



Focus



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Hospital Day at the Legislature 2007

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Governor Joe Manchin (left), Dan Lauffer, President and CEO of Saint Francis Hospital and Chairman of the Board of Trustees holding *Hospital Day Proclamation* (middle), and Joseph Letnaunchyn (right) President and CEO of the West Virginia Hospital Association.

As the West Virginia Hospital Association's (WVHA) premier grassroots event, *Hospital Day at the Legislature* is an important opportunity for those in the hospital arena to present a unified voice regarding key healthcare issues and to connect face-to-face with their legislators. This year's event drew more than 150 hospital personnel from more than 30 hospitals across the state.

Hospital Day 2007 was held February 22 at the West Virginia State Capitol in Charleston. The day included a proclamation issued by Governor Joe Manchin heralding Thursday, February 22, 2007, as *Hospital Day* in the Mountain State. The formal proclamation was delivered in the Lower Rotunda of the Capitol Building before *Hospital Day* participants. Prior to the ceremony, Senate Minority Leader Don Caruth, House Health and Human Resources

Chairman Don Perdue, and House Minority Leader Tim Armstead briefed participants on key legislative issues. The Senate and House also adopted *Senate Resolution 33* and *House Resolution 28*, respectively, designating February 22, 2007, as *Hospital Day at the Legislature*.

The remainder of the day allowed participants to attend Senate and House floor sessions, committee meetings, and to meet with their local legislators to discuss WVHA target issues such as Certificate of Need (CON); Medicaid; the uninsured and underinsured; workforce shortages; and protection of liability reform, as well as other specific bills of interest. The WVHA extends special thanks to the following hospitals for their leadership, support and participation: Beckley Appalachian Regional Hospital
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Because the health of West Virginia's babies has a tremendous impact on the state's economy, workforce development and family well-being, the West Virginia Perinatal Partnership, comprised of more than 30 health-care providers, educators, business organizations and non-profits, began working together in 2006 to study and identify the causes of poor birth outcomes and ways to improve them.

Ten key policy solutions were identified through a research and survey process that was published in a document entitled *The Blueprint to Improve West Virginia's Perinatal Health* (www.wvhealthkids.org). The West Virginia Hospital Association (WVHA) is a sponsor of the Perinatal Partnership. Cinny Kittle, Director of the WVHA Day One Program, works with the partnership. The Partnership is a project of the West Virginia Healthy Kids and Families Coalition and West Virginia Community Voices, both of which are funded by the Claude Worthington Benedum Foundation.

Ten years ago, West Virginia birth statistics were much brighter than today. The state's rates for pre-term birth, primary C-sections, vaginal births after cesarean section (VBAC), and low birth weight infants all were more positive for healthy outcomes. If West Virginia could improve these rates, fewer babies would be lost and more dollars would be saved by health insurance payers and by the state. Because the West Virginia Medicaid program contributes health coverage for over 56 percent of pregnant women and newborn infants, and supports three medical schools and numerous medical residency programs, the state has a vested interest in the quality and cost of perinatal healthcare.

In 2007, the partnership continues to work together, creating change that will positively impact the health, well-being and futures of West Virginia's babies. This includes the following:

- Create a coordinated perinatal system;
- Save state dollars by reducing costly medical procedures;
- Reduce exposure to tobacco smoke during pregnancy;
- Reduce drug and alcohol use during pregnancy;
- Improve breastfeeding support and promotion;
- Improve perinatal health and birth outcomes of African-American women;
- Recruit and retain more obstetric providers;
- Expand newborn screening to 29 conditions;
- Encourage West Virginia businesses to offer perinatal worksite wellness; and
- Improve the oral health of pregnant women through policy and education.

(Cont. from Page 1)

Bluefield Regional Medical Center
 Cabell Huntington Hospital
 Charleston Area Medical Center
 Camden-Clark Memorial Hospital, Parkersburg
 Cornerstone Hospital of Huntington
 Fairmont General Hospital
 Grant Memorial Hospital, Petersburg
 Greenbrier Valley Medical Center, Ronceverte
 Highland Hospital, Charleston
 Jackson General Hospital, Ripley
 Logan Regional Medical Center
 Monongalia General Hospital, Morgantown
 Pleasant Valley Hospital, Pt. Pleasant
 Preston Memorial Hospital, Kingwood
 Princeton Community Hospital
 Raleigh General Hospital, Beckley
 Roane General Hospital, Spencer
 Saint Francis Hospital, Charleston
 Select Specialty Hospital, Charleston
 Sistersville General Hospital
 St. Joseph's Hospital of Buckhannon
 St. Joseph's Hospital, Parkersburg
 St. Mary's Medical Center, Huntington
 Summers County ARH, Hinton
 Thomas Memorial Hospital, South Charleston
 United Hospital Center, Clarksburg
 West Virginia United Health System, Fairmont
 West Virginia University Hospitals,
 Morgantown
 West Virginia University Hospitals-East,
 Martinsburg and Ranson
 Wetzel County Hospital, New Martinsville

House Bill 2538 was passed by the 2007 Legislature. The legislation raises the number of newborn screening tests in West Virginia from eight to 29, as recommended by the American Academy of Pediatrics and the March of Dimes. These tests screen newborns for certain metabolic birth defects. (Metabolic refers to chemical changes that take place within living cells.) These conditions cannot be seen in the newborn, but can cause physical problems, mental retardation and, in some cases, death. Many of the tests use a blood specimen taken before the baby leaves the hospital. The baby's heel is pricked to obtain a few drops of blood for laboratory analysis.

According to *House Bill 2538*, the newborn screening tests will be phased in over a two-year period. Provisions in the bill allow the Bureau of Public Health to promulgate for legislative rules related to payment for the screenings.

The Impact of Medical Schools in WV

Medical schools and their associated teaching hospitals were responsible for more than \$2.77 billion in economic activity in West Virginia in 2005, including nearly 21,000 jobs, according to an in-depth analysis sponsored by the Association of American Medical Colleges (AAMC).

"Medical education is expensive — but it pays dividends to the state in many ways," said John Prescott, M.D., Dean of the medical school at West Virginia University. "In addition to training urgently-needed physicians to care for the people of the state, the medical schools and teaching hospitals create economic activity and jobs. WVU's three medical campuses, in Morgantown, Charleston and Martinsburg, are vital parts of these communities."

"In addition to the impact of the medical school, the three other schools at WVU — dentistry, nursing and pharmacy — also add to the state's healthcare workforce and economic success," said Robert D'Alessandri, M.D., WVU vice president for health sciences.

"The economic benefit of today's medical school is far-reaching and multifaceted," said Charles H. McKown Jr. M.D., dean of Marshall's Joan C. Edwards School of Medicine. "With its expanding facilities, large number of skilled employees, and access to research funding, medical education may easily be considered the best growing industry for West Virginia in the last half century. The broad spectrum of healthcare services we provide at Marshall through our skilled faculty and affiliated medical institutions, coupled with the work of our graduates, decreases overall healthcare costs and lost productivity by West Virginians."

The report found that the 125 accredited U.S. medical schools and more than 400 major teaching hospitals represented by the AAMC employ nearly 1.7 million people and are directly and indirectly responsible for more than 3 million full-time jobs — one out of every 48 wage earners in the United States.

This \$451.6 billion overall impact on the national economy takes into account the direct and indirect business volume generated by these institutions, including institutional spending; employee spending; and spending by patients, their families, and visitors (excluding spending for patient care and medical services).

AAMC members in West Virginia include the medical schools at West Virginia University (WVU) and Marshall University, WVU Hospitals, West Virginia United Health System, Charleston Area Medical Center (CAMC), CAMC Health System and Cabell Huntington Hospital.

Statewide, the report found that AAMC's West Virginia members had a \$1.2 billion in direct business volume and an estimated \$1.5 billion in indirect impact.

According to the report, every dollar spent by a medical school or teaching hospital indirectly generates an additional \$1.30 when it is *re-spent* on other businesses or individuals, resulting in a total impact of \$2.30 per dollar.

The study also showed that state and local governments in

Economic Impact of Medical Education in West Virginia

Total State Business Volume Impact:	\$2,774,834,295
Direct State Business Volume Impact:	\$1,206,449,693
Indirect State Business Volume Impact:	\$1,568,384,601
Total State Employment Impact:	20,978
Total State Government Revenue:	\$208,412,912
Clinical Impact:	\$1,883,266,973
Medical Education Impact:	\$792,323,386
Research Funding Impact:	\$99,243,935

State Business Volume Impacts

Total State Business Volume Impact:	\$2,774,834,295
Spending for capital improvements, goods, supplies, services:	\$738,151,221
In-state staff spending:	\$279,238,660
In-state total physician & faculty (employed and contract) spending:	\$58,634,691
In-state resident & student spending:	\$19,721,849
Out-of-state patient in-state spending:	\$9,689,154
In-state spending by out-of-state patient visitors:	\$13,534,404
In-state spending by other out-of-state visitors:	\$87,479,713

Government Revenue Impacts

Total Government Revenue Impact:	\$208,412,912
Individual income tax revenues:	\$52,313,117
Sales & gross receipts tax revenues:	\$112,468,055
Corporate net income tax revenues:	\$15,075,516
Other tax revenues:	\$28,556,224

Source: Association of American Medical Colleges (2005 data)

West Virginia collected some \$208 million in taxes as a result of medical school and teaching hospital activities.

The report, *The Economic Impact of AAMC-Member Medical Schools and Teaching Hospitals*, does not account for the economic benefits of the community service programs and physician training programs that are the hallmark of academic medical institutions.

This report was prepared for the AAMC by the consulting firm Tripp Umbach. It may be found online at www.aamc.org/economicimpact.

Heart Failure *GAP in the Mountains* (GAP) Re-Measurement Report

The West Virginia Coalition for Quality Health Care (WVCOHC) has released its re-measurement data for the Heart Failure GAP in the Mountains (GAP) project. The WVCOHC, which the West Virginia Hospital Association (WVHA) was instrumental in creating, is a physician-directed performance improvement group dedicated to improving healthcare in West Virginia.

Heart Failure (HF) *Gap in the Mountains* (GAP), www.wvheart.org, was created to provide hospitals with a framework for improving the care of heart failure patients and decreasing heart failure mortality rate within the state. The project follows American College of Cardiology and American Heart Association guidelines. GAP is partnered with the West Virginia Medical Institute (WVMI), as well as physicians, nurses, and hospital administrators. The WVHA sponsors hospitals participating in the project.

The new data shows significant improvement in the aggregated rates of the 39 participating hospitals from the 2004 baseline measurement to the re-measurement completed at the end of first quarter 2006. (Member hospitals began interventions from the GAP initiative on July 1, 2005. One final re-measurement will be performed using data from second quarter 2006.)

The four core categories, which the Joint Commission on the Accreditation of Healthcare Organizations requires to be published, are shown below. They are: 1) Discharge Instructions; 2) Left Ventricular Function (LVF) Assessment; 3) Percentage of Patients Prescribed Angiotensin Converting Enzyme Inhibitor (ACE) and Angiotensin Receptor Blocker (ARB); and 4) Smoking Cessation Data.

INDICATOR	BASELINE 2Q04	REMEASUREMENT 2Q05-1Q06
HF 1 Discharge Instructions	48%	67%
HF 2 LVF Assessment	78%	88%
HF 3 ACE/ARB	73%	78%
HF 4 Smoking Cessation	77%	81%

HF1 Discharge Instructions. Heart failure patients were discharged with written instructions or educational material addressing activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen. This is because healthcare professionals should ensure that patients and their families understand their dietary restrictions, activity recommendations, prescribed medication regime, and signs and symptoms of worsening heart failure.

HF2 LVF Assessment. Heart failure patients with documentation in the hospital record that left ventricular function (LVF)

was assessed either before arrival, during hospitalization, or is planned for after discharge. This is because appropriate selection of medications to reduce heart failure rates requires the identification of patients with impaired left ventricular systolic function.

HF3 ACE/ARB. Heart failure patients with left ventricular systolic dysfunction (LVSD) and without contraindications to both angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) are prescribed an ACEI or ARB at hospital discharge. This is because ACEI therapy reduces heart failure rates in patients with heart failure and left ventricular systolic dysfunction.

HF4 Smoking Cessation Data. Heart failure patients with a history of smoking cigarettes are given smoking cessation advice or counseling during hospital stay. This is because patients who receive even brief smoking cessation advice from their physicians are more likely to quit. National guidelines strongly recommend smoking cessation counseling for smokers with cardiovascular disease, including heart failure.

Participating Hospitals

Beckley Appalachian Regional Hospital
 Bluefield Regional Medical Center
 Boone Memorial Hospital
 Braxton County Memorial
 Broaddus Hospital
 Cabell Huntington Hospital
 Camden Clark Memorial Hospital
 CAMC Health System
 City Hospital
 Davis Memorial Hospital
 Fairmont General Hospital
 Grafton City Hospital
 Grant Memorial Hospital
 Greenbrier Valley Medical Center
 Jackson General Hospital
 Jefferson Memorial Hospital
 Logan Regional Medical Center
 Minnie Hamilton Health Care Hospital
 Morgan County War Memorial
 Ohio Valley Medical Center
 Pleasant Valley Hospital
 Pocahontas Memorial Hospital
 Preston Memorial Hospital
 Princeton Community Hospital
 Putnam General Hospital
 Reynolds Memorial Hospital
 Saint Francis Hospital
 Saint Joseph's Hospital of Buckhannon
 Saint Joseph's Hospital, Parkersburg
 Saint Mary's Medical Center
 Stonewall Jackson Memorial Hospital
 Summers County ARH
 Thomas Memorial Hospital
 Webster County Memorial Hospital
 Weirton Medical Center
 WVU Hospitals
 Wheeling Hospital
 Williamson Memorial Hospital