving Each Year

- ✱ The Joint Commission Accredited
- ✱ The American College of Emergency Physicians Recognized ER as Top 100 for Sepsis Care (One of Two in WV)
- ✱ Center of Excellence for Urolift® Procedure
- ✱ Center of Excellence for Robotic Surgery
  - ✱ Master Surgeons

### **Cardiology** ♥

- ✱ Achieved ACC Atrial Fibrillation EPS (Electrophysiology Services Accreditation)
- ✱ Achieved ACC HeartCARE Center National Distinction of Excellence
- ✱ Achieved ACC Chest Pain PCI Accreditation (9th Year in a Row)
- ✱ Invited to participate in an exclusive clinical trial of the WATCHMAN FLX™ device

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# The “Buzz” at Roane General

**Amy Downey**  
Chief Financial Officer  
Roane General Hospital

For decades, when people think of the process of visiting a hospital or doctor’s office, the waiting room is an integral part of that time spent. Waiting rooms traditionally have been a design focus to keep patients comfortable, entertained and close to the service they’re about to receive. When the COVID-19 pandemic hit in March 2020, it became apparent that crowded waiting rooms needed to go away and that cohorting potentially infected persons could help spread the virus.

From March until early May 2020, Roane General had very few persons entering the facility. Telemedicine in all its forms became a focus. Surgeries, unless emergent, could not be performed. With the steps taken to prepare the campus for a potential surge in patients, the flow of patients into the building was largely halted. When surgeries could resume in early May and medical care restarted in more traditional forms, it became apparent to the COVID-19 committee at Roane General that a way was needed to screen persons that would enter the building and to keep people separated from one another until their service started. This is when the restaurant industry came into play.

For many years, restaurants have used a variety of handheld beepers to alert a patron when their party can be seated. Why wouldn’t that work for healthcare? Although the current patient information verification system used by the hospital had remote cellular contact capabilities, many people, including seniors, in the rural service area of Roane General Hospital do not have or regularly use a cell phone.

The Hospital decided to take a step back in the technology and find a universal solution for all hospital patients and purchased a standard, restaurant-style set of beepers. Beginning May 11, all patients on the campus use a single point of entry and are symptom-screened and provided a mask. Patients are put into a queue that shows each department which patients have arrived in the parking lot and are available for their service. When a provider is ready for the patient, they contact a central “concierge” that activates that beeper. Once it “buzzes”, patients enter the facility and are greeted by the concierge and then escorted directly to the site of service. There’s no more waiting room and no more cohorting.

Within a few weeks of the process starting, the hospital



was seeing nearly the number of patients per day as they had prior to the pandemic beginning. Patient feedback to the hospital was that they felt safe in the environment it created and that comfort level led them to resume their normal care schedules. Many patients now tell the hospital that they like the process better than the previous waiting room experience—they stay in the comfort of their vehicle and it keeps everyone moving and efficient in completing their needed service at the hospital. Patient waiting times average ten minutes.

While COVID-19 has been a hindrance in many situations, it also showed the hospital that perhaps there was a more patient-centric way that we could serve our patients. Whether the new method is here to stay is yet to be seen, but for now, the parking lot is filled with patients waiting for the “buzz” to enter.

## Preferred Providers

We identify challenges faced by West Virginia healthcare providers and search for products and services to meet those needs. The preferred providers listed below are available to help you!



Intalere is a group purchasing organization that negotiates volume discount contracts and passes the savings on to you. Intalere also offers tailored solutions for your organization in pharmacy, laboratory, population health, operations, and a wide range of other specialty areas. **A preferred provider since 1986**



Merritt Hawkins provides total staffing solutions in the areas of temporary and permanent physician staffing, allied health professional staffing, information technology staffing, and medical staff planning. Staff Care provides physician and advanced practice locum tenens recruitment services. **A preferred provider since 1993**



SunRX/Medimpact provides a complete 340B solution for covered entities. SunRX assists clients in maintaining accurate and current 340B database information, recertifying eligibility annually, helping prevent diversion to ineligible patients, blocking Medicaid claims to avoid duplicate discounts, and preparing for program audits. Medimpact offers a complete pharmacy benefit management program. **A preferred provider since 2012**



USI offers a comprehensive package of insurance products, employee benefits, and other related services at competitive costs to your institution. **A preferred provider since 1998**



Encova's revolutionary approach to worker's compensation provides personalized service focusing on returning employees to work, keeping insurance premiums low, and reducing total cost of risk. **A preferred provider since 2015**



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# CAMC Uses Technology to Connect with Communities

## Dale Witte

Marketing and Public Affairs  
Charleston Area Medical Center

CAMC is using technology to take specialty care to patients throughout West Virginia, saving some patients costly and time-consuming trips to Charleston for doctors' visits.

CAMC's telemedicine program started a few years ago with telestroke and a contract to provide infectious disease care to incarcerated patients in Indiana's prisons.

In October 2019, CAMC put telemedicine directly in the hands of patients when it unveiled 24/7 Care. Using an

app or computer, this service provides 24/7/365 access to U.S. board-certified physicians, licensed physician assistants, and nurse practitioners through secure voice or video visits for non-emergency illnesses like the flu, ear infections, sinus infections and more. 24/7 Care providers can prescribe medications for a wide range of conditions when medically appropriate.

This was very timely as CAMC was able to kick off this service before COVID-19 began spreading. During the pandemic, CAMC has expanded 24/7 Care to provide medical care, send potential patients for testing and, therefore, keep many possibly contagious people out of doctor's offices, urgent cares and emergency rooms.

CAMC also is using a \$782,000 federal grant to purchase equipment for sites across southern West Virginia for telemedicine care and consults.

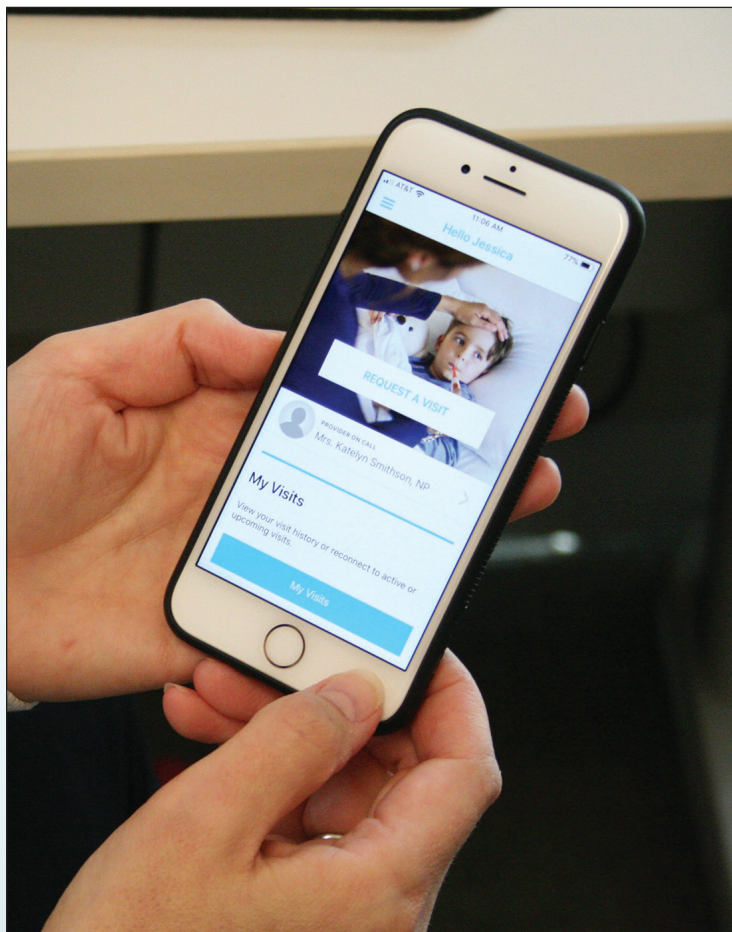
"COVID-19 has forced us to examine how we deliver healthcare and challenge the way we have always done it," said Becky Harless, associate administrator, ambulatory services. "The Federal Communications Commission (FCC) award has allowed us to work collaboratively and collectively with our partner sites to solve unique problems that have arisen due to COVID-19 surges and demand on the healthcare system."

Sitting in an office with an iPad, CAMC neurologists connect with outlying hospitals for telestroke examinations. CAMC ophthalmologists provide consultations to patients with diabetic retinopathy by connecting with primary care physicians and clinics in underserved areas of the state. A cardiologist practicing at CAMC can review recent imaging studies done at multiple hospitals or follow up with a recent patient who is sitting in their living room.

Patients and providers also can call specialists at CAMC to schedule a telemedicine visit. Patients then go to a CAMC Telemedicine Clinic near their home to connect to the technology (Bluetooth etc). Doctors in Charleston can then see the patient's temperature, blood pressure, weight, oxygen levels and work with the patient on a treatment plan.

"I am excited to see how remote patient monitoring can be added to the tool box for providers," said Dr. Michael Robie, associate chief medical officer of the West Virginia Health Network. "These units will be set up in a patient's home and allow for vital signs to be monitored at a central location. It also allows us to use artificial intelligent questioning to evaluate the symptoms of the patient. This will allow us to intervene sooner with patients and help prevent them from going to or returning to the hospital."

For more information, visit [camc.org/Telemedicine](http://camc.org/Telemedicine) and [camc.org/services/247-care](http://camc.org/services/247-care).



No matter where life takes you, healthcare is in the palm of your hands with the 24/7 Care app and other telemedicine tools at CAMC.



# Telehealth Access During and After the Pandemic



**Tony Gregory**

Vice President, Legislative Affairs  
West Virginia Hospital Association

Since the COVID-19 pandemic, the policy and regulatory landscape related to telehealth services has evolved. Over the course of the pandemic, the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) provided numerous flexibilities enabling West Virginia hospitals to better serve their communities by greatly increasing access to virtual visits. The State of West Virginia also took numerous steps to ensure maximum telehealth flexibility consistent with the standard of care and where appropriate for patients.

Most recently in December 2020, CMS unveiled its 2021 Physician Fee Schedule to support access to care including through the use of telehealth. Some noteworthy stats:

- Before the COVID-19 public health emergency (PHE), only 15,000 fee-for-service beneficiaries each week received a Medicare telemedicine service.
- Since the beginning of the PHE, CMS has added 144 telehealth services such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services, that are covered by Medicare through the end of the PHE. Preliminary data show that between mid-March and mid-October 2020, over 24.5 million out of 63 million beneficiaries and enrollees received a Medicare telemedicine service during the PHE.
- The final December rule adds more than 60 other services to the Medicare telehealth list that will continue to be covered beyond the end of the PHE.

To compliment federal action over the course of the PHE, the State of West Virginia implemented a series of proactive regulatory and policy directives intended to promote the use of telehealth. This includes efforts through the West Virginia Medicaid program, the Office of the Insurance Commission (for commercial insurers), and various professional licensing boards. For example:

- West Virginia Medicaid followed suit with Medicare policy, and then also expanded telehealth access to Skilled Nursing Facilities, Group or congregate living settings and vulnerable populations including substance use disorders.

## Telestroke Program Impacts Communities Statewide

With the leadership of Senate President Craig Blair and the support of the West Virginia Legislature, the state's Telestroke program is a great success! The Legislature provided funding for hospitals to enhance their telehealth services and to consult with neurologists at Charleston Area Medical Center (CAMC), Mountain Health Network and WVU Medicine.

West Virginians from Hancock County to Mercer County are benefiting from neurological specialty consults. When a patient walks into an emergency room in rural West Virginia and complains of confusion, facial numbness and a severe headache, the doctor can immediately consult with a neurologist via telehealth. No longer must the doctor make the decision to treat the patient or have the patient transferred to a stroke center an hour or more away. Immediate action benefits the patient's recovery and avoids a transfer.

Eligible hospitals received funding up to \$35,000 in the first year to establish the program and may receive up to \$25,000 in subsequent years (if funds are available). Twenty-eight West Virginia hospitals are participating in the program.

- The West Virginia Board of Medicine suspended certain provisions of the Medical Practice Act to facilitate the use of telemedicine technologies. The Board issued guidance for the use of audio-only telemedicine technologies and acknowledged that during the duration of the COVID-19 emergency, the prohibition on establishing a provider-patient relationship is temporarily suspended.

Telehealth policy in general continues to evolve. To help incentivize the use of telehealth in West Virginia it is important to consider further supportive and permanent measures. Payment parity is one example. Parity ensures that a healthcare practitioner providing healthcare services receives the same reimbursement rate as he or she would receive for providing the same service in a face-to-face setting. Payment parity for West Virginia hospitals will ensure local access to specialty care for our most vulnerable and rural patients.

Under payment parity, the insurer and the healthcare provider will still have the opportunity to negotiate the rate of reimbursement for healthcare services. The government would not be mandating the rate of reimbursement under payment parity. Rather, payment parity would only require that one rate negotiation occur, and that rate would be the payment rate for both in-person and telehealth services.

We are appreciative that last session, the *West Virginia Legislature* and *Governor Justice* approved a bill that ensured





Telehealth is the use of two-way telecommunications technologies to provide clinical healthcare through a variety of remote methods. The most commonly used approaches in telehealth include:

- **Virtual Visits:** Live, synchronous, interactive encounters between a patient and a healthcare provider via video, telephone or live chat.
- **Chat-based Interactions:** Asynchronous online or mobile app communications to transmit a patient's personal health data, vital signs and other physiologic data or diagnostic images to a healthcare provider to review and deliver a consultation, diagnosis or treatment plan at a later time.
- **Remote Patient Monitoring:** The collection, transmission, evaluation and communication of individual health data from a patient to their healthcare provider from outside a hospital or clinical office (i.e., the patient's home) using personal health devices including wearable sensors, implanted health monitors, smartphones and mobile apps. Remote patient monitoring supports ongoing condition monitoring and chronic disease management and can be synchronous or asynchronous, depending upon the patient's needs. The application of emerging technologies, including artificial intelligence and machine learning, can enable better disease surveillance and early detection, allow for improved diagnosis and support personalized medicine.
- **Technology-Enabled Modalities:** Telehealth and virtual care solutions also provide for physician-to physician consultation, patient education, data transmission, data interpretation, digital diagnostics (algorithm-enabled diagnostic support) and digital therapeutics (the use of personal health devices and sensors, either alone or in combination with conventional drug therapies, for disease prevention and management)

health plans provide coverage for telehealth services. However, it did not require plans to reimburse hospitals and doctors at the same rate as they would receive for providing the same service in a face-to-face setting. Today, the healthcare environment is much different, and the pandemic has challenged hospitals and doctors to further embrace the use of telehealth and to break down barriers for its adoption. Payment parity is the linchpin to removing existing barriers to patient access and provider adoption, paving the way for the widespread implementation of telehealth.

Generally, extending telehealth coverage will improve health outcomes by reducing emergency department

visits, hospitalizations and unnecessary transports – thereby reducing mortality rates. The patient benefit is evident: greater access and convenience, and more control and empowerment through self-care. Providers too are able to reach, treat and impact the health of a broader audience of patients, create patient-centered differentiators in the marketplace and ultimately generate improved healthcare outcomes.

With a continued focus on expanded access and improved reimbursement policies, as well as ongoing acceptability by patients and healthcare providers, telehealth will continue to serve as an important modality for delivering care during and after the pandemic.





# Teaching Hospitals Preparing Tomorrow's Physicians Today


Teaching hospitals serve as centers for training future healthcare professionals, while also supporting an environment in which biomedical and clinical research can flourish. They offer specialized services and provide patient care, often in the most disadvantaged communities. Training programs include Cardiology, Internal Medicine, Anesthesia, Surgery, and Orthopedics. Training new physicians, a time-intensive process that can take up to 14 years, is an essential part of the mission of teaching hospitals. First, after earning a college degree, physicians must complete four years of medical school, followed by clinical residency training of three to seven years, often referred to as graduate medical education (GME). Physicians in some specialties undertake additional clinical fellowships that last from one to three years. Teaching hospitals are a vital part of this process, sponsoring the majority of residency and fellowship programs.

In addition to training physicians in hands-on clinical patient care, faculty in teaching hospitals also prepare physicians for the new demands of a changing healthcare environment, such as using health information technology, coordinating care across the continuum, caring for patients

in outpatient clinics and delivering team-based care. The Accreditation Council for Graduate Medical Education (ACGME), which accredits 9,500 residency programs, sets educational standards to ensure consistent resident training curricula at each institution. These standards continually evolve to incorporate emerging changes in healthcare.

Congress has long recognized the public responsibility of teaching hospitals for producing well-trained physicians and has directed the Medicare program to pay its proportionate share of certain GME costs since its inception in 1965. Today, teaching hospitals receive two Medicare payments with an education label: direct graduate medical education (DGME) and indirect medical education (IME) payments. DGME payments support Medicare's share of the infrastructure investments, residents' stipends and benefits and faculty necessary to train the physicians needed today and in the future. IME payments are payfor patient care that help cover the higher operating costs of teaching hospitals compared to non-teaching hospitals.

Source: American Hospital Association



*“Teaching hospitals are a vital part of this process, sponsoring the majority of residency and fellowship programs.”*



# Advancements in Technology Help WVU Medicine Battle COVID-19 Pandemic

## Angela S. Jones-Knopf

Corporate Director of Media Relations and Public Affairs  
WVU Medicine – West Virginia University Health System

From conducting outpatient appointments to treating COVID-positive patients to detecting the virus in its earliest stages, WVU Medicine's main campus in Morgantown has relied heavily on advancements in technology during the pandemic.

Near the start of the pandemic, WVU Medicine waived all outpatient personal pay fees associated with telehealth services, including deductibles and co-payments. This allowed patients to see their healthcare providers without having to come into the clinic.

"While we wanted to continue doing everything in our power to limit the spread of COVID-19, we also wanted to ensure that our patients were still receiving the medical care they needed for their other ongoing medical issues," Ron Pellegrino, M.D., WVU Medicine J.W. Ruby Memorial Hospital's chief operating officer, said. "These video visits allowed our patients to see their WVU Medicine providers and maintain their plans of care."

Patients responded in full force. In January, WVU Medicine completed 889 video visits. In April, that number increased to 72,838 visits.

In September, the WVU Heart and Vascular Institute announced that it had successfully removed six COVID-19 patients from extracorporeal membrane oxygenation (ECMO). This survival rate was much higher than shown in a study based on early COVID-19 patient data. The study, based on data collected in April from nine centers across the country, showed a 15 percent survival rate for patients with COVID-19.

ECMO is a form of life support that is used when patients experience respiratory failure. It oxygenates the blood and returns it to the patient, allowing physicians more time to provide treatment. Most patients require ECMO for five to 14 days, though each case is unique. Because there are few treatments for COVID-19, patients must typically allow the virus to run its course before they are able to recover. Patients who undergo ECMO often require rehabilitation in order to regain strength and function.

"It is to the credit of our incredible Cardiovascular Intensive Care Unit that we have had such remarkable results with our COVID-19 patients," Paul McCarthy, M.D., WVU Heart and Vascular Institute Critical Care Division chief, said. "The WVU Heart and Vascular Institute has a multidisciplinary team of



highly trained specialists that are committed to patient care. The dedication of our staff to the survival and quality of life of these patients is unparalleled."

The WVU Rockefeller Neuroscience Institute (RNI), in conjunction with Oura Health, addressed a major concern regarding the spread of COVID-19. It created a digital platform that can detect COVID-19 related symptoms up to three days before they show up.

One of the obstacles in fighting COVID-19 is that asymptomatic individuals can spread the virus before they realize they are infected.

The RNI platform uses the Rockefeller Neuroscience Institute app, the Oura Ring, and artificial intelligence-guided models to forecast and predict the onset of COVID-19 related symptoms (e.g. fevers, coughing, breathing difficulties, fatigue, and others) three days in advance with over 90 percent accuracy. This technology can potentially serve as a critical decision making tool to help contain the spread of the virus, safely re-open communities, strengthen the economy, and facilitate public health containment strategies.

The neuroscience-based study monitors individuals holistically – integrating physiologic measures with psychological, cognitive, and behavioral biometrics. Participants use the RNI's mobile app to track indicators such as stress, anxiety, memory, and other human resilience and recovery functions. Physiological data, such as the onset of increased body temperature, heart rate variability, resting heart rate, respiratory rate, sleep and activity patterns, and "readiness" – a health metric combining long-term sleep and activity trends with short-term behaviors – is monitored through the Oura Ring.

"The holistic and integrated neuroscience platform developed by the RNI continuously monitors the human operating system, which allows for the accurate prediction of the onset of viral infection symptoms associated with COVID-19," Ali Rezai, M.D., executive chair of the WVU Rockefeller Neuroscience Institute, said. "We feel this platform will be integral to protecting our healthcare workers, first responders, and communities as we adjust to life in the COVID-19 era."





# Coalitions in Place to Serve Communities

## Lisa Green

Program Manager

Emergency Preparedness

Healthcare Education Foundation of West Virginia

With the pandemic touching every corner of our healthcare system, Health Care Coalitions (HCC) rise to the occasion and help when needed. As COVID-19 inundates our communities and stresses our hospitals' resources, HCC members have banded together to assist each other in meeting the demand for PPE and other critical supplies.

Health Care Coalitions were formed after the 9/11 attacks and have since planned for all types of emergencies or all hazards. Many of the plans, systems, supplies and relationships that coalitions were charged with building, are now proving essential when a helping hand is needed.

In the Eastern Panhandle, WVU Medicine Berkeley Medical Center has stepped up for its community by loaning an outdoor testing tent to the Berkeley-Morgan County Health Department that enabled them to provide mandated COVID-19 testing for Berkeley County, required

by the Governor's state color coded map system. They also supplied the staff for the Saturday clinic, which the already overextended health department simply did not have. Another example of Berkeley Medical Center's willingness to help a neighbor was the loan of a Portable Negative Air Pressure Unit to Grant Memorial Hospital in a time of critical need.

In the Southern part of our state, more resource sharing took place when Raleigh General Hospital had a critical need for a PAPR (Powered Air Purifying Respirator). They used the Healthcare Education Foundations' Emergency Preparedness Regional Cache system to request supplies to meet the immediate need. The Regional Coordinator who is a Princeton Community Hospital employee an hour away, drove the PAPR to Raleigh General the same day enabling Raleigh to use the PAPR that same evening treating COVID-19 patients.

These are just a few examples of Health Care Coalition members helping one another in this time of crisis. In the summer of 2020, seven Supply and PPE cache sites were established, five (5) of those locations are hosted by hospitals, and two by county Emergency Management agencies. Items such as face masks, isolation gowns and gloves are accessible through a request process on the West Virginia Hospital Association Data Portal.

## Prepared to Meet Community Needs

Healthcare Coalition members share personal protective equipment (PPE) and have access to a regional cache of PPE. When a facility is at a critically low level and cannot get the item from their normal vendors, they can access their regional healthcare coalition PPE cache.



County Health Departments are required to do free testing clinics but don't always have the staff to do so. WVU Berkeley Medical Center loaned their tent to the Berkeley-Morgan County Health Department and volunteered their hospital staff to work a state required free COVID testing clinic in the county.



A regional cache of PPE in the Charleston area is stored in a temperature-controlled room and kept secure behind a locked gate. Healthcare coalition members may request supplies from this cache when their normal vendors are not able to fill their orders.

Paid Advertisement from the Healthcare Education Foundation of West Virginia: Emergency Preparedness



# Wheeling Hospital Epitomizing Resiliency

## Thea Gompers

Director, Marketing/PR  
Wheeling Hospital

If any hospital has epitomized resiliency during 2020, it's Wheeling Hospital. Faced with COVID-19 fallout and trying to accommodate influx of patients from two nearby shuttered facilities, the 223-bed acute care facility not only persevered but, with the injection of WVU Medicine's valuable resources, began regaining strength.

"To say that our staff and physicians 'stepped up' in 2020 is an understatement," hospital CEO Douglass Harrison said. "Each and every person at Wheeling Hospital sacrificed to put the needs of the patient ahead of their own. 'Pride' doesn't quite describe the feelings of a CEO, but it is the word I will choose."

The Letter of Intent (LOI) signed in September of 2020 by the West Virginia University Health System and the Diocese of Wheeling-Charleston will pave the way for even more enhanced services for patients of Wheeling Hospital and its affiliates.

Wheeling Hospital, a 223-bed, acute-care, not-for-profit hospital affiliated with the Diocese since its founding in 1850, will become a full member of the WVU Health System (WVUHS) under the LOI. The Diocese and WVUHS expect the Hospital to join WVUHS as a full member in March 2021, subject to all applicable board and governmental approvals. The agreement also ensures Wheeling Hospital will maintain its Catholic identity as it becomes a full member of WVUHS.

During 2020, the Wheeling Hospital Heart and Vascular Institute (HVI) enhanced cardiac care with additional physicians and service lines. The interventional cardiologists all are board certified and have extensive experience in the latest procedures. Some of the doctors on the HVI team are also with WVU Medicine's Heart and Vascular Institute, providing a valuable link to WVU Medicine.

Also in 2020, Wheeling Hospital opened several satellite locations in order to help move services farther into the community and provide a convenient source of quality medical care. Two walk-in clinics, including one in Martins Ferry, OH, are operating weekdays, while the new downtown Urgent Care is open seven days a week.

To ensure that patients receive quality time with their healthcare providers during the COVID-19 crisis, Wheeling Hospital's Physician Practice Division members turned to telehealth. Telehealth has proven very popular and been

implemented for some Physical and Occupational Therapy patients, as well.

In other areas, the Transitional Care Clinic is expanding to perform all seven days follow-up visits on patients discharged from the hospital. In partnership with Catholic Charities, CCWVa will receive a \$333,333 grant for its innovative Hospital Transition Program. CCWVa proposed an innovative Hospital Transition Program in partnership with Wheeling Hospital. The two organizations will work together to develop a supportive transition for high-risk patients as they are discharged from the hospital.

The program focuses on basic chronic disease management, home safety, support networks and food security from a nutritional angle.

"As hospitals implement interventions to improve discharge transitions, it is important to understand patients' perspectives on which intervention components are most beneficial," Heidi Porter, Wheeling Hospital director of Quality Management, said. "This partnership allows us to partner with patients post discharge in a very unique way. We are thrilled to work with Catholic Charities and make a positive impact on the most vulnerable patients."

Additionally, space will be made available within the hospital for a "food pharmacy" – a food pantry for those with fixed or low incomes to visit before they are discharged. Volunteers from local parishes will collaborate to help operate and stock the pantry with donations of nutritious foods specific to certain chronic illnesses. Client-centered patient education will be a key component of the food pharmacy.

During 2020, Wheeling Hospital was the proud recipient of two major awards.

It won the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement and the Target: Type 2 Diabetes Honor Roll awards. The awards recognize the hospital's commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

In addition, the hospital also received the Mission: Lifeline® Gold Plus Receiving Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks.



Douglass Harrison, DO,  
Chief Executive Officer of  
Wheeling Hospital.



# 2020 Commitment to Excellence Honors Program Recipients



## GOLD HONORS

Boone Memorial Hospital  
Cabell Huntington Hospital  
Davis Medical Center  
Grafton City Hospital  
Grant Memorial Hospital  
Hampshire Memorial Hospital  
Minnie Hamilton Health System  
Mon Health Medical Center  
Mon Health Preston Memorial Hospital  
Mon Health Stonewall Jackson Memorial Hospital  
Princeton Community Hospital  
Roane General Hospital  
St. Mary's Medical Center  
War Memorial Hospital  
WVU Medicine Berkeley Medical Center  
WVU Medicine Braxton County Memorial Hospital  
WVU Medicine Camden Clark Medical Center  
WVU Medicine J.W. Ruby Memorial Hospital  
WVU Medicine Jefferson Medical Center  
WVU Medicine Potomac Valley Hospital  
WVU Medicine Reynolds Memorial Hospital  
WVU Medicine St. Joseph's Hospital  
WVU Medicine Summersville Regional Medical Center  
WVU Medicine United Hospital Center



## SILVER HONORS

Charleston Area Medical Center  
Pleasant Valley Hospital  
Saint Francis Hospital  
Thomas Memorial Hospital



## BRONZE HONORS

Wheeling Hospital



# The Fight Against Cancer Wages On

**Shawn Jordan, MBA, ABC**  
Production and Media Relations Manager  
Cabell Huntington Hospital

**C**ancer does not stop during a pandemic; and therefore, cancer care and acquiring the latest technology for that care cannot stop either.

In February 2020, Cabell Huntington Hospital (CHH) was among the first hospitals in the nation to use Monarch® robotic bronchoscopy for an earlier and more accurate diagnosis of lung cancer. Monarch is a revolutionary tool that allows physicians to easily and precisely move through the lung and its bronchi, providing access to parts of the lung that until now were nearly impossible to reach.

Lung cancer is the deadliest form of cancer for both men and women in the United States. According to the American Lung Association, less than half of people with lung cancer survive after being diagnosed. However, when lung cancer is detected early, especially before it has had a chance to spread beyond the lungs, the five-year survival rate rises from just 5% to 56%.

"The Monarch system is the latest advancement in catching lung cancer in its earliest stages," said Yousef Shweihat, MD, interventional pulmonologist at CHH's Center for Lung Health, and St. Mary's Regional Lung Center and associate professor in the Department of Internal Medicine at the Marshall University Joan C. Edwards School of Medicine. "The system's state-of-the-art design provides the support and versatility needed to biopsy very small lung nodules, as well as those in remote areas of the lung. Because this technology improves reach, vision and control for bronchoscopy procedures, it holds the potential to help diagnose cancer even earlier than before."

During the procedure, physicians pass a robotic bronchoscope through the patient's mouth and secure it in one of the main branches of the lung. Using a handheld control,



Yousef Shweihat, MD, interventional pulmonologist at CHH's Center for Lung Health, and St. Mary's Regional Lung Center.

a catheter is passed through the scope into the airways. Tiny cameras allow Shweihat and the interventional pulmonology team complete visibility while they biopsy nodules in hard-to-reach places—without requiring invasive surgery.

The addition of Monarch robotic bronchoscopy is one of many recent advancements in lung cancer diagnosis and treatment at CHH. For patients diagnosed with lung cancer who require surgery, Mark Cooper, MD, PhD, a board-certified fellowship-trained thoracic surgeon and an assistant professor in the Department of Surgery at the Marshall University Joan C. Edwards School of Medicine, performs thoracic robotic surgery, a minimally invasive approach that requires just three or four dime-sized incisions. The procedure provides a shorter recovery period with less pain, blood loss and fewer complications.

"It's all about saving lives," Shweihat said, "with earlier and more accurate diagnosis, safer and more effective treatment, and an approach to care that promotes faster recovery—so patients throughout the region can get back to making each day count. I am excited about the promise of this technology to offer more hope for future patients diagnosed with lung cancer."

For more information on Monarch bronchoscopy, call the Cabell Huntington Hospital Center for Lung Health at 304.399.2881.



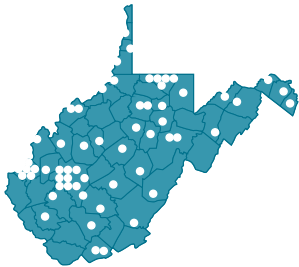
117 Hospital Drive, Petersburg, WV 26847 | P.O. Box 1019  
Ph: 304-257-1026 | Fax: 304-257-2537 | TDD: 304-257-4009







# West Virginia Hospitals: By the Numbers



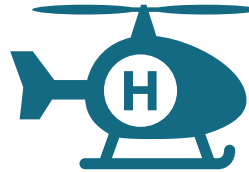
**59**

WVHA member  
hospitals and health  
systems



**64**

Hospitals in West  
Virginia



**24**

General acute care  
hospitals



**21**

Critical Access  
Hospitals (CAH)



**19**

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



**39**

WV counties have a  
hospital

27 counties have 1 hospital;  
12 counties have two or  
more hospitals; 16 counties  
with no hospital.



**49,000**

People Employed by  
hospitals statewide



**18,000**

Newborns welcomed  
to West Virginia



**225,000**

admitted patients



**6.5 million**

outpatients cared for



**1.2 million**

people treated in  
emergency departments



**270,000**

surgeries performed

January 2021



# "Everyday Heroes"

## Christian Brooks

Senior Public Relations and Marketing Strategist  
WVU Medicine Potomac Valley Hospital

The COVID-19 pandemic brought change for everyone, affecting almost every aspect of daily lives. Over the last year, the world, as a whole, has needed to rely on our "every day heroes" more and more. The same is true for hospitals, and especially for WVU Medicine Potomac Valley Hospital, in rural Mineral County, West Virginia.

"Being a critical access hospital in the middle of a global pandemic has definitely created some unique challenges," says President and CEO, Mark Boucot. "Some departments we have been relying heavily on are made up of only one person. I am proud to have seen so many of our staff members rise to the occasion, going above and beyond their normal job duties to help make sure our hospital is running as efficiently and safely as possible."

Infection prevention is a department that is obviously heavily relied upon during situations such as this, as it helps prevent and identify the spread of infectious agents, such as a virus, within a healthcare environment. As an employee of Potomac Valley Hospital for the last 15 years, Infection Preventionist, Nyssa Smith, has seen the hospital and its employees through many challenges. "The COVID-19 pandemic has been a new experience for everyone. COVID-19 has definitely been one of the most challenging situations that I have had to work through in my infection control career and even my entire nursing career. I have witnessed the employees at Potomac Valley Hospital come together as a team, as well as the community."

Other departments serving an essential function during the pandemic, is regulatory coordination and safety. Regulatory coordination is responsible for reviewing protocols, implementing improvements to current policies, and establishing new ones - which has been frequently needed since the beginning of the pandemic. Safety Officer / Regulatory Coordinator, Brenna Earnest, has been an integral part of Potomac Valley Hospital for the last 22 years. Currently she oversees policies, as well as certain safety functions within the hospital, including playing a large part in emergency planning. "Emergency drills are a part of being prepared for any event that could affect our community. PVH diligently participates in all



Left to right: Brenna Earnest and Nyssa Smith.

community drill events and has focused on maintaining adequate amount of PPE to help in situations such as these. Safety is everyone's business and I'm thankful for all my colleagues here at PVH."

Infection prevention and regulatory coordination/safety have worked hand in hand with all hospital department leaders over the course of the pandemic, creating various phases of surge plans to help the hospital address differing levels of COVID-19 needs. Earnest and Smith utilized an initial emergency preparedness and infection control plan to successfully lay the ground work for this essential planning. "All department leaders have had a role to play throughout the course of the COVID-19 pandemic," says Boucot. "It has definitely been a team effort, but without the knowledge, strength, and leadership shown from Nyssa and Brenna, PVH would not have been as prepared to care for our community." leaders over the course of the pandemic, creating various phases of surge plans to help the hospital address differing levels of COVID-19 needs. Earnest and Smith utilized an initial emergency preparedness and infection control plan to successfully lay the ground work for this essential planning. "All department leaders have had a role to play throughout the course of the COVID-19 pandemic," says Boucot. "It has definitely been a team effort, but without the knowledge, strength, and leadership shown from Nyssa and Brenna, PVH would not have been as prepared to care for our community."



## At OVP HEALTH, we provide smart solutions to your inpatient medical care challenges.

For more than 20 years, OVP HEALTH has been providing hospitals with smart solutions to their Emergency Department and Hospitalist staffing and management challenges.

We especially understand the unique problems, needs and cultural sensitivities associated with smaller, rural hospitals. And because we know how vital those hospitals are to the health of their communities, we're laser-focused on helping them provide outstanding care and service in the most efficient and cost-effective manner possible.

At OVP HEALTH, we're committed to helping your hospital build and maintain "Healthier. Community."

If your hospital is looking for a smart solution to its emergency department and hospitalist medical care challenges, please contact Nick Alexander, VP of Business Development, at [nalexander@ovp.healthcare](mailto:nalexander@ovp.healthcare), and visit our website for more information, at [ovphealth.com](http://ovphealth.com).

*"I think OVP HEALTH brought a level of professionalism to our E.D. that we haven't had for quite a few years. We're extremely happy with their competency, their training, and the way they coordinate care with the entire team."*

- Hospital Executive Vice President

*"We have seen tremendous improvements in our patient satisfaction scores since we contracted with OVP HEALTH. I have never had such a great working relationship with a hospital partner."*

- Hospital Patient Satisfaction Director



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# St. Joseph's Hospital Faces COVID-19 Challenges in Rural WV

## Lisa Wharton

Vice President of Marketing, Public Relations & Foundation  
WVU Medicine St. Joseph's Hospital

St. Joseph's Hospital, a critical access hospital located in the rural community of Buckhannon, prepared to assist its community facing the COVID-19 pandemic.

Though West Virginia did not see the large numbers of cases other hospitals across the country were experiencing, staff at the hospital began meeting on a regular basis to ensure its readiness during the pandemic.

One of the few hospitals in West Virginia with a long-term care nursing facility, the hospital immediately placed restrictions on visitation to protect its residents. These restrictions first began as "One Visitor with a Medically Necessary Designation" in mid-March and then grew to a No-Visitation Policy implemented on March 23rd. They also opened up an Infection Control Clinic, separate from the main hospital for those needing COVID-19 testing, and began promoting tele-medicine with video and phone visits for patients.

Realizing that their community needed to be able to speak to someone about their concerns, the hospital set up a Nurse Triage Phone Line to serve patients with questions about respiratory symptoms and infection from the virus. The phone line first opened on March 17th and as of November, has received more than 2400 calls. Calls not only came in from West Virginia, nurses fielded calls from California, Florida, North Carolina, Texas and Virginia.

Hospital staff also began looking for a way to further protect themselves should they need to insert a breathing tube into a patient (intubate) with the COVID-19 virus or suspected of having the virus. A group of dedicated employees from the Operating Room, Emergency Department,



Patient inside tent for intubation at St. Joseph's Hospital.

Engineering Department and Education, came together to create an innovative intubation tent. A semi-rigid plastic tubing was formed to attach to the patient's bed to serve as the support for the tent. The tent, made of plastic window covering for use in weatherization, was then attached to the tubing and extended to completely cover the patient. The tent allows staff to easily access and visually see the patient while providing protection for the staff and preventing the virus from aerosolizing into the room during the intubation. "This tent is a very innovative and functional way for the healthcare team to care for a COVID-19 patient while also protecting themselves," said Skip Gjolberg, President of St. Joseph's Hospital. "I have seen other hospitals' attempts, but this system is one of the best that I have seen."

During this time, the hospital and its staff also received tremendous support from the community. Donations of home-made masks, food and treats began appearing regularly at the hospital. Banners thanking staff and first responders were placed throughout the community. A special drive-by salute, organized by the Rotary Club of Buckhannon-Upshur, was held at the hospital on May 12th, led by the Buckhannon Police and Fire Departments. "We thank our citizens and local businesses for their donations and support," said Gjolberg. "It is especially welcome during this difficult time as our staff works tirelessly to handle this pandemic and keep our community safe."



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# Small Rural Hospitals Committed to Healthcare Delivery

**W**est Virginia faces many challenges stemming from its economic condition, poor demographics, and poor health status. Access to care for rural residents is always challenged by the fragile healthcare delivery system serving rural communities. The backbone of the rural safety net consists of small rural hospitals as well as other providers including rural health clinics and primary care centers (FQHCs) operating within an ever changing environment with respect to healthcare funding, reimbursement, and regulation. At the same time, rural hospitals are particularly challenged to overcome the burdens of aging plants and medical equipment, and cost of information technology.

The West Virginia Hospital Association, representing 59 hospitals and health systems, strives to balance the many issues that face hospitals throughout the state. However, it is important to note that West Virginia as a whole is the third most rural state in the country, following only Maine and Vermont, as measured by the percentage of population living outside of towns of 2,500 people or more. This is why the topic of “rural healthcare delivery” is so important, and why the status of “the rural healthcare system,” is so critical in assuring that our residents have access to healthcare. Rural hospitals and their providers are the safety net for

the majority of the state’s citizens for basic health services.

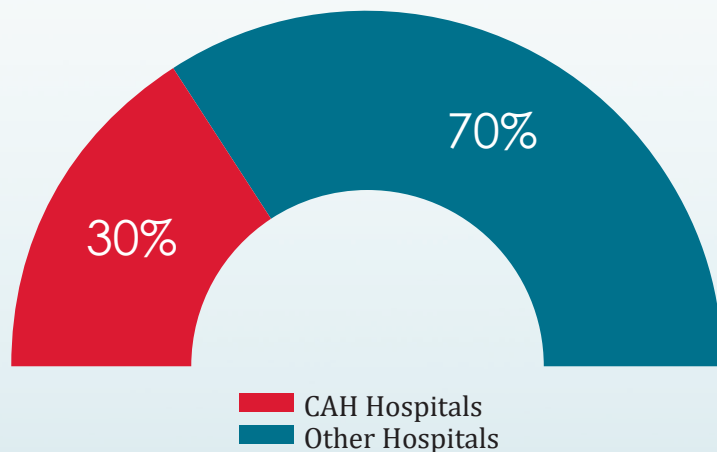
Many small rural hospitals in West Virginia have seen a substantial decline in financial status over the last several years. This loss may never be recovered. At the same time, the rising cost of pharmaceuticals, supplies, labor, and insurance are placing real strains on the ability to balance an operating budget. Sixteen counties in the state have no hospital, and 27 counties have only one hospital. Maintaining access to care is a serious ongoing concern in West Virginia, and funding of health services through programs such as Medicaid and PEIA is more important than ever. That is why it is so important for community members to use their local hospital, and feel confident about doing so.

Being the third most rural state in the country, West Virginia has a long-standing commitment to rural healthcare delivery. The state’s mountainous terrain creates many challenges, particularly for sustaining access to care in isolated rural communities. It is often said that healthcare is as vital to economic development as other infrastructure such as roads, schools, and public works. Rural hospitals are typically the first or second largest employer in their community. Thus, maintaining basic healthcare services in rural communities is important not only for access to care, but also for maintaining local economies.

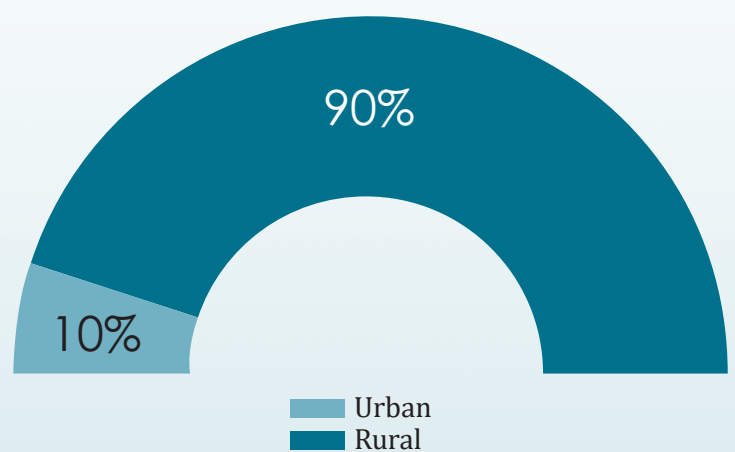
## Critical Access Hospitals a Vital Subset

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.



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



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





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# Access to Healthcare in the New Normal



**Mark Linville, MHA**  
Chief Operating Officer  
Boone Memorial Hospital

2020 was a challenging year for all involved in healthcare and for the communities we serve. Boone Memorial Hospital (BMH) is no different from the obstacles that have been surged upon us in these arduous times. Our goal has been to continue to serve our patients and meet their healthcare needs with little disruption while delivering exceptional customer service. It hasn't been easy, but it is rewarding as to the resilience of our



medical staff and healthcare team in coming together to meet those needs.

During these difficult days, it has been a struggle to physically meet the demands of space and resources to deliver quality clinical programs along with providing COVID-19 testing. Couple this with separation of sick and well patients in clinics, drive-by flu vaccines, and the need for social distance, and one can see that this can be a near-impossible feat to accomplish. As we search for resources that will enhance a continuum of care to meet the medical needs and safety standards of our patient population, we find ourselves poised to facilitate that desire.

Boone Memorial Hospital recently purchased a 45,000 square foot vacant department store building located within minutes of the hospital and adjacent to route 119 in Danville. This space will allow BMH to develop and create a medical plaza that will incorporate a Rural Health Clinic, retail pharmacy, radiology, Clinical Laboratory Improvement Amendments (CLIA) waived laboratory testing, and much more. This medical plaza will offer physician specialists such as ENT, Dermatology, Pain Center, Orthopedics, and Psychiatry. Plans for future program expansion would include a Wellness Center and Healthy Lifestyle training.

The BMH Black Lung Center will be relocated to this new facility for State and Federal Black Lung testing and diagnosis. There remains no need to travel out of state or long distances to receive this testing.

Our vision is to provide the patient with a "one-stop" medical environment that will necessitate their healthcare requests. We are still in the design and development phase of this project, however; the clinical probabilities are unlimited. The property encompasses a large parking lot that will accommodate activity outside of the building that will allow us to have drive-thru services such as, COVID-19 testing, vaccinations, and even outdoor clinical services when the application arises. BMH continues to seek out innovative ideas to deliver a robust healthcare delivery system for those we serve.

I am excited about this new venture for Boone Memorial and the capabilities that allow us to combine multiple locations and services into one complex.

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- Pulmonology Clinic
- 24 hour Respiratory Services
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# Jefferson Medical Center Serves as Lifeline for Rural Community During COVID-19 Pandemic

## Chelsie Davis

Communications Specialist  
WVU Medicine Jefferson Medical Center

Throughout the pandemic, Dr. Marney Treese, Emergency Department Medical Director, and her team at WVU Medicine Jefferson Medical Center, have worked tirelessly to combat COVID-19 while still providing other critical healthcare services to residents of rural Jefferson County.

The 25-bed critical access hospital, located in the small town of Ranson, is one of two hospitals comprising WVU Medicine East and is an integral part of the system's mission to expand access to healthcare throughout the Eastern Panhandle. The hospital's Emergency Department treats over 25,000 patients each year and is designated as a Level IV Trauma Center by the Office of Emergency Medical Services of the Department of Health and Human Resources.

Last year as hospitals across the country prepared for the spread of COVID-19, WVU Medicine East officials announced plans to open dedicated COVID-19 units at neighboring WVU Medicine Berkeley Medical Center in Martinsburg. Patients at Jefferson Medical Center diagnosed with COVID-19 are transferred 16 miles to Berkeley Medical Center, allowing the 25 beds at the small, critical access hospital to be reserved for other medical conditions.

"We recognized early on the importance of having availability to treat all patients, not just those with COVID-19," Dr. Treese said, adding that Jefferson County has a large population of patients with chronic conditions that could worsen or become critical without convenient access to healthcare.

This doesn't mean that the staff at Jefferson Medical Center haven't been on the frontlines of the pandemic. The hospital's Emergency Department has been the first resource for thousands of patients experiencing extreme COVID-related symptoms such as shortness of breath. COVID-positive patients frequently require oxygen and other life-saving treatments at the rural facility before being transferred to Berkeley Medical Center for in-patient care.

"We've always taken our role here seriously, but during the pandemic, I've seen Jefferson Medical Center truly become a lifeline for our community," Dr. Treese said. "We're a small hospital, but I'm so proud of the way our team has been able to balance treating COVID-19 patients with the variety of other emergency medical conditions we treat on a daily basis."

Over a year into the pandemic, this seamless coordination between the two hospitals has not only allowed patients to receive the specialized care they need but has kept other emergency healthcare services accessible to patients in Jefferson County. Dr. Treese credits her team in the Emergency Department and their colleagues at Berkeley Medical Center for this success.

"I am extremely fortunate to work with such a dedicated and selfless team of healthcare professionals," she said. "The COVID unit staff at Berkeley Medical Center have done an exceptional job caring for our patients. The support and resources that are available to us as part of the West Virginia University Health System allow us to provide all patients the highest level of care, no matter their diagnosis."



Marney Treese, MD Emergency Department Medical Director  
WVU Medicine  
Jefferson Medical Center

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Billion  
to WV's Economy

Account for  
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top 100  
Employers in WV

# \$953 Million

in Community Benefits

**\$145 Million**  
in **provider taxes** to  
help fund the Medicaid  
program

**\$180 Million**  
in **uncompensated  
care** (services for which  
the patient was unable  
or chose not to pay)

**\$574 Million**  
in **payments below  
cost of services**

**\$54 Million**  
invested in **Medical  
Education**

**\$88 Million**  
in **charity care**  
(services the patient is  
unable to pay)

**\$92 Million**  
in **bad debt** costs  
(services for which  
hospitals anticipated but  
did not receive payment)

**\$229 Million**  
in **medicare shortfall**

**\$345 Million**  
in **state payer losses**



# Defining Resilience: A Patient's Story of Survival

## Angela Henderson-Bentley, MAJ

Manager of Public Relations  
St. Mary's Medical Center

**S**pirit, toughness and strength all describe resilience. Examples of those qualities can be found throughout St. Mary's Medical Center (SMMC) during the COVID-19 pandemic: The strength of our frontline workers caring for patients, the toughness of patients fighting for their lives, and the never-give-up spirit of physicians caring for patients.

Nickie and Lynn Swain experienced all of these firsthand, as 67-year-old Nickie was being treated for COVID-19 at SMMC. The couple both experienced flu-like symptoms. Lynn had quickly recovered, but Nickie had become incoherent. Living in rural Gallia County, Lynn didn't think COVID-19 could happen to them. But happen it did. Even before Nickie's COVID-19 test result came back positive, he began losing oxygen and was placed on a ventilator.

"He arrived with mild confusion and weakness but didn't look that ill," said William R. Beam, MD, medical director of the critical care unit at SMMC and a pulmonologist at HIMG. "But then he deteriorated quickly."

Nickie spent the next 60 days in the SMMC Cardiovascular Intensive Care Unit (CVICU). The list of conditions he developed, thanks to COVID-19 ravaging his body, was lengthy. His chance of survival sank as low as 20%.

Remdesivir and convalescent plasma were not available at the time, so Dr. Beam tried a number of the early suggested therapeutics, but nothing worked. The turning point, according to Dr. Beam, was when the decision was made to treat Nickie with anticoagulation and dexamethasone, a corticosteroid.

"It was a small decision with a big impact," Dr. Beam said. "That's what critical care medicine is. It's the sum of small decisions that address and anticipate complications and minimize additional organ injury."

Due to COVID-19 safety restrictions, Lynn was unable to visit her husband. But she says the nursing staff in the SMMC CVICU cared for Nickie, as well as treated her and her loved ones, like family. Dr. Beam says Nickie is alive because of his exceptional nursing care.

Kelli Yahr, RN, took care of Nickie many nights. She remembers the worst of those nights when it looked like he wasn't going to make it. "We were certain his time was coming," she said, "I remember holding his hand that night and telling him that this wasn't how he was going out. I remember praying so many times that night."



Lynn and Nickie Swain.

Exactly one week later, Dr. Beam called Lynn to tell her Nickie was going to make it. "It was the biggest moment," she said. "I tried to keep my composure, but I was praising the Lord all over my kitchen."

Dr. Beam said Nickie's case became very personal for his entire care team. "We were invested in his survival. It was a big victory for him, his wife and the nursing staff to see him wheeled out of the CVICU."

"The effort his medical team put into his care, I don't have enough words to express my gratitude," Lynn said. "I can never thank them or repay them."





# The Opioid Crisis: By the Numbers



## 128 die per day

On average, 128 Americans die each day from an opioid overdose.<sup>1</sup>



## 46,802

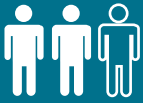
opioid overdose deaths in the U.S. in 2018. Nearly 32% involved a prescription opioid.<sup>1</sup>

## 2% ↓

decrease in opioid-involved overdoses in the U.S. from 2017 to 2018.<sup>2</sup>

## 13.5% ↓

decrease in prescription opioid-involved death rates in the U.S. from 2017 to 2018.<sup>2</sup>



## 2 out of 3

opioid overdose deaths involved synthetic opioids



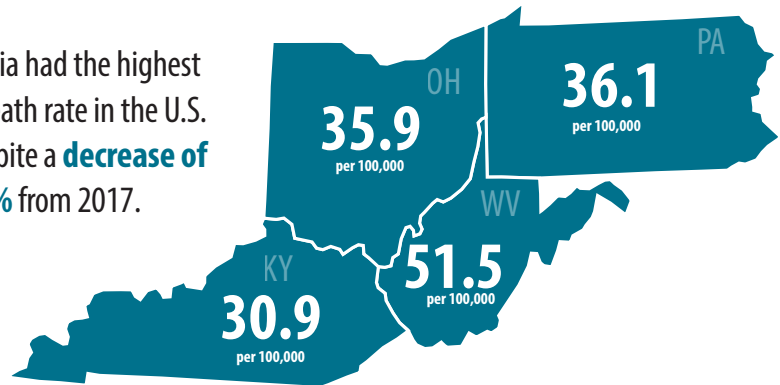
## increasing 10%

from 2017 to 2018.

WV had the highest synthetic opioid involved overdose death rate in the nation at 34 per 100,000 in 2018.<sup>3</sup>

## Age-adjusted drug overdose death rates<sup>4,5</sup>

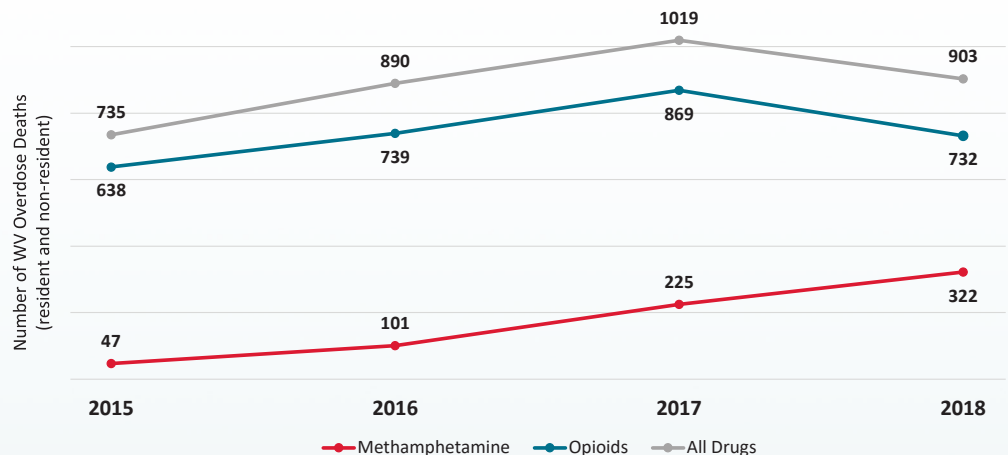
West Virginia had the highest overdose death rate in the U.S. in 2018 despite a **decrease of 10.9%** from 2017.



**81%** of overdose deaths in WV involved an opioid in 2018.<sup>6</sup>

### WV TRENDS - Overdose Deaths by Year<sup>6</sup>

Opioid overdose deaths in WV **decreased 16%** from 2017-2018.



**EMERGING TREND** - Overdose deaths involving methamphetamine increased **43%** from 2017 to 2018.<sup>6</sup>

### COMBATting THE OPIOID EPIDEMIC<sup>9</sup>

- **Improve Prescribing** – Clinical Practice Guidelines
- **Treat Opioid Use Disorder** – Medication Assisted Treatment (MAT)
- **Prevent Opioid Use Disorder** – Non-opioid and non-pharmaceutical treatments for pain
- **Treat Overdose** – Naloxone
- **Monitor Trends** – WV Office of Drug Control Policy Dashboard

1. CDC. Understanding the Epidemic. Available at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>. 2. Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a4>. 3. CDC. Synthetic Opioid Overdose Data. Available at: <https://www.cdc.gov/drugoverdose/data/fentanyl.html>. 4. CDC. Drug Overdose Deaths. Available at: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. 5. CDC. 2017–2018 Drug Overdose Death Rate Increases Map. Available at: <https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-rate-increase-map-2017-2018.html>. 6. WVDHHR ODCP. Data Dashboard. Fatal Overdoses in West Virginia – Overview. County-Level Fatal Overdose Counts by Drug Type – Deaths Occurring in WV – 2015–2018. 7. CDC. Overdose Prevention. Available at: <https://www.cdc.gov/drugoverdose/prevention/index.html>.



# Reynolds Memorial Hospital Forging Ahead

## Karin Janiszewski

Director Corporate Communications & Public Relations  
WVU Medicine Reynolds Memorial Hospital

In just one short year, the healthcare landscape of the Ohio Valley region has changed considerably and WVU Medicine Reynolds Memorial Hospital (RMH) has spent most of 2020 constructing and recruiting to become the premier hospital of choice for the region's healthcare needs.

Despite the COVID-19 pandemic that dramatically affected the way physicians and service lines within the hospital were permitted to operate, RMH forged ahead with the construction of an inpatient behavioral health unit and a large addition to the Emergency Department, both of which officially opened in July.

The 24 bed, state-of-the-art behavioral health unit located on the fifth floor of the hospital was desperately needed in the Ohio Valley after the closure of Hillcrest at Ohio Valley Medical Center in September of 2019. In the following months after that closure, RMH recruited adult and child behavioral health providers for the new outpatient clinic located just off the hospital campus at 1000 Wheeling Avenue in Glen Dale. The staff includes three psychiatrists, two full-time therapists, two registration specialists and two medical assistants. Since the January 2020 opening, the need for care has increased tremendously. Beth McCracken, office manager, said "We are actively recruiting to bring in more providers," adding, "We know there is a great demand for outpatient care, especially in this time of uncertainty and isolation with COVID-19." Children age 5 or older and adults are being accepted as patients, she said.

A child psychiatrist, Dr. Nihit Gupta, and two adult psychiatrists, Dr. Alber Ghobrial and Dr. Paul Papadimitriou, are treating patients. The three doctors have over 50 years of combined experience.

Services include: psychiatric evaluation, medication management, psychotherapy, emotional/behavioral issues, family/marital issues, mental health in children and adolescents, stress, depression, anxiety Disorders, trauma and PTSD (post-traumatic stress disorder), alcohol and drug misuse or dependence. To schedule an appointment, call 304-221-3012.

In late 2019, emergency care also became an issue of concern for residents and emergency squads transporting patients. WVU Medicine Reynolds Memorial Hospital answered that call, as well, with the opening of two newly constructed Rapid Care facilities; one located in Benwood, and



one in Mt. Olivet, and each offering expert medical care with radiology and blood drawing stations.

Like the first Rapid Care located in Moundsville, with the new Rapid Care facilities, patients can be quickly treated for coughs and colds or tested for COVID-19 without filling up hospitals and emergency rooms.

President and CEO of WVU Medicine Reynolds Memorial Hospital, David Hess, MD, says, the most important thing is the convenience the three Rapid Care locations bring to the residents of the Ohio Valley. "Each facility represents a three-armed approach to rapid care: providing better access, better quality and lower cost. As part of WVU Medicine, Reynolds draws from the academic health system's resources to offer quality care." Hess continued saying, "To keep costs down, co-pays and the cost of using Reynolds Rapid Care's services will be the same as those charged for a visit to a primary care physician. The facility will use WVU Medicine's electronic medical records system so that patients' records are linked into the entire health system."

"We don't want these (centers) to replace primary care physicians," but the sites serve as "an incredibly important part of the healthcare puzzle," Hess said. "Reynolds Rapid Care is ideal for patients who work during the daytime or whose symptoms develop in the evening."

All three Rapid Care locations are open from 9 a.m. to 7 p.m. Monday through Friday and 8 a.m. to 4:30 p.m. on Saturday and Sunday.

For life threatening medical issues, like chest pains or stroke, WVU Medicine Reynolds Memorial Hospital added a nine-bed expansion to the hospital's emergency department, along with a team of Board-Certified emergency medicine physicians. With this addition, RMH has been able to keep wait-times to minutes rather than hours. The ER is open 24 hours, seven days a week.

The expansions haven't stopped there. "We have also added a primary care office to the Mt. Olivet area with Douglas Midcap, DO, and our first primary care office in St. Clairsville, staffed by Tom Kettlewell, DO, said Dr. Hess. "WVU Medicine is incredibly committed to the region and we will continue to listen to the people of the Ohio Valley and work to meet their healthcare needs through excellence in medical care and compassionate treatment of each patient."



# Hospice – Great for Patients and Families

## Chris Rawlings

Chief Executive Officer  
HospiceCare

When it comes to hospice care, there are a lot of misconceptions among both the public and healthcare professionals that result in unnecessary impediments to patient care. Hospice is not just for cancer patients or strictly for the elderly. In fact, hospice can provide comfort and care to a patient of any age with a terminal illness, which can include end-stage heart disease, COPD, Alzheimer's disease, ALS and AIDs, to name a few. Additionally, many believe hospice is only for the last few days of a person's life. This is simply not true. Hospice is designed to care for the patient and family during the last months of life, and there is no limitation on how long a patient can receive hospice care. Though a physician must certify that a patient is expected to live six months or less, hospice services can extend well beyond the original six-month life expectancy.

The most common comment we hear at HospiceCare from families who have benefited from our services is that "we wish we would have come to HospiceCare sooner." This is because hospice services address the needs of the patient and family in a holistic manner – providing care and support for the physical, social-emotional, mental and spiritual needs. For many, hospice finally allows a loved one to live as comfortably and peacefully as possible, while also giving much needed support to the family. Based on 2019 Hospice Compare data from the Centers for Medicare and Medicaid Services (CMS), West Virginia ranks second in the nation with top scores for quality of care and family satisfaction.

In addition to the benefits to the patient and families, there is another reason that hospice services should be an integral aspect of the healthcare system. The last six months of life has always accounted for significant healthcare spending. Burdensome and disruptive ER visits and readmissions are often avoidable once hospice services are in place, with patients receiving in-home or in-facility care. This is not only more comfortable for the patients, but also means that families do not feel compelled to rush to the emergency room with every change in condition. In a study performed by the National Center for Biotechnology Information (NCBI), researchers found 21% of Medicare expenditures were incurred within the last twelve months of life and concluded, "Greater use of hospice and palliative care, with their lower cost per patient, offers the possibility



of expense reduction to the Medicare program while also improving quality of life outcomes."

This conclusion underscores the critical nature of encouraging hospice utilization at the optimal time and the importance of helping families choose the right care, at the right time, at the right place.

We understand that dying and death can be difficult concepts to comprehend. None of us can truly know the dying experience until it happens to us. But at HospiceCare, we are called to guide both patient and family through the process as comfortably as possible. With the highest satisfaction of any service in the healthcare field, we take pride in knowing what we do every day eases suffering on many levels.





# Medical Innovation Start-up Studio Launched by Intermed Labs and Mon Health System

## Jeff Cowart

Strategist  
Mon Health System

A first-of-its-kind medical technology start-up studio serving North Central West Virginia entrepreneurs is being launched by Intermed Labs LLC, a local med tech incubator, and Mon Health System.

Intermed Labs at Mon Health LLC will open the door for transformational innovation and jobs creation in healthcare using development and commercialization strategies from traditional technology hubs like Silicon Valley.

"Our local medical talent is as good as anywhere in the country and this niche local infrastructure will greatly increase the chance of success when getting med tech ideas off the ground," said Dr. Tom McClellan, co-founder of the venture along with Ashok Aggarwal and Dr. Justin Chambers. "Entrepreneurs who have innovative ideas to advance the future of healthcare will now have a space at Mon Health and a world-class team to build, prototype and grow those ideas."


David Goldberg, President & CEO of Mon Health, said the health system has a history of supporting medical innovation. In the last five years alone, Mon Health has helped launch three new medical devices. He said the

system's Board of Directors enthusiastically endorses the start-up studio idea and the economic impact this brings to the region today and into the future.

"As a nationally recognized, independent community health system, Mon Health is perfectly positioned to team up with local medical, engineering and other business talent to create an environment for entrepreneurship to advance and improve health outcomes," said Goldberg. "In medicine, there is a difficult process of translation where a product must move from idea to the bench and finally to the patient. A community system with hospitals and ambulatory sites, with its strong tradition of patient-centered care, like Mon Health, is ideal for medical innovation like this to have various platforms to test concepts. This studio fulfills our mission to focus on and serve the citizens of West Virginia and look to collaborate with all our academic and research organizations to ensure we are broad based in potential opportunities from bench to patient."

Goldberg and McClellan said Intermed Labs at Mon Health LLC – the first public/private partnership of its kind in West Virginia – will immediately improve the ecosystem for innovation in the regional community. The venture already has several ideas in the proof-of-concept stage.

"For the last two years, we have had a team in place building prototypes, testing, publishing and presenting ideas to improve the human condition," said McClellan. "We are thrilled to have a committed partnership with Mon Health and recognize that quality of care will be improved primarily through advancements in medical technology."



*"Entrepreneurs who have innovative ideas to advance the future of healthcare will now have a space at Mon Health and a world-class team to build, prototype and grow those ideas."*

## Preferred Providers

We identify challenges faced by West Virginia healthcare providers and search for products and services to meet those needs. The preferred providers listed below are available to help you!



Qualivis is known for its nurse staffing services. But, it also designs smart, cost-effective workforce strategies to fill gaps, build a pipeline of permanent recruits, increase staff retention, and enhance workplace quality of life. **A preferred provider since 2003**



MASA Medical Transport Solutions provides coverage for emergency airplane, helicopter, or ground ambulance transportation for you and your employees at a surprisingly low cost. **A preferred provider since 2017**



Trane offers heating, ventilating and air conditioning systems, and building management control systems. Your purchase can be financed completely through the energy savings you achieve from your new equipment. **A preferred provider since 2019**



Engage Practice Solutions offers a turnkey solution for physician practices to increase their Medicare annual wellness visits, support chronic care management and provide remote patient monitoring product and services with no upfront cost. Improve patient care and increase revenue with Engage! **Preferred provider since 2019.**



Class Action Capital is a firm specializing in helping health care organizations identify and process class action settlement claims. CAC provides businesses with valuable options, so they can make informed decisions to benefit their organization. **A preferred provider since 2015**



CommercePayments™ will automate your payments and lower costs. The CommercePayments™ team will help you to anticipate, plan for, and address your business challenges by giving customized advice and recommending the right products and services based on your unique business situation. **A preferred provider since 2009**



Security America, a West Virginia company, offers high quality security services to the healthcare industry since 1982. SA offers JCAHO safety compliance surveys and provides IAHS -trained supervisors. **A preferred provider since 2009**

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Anita M. Smith, Director Member Solutions | Phone: 304-353-9727 | Email: [anita.smith@wvha.org](mailto:anita.smith@wvha.org)

Matthew D. Archer, Director Member Solutions | Phone: 304-353-9742 | Email: [marcher@wvha.org](mailto:marcher@wvha.org)



# Jackson General Hospital's Resilient Staff



## Stephanie McCoy

Chief Executive Officer  
WVU Medicine  
Jackson General Hospital

**R**esilience – Webster's dictionary defines resilience as an ability to recover from or adjust easily to misfortune or change. Specifically related to the COVID-19 pandemic, we could easily add "synonyms" to the urban dictionary and name WVU Medicine Jackson General Hospital, as well as a host of other hospitals within the WVU Medicine health system, the state of West Virginia, and our country, to that definition.

2020 was unprecedented in the work history of healthcare as we faced and adapted to the COVID-19 pandemic and all that accompanied it. At WVU Medicine Jackson General Hospital, we initiated our Incident Command Center internally, as well as externally with the health system and began working continually to review and update response planning in anticipation of a possible surge of infected patients. We researched and learned all we could about the virus and the people affected, about symptoms and transmission, and proposed treatments. We worked diligently to acquire the necessary Personal Protective Equipment and other supplies. And we learned and relearned and educated others about prevention of the spread through social distancing, sanitization, hand hygiene, and masks. We became an even better role model for our community in a public health emergency. We quickly implemented telehealth services and curbside lab availability to

facilitate continuity of care of patients. Proudly, our amazing employees (along with healthcare workers everywhere) remained committed to the work required. They committed to be present for the unknown and the unexpected while bringing kindness, compassion, and a positive attitude to a sometimes scary place during a potentially frightening time making it possible to continue the great work Jackson General Hospital began 56 plus years ago and still provides as WVU Medicine Jackson General Hospital today.

So, if resilience is about adjusting and recovering, we are performing well despite a pandemic. COVID-19 has tested our endurance, but we will prevail. We have much to be grateful for. As a WVU Medicine facility, Jackson General Hospital is part of a robust health system with strong healthcare partners throughout the region and state. We are strengthened by inclusion with access to the newest and most innovative quality care standards, optimal equipment and products for providing exceptional safe care of patients, and the knowledge, wisdom and experience of experts in many fields. We have a wonderful hospital serving an awesome community. We have jobs and continue to serve the public during a time when many people throughout the state and country have reduced hours or no work at all. We live in a community (and state) that takes public health seriously, dedicating resources and countless hours to testing, tracing, educating, monitoring and caring about people. We have talents and educations and lots of common sense! We care about each other....working together to make sure patients, families, and co-workers are taken care of across county lines. We are blessed in spite of the cloud that seems to be overhanging – and best of all, we know there is sunshine on the other side as testing increases, treatments improve, vaccines are given, and antibodies acquired.

★★★★★ CMS 5-Star Rated for Patient Experience



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# Addressing the COVID-19 Pandemic with Hospitalization Data

## Hallie Morgan

Director Data Analysis  
West Virginia Hospital Association

Despite the historic challenge of preparing, planning, and responding to the COVID-19 pandemic, hospitals have been submitting data daily since March 2020 on the number of hospitalized COVID patients, hospital capacity, and availability and use of critical resources like ventilators, therapeutics, and other supplies. This information is critical to understanding the impact of COVID-19 in West Virginia and across the United States and hospitals play a key role in ensuring the timely and accurate reporting of this data.

Early in the pandemic, data requests were frequent and disorganized as various state and federal entities mobilized a response. The West Virginia Hospital Association (WVHA) worked quickly to coordinate the state and federal reporting requirements for COVID-19 to help reduce the reporting burden on hospitals so they could focus on other critical aspects of their emergency response, planning, and allocation of resources. This assistance to ensure compliance is essential because the federal expectation for data reporting is high – 100% complete submission every day – with the hospital's Medicare status at risk if they fall out of compliance.

The hospitals have adapted many times to changing reporting requirements over the last year. Data questions have been refined and new questions have been added, such as questions seeking data about influenza in preparation for a “twindemic” (a flu season amidst COVID-19), which thankfully has not yet materialized. Most recently, hospitals have been asked to submit data about their use of new COVID-19 treatments and vaccination of healthcare personnel and patients.

In addition to meeting the federal reporting requirements, WVHA creates daily reports for state pandemic and hospital leadership to inform statewide response and decision-making. This reporting will continue into the foreseeable future as we continue to respond to the coronavirus pandemic.

During the third surge, the number of COVID-19 cases rose faster than at any point during the pandemic, with more patients hospitalized, in the ICU, and on ventilators than at any point. As many predicted, the winter has been



very difficult for West Virginia and our hospitals. Despite postponing non-emergent surgical procedures for the second time since the pandemic began, hospitals continued to experience high occupancy rates and staffing shortages as community spread increased.

While the capacity and supply data is only one piece of the puzzle informing the emergency response to the COVID pandemic, it has played a critical role as our state works to ensure hospital capacity is sufficient to treat both COVID-19 patients and other patients who need acute care. There is finally hope that the immense pressure placed on hospitals and hospital front line workers will be eased as we began to vaccinate healthcare workers and members of the public.

Moving forward, hopefully from the worst of the pandemic, the hospital community remains committed to providing relevant and timely data to not only sustain the emergency response to COVID-19 as long as is necessary, but to also inform future planning efforts as we evaluate our response, the impact the pandemic has had on hospitals and patient care, and work together to strengthen emergency response plans for the future.

# WVU Medicine Camden Clark's Community Centered Approach Works Both Ways During Pandemic

## Joyce Hubner

Lifetime Partners Program Manager  
WVU Medicine Camden Clark Medical Center

There's no doubt that the COVID-19 pandemic has been unprecedented for all of us. But it has been, and continues to be, especially challenging for those working in healthcare

The word "resilience" is defined as "the capacity to recover quickly from difficulties" and "to withstand and adapt to hardships and to find a new path that leads to a stronger position". All healthcare institutions have certainly tested their resilience these past few months. While hospitals have had years of preparation, training and experience with previous disasters, everyone would agree that coronavirus put us in uncharted territory.

From the first hospital nursing program in West Virginia, to the donation of the Camden home to be used for the establishment of a city hospital, WVU Medicine Camden Clark has had deep roots in our community for over 125 years. But never has the importance of being the community hospital been so clear. Our community has been a source of strength

and encouragement throughout the pandemic. While everyone at Camden Clark has focused on caring for the safety and health of our patients, our community responded in a myriad of ways to lift up our healthcare workers with support.

In the spring of 2020, the need for masks became evident almost immediately. From church groups to quilting groups to individuals, the response to that need was overwhelming. Even our dedicated volunteers, who could no longer come to the hospital to donate their time, were looking for ways to help. Their giving spirit and desire to help caused them to reach out looking for opportunities to be part of their community hospital.

Because those in the community understand that staff was not always able to leave their designated area for meals, numerous food donations were delivered to our healthcare workers. This has also been a way for family members, who couldn't always be present at their loved one's bedside, to show their appreciation for the care being given. Our nursing staff, recognizing the importance of having a loved one engaged in patient care, facilitated electronic face-to-face communication to keep everyone informed and safe during a very trying time.

Many local businesses, who were already feeling the effects of the pandemic themselves, reached out to donate personal protective equipment (PPE) and other supplies. Some mornings, the staff would arrive to find encouraging signs posted outside to greet them. Our local faith communities also held "pray in's" in front of the hospital to show their support and appreciation for frontline workers.

The Camden Clark Foundation, supported by the generous financial donations of area businesses and community members, facilitated the purchase of much needed robotic disinfection equipment to ensure the safety of the patients, staff, and community.

While COVID-19 has sparked fear, frustration and anxiety, those in our communities continue to expect the same compassionate care that they expected before COVID-19. Our staff remains dedicated to providing quality care, ensuring patient safety, and to serving the community where they live, work and play.







# Hospitals Among Top Employers in West Virginia

Of the top 100 largest private employers in West Virginia for 2019, 14 were hospitals.

- 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





# 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 the following 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 operate 24/7/365. 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 **19 Specialty Hospitals** in WV.

## Where WONDERFUL Works!

In September, **Davis Medical Center** unveiled a larger than life photo mosaic representing the many faces of the health system's team of employees, providers and volunteers. "The artwork is a tribute to our staff, who have worked diligently through a very challenging 2020," said Vance Jackson, FACHE, CEO of Davis Health System.





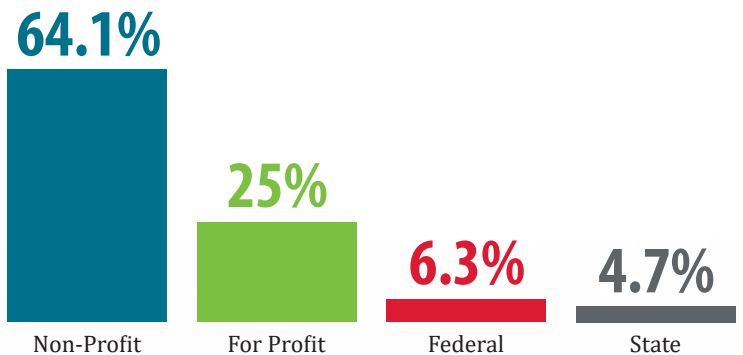
# Ownership of Hospitals

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 healthcare 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. Operating surplus is 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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CAMC  
Cancer Center  
encounters



**834**  
open-heart  
bypass  
procedures



**2,730**  
babies delivered



**734,844**  
outpatient visits



**11,628**  
procedures  
performed in  
cardiac cath labs



**3,127**  
trauma patients



**126,182**  
emergency  
room visits





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