

BELMONT COMMUNITY HOSPITAL

**Wheeling West Virginia and
Surrounding Communities**

***Community Health
Needs Assessment***

December 2012

EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act enacted in March 2010 imposed additional requirements on tax-exempt hospitals. These requirements amended Internal Revenue Service (IRS) Code section 501. The new legislation, IRS section 501(r), requires tax-exempt hospitals to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community's health needs identified through such assessment. The act imposes a \$50,000 penalty to each organization and possible revocation of the hospital's tax-exempt status. Additional requisites are required as part of IRS section 501(r), however, those conditions are beyond the scope of this text.

This CHNA was prepared on behalf of Belmont Community Hospital (Hospital), and focused on areas in, and surrounding, Wheeling, West Virginia. The study considered services offered by hospitals in the area, population trends, socio-economic demographics and the region's overall sufficiency of healthcare providers in the community. The study included data obtain from numerous health organizations as well as interviews with community leaders, hospital staff and the Hospital's Board of Directors. This information is being used to determine the Community's future health needs.

Below are the significant components of the community health needs assessment:

- Service Area Definition and Patient Origin
- Service Area Population and Vital Statistics
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators
- Access to Care
- Results of Community Participation

The assessment identified keys risk factors based upon the population's medical history (e.g. heart disease and diabetes). Additionally, the assessment used socio-economic and demographic data to determine whether the Community's key risk factors are being adequately assessed by area healthcare providers. As part of this assessment and as prescribed by IRS section 501(r) this determination will be used in developing a forthcoming strategy to meet the Community's health needs. Furthermore, and as mandated by IRS section 501(r)(3)(B)(ii), the assessment, as well as the Hospital's strategy to meet the Community's health needs, will be made widely available to the public.

Multiple acute care hospitals as well as many other providers of community health, and primary and specialty care services serve the Wheeling area and surrounding communities. While the unique missions of each group define the types of services they provide, all healthcare organizations in the Wheeling area focus on delivering high quality health services to the populations they serve. The following report will cover the services available to the residents of the Wheeling area and the surrounding communities.

Executive Summary, Continued

Many factors will influence the levels of patient service volumes in the community. These factors include, but are not limited to: composition of physician staff, shifts toward greater utilization of ambulatory facilities and continued regulatory and competitive pressures to reduce the average length of an inpatient stay. In addition, changes to Federal legislation may affect providers of health care services.

The City of Wheeling and surrounding communities are located in northwestern West Virginia and southeastern Ohio, which is approximately two hours east of Columbus, Ohio (from the western-most portion of the service area) and one hour southwest of Pittsburgh, Pennsylvania. These communities are accessible by major interstates and secondary roads.

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SERVICE AREA POPULATION AND VITAL STATISTICS

Defined Service Area

A service area is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, Hospitals are the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the service area.

The greater Wheeling area supports four acute care hospitals that provide inpatient, outpatient, emergency and specialty services. Those hospitals are: Wheeling Hospital (Wheeling), Ohio Valley Medical Center (OVMC), Belmont Community Hospital (Belmont) and East Ohio Regional Hospital (EORH). While Reynolds Memorial Hospital (Reynolds) is located within nine miles of Wheeling, West Virginia this hospital is not considered a major provider of acute care services in the core service area. Patient discharge information for Reynolds was not considered in the service area definition. Limited information for Reynolds has been included in this report as appropriate and is clearly distinguished.

The criteria used to define the service area are as follow:

- A zip code area must represent 2 percent or more of the Hospital's total discharges and outpatient visits; or
- The Hospital's market share in the zip code area must be greater than or equal to 20 percent; or
- The area is contiguous to the geographical area encompassing the Hospital.

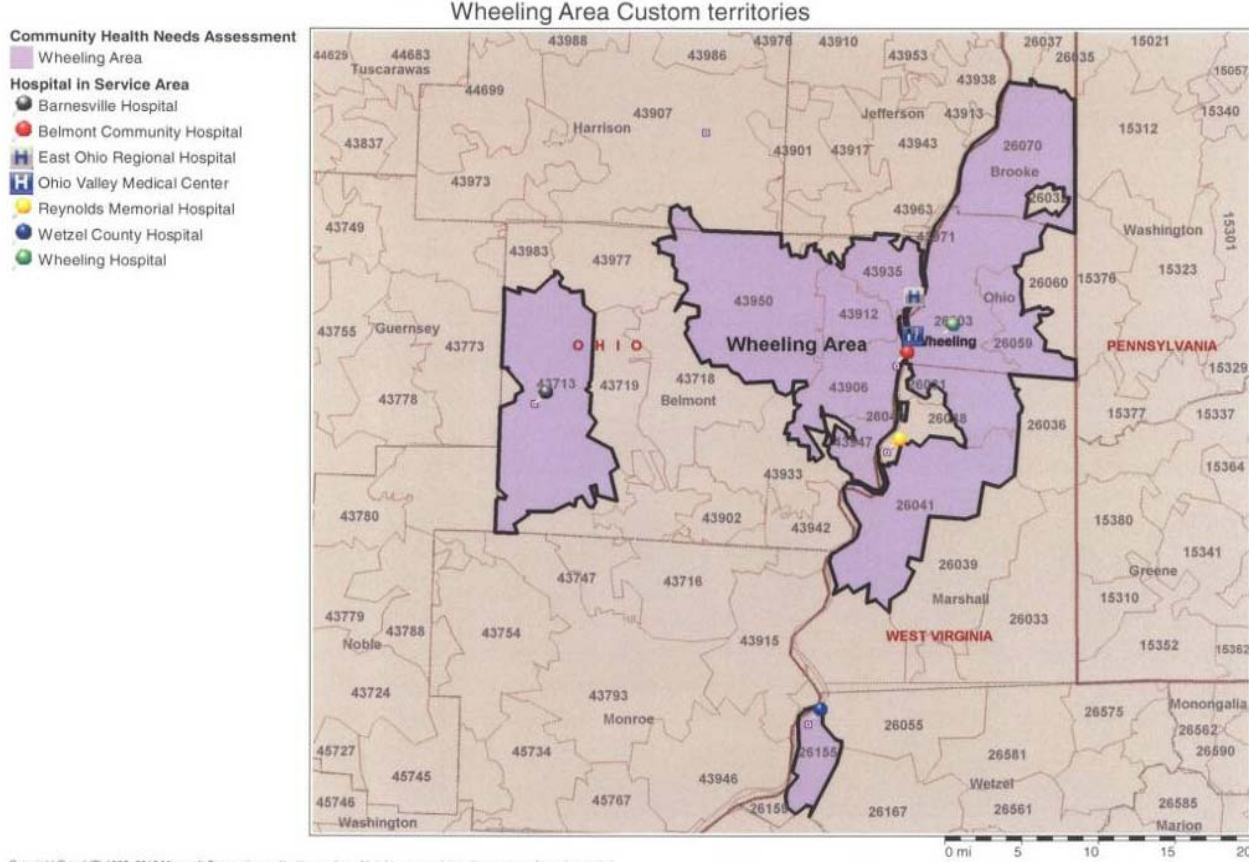
Based on the patient origin of acute care discharges from January 1, 2009, through December 31, 2009, the service area included areas represented by the 12 zip codes listed in Exhibit 1. As seen in this exhibit, the bulk of the service area population is concentrated in the city of Wheeling, with Moundsville and St. Clairsville also having significant discharge numbers.

Exhibit 1
Service Area
Summary of Inpatient Discharges by Zip Code (Descending Order)
1/1/09 - 12/31/09

Zip Code	City, State	Discharges	Patient Days	Charges	Percent of Total Discharges	Cumulative Percent
26003	Wheeling, WV	6,055	27,690	\$ 85,199,000	32%	32%
26041	Moundsville, WV	1,402	6,427	19,405,000	7%	40%
43950	St. Clairsville, OH	1,188	5,311	18,774,000	6%	46%
43906	Bellaire, OH	846	3,741	12,513,000	5%	51%
43935	Martins Ferry, OH	656	3,001	10,201,000	4%	54%
43912	Bridgeport, OH	639	2,812	8,704,000	3%	58%
26070	Wellsburg, WV	620	2,805	9,457,000	3%	61%
26155	New Martinsville, WV	468	2,181	7,781,000	3%	64%
43947	Shadyside, OH	442	2,038	6,653,000	2%	66%
43713	Barnesville, OH	399	1,693	6,090,000	2%	68%
26059	Triadelphia, WV	361	1,495	4,552,000	2%	70%
26040	McMechen, WV	288	1,422	4,271,000	2%	71%
	All Others	5,335	23,621	81,312,000	29%	100%
		18,699	84,237	\$ 274,912,000	100%	

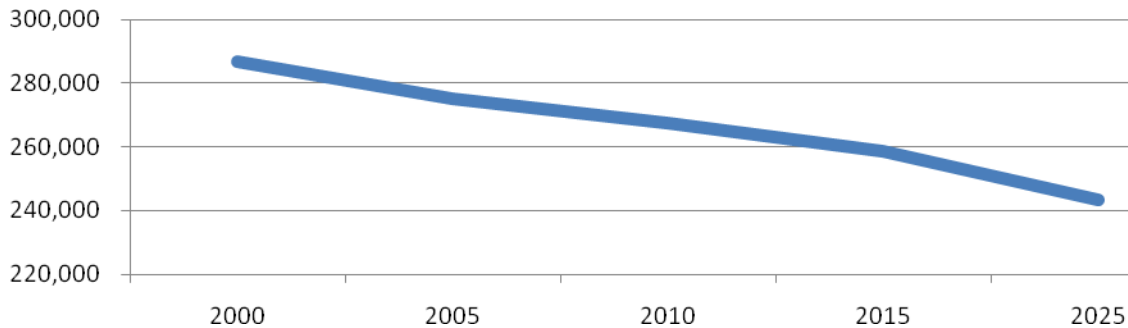
Service Area Population

The following map illustrates the service area by showing the identified zip codes as shaded.



The population in the service area was forecasted based on data provided by the U.S. Census Bureau. The U.S. Census Bureau has compiled population and demographic data based on the 2000 and 2010 census. This data was extrapolated to estimate population trends from 2000 through 2025. As seen in Chart 1, the population of the service area is predicting a steady decline through at least 2025. While the total population is expected to decline, the utilization of healthcare services is not solely based on the population, but rather largely defined by the age groups that make up the total population. As documented later in the report, the aging of the population will provide for a steady demand for healthcare services.

Chart 1
Population of the Service Area
2000 – Estimated 2025



SOURCE: "Population Projections for West Virginia Counties." Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, August 2011. "Population Projections by Age and Sex: 2005-2030" Department of Development. www.ohio.gov.

Exhibit 2 shows the breakdown of the population by age group for the counties included in the service area, as well as, the State of West Virginia, State of Ohio and the United States. As shown, the service area is similar to West Virginia, Ohio and the United States in all age categories with the population trend toward older residents and a greater percentage in the 45-64 and 65 and over age categories.

Exhibit 2
Service Area
2009 Population

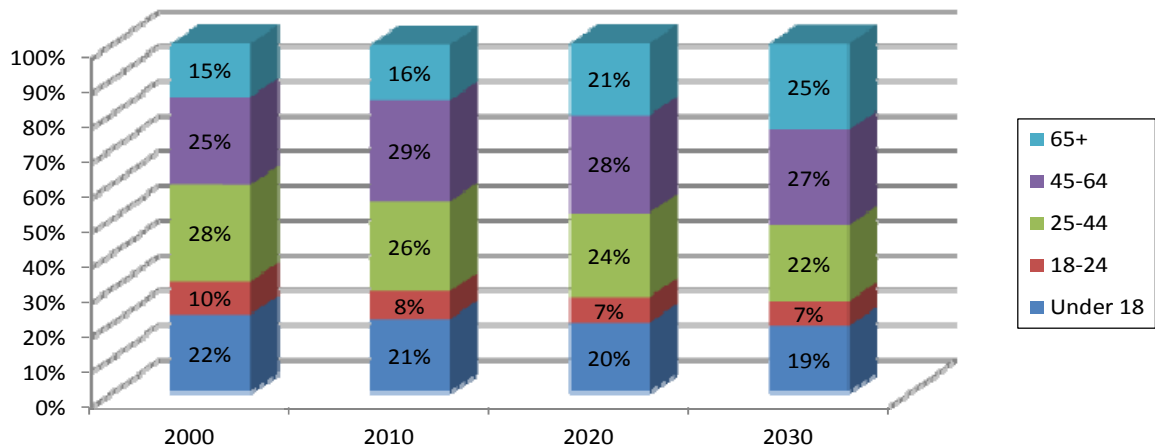
County	State	Under 15 years	15-44 Years	45-64 years	65 years and over	Total
Ohio	WV	7,275	15,979	12,656	8,455	44,365
Belmont	OH	11,050	25,534	19,757	12,031	68,372
Marshall	WV	5,525	11,940	10,168	5,572	33,205
Brooke	WV	3,728	8,564	6,960	4,549	23,801
Wetzel	WV	3,032	5,679	4,811	2,985	16,507
Jefferson	OH	11,339	24,160	20,363	12,900	68,762
Monroe	OH	2,433	4,830	4,414	2,599	14,276
Total		44,382	96,686	79,129	49,091	269,288
Percent Total		17%	36%	29%	18%	100%
State of West Virginia		18%	38%	28%	16%	100%
State of Ohio		20%	39%	27%	14%	100%
United States		20%	41%	26%	13%	100%

SOURCE: U.S. Census Bureau American FactFinder, ACS Demographic and Housing Estimates by Zip Code [http://factfinder.census.gov/home/saff/main.html? lang=en](http://factfinder.census.gov/home/saff/main.html?lang=en)

Due to limitations on availability of data compiled by the census bureau, there are no population projections by age category by county. As the age distribution for the counties included in the service area are similar to those found in the states of West Virginia and Ohio it can be assumed that the projections for the population will follow the state level projections. Charts 2 and 3 present the actual population in year 2000 and population projections by age category for the period of 2010 to 2030 for West Virginia and Ohio respectively.

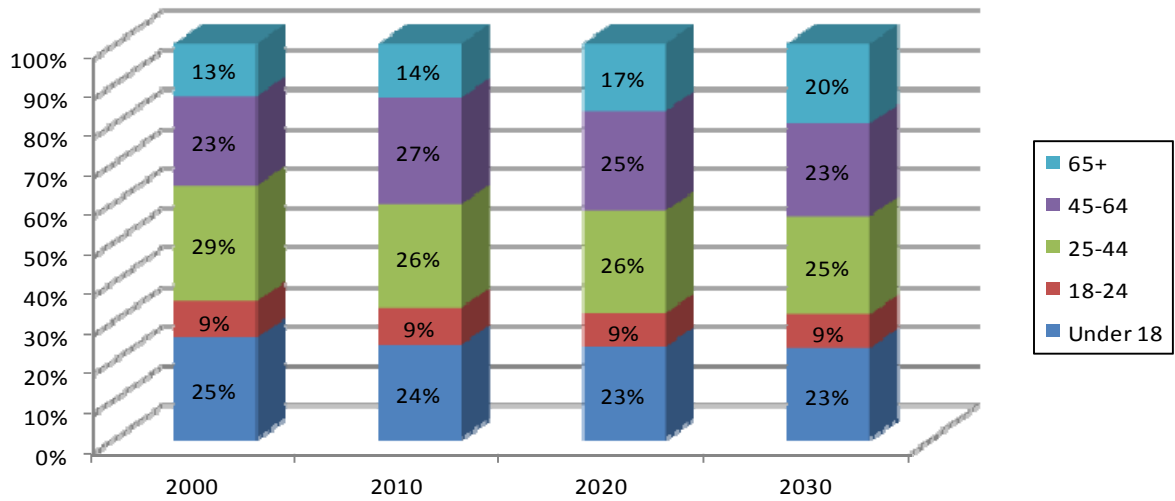
As seen in both charts, the age categories that utilize healthcare services the most, 65 years and over, are projected to increase approximately 10% for West Virginia and 7% for Ohio.

Chart 2
West Virginia
Actual Population for 2000 and
Projections for 2010 to 2030



SOURCE: "Population Projections for West Virginia Counties." Bureau of Business and Economic Research, College of Business and Economics, West Virginia University, August 2011.

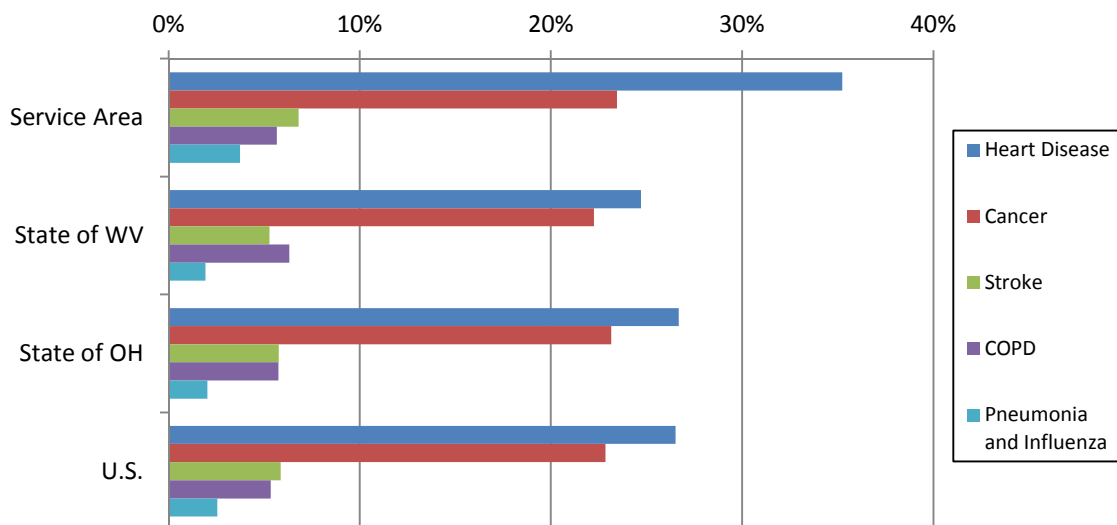
Chart 3
Ohio
Actual Population for 2000 and
Projections for 2010 to 2030



SOURCE: "Population Projections by Age and Sex: 2005-2030" Department of Development. www.ohio.gov.

Chart 4 reflects the five leading causes of death for residents of the service area, the State of West Virginia, the State of Ohio and the United States. The leading causes of death are determined by the average rate per thousand residents.

Chart 4
Comparison of Rates for the Top Five Causes of Death
Rate per 1,000 Residents, All Ages



SOURCE: West Virginia Department of Health and Human Resources and the Health Ohio Program.

Exhibit 3 presents selected causes of death per thousand residents for the service area and the United States. A comparison of the rates for the service area and United States are also presented. As shown in this exhibit the rate for most causes of death are higher in the service area than the United States; note some providing a significant deviation from the national rate.

Exhibit 3
Service Area and United States
Comparison of Rates for Selected Causes of Death
2006

Selected Causes of Death	Service Area Rate 2006	U.S. Rate 2006	Percent Difference from U.S.
Diseases of the heart	387.4	210.2	46%
Malignant neoplasms	300.1	187.1	38%
Cerebrovascular diseases (stroke)	67.3	45.8	32%
Chronic Obstructive Pulmonary Disease	77.7	41.6	46%
Accidents	49.2	39.3	20%
Diabetes	54.0	24.2	55%
Pneumonia and Influenza	34.4	18.8	45%
Alzheimer's disease	28.1	24.4	13%
Nephritis, nephritic syndrome, and nephrosis	21.8	15.0	31%
Septicemia	19.6	11.4	42%
Suicide	12.6	10.7	15%
Chronic liver disease and cirrhosis	6.3	9.1	(45%)
Hypertension and hypertensive renal disease	5.9	8.0	(35%)
Parkinson's disease	-	6.6	-
Homicide	4.1	6.0	(47%)
All other causes	459.9	152.1	-

SOURCE: <http://www.wvdhhr.org> & <http://healthyohioprogram.org> See links sent via email

SOCIOECONOMIC CHARACTERISTICS OF THE SERVICE AREA

Service Area Employment

Several major employers that support the city of Wheeling and the surrounding area include: Wheeling Hospital, OVHS&E, the local boards of education and institutions of higher learning, Cabela’s Wholesale, Inc, McElroy Coal Company, and PPG Industries. Exhibit 4 below details the total number of residents of the service area, State of West Virginia, State of Ohio, and the United States employed by each major industry.

Exhibit 4
Employment by Major Industry
2009

Major Industries	Service Area	West Virginia	Ohio	United States
Education, health care and social assistance	25%	24%	23%	22%
Retail services	14%	12%	12%	12%
Manufacturing	12%	9%	16%	11%
Arts, entertainment and recreation	9%	9%	9%	9%
Professional and scientific	7%	7%	9%	10%
Construction	6%	8%	6%	7%
Transportation and warehousing	6%	6%	5%	5%
Finance, insurance and real estate	5%	5%	7%	7%
Other service industries	5%	5%	5%	5%
State and local government	4%	6%	4%	5%
All other occupations	7%	9%	4%	7%
TOTAL	100%	100%	100%	100%

SOURCE: U.S. Census Bureau American FactFinder, Economic Characteristics.
http://factfinder.census.gov/home/saff/main.html?_lang=en

Exhibit 5 presents the average annual resident unemployment rates for the counties included in the service area, the State of West Virginia, the State of Ohio, and the United States. As Exhibit 5 illustrates, unemployment rates for the service area have increased over the past several years mirroring the increase seen in West Virginia, Ohio and the United States.

Exhibit 5
Unemployment Rates
2000 - 2010

	2000	2010	Change
Ohio County	8.7%	10.6%	21.8%
Marshall County	7.5%	12.0%	60.0%
Brooke County	5.1%	14.6%	186.3%
Wetzel County	10.1%	16.0%	58.4%
State of West Virginia	7.3%	10.3%	41.1%
Belmont County	7.1%	10.1%	42.3%
Jefferson County	4.6%	12.5%	171.7%
Monroe County	6.8%	14.0%	105.9%
State of Ohio	5.0%	9.8%	96.0%
United States	5.8%	9.5%	63.8%

SOURCE: *The Washington Post: Unemployment Rate by County.*
<http://www.washingtonpost.com/wp-srv/special/nation/unemployment-by-county/>. U.S.
 Census Bureau American FactFinder, Economic Characteristics.

Service Area Income Statistics

Exhibit 6 presents the percent of adults living in poverty for the counties included in the service area, the State of West Virginia, the State of Ohio and the United States. As Exhibit 6 illustrates, all counties in the service area, with the exception of Ohio County and Wetzel County have experienced increases in the overall percentage of adults living in poverty. The poverty percentages increase is in contrast to the slight decrease for the State of West Virginia as a whole. The State of Ohio and the United States have both seen moderate increases.

Exhibit 6
Percent of Adults Living in Poverty
2000 – 2009

	2000	2009	Change
Ohio County	15.8%	15.7%	(0.6%)
Marshall County	16.6%	17.6%	6.0%
Brooke County	11.7%	13.6%	16.2%
Wetzel County	19.8%	18.7%	(5.6%)
State of West Virginia	17.9%	17.8%	(0.6%)
Belmont County	14.6%	16.8%	15.1%
Jefferson County	15.1%	17.6%	16.6%
Monroe County	13.9%	16.6%	19.4%
State of Ohio	10.6%	15.1%	42.5%
United States	12.4%	14.3%	15.3%

SOURCE: *United States Department of Agriculture, Economic Research Service. Data Sets: County-Level Poverty Data.*

Exhibit 7 presents the median household income and median family income for the counties included in the service area, the State of West Virginia, the State of Ohio, and the United States. The medians for the counties located in West Virginia are similar to the State of West Virginia average, while the medians for the counties in Ohio fell well below the State of Ohio average. Both states trail the medians for the United States.

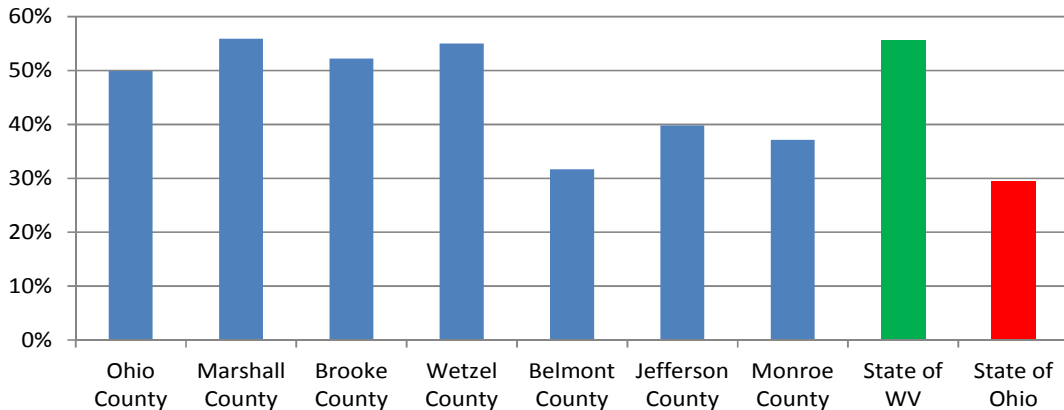
Exhibit 7
Median Household Income and Family Income
2009

Location	Median Household Income	Median Family Income
Ohio County	\$37,862	\$52,260
Marshall County	\$34,330	\$43,727
Brooke County	\$40,537	\$50,604
Wetzel County	\$36,021	\$47,621
State of West Virginia	\$37,356	\$47,601
Belmont County	\$31,429	\$51,250
Jefferson County	\$37,097	\$47,781
Monroe County	\$34,621	\$40,845
State of Ohio	\$47,144	\$59,208
United States	\$51,425	\$62,363

SOURCE: U.S. Census Bureau American FactFinder, Economic Characteristics
http://factfinder.census.gov/home/saff/main.html?_lang=en

Chart 5 presents the percentage of students enrolled in school who are approved for free or reduced price lunches for each county of the service area, as well as the State of West Virginia and State of Ohio. Research facilitated by the Annie E. Casey Foundation, and reported in Kids Count statistics, shows that the percentage of enrolled students approved for free or reduced price lunches in the service area has steadily increased over the past five years.

Chart 5
Percent of Enrolled Students Approved for
Free or Reduced-Price Lunches
2009



SOURCE: Annie E. Casey Foundation.

<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=WV&ind=3412>

for WV data and

<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=OH&ind=2470>

for OH data

Education Levels

The education levels of a population have been shown to correlate to that population's overall health and welfare. Exhibit 8 presents the distribution of the education levels for the service area, State of West Virginia, State of Ohio and the United States.

Exhibit 8
Highest Level of Education Attained
2009

	Service Area	West Virginia	Ohio	United States
Less than 9 th grade	4.6%	6.9%	3.5%	6.4%
Some high school	9.4%	11.5%	9.7%	9.1%
High school graduate	45.8%	41.4%	36.3%	29.3%
Some college	18.2%	17.3%	19.8%	20.3%
Associate's degree	7.5%	5.7%	7.1%	7.4%
Bachelor's degree	9.1%	10.4%	15.0%	17.4%
Graduate or professional degree	5.4%	6.7%	8.6%	10.1%

SOURCE: U.S. Census Bureau American FactFinder, Social Charecteristics

http://factfinder.census.gov/home/saff/main.html?_lang=en

Access and participation in early education programs is another important determinant in the future success of students in a population. Chart 6 provides the percent of three and four-year-olds enrolled in a pre-kindergarten program. As different groups within each state collect the data, the data availability varies among the states reporting data. Consequently, county level data is only available for West Virginia. The State of Ohio data is presented for comparison.

Chart 6
Percent of Three-Year-Olds and Four-Year-Olds Enrolled in a
Qualified Pre-Kindergarten Program
2009



SOURCE: Annie E. Casey Foundation.

<http://datacenter.kidscount.org/data/bystate/Map.aspx?state=WV&ind=3437>

HEALTH STATUS INDICATORS

There are many factors that can influence a population’s overall health and well-being including health behaviors, social and economic factors, physical environment and access to clinical care.

The Robert Wood Johnson Foundation tracks multiple indicators that provide insight into health behaviors and lifestyle. This Foundation provides their data findings to the County Health Rankings report, which is published annually. The following exhibit represents the report’s findings for the counties in the service area. For ease of comparison, all data has been converted to percentages and represents the proportion of adults identified in each respective health status or physical environment category. The county ranking compares the selected county to the respective State of West Virginia or Ohio.

As shown in Exhibit 9, the results in most categories reported under health status are similar among all counties.

Exhibit 9
Health Behaviors
2008

Health Status Indicator	Ohio County	Brooke County	Wetzel County	Marshall County	Belmont County	Jefferson County	Monroe County
Adults in fair / poor health	14%	18%	21%	17%	14%	23%	14%
Adult smoking	29%	28%	31%	27%	26%	31%	N/A
Adult obesity	30%	32%	32%	31%	29%	32%	31%
Excessive drinking	13%	19%	10%	15%	24%	18%	N/A
County ranking	13	34	37	17	63	85	77

SOURCE: <http://www.countyhealthcarerankings.org> – *County Snapshots: Ohio and West Virginia*

Exhibit 10 provides the results for access to healthy foods and access to recreational facilities. While there was a great difference in access to recreational facilities, this study does not consider the physical location within the county. Most likely, there will be overlap in one's proximity to recreational facilities among the counties in the service area.

Exhibit 10
Physical Environment
2008

Environmental Factor	Ohio County	Brooke County	Wetzel County	Marshall County	Belmont County	Jefferson County	Monroe County
Access to healthy foods	67%	50%	46%	38%	62%	63%	17%
Access to recreational facilities (1)	9	-	18	6	9	4	14
County ranking	29	55	4	52	16	85	29

(1) Recreational facilities per 100,000 residents served.

SOURCE: <http://www.countyhealthcarerankings.org> – County Snapshots: Ohio and West Virginia

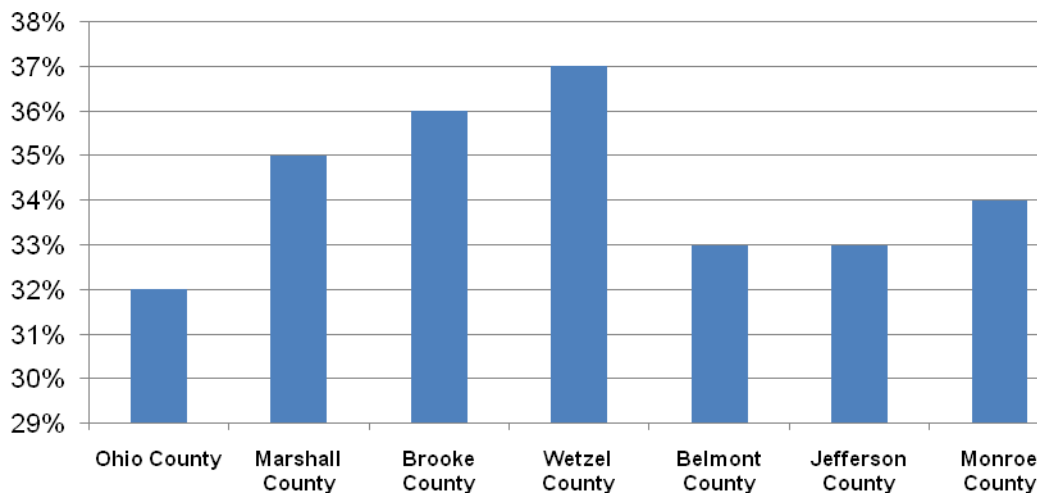
At-risk Populations

Certain individuals within a population may face unique health risks and barriers to care that make them more vulnerable to adverse health and are at-risk for higher incidences of poor health. Those considered vulnerable in a population include persons who:

- Have no high school diploma (adults over the age of 25);
- Are unemployed;
- Are severely work disabled;
- Have major depression;
- Are recent drug users (within the past month).

Chart 7 shows the percentage of the population by county within the service area that are considered vulnerable as compared to the total population.

Chart 7
Vulnerable Population as a Percentage of the
Total Population
2008



SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators – Vulnerable Populations by County

Mental Illness

Exhibit 11 presents statistics for mental illness among persons aged 18 or older on both a national level and for Ohio and West Virginia. West Virginia is listed as having one of the top five highest rates for both serious mental illness and any mental illness. Ohio is also above the national average in both categories. Mental illness is one of the prime causes of disability on a national level.

Exhibit 11
State Estimates of Adult Mental Illness among Persons Aged 18 or Older
2008-2009

Location	Serious Mental Illness (%)	Any Mental Illness (%)
<i>National Average</i>	4.6	19.7
<i>Ohio</i>	5.2	20.4
<i>West Virginia</i>	6.1	22.0

SOURCE: State Estimates of Adult Mental Illness, The NSDUH Report, October 6, 2011

Substance Abuse

Exhibit 12 summarizes the percentage of marijuana and illicit drug users by age group, the percentage of illicit drug dependence or abuse by age group, and the percentage of those needing but not receiving treatment for illicit drug use by age group in West Virginia, Ohio, and the United States. These statistics are based on the 2008-2009 National Survey on Drug Use and Health (NSDUH). References to “past month” and “past year” are related to statistics from 2008-2009.

Looking specifically at the 12-17 and 18+ age groups, West Virginia is above the national average in Past Month Use of Illicit Drugs Other Than Marijuana (12-17, 18+), Past Year Cocaine Use (18+), and Past Year Nonmedical Pain Reliever Use (12-17, 18+). For the same age groups, Ohio is above the national average in Past Month Illicit Drug Use (12-17), Past Month Marijuana Use (12-17), and Past Year Nonmedical Pain Reliever Use (12-17, 18+). Of particular note, both West Virginia and Ohio are above the national average for Past Year Nonmedical Pain Reliever Use in all age categories.

In terms of drug dependence, abuse and treatment for the 12-17 and 18+ age groups in the past year, West Virginia has a higher percentage in Illicit Drug Dependence (12-17, 18+), Illicit Drug Dependence or Abuse (18+), and Needing But Not Receiving Treatment for Illicit Drug Use (18+) than the national averages. Ohio ranked higher than the national averages in Illicit Drug Dependence (18+), Illicit Drug Dependence or Abuse (12-17) and Needing But Not Receiving Treatment for Illicit Drug Use (12-17, 18+).

Exhibit 12
Selected Drug Use Percentages by Age Group
2008-2009

West Virginia

Measure	12+	12-17	18-25	26+	18+
<i>Illicit Drugs</i>					
Past Month Illicit Drug Use ¹	7.85	9.29	21.21	5.76	7.71
Past Year Marijuana Use	9.62	11.97	26.60	6.92	9.40
Past Month Marijuana Use	5.51	5.73	17.34	3.78	5.49
Past Month Use of Illicit Drugs Other Than Marijuana ¹	4.44	4.89	11.27	3.40	4.39
Past Year Cocaine Use	2.55	1.05	7.70	1.97	2.69
Past Year Nonmedical Pain Reliever Use	5.91	7.54	15.49	4.36	5.76
<i>Past Year Dependence, Abuse, and Treatment²</i>					
Illicit Drug Dependence ¹	2.43	2.47	6.64	1.82	2.43
Illicit Drug Dependence or Abuse ¹	3.18	4.07	8.48	2.32	3.09
Needing But Not Receiving Treatment for Illicit Drug Use ^{1,3}	2.84	3.94	7.62	2.04	2.74

Ohio

Measure	12+	12-17	18-25	26+	18+
Illicit Drugs					
Past Month Illicit Drug Use ¹	7.53	9.88	19.91	5.20	7.27
Past Year Marijuana Use	10.05	12.92	29.41	6.51	9.74
Past Month Marijuana Use	5.95	7.60	17.27	3.88	5.77
Past Month Use of Illicit Drugs Other Than Marijuana ¹	3.24	4.32	8.46	2.24	3.12
Past Year Cocaine Use	1.50	1.03	4.53	1.06	1.55
Past Year Nonmedical Pain Reliever Use	5.47	7.35	14.62	3.73	5.27
Past Year Dependence, Abuse, and Treatment²					
Illicit Drug Dependence ¹	2.03	2.38	5.81	1.36	1.99
Illicit Drug Dependence or Abuse ¹	2.79	4.63	7.95	1.71	2.59
Needing But Not Receiving Treatment for Illicit Drug Use ^{1,3}	2.59	4.34	7.58	1.55	2.40

United States

Measure	12+	12-17	18-25	26+	18+
Illicit Drugs					
Past Month Illicit Drug Use ¹	8.35	9.65	20.43	6.10	8.21
Past Year Marijuana Use	10.82	13.28	29.08	7.36	10.55
Past Month Marijuana Use	6.36	6.98	17.30	4.40	6.30
Past Month Use of Illicit Drugs Other Than Marijuana ¹	3.53	4.46	8.09	2.63	3.43
Past Year Cocaine Use	2.00	1.10	5.40	1.53	2.10
Past Year Nonmedical Pain Reliever Use	4.84	6.51	11.94	3.40	4.66
Past Year Dependence, Abuse, and Treatment²					
Illicit Drug Dependence ¹	1.94	2.45	5.50	1.26	1.89
Illicit Drug Dependence or Abuse ¹	2.81	4.46	7.72	1.75	2.63
Needing But Not Receiving Treatment for Illicit Drug Use ^{1,3}	2.53	4.17	7.09	1.53	2.35

SOURCE: <http://www.oas.samhsa.gov/2k9State/WebOnlyTables/stateTabs.htm> - Ohio and West Virginia

Note: ¹Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

²Dependence or abuse is based on definitions found in the 4th edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

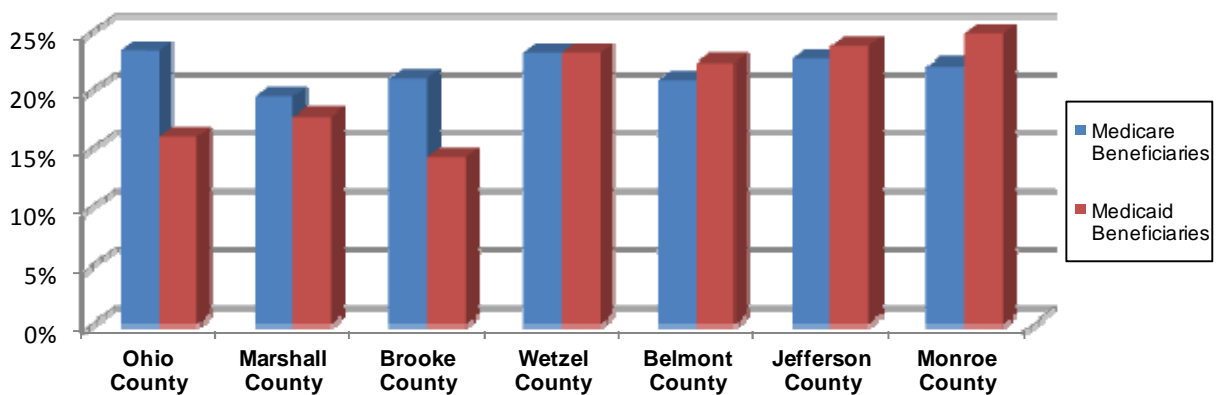
³Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a speciality facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Medicare and Medicaid Populations

High rates of Medicare and Medicaid beneficiaries in a community is an indicator of an older and/or indigent population.

Chart 8 shows the Medicare and Medicaid beneficiaries as a percent of the population by county within the service area as compared to the total population.

Chart 8
Medicare and Medicaid Beneficiaries as a
Percent of the Total Population
2008



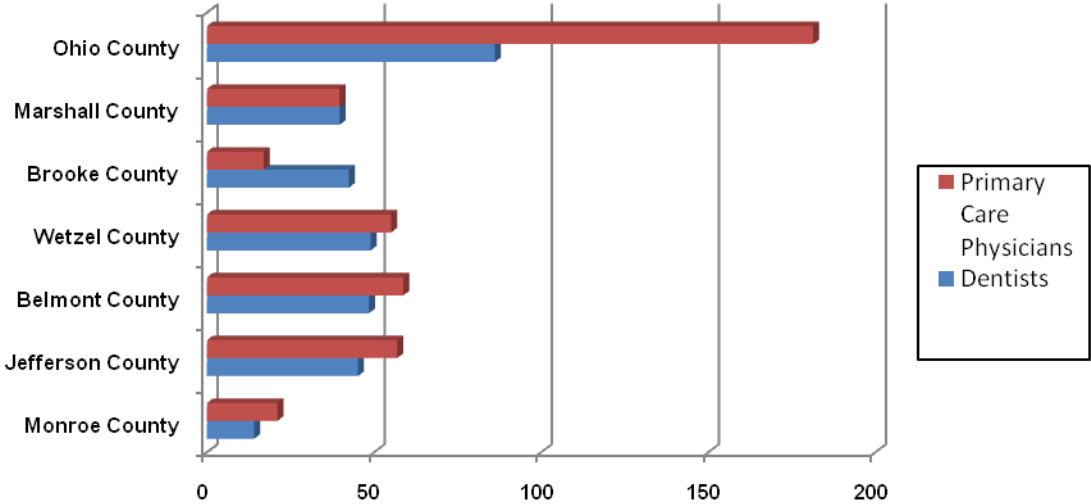
SOURCE: U.S. Department of Health and Human Services, *Community Health Status Indicators – Access to Care by County*

Primary Care and Dental Services

The access to primary care and dental services is a critical component of a community's overall health. An assessment of the health needs of service area residents should consider the availability of primary care and dental services from all sources within the community.

Chart 9 presents the rate of primary care physicians and dentists for the residents in the population.

Chart 9
Primary Care Physicians and Dentists
Rate of Provider for Every 100,000 Persons



SOURCE: <http://www.HRSA.gov>

ACCESS TO CARE

Federally Designated Areas

The Federal government recognizes the vulnerability of populations with limited access to health care professionals. To counter the potential effects of a shortage of professionals providing primary care and dental services, special designations have been developed to recognize health care shortage areas and provide enhancements in patient service reimbursement and other incentives. The following is a brief description of these designations:

Health Professional Shortage Area (HPSA): HPSAs may be rural or urban areas, a population group, or a public or nonprofit medical facility. Designation is based on population-to-physician ratios. There are separate qualifications for shortages in the areas of primary care, dental and mental health services.

Medically Underserved Area (MUA): MUAs consider several health and welfare statistics of a population, including poverty, age, and infant mortality, in addition to the number of physicians serving the area.

Medically Underserved Populations (MUP): Areas that do not meet the qualifications of MUA designation can qualify for MUP status if there are unusual local conditions that are a barrier to access for healthcare services.

As there are shifts in resident populations and of the practicing locations of healthcare professionals, the criteria used for initial Federal shortage designations is periodically reevaluated. Some areas previously designated as a shortage area may have seen an influx of healthcare professionals and no longer meet the requirements for designation. Conversely, if an area sees an out-migration of healthcare professionals, this area may now qualify for a health shortage designation. While the patient service area as a whole is not considered for designation for the above categories, as of the date of this report several areas within the this service area do fall into one or more of the health care shortage designations. The following Exhibit 13 provides the shortage designations for the areas comprising the primary and secondary service areas. While this exhibit presents the counties within the service area, the designation may only include portions within that county. See the notes included immediately after the exhibit for a detail of these qualifying areas with the county.

Exhibit 13
Federal Shortage Designations
As of May 2011

County	Health Professional Service Area			Medically Underserved Area / Medically Underserved Population
	Primary Care	Dental	Mental Health	
Ohio	No	No	No	Yes ⁽¹⁾
Marshall	Yes ⁽²⁾	No	No	Yes ⁽²⁾
Brooke	No	No	No	No
Wetzel	Yes	Yes	Yes	Yes ⁽³⁾
Belmont	Yes	Yes	Yes	Yes ⁽⁴⁾
Monroe	Yes	Yes	Yes	Yes
Jefferson	No	No	No	Yes

(1) Census tracts 1, 4, 7 and 24 are the only designated MUA / MUP areas within Ohio County. These census tracts fall primarily in the 26003 zip code.

(2) Zip code 26033 only is designated as a primary care HPSA and an MUA / MUP.

(3) Zip Codes 26155 and 26055 only are designated as MUA / MUPs.

(4) Zip codes 43713, 43747, 43716 and 43719 are designated as MUA / MUPs. Zip codes 43950, 43906, 43912, 43935, 43947, 43713, 43718, 43942, 43719, 43933 are designated as mental health HPSAs.

SOURCE: U.S. Department of Health and Human Services, Shortage Designation - <http://bhpr.hrsa.gov/shortage/>

Estimated Demand for Primary Care and Emergency Services

Utilization can be projected using national averages and population estimates. An important indicator regarding the future utilization of hospital outpatient and physician services is the size of the market for those services as determined by applying national average use rates to the population of the service area. Exhibits 14 and 15 summarize projected physician office visits and emergency department visits using national average use rates from the National Center for Health Statistics.

**Exhibit 14
Physician Office Visits and Emergency Department Visits
Year 2009**

Age	Year 2009 Service Area Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits
0-14	44,382	2.6	115,393	.36	15,978
15-44	96,686	4.0	386,744	.90	87,017
45-64	79,129	3.5	272,995	.34	26,904
65+	49,091	6.5	316,637	.48	23,564
Total	269,288		1,091,769		153,462
Primary Care Visits		57.1%			
Surgical Specialist Visits		20.3%			
Medical Specialist Visits		22.6%			

SOURCE: National Center for Health Statistics and www.census.org

**Exhibit 15
Physician Office Visits and Emergency Department Visits
Estimated Year 2020**

Age	Year 2020 Service Area Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Projected Emergency Department Visits
0-14	43,938	2.6	114,239	.36	15,818
15-44	93,785	4.0	375,142	.90	84,407
45-64	78,338	3.5	270,265	.34	26,635
65+	51,546	6.5	332,469	.48	24,742
Total	267,607		1,092,115		151,601
Primary Care Visits		56.8%			
Surgical Specialist Visits		20.5%			
Medical Specialist Visits		22.7%			

SOURCE: National Center for Health Statistics and www.census.org

Based on an analysis of the current and future need for services, it appears the healthcare industry in the service area can sustain present utilization levels at physician offices and emergency departments. Examination of the population demographics suggest that the aging of the “baby boom” population would provide for stable demand in future years.

Exhibit 16 illustrates the percentage change in the calculated utilization from Exhibits 14 and 15 as an estimated percentage increase in utilization from 2009 to 2020.

Exhibit 16
Estimated Difference in Utilization: Physician Office Visits and
Emergency Room Visits 2009 and 2020

	2009	Projected 2020	Percentage Difference
Primary Care Physician Office Visits	623,685	620,071	(0.6%)
Specialty Care Physician Office Visits	468,084	472,044	0.80%
Total Estimated Physician Office Visits	1,091,769	1,092,115	0.03%
Emergency Department Visits	153,462	151,601	(1.21%)

There are five acute care hospitals providing inpatient, outpatient and emergency healthcare services to the residents of the service areas. The following is a brief description of those hospitals:

- Wheeling Hospital Inc. (Wheeling Hospital) is a West Virginia, not-for-profit organization, located in Wheeling, West Virginia. Wheeling Hospital operates two acute care facilities – Wheeling Hospital in Wheeling, West Virginia and Belmont Community Hospital (Belmont) in Bellaire, Ohio. Wheeling Hospital provides inpatient, outpatient, emergency and skilled nursing services. Belmont provides inpatient, outpatient, psychiatric services and emergency services.
- Ohio Valley Health Services & Education Corporation (OVHS&E) is a West Virginia, not-for-profit organization, located in Wheeling, West Virginia. OVHS&E operates two acute care facilities – Ohio Valley Medical Center (OVMC) in Wheeling, West Virginia and East Ohio Regional Hospital (EORH) in Martins Ferry, Ohio. OVMC provides inpatient, outpatient, emergency and psychiatric services. EORH provides inpatient, outpatient, emergency and long-term care services.
- Reynolds Memorial Hospital Corporation (Reynolds) is a West Virginia, not-for-profit organization located in Glen Dale, West Virginia. Reynolds provides inpatient, outpatient, emergency and skilled nursing services. Reynolds is located approximately nine miles south of Wheeling, West Virginia.

The following exhibit 17 summarizes the short term, long-term and specialty care inpatient beds for the acute care hospitals in the service area.

Exhibit 17
Available Hospital Beds in the Primary and Secondary Service Areas
As of June 2012

	Licensed Beds	Staffed Beds
Ohio Valley Medical Center		
Adults and pediatrics	344	122
ICU	45	26
Psychiatric	64	42
East Ohio Regional Hospital		
Adults and pediatrics	74	74
ICU	10	10
Long term care	94	94
Wheeling Hospital		
Adults and pediatrics	231	230
ICU	22	22
Skilled nursing	24	24
Belmont Community Hospital		
Adults and pediatrics	65	65
ICU	6	6
Rehabilitation	28	28
Reynolds Memorial Hospital		
Adults and pediatrics	98	98
ICU	9	9
Skilled nursing	20	20
Total adult and pediatric beds	812	589
Total ICU	92	73
Total specialty beds	230	208

SOURCE: Internal Hospital data and West Virginia Healthcare Authority Uniform Financial Reports (UFRs).

Services Provided

The market share of a hospital relative to that of others in the market area may be based largely on the services required by patients and the availability of those services at each facility. While all hospitals in the service area provide short-term acute care services, some of these hospitals provide specialized inpatient and outpatient services that meet the specific needs of residents in the community. These specialized services complement other services provided within the facility and other healthcare providers operating in the service area.

See Appendix B for a summary of the services provided by each acute care hospital operating in the service area.

Inpatient Services

All hospitals within the service area provide short-term acute care services to adult and pediatric patients, however there are also obstetrics and nursery, skilled nursing, long-term care and psychiatric inpatient services provided by these hospitals. Exhibit 18 presents the inpatient discharges by each patient type for all hospitals in the service area. Inpatient data for Reynolds Memorial Hospital has also been included in this information. While slightly outside the service area, a portion of the service area residents seek inpatient services at this facility.

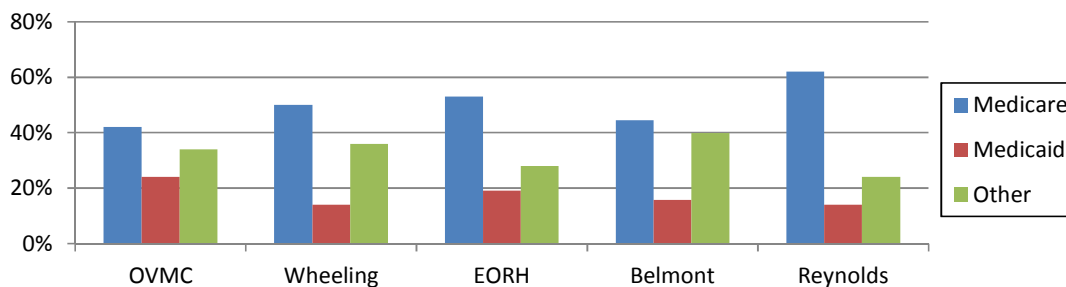
Exhibit 18
Inpatient Discharges by Hospital by Patient Type
2010

	Wheeling Hospital	Ohio Valley Medical Center	Belmont Hospital	East Ohio Regional Hospital	Reynolds	Total
Adults and pediatrics	11,276	4,686	694	4,017	2,598	27,425
Skilled nursing and rehabilitation	714		281	-	394	4,960
Intermediate Care	-	-	-	27	-	27
Skilled Care				391		391
Psychiatric	-	1,585	318	-	-	1,585
Total	11,990	6,275	1,293	4,435	2,992	34,388

SOURCE: Internal hospital data and the West Virginia Health Care Authority Uniform Financial Reports (UFRs).

The following chart presents the inpatient discharges by payor for each hospital in 2009. As shown in the chart, Medicare patients make up a significant portion of each hospital's discharges. This follows the general trend of an older population which would be covered under the Medicare program. Medicaid also is a significant payor for most hospitals in the service territory. In the case of these service area hospitals, the combined Medicare and Medicaid inpatient discharges is greater than 60% of total inpatient discharges.

Chart 10
Inpatient Discharges by Hospital by Payor
2009



SOURCE: Internal hospital data and the West Virginia Health Care Authority Uniform Financial Reports (UFRs)

Exhibit 19 provides total acute care discharges by medical diagnostic category (MDC) and facility for 2009. This exhibit illustrates the inpatient discharges from the service area and the types of services provided by each facility.

Exhibit 19
Acute Care Discharges by Hospital
by MDC for 2009 (Calendar Year)

MDC		Wheeling	OVMC	Belmont	EORH	Reynolds
00	Not Classified	43	18	-	-	8
01	Nervous System	48	29	-	114	12
02	Eye	6	4	-	-	3
03	Ear, Nose and Throat	96	37	-	18	17
04	Respiratory System	1,317	694	157	483	388
05	Circulatory System	1,633	688	98	826	540
06	Digestive System	762	521	23	255	247
07	Pancreas	255	133	-	18	72
08	Musculoskeletal System	911	347	-	373	156
09	Skin, Tissue	259	205	29	168	74
10	Endocrine, Nutritional	220	146	32	108	81
11	Kidney / Urinary Tract	373	187	11	113	151
12	Male Reproductive	40	34	-	-	7
13	Female Reproductive	221	150	-	25	25
14	Pregnancy	843	288	-	428	116
15	Normal Newborns	775	242	-	399	110
16	Blood	107	59	-	-	45
17	NEC	146	78	-	-	6
18	Infectious/ Parasitic	294	88	-	24	46
19	Mental Disorders	7	1,277	349	-	3
20	Substance Use	6	50	136	-	7
21	Injury/ Poisoning	80	141	20	40	17
22	Burns	-	2	-	-	-
23	Health Status	29	45	286	-	10
24	Multiple Significant Trauma	15	7	-	-	1
25	Human Immunodeficiency	-	-	-	-	-
TOTALS		8,486	5,470	1,141	3,392	2,142

SOURCE: West Virginia Health Care Authority UB-92 Database and Ohio Department of Health.

Outpatient Services

All hospitals in the service area provide a full range of outpatient diagnostic, emergency and surgical services. As with inpatient services, most hospitals provide specialized outpatient services that meet the particular needs of local residents. Exhibit 20 presents the outpatient visits by Hospital detailed by the type of service provided to the patient.

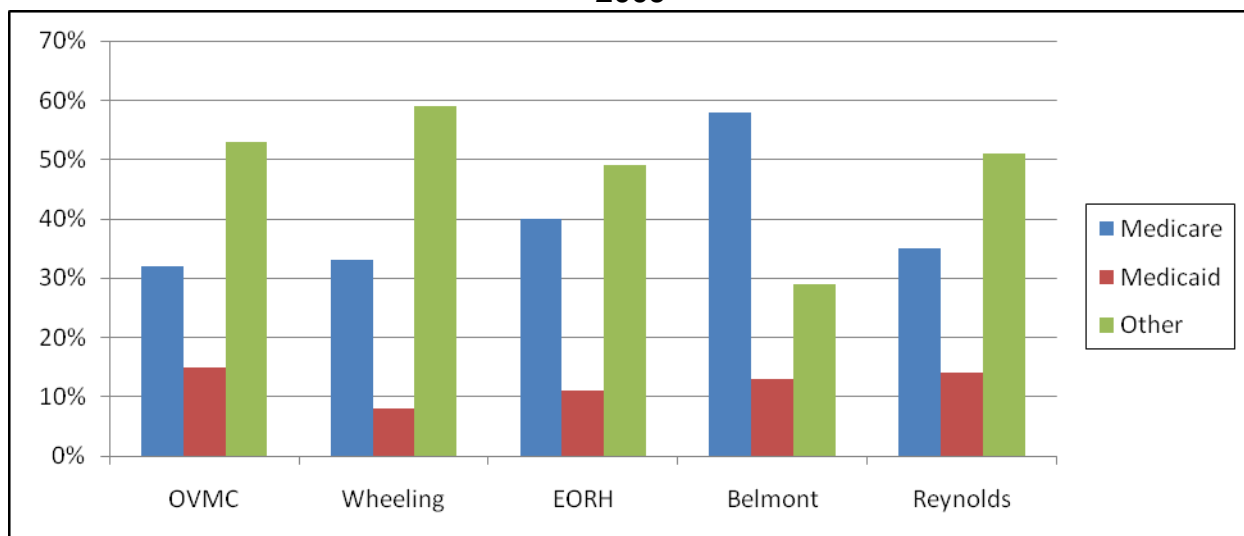
Exhibit 20
Outpatient Visits by Hospital by Patient Type
2009

	Wheeling Hospital	Ohio Valley Medical Center	Belmont Hospital	East Ohio Regional Hospital	Reynolds
Diagnostic and general outpatient	295,735	121,881	55,912	65,531	58,531
Emergency room	40,807	29,112	6,549	21,095	12,934
Ambulatory surgery	13,417	2,885	1,021	4,293	1,464
Total	349,959	153,878	63,482	90,919	72,929

SOURCE: Internal hospital data and the West Virginia Health Care Authority Uniform Financial Reports (UFRs).

The following chart presents the outpatient visits by payor for each Hospital in 2009. As shown in the chart, Medicare patients make up a significant portion of each hospital's outpatient business; however, the distribution of payors is more varied than for inpatient services. A number of commercial insurances combine to make up a sizable portion of the Hospital's outpatient population base. This is a result of younger populations being treated in an outpatient setting and not requiring hospitalization at the rate of older persons. In addition, younger populations are typically higher users of emergency services.

Chart 11
Outpatient Visits by Hospital by Payor
2009



SOURCE: Internal hospital data and the West Virginia Health Care Authority Uniform Financial Reports (UFRs).

PHYSICIAN NEED

Along with hospitals, physicians help to form the foundation for a community's health care delivery system. The service area contains multiple acute care facilities, as such there are several physicians employed and affiliated with these hospitals. Many of the physicians have privileges at more than one facility. In addition to those physicians affiliated with one or more hospital, the area is also served by physicians providing primary care and specialty services through individual or group private practices.

A responsible health care delivery service plan for any community should include physician succession and recruitment. Current and future physician needs should be continuously assessed so that vital services are available and accessible. A comprehensive listing of the primary care physicians, specialty physicians and mid-level practitioners working in the service area is included in Appendix A of this report. Also included in this listing is the specialty and age of each healthcare professional.

Primary Care Physicians

Exhibit 21 displays the census count by specialty for all physicians affiliated with the four acute care hospitals in the service area as of May 2011. Overall, approximately 36.8% of the active physicians are classified as primary care physicians. Primary care physicians are defined to include those physicians practicing in internal medicine, general/family practice medicine, obstetrics/gynecology and pediatrics.

Specialty Physicians

There are multiple specialties represented among the physicians affiliated with the hospitals in the service area. Exhibit 21 lists the number of physicians by specialty for the service area:

Exhibit 21
Primary Care and Specialty Physician Census
As of June 2012

Specialty	Wheeling Service Area
<i>Primary Care Physician Census Count</i>	
Family Practice	58
Internal Medicine	32
OB GYN	18
Pediatrics	17
	125
<i>Specialty Care Physician Census Count</i>	
Allergy	4
Anesthesia	17
Cardiac Electrophysiology	2
Cardiology	14
Colorectal Surgery	1
Dental	7
Dermatology	3
Emergency Medicine	19
Endocrinology	4
Gastroenterology	8
General Practice	5
Infectious Disease	2
Nephrology	5
Neurology	9
Neurosurgery	9
Oncology	8
Ophthalmology	18
Oral Surgery	1
Orthopedic Surgery	3
Orthopedics	7
Otolaryngology	5
Pain Management	2
Pathology	8
Pediatric/Endocrinology	1
Pediatric/Ophthalmology	1
Pediatric/Psychiatry	2
Plastic Surgery	7
Podiatry	8
Psychiatry	12
Pulmonary Disease	6
Radiation Oncology	3
Radiology	19
ReleRad	1
Rheumatology	1
Sports Med/Peds	1
Surgery	8
TeleRadiology	25
Thoracic Surgery	8
Urology	5
Total	297

Estimates of Physician Need

There are several methodologies for estimating physician needs within a service area using physician-to-population ratios. These methodologies were applied to the population of the Wheeling service area to estimate the need for additional primary care and/or specialty care physicians. Exhibit 22 provides three different need methodologies.

Despite constant recruitment efforts, maintaining the appropriate level of medical providers has been and will continue to be a major challenge; Physicians eventually retire or move out of the area, creating a natural shortage of medical providers. The succession of established physicians who have served the community for several years is one of the most challenging tasks faced by healthcare leaders. Established physicians can be responsible for significant portions of hospital utilization and their departure can have considerable financial repercussions.

**Exhibit 22
Summary of Physician Need Methodology by Specialty**

Specialty	GMENAC		Goodman		Hicks & Glenn		Solucient	
	Ratio	Calculated FTES	Ratio	Calculated FTES	Ratio	Calculated FTES	Ratio	Calculated FTES
Primary Care								
Family Practice	25.2	67.9	-	-	16.2	43.6	22.5	60.6
Internal Medicine	28.8	77.6	-	-	11.3	30.4	19.0	51.2
Pediatrics	12.8	34.5	-	-	7.6	20.5	13.9	37.4
Medical Specialties								
Allergy	0.8	2.2	1.3	3.5	-	-	1.7	4.6
Cardiology	3.2	8.6	3.6	9.7	2.6	7.0	4.2	11.3
Dermatology	2.9	7.8	1.4	3.8	2.1	5.7	3.1	8.3
Endocrinology	0.8	2.2	-	-	0.8	2.2	-	-
Gastroenterology	2.7	7.3	1.3	3.5	-	-	3.5	9.4
Hematology / Oncology	3.7	10.0	1.2	3.2	-	-	1.1	3.0
Infectious Disease	0.9	2.4	-	-	0.6	1.7	-	0.0
Nephrology	1.1	3.0	-	-	-	-	0.7	1.9
Neurology	2.3	6.2	2.1	5.7	1.4	3.8	1.8	4.8
Psychiatry	15.9	42.8	7.2	19.4	3.9	10.5	5.7	15.3
Pulmonology	1.5	4.0	1.4	3.8	-	-	1.3	3.5
Rheumatology	0.7	1.9	0.4	1.1	-	-	1.3	3.5
Other Medical Specialties	-	-	-	-	-	-	2.0	5.4
Surgical Specialties								
General Surgery	9.7	26.1	9.7	26.1	4.1	11.0	6.0	16.2
Neurosurgery	1.1	3.0	0.7	1.9	-	-	-	-
Obstetrics and Gynecology	9.9	26.7	8.4	22.6	8.0	21.5	10.2	27.5
Ophthalmology	4.8	12.9	3.5	9.4	3.2	8.6	4.7	12.7
Orthopedic Surgery	6.2	16.7	5.9	15.9	4.2	11.3	6.1	16.4
Plastic Surgery	1.1	3.0	1.1	3.0	2.3	6.2	2.2	5.9
Urology	3.2	8.6	2.6	7.0	1.9	5.1	2.9	7.8
Other Surgical Specialties	-	-	-	-	-	-	2.2	5.9
Hospital Based Services								
Emergency Medicine	8.5	22.9	2.7	7.3	-	-	12.4	33.4
Anesthesiology	8.3	22.4	7.0	18.9	-	-	-	-
Radiology	8.9	24.0	8.0	21.5	-	-	-	-
Pathology	5.6	15.1	4.1	11.0	-	-	-	-

SOURCE: Merritt, Hawkins and Associates

Note: Hicks & Glenn ratios for Endocrinology and Infectious Disease obtained from Medicus Partners, http://www.themedicusfirm.com/files/Physician_Population_Ratios.pdf

Exhibit 23 summarizes the number of physician FTEs by specialty as calculated by each physician need methodology as well as the average of all methodologies. This average is compared to the estimated physician supply for 2012 to provide an assessment of the unmet need for primary care and specific specialty care physicians. In order to better analyze the future need for physicians, the average physician age for each speciality has been included.

As shown in Exhibit 23, the number of family practice physicians in the Service Area approximates the number calculated by the need methodology. The number of Internists and Pediatricians in the service area is below the calculated need. Exhibit 23 also shows that the service area is deficient of several of the most needed specialty care services. Please note that the “2012 physician supply” of 47 for Radiology includes 25 teleradiologists.

**Exhibit 23
Summary of Physician Need Methodologies by Specialty
And Comparison to the Physician Supply**

Physician Specialty	GMENAC	Goodman	Hicks & Glenn	Solucient	Average of All Methodologies	2012 Physician Supply	Variance	Average Age of Physicians
Family Practice	67.9	-	43.6	60.6	57.4	58	0.6	54
Internal Medicine	77.6	-	30.4	51.2	53.1	32	(21.1)	53
Pediatrics	34.5	-	20.5	37.4	30.8	17	(13.8)	52
Medical Specialties								
Allergy	2.2	3.5	-	4.6	3.4	4	0.6	53
Cardiology	8.6	9.7	7.0	11.3	9.2	16	6.9	55
Dermatology	7.8	3.8	5.7	8.3	6.4	3	(3.4)	55
Endocrinology	2.2	-	2.2	-	2.2	4	1.8	55
Gastroenterology	7.3	3.5	-	9.4	6.7	8	1.3	54
Hematology/ Oncology	10.0	3.2	-	3.0	5.4	8	2.6	49
Infectious Disease	2.4	-	1.7	-	2.1	2	(0.0)	46
Nephrology	3.0	-	-	1.9	2.5	5	2.6	52
Neurology	6.2	5.7	3.8	4.8	5.1	9	3.9	57
Psychiatry	42.8	19.4	10.5	15.3	22.0	14	(8.0)	47
Pulmonology	4.0	3.8	-	3.5	3.8	6	2.2	59
Rheumatology	1.9	1.1	-	3.5	2.2	1	(1.2)	55
Other Medical Specialties	-	-	-	5.4	5.4	30	24.6	64
Surgical Specialties								
General Surgery	26.1	26.1	11.0	16.2	19.9	8	(11.9)	52
Neurosurgery	3.0	1.9	-	-	2.5	9	6.6	50
Obstetrics and Gynecology	26.7	22.6	21.5	27.5	24.6	18	(6.6)	58
Ophthalmology	12.9	9.4	8.6	12.7	10.9	17	6.1	46
Orthopedic Surgery	16.7	15.9	11.3	16.4	15.1	10	(5.1)	56
Plastic Surgery	3.0	3.0	6.2	5.9	4.5	7	2.5	57
Urology	8.6	7.0	5.1	7.8	7.1	5	(2.1)	57
Other Surgical Specialties	-	-	-	5.9	5.9	12	6.1	55
Hospital Based Services								
Emergency Medicine	22.9	7.3	-	33.4	21.2	19	(2.2)	46
Anesthesiology	22.4	18.9	-	-	20.7	17	(3.7)	53
Radiology	24.0	21.5	-	-	22.8	47	24.3	51
Pathology	15.1	11.0	-	-	13.1	8	(5.1)	54

SOURCE: Merritt, Hawkins and Associates

Note: Hicks & Glenn ratios for Endocrinology and Infectious Disease obtained from Medicus Partners, http://www.themedicusfirm.com/files/Physician_Population_Ratios.pdf

COUNTY HEALTH DEPARTMENTS

County health departments provide a broad range of preventive care and primary care services designed to improve the overall health and wellness of residents by providing or assuring the provision of community based health services. Through planning and direct service delivery, these departments focus on health promotion, disease prevention and direct intervention.

The following exhibit provides a summary of the services provided by the county health departments located in the service area:

Exhibit 23
Summary of Services Provided by County Health Departments

	Wheeling- Ohio	Marshall	Brooke	Wetzel-Tyler
Community education	X	X	X	X
Immunizations	X	X	X	X
Breast and cervical cancer screenings	X	X	X	X
Epidemiology	X	X	X	X
Family planning	X	X	X	X
School-based health	X	X	X	X
HIV / Aids	X	X	X	X
Sexually transmitted diseases	X	X	X	X
Environmental services	X	X	X	X
WIC				
Right from the Start		X	X	
Lab screening		X	X	
Tuberculosis	X	X	X	X
Dental services		X		
Handicap children services				
Tobacco programs				

SOURCE: Obtained from the web pages of each respective county health department.

NOTE: Jefferson and Monroe county, though part of the service area, were excluded from the table due to the absence of data

RESULTS OF COMMUNITY INTERVIEWS

Selected stakeholders from the Wheeling service area provided valuable input in a series of individual interviews. These interviews were conducted to discuss the Community Health Needs in the Wheeling Service Area:

- Population and economic trends in Wheeling Hospital's primary and secondary service area and expectations for the future;
- Current perceptions about Wheeling Hospital's and overall health care in the service area;
- Current operations of Wheeling Hospital's and the degree to which these services are meeting community needs;
- Quality and access related to primary care, emergency services, inpatient services, long-term care and public health services;
- Possible roles for Wheeling Hospital's in meeting the future health care needs for community health services; and
- Potential for Wheeling Hospital's success in expanding services and the challenges to expanding services in the area.

A cross-section of various community representatives were interviewed and included a representative from Belmont Hospital, the Wheeling Hospital Director of Nursing, the Wheeling Hospital Supplies and Inventory Manager, the former mayor of Wheeling, and members of the Wheeling Hospital board. These individuals were chosen because they provided diversified backgrounds and a range of perspectives on the state of the community and health care.

Population Growth and Economic Outlook for Wheeling Service Area

All of those interviewed commented on the aging population and the stagnant economy in the Wheeling service area. Although the exploration of the Marcellus Shale is expanding and creating opportunities, the majority of jobs are from out of state and have not brought sufficient new employment to replace the amount of people relocating out of the service area. Those interviewed felt the area had a slightly decreasing population base and stable, if few, employment opportunities. There is the potential for economic improvement if energy companies establish offices in the area. In the service area, many jobs offer low pay with no benefits which negatively impacts the collection of revenues for the healthcare providers.

Wheeling Hospital, Inc and Service Territory

Most of those interviewed were knowledgeable about the health care services available in the Wheeling service area and those provided by Wheeling Hospital. Health care within the Wheeling service area is seen as above average for most primary care, oncology, open heart surgery and emergency services. However, a number of those interviewed felt the hospital should continue physician recruiting efforts for primary care, surgery, urology, gastroenterology, radiation oncology, psychiatry and orthopedics. In particular, there was an expressed need for psychiatrists and related behavioral services. Furthermore, while a new child behavioral health facility is being developed,

most believe there is a greater need for Adult outpatient evaluations. Various respondents also commented that some existing primary care physicians are not accepting new patients and a number of the physicians are aging making it difficult for new residents to secure primary care.

When asked about the perception of the Hospital, most responded the Hospital has an esteemed reputation as a primary care and surgical facility and offers a diverse list of specialty services. Stakeholders expressed positive views of inpatient care and emergency care, within the emergency services division. All respondents noted the positive impact of the new Tower addition at Wheeling Hospital. The respondents noted the new space allowed the Hospital to reorganize and redesign its useable space to increase efficiencies and aesthetics. In general, Wheeling Hospital is now seen as the innovative healthcare leader in the area.

Coinciding with the addition of the new Tower was a focus on quality, Wheeling Hospital has seen a measurable increase in its HCAP quality scores. HCAP scores have increased 15% for inpatients and 30% for ER patients, respectively. Furthermore, the nurse to patient ratio has decreased and a recent internal satisfaction survey showed satisfaction increased 36% from the prior survey.

Furthermore, the stakeholders primary area of concern focused on the ability of local hospitals to work together in an effort to create strength and synergies in specialty services such as oncology and cardiology. Several of those interviewed mentioned the lack of oncology and chemotherapy services. Some of the interviewees identified the need for a full service oncology center as the travel to Pittsburgh and Columbus can be a hardship for elderly and low-income cancer patients.

However, one respondent's concern centered on the availability of trauma services. Specifically, too many patients are using the Emergency room as a general physician practice. Therefore making the Emergency Room have longer wait times than should be occurring.

In general, the discussions with stakeholders of Healthcare in the Wheeling Service Area were positive. The majority of the stakeholders do not believe there is a reason to leave the service area so long as the patient's needs were not exceedingly specialized. Lastly, stakeholders suggested Wheeling Hospital and OVHS&E should work together in providing improved and more comprehensive services.

Quality and access of services

In terms of quality and access to services in the Wheeling service area, the following was reported:

Primary care: It was widely agreed the quality and access to primary care has remained above average. However, it was noted the area has many aging primary care physicians and most are not taking new patients. Such a situation makes it difficult to find a primary care physician for those moving into the Wheeling area. Separately, the Wheeling Health Right assists with primary care for the uninsured or underinsured.

Wheeling Health Right is a significant asset to Ohio County, West Virginia and Belmont County, Ohio. Wheeling Health Right provides basic primary health care to persons unable to obtain such care through currently existing health programs. Health Right helps facilitate entry into existing programs for the uninsured and provides a free clinic. Wheeling Health Right serves over 19,000 patients. Participants received over \$8 million in free health care from the Wheeling area hospitals in 2010. Wheeling Health Right employs mid-levels and has over 125 physician volunteers who service the primary health clinic. This service removes part of the burden from primary care physicians in the Wheeling service area. However, some stakeholders believe the Hospital provides too much free care for Wheeling Health Right and the organization serves as an enabler to the residents.

Inpatient services: Inpatient services provided by Wheeling Hospital are widely regarded as a quality experience. The nursing staff appears to be qualified, however a few stakeholders stated there is a shortage of nurses in Wheeling Hospital to provide quality care. Overall, most responded that Wheeling Hospital meets the needs of the community and its image has improved over the years. The Tower Five addition at Wheeling Hospital has all private rooms which has been well received by patients. It was also noted that the internal medicine doctors at Wheeling Hospital are viewed as exceptional physicians.

The operating room is currently operating at 60% productivity. Furthermore, the Hospital is currently redesigning the Cath Lab and considering the addition of a third lab. There is a need for a lab outreach program as many residents are not able to travel to area Hospitals to receive blood pressure tests, flu shots and other normal health screenings. Additionally, there is a need for an Inpatient Diabetic educator to assist with the education of the patients who suffer from diabetes. Diabetes is a paramount concern in the Wheeling service area and educating the population should be a top priority. Respondents also felt more general educational services could be offered to patients before they leave the premises in an effort to reduce readmission or relapse.

Emergency services: Most agreed emergency services provided by Wheeling Hospital are respectable and without major access problems. Wheeling Hospital works with the local EMS to provide emergency transport services. The city's EMS is one of the few "A-1" ratings in the state. New STEMI grant in April of 2012 in Belmont County helps the EMS to determine if a patient should go to Belmont or Wheeling Hospital for a heart issue. It was noted by some stakeholders that most patients are seen by emergency room residents rather than physicians. Also mentioned was the need for additional trauma services in the area due to trauma surgeons attending at multiple area hospitals. The wait times for Emergency Room treatments are currently operating within acceptable ranges.

Outpatient and Clinic services: Many of those interviewed felt that basic outpatient ancillary services provided were adequate, however they would prefer to see additional specialty services offered or expanded. The expansion of oncology services is an area which is benefiting community members. Also, there was a perceived need for additional pediatric and obstetrical services to be offered.

Long-term care: Most felt the long-term care services and capacity were adequate. There was a general discussion regarding the aging population and influx of retired persons and how those dynamics could impact future capacity. Most stakeholders would prefer to see independent living communities and assisted living facilities expanded in the Wheeling service area. Currently, the only LTAC in the area is at Belmont Hospital.

Behavioral Health: Stakeholders feel access to psychiatrists in an outpatient setting is limited and it is difficult for a new patient to be seen by a psychiatric professional. Stakeholders mentioned, on average, it is an eight to ten week wait to see a qualified professional. There seems to be a genuine need for additional psychiatrists in the Wheeling Service area. Substance abuse and other behavioral issues have become a significant problem in the area. OVMC is building an adolescent psychiatric center to be completed within the next year. This facility will help adolescents in dealing with behavioral issues, but further need still exists for adult care. Also, Belmont Hospital has 14 licensed psychiatric beds. Even so, the lead-time associated with scheduling consultations and receiving quality treatment is operating at an unacceptable level for those patients with behavioral health issues.

Public Health: Stakeholders, who have prior public health experience, felt that access and information provided by the health department was adequate. The health department's chief focus is prevention. As such, the health department has created a traveling clinic to administer vaccines to residents. Previously, a local resident would have traveled an hour to receive the same shots. The Health Department proactively informs Ohio County residents of available vaccines and the benefits of those vaccines.

Barriers for Accessing Healthcare in the Wheeling Service Area

Most stakeholders believe numerous barriers exist for accessing health care in the Wheeling service area. The most frequently identified barriers were the cost of treatment and lack of patient insurance. Additionally, residents lack knowledge about the availability of charity care at the hospital. Wheeling Health Right does assist individuals; however patients must first contact Health Right. Furthermore, there is not a viable public transportation system for the outlying, rural areas. The lack of available transportation has created a substantial barrier for residents of Ohio County to obtain primary care without using the EMS for transportation to the emergency room. There is a transportation service made available by the Senior Services organization of Belmont county which is used to transport the elderly to healthcare facilities, however, most citizens are unaware that such a service exists.

Respondents also noted the need for additional physicians such as gastroenterology surgeons, general surgeons, orthopedic surgeons, urologists and psychiatrists in the Wheeling service area. A long wait exists for quality care in each of these specialty areas. Moreover, the wait times are frequently longer if the patient is uninsured or underinsured and seeks assistance through Wheeling Health Right. Lastly, there are insufficient transitional or outpatient behavior health centers. In some cases mentally ill patients are discharged to homeless shelters and soup kitchens rather than a transitional facility.

Possible roles/services for Wheeling Service Area to Explore

In regards to expanding services, stakeholders discussed the importance of recruiting additional physicians to expand the quality of care for patients. Specific areas highlighted during these discussions were urology, general surgery, psychiatry, orthopedic, endocrinologist and gastroenterology. Other physicians also mentioned included radiation oncologist, ENTs and pediatric endocrinologist. Stakeholders also identified the need to have various educational (preventive) programs implemented in the Wheeling service area. These included diabetic education, weight loss education and health/wellness programs. In the service area, the diabetes death rate is 55% higher than the national average and the heart disease death rate is 46% above the national average.

Wheeling Hospital is currently working with Wheeling Jesuit to develop a stronger nursing program which will help to alleviate the shortage of nurses. Other Paramed Ed programs are being explored with Wheeling Jesuit on the newly purchased Mount De Chantel property.

Furthermore, stakeholders advocated additional pediatric specialists (cardiology), adolescent wellness programs and dietary education. The Ohio County school system has recently changed school menus to offer the students more well-balanced meal options. Respondents also emphasized the need for independent living communities, assisted living and long-term care services due to the general aging of the population.

Respondents feel it is important to continue to focus on the Hospital's relationships with the Hospitals in Pittsburgh and Columbus. Wheeling Hospital's association with these providers creates a perception of added value and quality. However, the Hospital should not lose focus of its most common DRG's when considering future services to add in-house.

Future Success of Wheeling Hospital

Discussions relating to the future of Wheeling Hospital were consistent among respondents. All participants believe Wheeling Hospital is vital to the community and must continue to offer progressive services to residents. While there is an obvious desire for Wheeling Hospital to develop additional services, respondents noted Wheeling Hospital should continue to support core services and expand only when expansion was operationally and financially feasible. Many of the stakeholders noted that Wheeling Hospital and OVMC should collaborate to provide better quality and more affordable healthcare to patients. Though most stakeholders identify the importance of recruiting physicians and expanding services, they also acknowledged Wheeling Hospital must remain financially viable.

Interviewees also noted a need for continued improvement in the outreach and education programs for the under privileged, under insured and older / low income citizens. Programs should focus on preventative services to avoid the excessive use of the emergency services by those aforementioned demographics. Respondents also emphasized the relationship with other local hospitals such as Belmont and leveraging the feeder system to Wheeling Hospital. While smaller community health clinics and

non-tertiary hospitals can serve the majority of residents, transportation to a large facility such as Wheeling Hospital is crucial for critically ill or injured citizens. Interviewees also identified the importance of strategic relationships with local institutions of higher education. These institutions can serve as a feeder system for nurses and hospital staff. Consideration should be given to expanding local healthcare related educational services in an effort to train and develop local staff.

SUMMARY OF FINDINGS

The following is a summary of the key findings from the community health needs assessment for Wheeling West Virginia and the surrounding communities:

- The population is estimated to decline over the next few years.
- The population is expected to age with the highest growth in the 65 and over age category.
- The rate of heart disease for residents of the service area is well above the national average.
- For the years 2000 to 2010 several counties within the service area saw a significant increase in unemployment.
- For the years 2000 to 2010 several counties within the service area saw a significant increase in the percentage of adults living in poverty.
- There is a wide variance among counties within the service area for healthy behaviors and access to recreational activity.
- Medicare and Medicaid beneficiaries make up a significant portion of the total patient population.
- There are several areas within the service area that are designated by the federal government as health professional shortage areas or medically underserved areas.
- The need for healthcare services appears to be fairly constant in future years.

The results of the community health needs assessment quantitative and qualitative analysis, along with the input from members of the community appear to indicate common themes in the health needs of the Wheeling area and surrounding communities that should be the focus for further service development. These focus areas are:

- The physician shortages in the area of Pediatrics
- The physician shortages in the area of Internal Medicine.
- The physician shortages in the area of General Surgery.
- The physician shortages in the area of Psychiatry.
- The physician shortages in the area of Urology.
- The physician shortages in the area of Orthopedics.
- The physician shortages in the area of Endocrinologists for adults and pediatrics.
- The stakeholders feel the Hospital should continue to recruit primary care physicians due to the aging population of the primary care physicians.
- Need for adult outpatient behavioral health services.
- Need for diabetic education for both inpatient and outpatient services.
- Need for a weight loss and nutrition program for adults.
- Need for a pediatric and adolescent nutrition education program.

- Educating indigent residents about charity care provided by area hospitals.
- Consider increasing access to Wheeling Health Right as the right to use is currently limited to residents of Ohio and Belmont Counties which is only a portion of the Wheeling service area.
- Improve the availability of transportation for the impoverished and elderly who are unable to drive.
- Consider construction projects that address the need for an Assisted Living Facility and/or Independent Living Communities for the area's aging population.

The following exhibit shows the detail of physicians by specialty working in the service area in an active and consulting capacity. Due to the close proximity of the hospitals, many of these physicians work in more than one facility. To avoid duplication, each physician is listed only once.

Health Care Professional	Speciality	Age
Krishna R. Urval, M.D.	Allergy	55
Abdullah, Kalla, M.D.	Anesthesiology	50
Andrew Meister, M.D.	Anesthesiology	41
Antonio M. Domaoal, M.D.	Anesthesiology	69
Dominic Cottrell, M.D.	Anesthesiology	42
Lee P. Theaker, M.D.	Anesthesiology	48
Pradip Mehta, M.D.	Anesthesiology	63
Romeo C. Reyes, M.D.	Anesthesiology	71
Samy F. Sakla, M.D.	Anesthesiology	56
Santwana V. Sovani, M.D.	Anesthesiology	49
Shishir H. Shah, M.D.	Anesthesiology	47
Ashok Kumar, M.D.	Anesthesiology	58
John E. Dudich, M.D.	Anesthesiology	50
Kenneth C. Nanners, M.D.	Anesthesiology	43
Kenneth S. Allen, M.D.	Anesthesiology	53
Maryann N. Cater, D.O.	Anesthesiology	57
Vincent C. Stonebraker, M.D.	Anesthesiology	47
William H. Wright, M.D.	Anesthesiology	65
Glen Miske, D.O.	Cardiac Electrophysiology	39
Devender K. Batra, M.D.	Cardiology	56
Joseph A. Gabis, M.D.	Cardiology	66
Robert Fanning, Jr. D.O.	Cardiology	52
Edward K. Chiu, M.D.	Cardiology	59
H. David Millit, M.D.	Cardiology	60
Richard F. Terry, M.D.	Cardiology	64
Maninder S. Bedi, M.D.	Cardiology/Cardiac Electrophysiology	39
Steven K. Wiley, M.D.	Colorectal Surgery	44
Donald H. Lough Jr., D.D.S.	Dental Service	59
Edwin V. Kluth, D.D.S.	Dental Service	66
Jay H. Dyer, D.D.S	Dental Service	67
John N. Kramer, D.D.S.	Dental Service	52

Note: Obtained from hospital records.

*Community Health Needs Assessment**Physicians and Mid-Level Practitioners Practicing in the Service Area*

Health Care Professional	Speciality	Age
Lawrence E. Wright, D.D.S.	Dental Service	60
Ricardo D. Zambito, D.D.D.	Dental Service	55
W. Craig Wilcox, D.D.S.	Dental Service	62
Gregory Ganzer, D.O.	Dermatology	50
Jerry Hahn, M.D.	Dermatology	57
Richard Geary, D.O.	Dermatology	59
Frank Gaudio, M.D.	Emergency	55
James Lundy, D.O.	Emergency	46
Jason Seungdamrong, M.D.	Emergency	32
Kevin Clarke, M.D.	Emergency	50
Kevin-Sean McGann, D.O.	Emergency	44
Matt Lambert, M.D.	Emergency	41
Matthew Lee, M.D.	Emergency	40
Michael Joel Shuster, M.D.	Emergency	63
Richard Aprea, M.D.	Emergency	42
Steven Katz, M.D.	Emergency	51
William Brocklehurst, M.D.	Emergency	43
Brian K. Richardson, M.D.	Emergency	35
Chad D. Anderson, M.D.	Emergency	30
F. Brian Brautigan, M.D.	Emergency	52
Gerald A. Dague, M.D.	Emergency	39
Marwan Yanes, M.D.	Emergency	64
Michelle Dayton, M.D.	Emergency	48
Raina Burke, M.D.	Emergency	34
Sivaram Kollengode, M.D.	Emergency	63
Arlene S. Feder, M.D.	Endocrinology	61
Julie Bunner, M.D.	Endocrinology	52
Albert V. Jellen, M.D.	Family Practice	71
Basil P. Papadimitriou, M.D.	Family Practice	81
Carol A. Antonelli-Greco, D.O.	Family Practice	52
Charla Anderson, M.D.	Family Practice	42
Charles J. Bradac, D.O.	Family Practice	62
Cheryl P. Entress, M.D.	Family Practice	71
Douglas Trubiano, D.O.	Family Practice	40
Douglas W. Midcap, D.O.	Family Practice	49
Fausto J. Lazo, M.D.	Family Practice	67
George L. Cholak, M.D.	Family Practice	68
George Naum, III, D.O.	Family Practice	52
George Naum, Jr., M.D.	Family Practice	78
Gregory Wood, D.O.	Family Practice	50
James L. Comerchi, M.D.	Family Practice	56

*Community Health Needs Assessment**Physicians and Mid-Level Practitioners Practicing in the Service Area*

Health Care Professional	Speciality	Age
Joseph J. Depetro, M.D.	Family Practice	52
Lawrence C. Kelly, D.O.	Family Practice	59
Luke Cui, M.D.	Family Practice	58
Marilyn Horacek, D.O.	Family Practice	53
Nancy Sukys, M.D.	Family Practice	55
Patsy P. Cipoletti, Jr., M.D.	Family Practice	58
Paul D. Weidman, M.D.	Family Practice	45
Phillip J. Murray, M.D.	Family Practice	68
Richard A. Irvin, D.O.	Family Practice	47
Robert Looby, M.D.	Family Practice	66
Satinder Bhullar, M.D.	Family Practice	68
Sharon M.Lazo, M.D.	Family Practice	68
Steven C. Mills, M.D.	Family Practice	43
Thomas G. Wack, Jr., M.D.	Family Practice	63
Thomas J. Schmitt, M.D.	Family Practice	80
Thomas Wack, M.D.	Family Practice	64
Victor A. Wood, D.O.	Family Practice	54
Wijdan Suwaid, M.D.	Family Practice	42
William D. Mercer, M.D.	Family Practice	57
Amy Vasilakis-Donzella, D.O.	Family Practice	37
Bradley A. Schmitt, M.D.	Family Practice	33
Catherine J. Evans, M.D.	Family Practice	54
Chaganlal N. Patel, M.D.	Family Practice	73
Charles DeNunzio, D.O.	Family Practice	56
Charles L. Geiger, D.O.	Family Practice	40
Cynthia J. Mueller, M.D.	Family Practice	48
Dennis R. Niess, M.D.	Family Practice	56
Divikar S. Bangera, M.D.	Family Practice	74
E. Robert Marks, M.D.	Family Practice	42
Jeremy J. Edgmon, M.D.	Family Practice	37
Joseph G. Donzella, D.O.	Family Practice	38
Joseph J. Depetro III, M.D.	Family Practice	52
Laura M. Miller, D.O.	Family Practice	60
Lisa C. Hill, M.D.	Family Practice	52
Mahaveer Mukkamalla, M.D.	Family Practice	32
Mathew G. Sokos, M.D.	Family Practice	48
Mathew Wood, D.O.	Family Practice	36
Michael T. Wayt, M.D.	Family Practice	43
Robert E. Olexo, D.O.	Family Practice	43
Ruben Nepomuceno, M.D.	Family Practice	74

Community Health Needs Assessment

Physicians and Mid-Level Practitioners Practicing in the Service Area

Health Care Professional	Speciality	Age
Scott A. Carlos, M.D.	Family Practice	38
Thomas S. Ream, M.D.	Family Practice	49
Timothy H. Knierim, M.D.	Family Practice	49
Daniel W. Wilson, M.D.	Family Practice/Geriatric Medicine	52
Scott Naum, D.O.	Gastroenterology	-
George Goetz, M.D.	Gastroentology	54
Alfredo J. Seco, M.D.	General Practice	63
Divakar, Bangera, M.D.	General Practice	74
Gabriel E. Sella, M.D.	General Practice	63
Joseph Glorioso, D.O.	General Practice	47
Patrick Arakawa, M.D.	General Practice	82
David A. Ghaphery, M.D.	General Surgery	47
Gregory M. Saracco, M.D.	General Surgery	57
Joseph Michael Petersen, M.D.	General Surgery	58
Robert L. Cross, M.D.	General Surgery	60
John J. Wolen, M.D.	General Surgery	36
Robert E. Jones, M.D.	General Surgery	69
Wilmer G. Heceta, M.D.	General Surgery/Thoracic Surgery	75
William J. Bailer, M.D.	General Surgery/Vascular Surgery	45
Cesar R. Pizarro, M.D.	Gynecology/Obstetrics	68
Elisa Irisari, M.D.	Gynecology/Obstetrics	70
Gary S. Deguzman, M.D.	Gynecology/Obstetrics	51
George V. Jirak, M.D.	Gynecology/Obstetrics	56
Gus J. Mouhlas, M.D.	Gynecology/Obstetrics	71
Jan Seski, M.D.	Gynecology/Obstetrics	63
John M. Lawson, M.D.	Gynecology/Obstetrics	64
Leigh Anne Papadimitriou, M.D.	Gynecology/Obstetrics	43
Robert J. Shalowitz, M.D.	Gynecology/Obstetrics	60
Robert J. Wetzel, M.D.	Gynecology/Obstetrics	48
Wayne E. Groux, M.D.	Gynecology/Obstetrics	56
Catherine C. Coleman, M.D.	Gynecology/Obstetrics	62
Chandra S. Swamy, M.D.	Gynecology/Obstetrics	66
Erin V. Stoehr, D.O.	Gynecology/Obstetrics	36
Jessica Ybanez-Morano, M.D.	Gynecology/Obstetrics	48
Peter Z. Bala, M.D.	Gynecology/Obstetrics	58
Ronald L. Thomas, M.D.	Gynecology/Obstetrics	-
Sarah R. Lancione, M.D.	Gynecology/Obstetrics	59
Demetrio J. Agcaoili, M.D.	Infectious Disease	53
Andrew Etzel, D.O.	Internal Medicine	34
Angelo N. Georges, M.D.	Internal Medicine	52

*Community Health Needs Assessment**Physicians and Mid-Level Practitioners Practicing in the Service Area*

Health Care Professional	Speciality	Age
Bill Apostolon, D.O.	Internal Medicine	44
Carlos C. Jimenez, M.D.	Internal Medicine	66
Gary B. Davenport, M.D.	Internal Medicine	37
Imelda Chia, M.D.	Internal Medicine	59
Jamie Etzel, D.O.	Internal Medicine	32
John D. Holloway, M.D.	Internal Medicine	57
Mario C. Mejia, M.D.	Internal Medicine	69
Monina Jao, M.D.	Internal Medicine	48
Naba Goswami, M.D.	Internal Medicine	61
Nepomuceno Dario, Jr., M.D.	Internal Medicine	70
Renato F. Dela Cruz, M.D.	Internal Medicine	59
Reynaldo Dela Cruz, M.D.	Internal Medicine	59
Rick A. Greco, D.O.	Internal Medicine	50
Robert Crake, D.O.	Internal Medicine	42
Shawn G. Stern, D.O.	Internal Medicine	42
Thomas J. Romano, M.D.	Internal Medicine	62
Thomas Waltz, D.O.	Internal Medicine	30
Timothy Wilson, D.O.	Internal Medicine	50
Victor T. Perrone, M.D.	Internal Medicine	60
Viswanathan Chokkavelu, M.D.	Internal Medicine	64
Zaveen A. Kureishy, M.D.	Internal Medicine	48
Byron L. Van Pelt, M.D.	Internal Medicine	69
C. Clark Milton, D.O.	Internal Medicine	56
Himalaya M. Patcha, M.D.	Internal Medicine	59
Jasmine Trouten, M.D.	Internal Medicine	44
John L. Happel, Jr., M.D.	Internal Medicine	58
Leah J. Jones, D.O.	Internal Medicine	42
Maheshwar R. Musunuri, M.D.	Internal Medicine	57
Shashi B. Gupta, M.D.	Internal Medicine	61
Shashi R. Urval, M.D.	Internal Medicine	46
Kumar R. Patel, M.D.	Internal Medicine/Allergy	44
Adel E. Frenn, M.D.	Internal Medicine/Cardiology	50
Christopher R. Eskins, M.D.	Internal Medicine/Cardiology	36
John J. Wurtzbacher, M.D.	Internal Medicine/Cardiology	61
Madhu Dharawat, M.D.	Internal Medicine/Cardiology	73
Rafael L. Schmulevich, M.D.	Internal Medicine/Cardiology	54
Ramana M. Murty, M.D.	Internal Medicine/Cardiology	64
William E. Noble, M.D.	Internal Medicine/Cardiology	64
Jeffrey S. Shultz, M.D.	Internal Medicine/Endocrinology	69
David A. Bowman, M.D.	Internal Medicine/Gastroenterology	58

Community Health Needs Assessment*Physicians and Mid-Level Practitioners Practicing in the Service Area*

Health Care Professional	Speciality	Age
John T. Dorsey, III, M.D.	Internal Medicine/Gastroenterology	55
N Z Dario, Jr, M.D.	Internal Medicine/Gastroenterology	71
Nitesh Ratnakar, M.D.	Internal Medicine/Gastroenterology	35
Rajesh M. Mehta, M.D.	Internal Medicine/Gastroenterology	55
Sanjay Chaudhry, M.D.	Internal Medicine/Gastroenterology	49
Fida A. Khan, M.D.	Internal Medicine/Infectious Disease	38
Derrick L. Latos, M.D.	Internal Medicine/Nephrology	64
Jessica Lucas, D.O.	Internal Medicine/Nephrology	34
Marion H. Drews, Jr., M.D.	Internal Medicine/Nephrology	61
Marnie J. Marker, M.D.	Internal Medicine/Nephrology	42
Thomas G. Kenamond, M.D.	Internal Medicine/Nephrology	61
Sushil K. Mehrotra, M.D.	Internal Medicine/Oncology	58
Thomas M. Przybysz, M.D.	Internal Medicine/Oncology	59
David F. Hess, M.D.	Internal Medicine/Pediatrics	38
Attila A. Lenkey, M.D.	Internal Medicine/Pulmonology	55
Dominic Gaziano, M.D.	Internal Medicine/Pulmonology	73
Michael W. Blatt, M.D.	Internal Medicine/Pulmonology	61
Richard E. Ryncarz, M.D.	Internal Medicine/Pulmonology	52
Robert B. Altmeyer, M.D.	Internal Medicine/Pulmonology	62
Brenda Adamovich, D.O.	Neurology	60
Christian A. Sonnefeld, M.D.	Neurology	34
Henry L. Kettler, M.D.	Neurology	67
John G. Tellers, M.D.	Neurology	63
Margaret E. Jaynes, M.D.	Neurology	57
Singh Gurmeet, M.D.	Neurology	52
Srini Govindan, M.D.	Neurology	65
Stephen R. Timms, M.D.	Neurology	50
Wladimir A. Zyznewsky, M.D.	Neurology	63
Charles Rosen, M.D.	Neurosurgery	46
John J. Collins, M.D.	Neurosurgery	55
Joseph L. Voelker, M.D.	Neurosurgery	55
Julian E. Bailes, M.D.	Neurosurgery	54
Ronald W. Hargraves, M.D.	Neurosurgery	58
Sanjay Bhatia, M.D.	Neurosurgery	47
Terrence D. Julien, M.D.	Neurosurgery	44
Todd Harshbarger, M.D.	Neurosurgery	42
Vincent Miele, M.D.	Neurosurgery	45
Lowell Shinn, M.D.	Oncology	52
Manish Monga, M.D.	Oncology	42
Krishnamohan Basarakodu, M.D.	Oncology	38

*Community Health Needs Assessment**Physicians and Mid-Level Practitioners Practicing in the Service Area*

Health Care Professional	Speciality	Age
Sri Laxmi Valasareddi, M.D.	Oncology	35
Anup K. Das, M.D.	Oncology/Hematology	60
Nabiel Alkhouri, M.D.	Oncology/Hematology	48
Christopher Joseph, D.O.	Ophthalmology	33
Daniel E. Buerger, M.D.	Ophthalmology	43
Gabriel Benitez, M.D.	Ophthalmology	31
Harold F. Leeper, M.D.	Ophthalmology	61
Heather Skeens, M.D.	Ophthalmology	36
Janis E. Reed, M.D.	Ophthalmology	53
John J. Antalis, M.D.	Ophthalmology	47
Laxmi Devisetty, M.D.	Ophthalmology	31
Raymond A. Bannan, M.D.	Ophthalmology	50
Robert L. Joseph, M.D.	Ophthalmology	69
William D. Strauch, M.D.	Ophthalmology	60
Brian H. Jewart, M.D.	Ophthalmology	48
John P. Nairn, M.D.	Ophthalmology	49
Lisa Cibik, M.D.	Ophthalmology	54
Martin A. Boscarino, M.D.	Ophthalmology	37
Miguel A. Busquets, M.D.	Ophthalmology	39
Harold Pickens, O.D.	Optometrist	57
Philip D. High, D.D.S.	Oral Surgery	65
John Michalski, M.D.	Orthopedic Surgery	54
Mary Margaret Haus, M.D.	Orthopedic Surgery	55
Michael Zilles, M.D.	Orthopedic Surgery	44
Dante A. Marra, M.D.	Orthopedics	51
Earl Fritz Braunlich, M.D.	Orthopedics	46
Jonathan D. Lechner, M.D.	Orthopedics	58
Richard S. Glass, M.D.	Orthopedics	70
Robert A. Caveney, M.D.	Orthopedics	59
Derek H. Andreini, M.D.	Orthopedics	60
Robert J. Zaleski, M.D.	Orthopedics	63
Christopher Tiu, M.D.	Otolaryngology	40
Jeremy J. Tiu, M.D.	Otolaryngology	35
Randall P. Weyrich, M.D.	Otolaryngology	62
Larry A. Dodd, M.D.	Otolaryngology	68
Wilfredo A. Tiu, M.D.	Otolaryngology	74
Chong A. Kim, M.D.	Pain Management	34
Richard M. Vaglianti, M.D.	Pain Management	55
Mohtashim Naeem, M.D.	Pathology	42
Nasir A. Khan, M.D.	Pathology	54

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Health Care Professional	Speciality	Age
Sam J. Nassar, M.D.	Pathology	48
Vinayak K. Sovani, M.D.	Pathology	56
Busaina L. Khalil, M.D.	Pathology	60
Edward Adamovich, M.D.	Pathology	60
Michael M. Yousef, M.D.	Pathology	59
Scott L. Nestor, M.D.	Pathology	52
Malek El Yaman, M.D.	Pediatrics	34
Mark J. Wilson, M.D.	Pediatrics	41
Michelle L. Hess, M.D.	Pediatrics	39
Richard R. Feder, M.D.	Pediatrics	63
Stanley Einzig, M.D.	Pediatrics	68
Zhengyi Wang, M.D.	Pediatrics	50
Zhengyi Wang, M.D.	Pediatrics	50
C K Jean, M.D.	Pediatrics	76
David A. Mosman, M.D.	Pediatrics	42
Geoffrey L. Ruben, M.D.	Pediatrics	58
Hsinn H. Wang, M.D.	Pediatrics	69
Judith T. Romano, M.D.	Pediatrics	59
Laura R. Blosser, M.D.	Pediatrics	48
Lori Archbold, M.D.	Pediatrics	47
Mary T. Hammond, M.D.	Pediatrics	49
Marybeth Hummel, M.D.	Pediatrics	56
Sheela R. Rao, M.D.	Pediatrics	41
Krishna K. Urval, M.D.	Pediatrics/Allergy	55
Michael L. Steinberg, M.D.	Pediatrics/Allergy	57
John R. Phillips, M.D.	Pediatrics/Cardiology	43
Amy M. Jean, M.D.	Pediatrics/Endocrinology	37
Kenneth Gainer, M.D.	Pediatrics/Ophthalmology	42
Ellen L. Kitts, M.D.	Pediatrics/Psychiatry	63
Jill K. Bradshaw, M.D.	Pediatrics/Psychiatry	33
James R. Shope, M.D.	Plastic Surgery	50
Karl J. Mueller, M.D.	Plastic Surgery	55
David A. Kappel, M.D.	Plastic Surgery	66
Charles Tracy, M.D.	Plastic Surgery/Hand Surgery	52
Edward P. Polack, M.D.	Plastic Surgery/Hand Surgery	65
Marjorie L. Bush, M.D.	Plastic Surgery/Hand Surgery	58
Charles A. Tracy, M.D.	Plastic Surgery/Hand Surgery	52
Bruce G. Blank, D.P.M.	Podiatry	52
Christopher T. Moore, D.P.M.	Podiatry	34
Jason D. Newton, D.P.M.	Podiatry	43

Health Care Professional	Speciality	Age
Joseph H. Goodwin, D.P.M.	Podiatry	45
Leonard A. Reynolds, D.P.M.	Podiatry	49
Richard L. Martin, D.P.M.	Podiatry	38
Danny R. Fijalkowski, D.P.M.	Podiatry	35
Vincent J. Kolenich, D.P.M.	Podiatry	48
Alber L. Ghobrial, M.D.	Psychology	59
Alfredo A. Aguirre, M.D.	Psychology	54
Ali Melhem, M.D.	Psychology	41
Imad Melhem, M.D.	Psychology	36
Maria Rapheal Moreno, M.D.	Psychology	46
Maura Andronic, M.D.	Psychology	46
Navdeep S. Purewal, M.D.	Psychology	39
Paul Papadimitriou, M.D.	Psychology	46
Richard O. Ajayi, M.D.	Psychology	46
Steven L. Corder, M.D.	Psychology	50
K Sathappan, M.D.	Psychology	51
Mohammad Rafiq, M.D.	Psychology	54
Melvin T. Saludes, M.D.	Pulmonology	49
Gregory S. Merrick, M.D.	Radiation Oncology	54
Jon David Pollock, M.D.	Radiation Oncology	48
Charles Muchnok, M.D.	Radiology	45
Dana Borgeson, D.O.	Radiology	53
James D. Patrizi, M.D.	Radiology	44
Joseph Capito, M.D.	Radiology	52
Kelby L. Frame, M.D.	Radiology	42
Thomas F. Lee, M.D.	Radiology	50
Vicente P. Almario, M.D.	Radiology	63
Carter A. Kenamond, M.D.	Radiology	36
Eric R. Balzano, M.D.	Radiology	41
Eric W. Irwin, M.D.	Radiology	35
Gary Loh, M.D.	Radiology	53
John L. DeFilippo, M.D.	Radiology	49
Mark L. Benson, M.D.	Radiology	47
Michael J. Maroney, M.D.	Radiology	43
Michael L. Slaysman, M.D.	Radiology	61
Terry L. Stake, M.D.	Radiology	64
Thomas R. Neis, M.D.	Radiology	61
Vincent J. Caruso, M.D.	Radiology	60
William Lee Noble, M.D.	Radiology	63
Gurijala N. Reddy, M.D.	Radiology/Radiation Oncology	66

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Health Care Professional	Speciality	Age
Howard Heller, M.D.	ReleRad	44
Robert L. Vawter, M.D.	Rheumatology	55
S. Derrick Eddy, M.D.	Sports Medicine	
Indranil Sau, M.D.	Surgery	41
Jeffrey Pilney, M.D.	Surgery	47
Carl Hardin, M.D.	TeleRadiology	59
Christopher Koch, M.D.	TeleRadiology	33
David Burdette, M.D.	TeleRadiology	48
Dean Batten, M.D.	TeleRadiology	44
Donald Nicell, M.D.	TeleRadiology	56
Douglas Woolard, M.D.	TeleRadiology	58
James Brull, D.O.	TeleRadiology	51
John Schreiber, M.D.	TeleRadiology	40
Joonhong Min, M.D.	TeleRadiology	41
Jorge Ramirez, M.D.	TeleRadiology	42
Laurie Gutstein, M.D.	TeleRadiology	52
Leonard Poirier, M.D.	TeleRadiology	55
Linda Petrovich, M.D.	TeleRadiology	42
Matthew Yates, M.D.	TeleRadiology	54
Norman Pennington, M.D.	TeleRadiology	56
Peter Reuss, M.D.	TeleRadiology	47
Russ Savit, M.D.	TeleRadiology	57
Steven Ciabattoni, M.D.	TeleRadiology	52
Susan Klein, M.D.	TeleRadiology	55
Thomas Fiorito, M.D.	TeleRadiology	36
Thomas Rachner, M.D.	TeleRadiology	52
Thomas Ralston, M.D.	TeleRadiology	60
Thomas Vreeland, M.D.	TeleRadiology	52
Troy Belle, M.D.	TeleRadiology	41
William Springer, M.D.	TeleRadiology	73
Ahmad, Rahbar, M.D.	Thoracic Surgery	67
Carl H. Barosso, M.D.	Thoracic Surgery	49
Howard L. Shackelford, Jr., M.D.	Thoracic Surgery	60
John W. Klay, M.D.	Thoracic Surgery	64
Mehdi Akhavan-Heidari, M.D.	Thoracic Surgery	40
Rajai T. Khoury, M.D.	Thoracic Surgery	60
Victor Maeovsky, M.D.	Thoracic Surgery	40
Xingyi, Que, M.D.	Thoracic Surgery	48
Ignacio H. Luna, M.D.	Urology	70
Rodney L. Curtis, M.D.	Urology	58

Health Care Professional	Speciality	Age
Hugo J. Andreini, M.D.	Urology	55
Satbir Singh, M.D.	Urology	42
Walter N. Taubenslag, M.D.	Urology	59
Amy Jo Carpenter	-	-
Beth Bittinger, P.A.C.	-	-
Bonaventure, Porco, C.R.N.A.	-	-
Cassandra Smith, CNP	-	-
Courtney Leach, P.A.C.	-	-
Danielle Poziviak, C.N.P.	-	-
Deborah Slopek, CNP	-	-
Dina Coleman-Hughes, P.A.C.	-	-
Dixie Ellwood, C.R.N.A.	-	-
Erin Kaste, P.A.C.	-	-
Glenda Zane, C.R.N.A.	-	-
Heidi Harbaugh, L.P.N.	-	-
Janet C. Sullivan, C.R.N.A.	-	-
Jay E. Nelson, C.R.N.A.	-	-
Jennifer Taylor, P.A.C.	-	-
Jessica E. Stolz, MSN, CFNP	-	-
Julie McGary, C.R.N.A.	-	-
Justin Barry, P.A.C.	-	-
Karen Sue Chapman, C.R.N.A.	-	-
Kathy Critser, CNP	-	-
Linda Davison, M.A.C.C.A.	-	-
Louis Vargo, C.R.N.A.	-	-
Marie Louise Brown, C.R.N.A.	-	-
Marilyn McCombs, C.R.N.A.	-	-
Mary Ann Clarke, C.R.N.A.	-	-
Mary Baranik, RN, CFNP	-	-
Melissa Grover, P.A.C.	-	-
Melissa M. Kovalski	-	-
Pamela J. Hoffer, C.R.N.A.	-	-
Patricia Harris, CNP	-	-
Paula Lucas, P.A.C.	-	-
Renee M. Rennick, P.A.C.	-	-
Robert Potts, P.A.	-	-
Scott Ramos, P.A.C.	-	-
Sharon Smith, C.R.N.A.	-	-
Stephen Patrick, P.A.C.	-	-
Susan Morgan, C.N.P.	-	-
Tiffany Porter, C.R.N.A.	-	-
Tina Archer, C.R.N.A.	-	-

Community Health Needs Assessment

Healthcare Services Provided by Acute Care Hospitals in the Service Area

The following table provides a summary of the services provided by each acute care hospital in the service area:

Service	Wheeling Hospital/Belmont	Ohio Valley General/East Ohio Regional	Reynolds Memorial
Adult and pediatric medical care	X	X	X
Adult cardiac surgery	X		
Adult Cardiology services	X	X	X
Adult day care program		X	
Adult diagnostic catheterization	X		X
Alcoholism - drug abuse or dependency outpatient services		X	
Arthritis Treatment Center		X	
Birthing Room - LDR room - LDRP room	X	X	X
Breast cancer screening/Mammograms	X	X	X
Cardiac services	X	X	
Chemotherapy	X	X	
Children's wellness program	X		
Community health education	X	X	X
Diagnostic radiology services	X	X	X
Dental services		X	X
Emergency department	X	X	X
Endoscopic services	X	X	
Extracorporeal shock wave lithotripter	X	X	
Fitness Center	X	X	X
Genetic Testing/Counseling		X	
Geriatric Services		X	
Hemodialysis	X	X	
HIV-AIDS services	X	X	
Home health services	X	X	X
Hospice program	X	X	
Image guided radiation therapy	X	X	
immunization program	X	X	X
Indigent care clinic	X	X	
Intermediate nursing care	X	X	
Medical surgical intensive care	X	X	X
MRI	X		X
Neurological services	X	X	X
Nutrition programs	X	X	X
Obstetrics	X - Level 2	X- Level 2	X - Level 1
Occupational health services	X	X	X
Oncology services	X	X	X
Orthopedic services	X	X	X

Community Health Needs Assessment

Healthcare Services Provided by Acute Care Hospitals in the Service Area

Pain management program	X	X	
Patient Controlled Analgesia	X	X	X
Physical rehabilitation services	X	X	X
Position emission tomography	X	X	
Psychiatric care – adult and adolescent	X	X	X
Skilled Nursing	X	X	
Sleep center	X	X	
Sports medicine	X	X	
Tobacco treatment	X	X	X
Trauma center	X - Level 2	X - Level 2	X - Level 3
Ultrasound	X	X	X
Urgent care center		X	
Virtual colonoscopy	X	X	
Women's health center	X	X	
Wound management services	X	X	X