

**Wheeling-Ohio County Health Department  
2013 Community Health Needs Assessment**

**Wheeling-Ohio County  
Health Department**



**Public Health**  
Prevent. Promote. Protect.

**Assessment was done inconjunction with OVMC/EORH and OVHS&E**

**OHIO VALLEY MEDICAL CENTER  
AND  
EAST OHIO REGIONAL HOSPITAL  
Subsidiaries of  
OHIO VALLEY HEALTH SERVICES  
AND EDUCATION CORPORATION**

**Wheeling West Virginia, Martins Ferry Ohio and  
Surrounding Communities**



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***Community Health  
Needs Assessment***

***October 2013***

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**arnett  
foster  
toothman<sub>pllc</sub>**  
CPAs & Advisors

## EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act enacted in March 2010 imposed additional requirements on tax-exempt hospitals. These requirements amended to 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 Hospitals' 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 Ohio Valley Medical Center and East Ohio Regional Hospital, both wholly owned subsidiaries of Ohio Valley Health Services & Education Corporation (OVHC AND EORH), and focused on areas in, and surrounding, Wheeling, West Virginia and Martins Ferry, Ohio. 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 Hospitals' 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 area healthcare providers are adequately assessing the Community's key risk factors. 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 Hospitals' 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 and Martins Ferry areas and surrounding communities. While the unique missions of each group define the types of services they provide, all healthcare organizations in the Wheeling and Martins Ferry areas 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 and Martins Ferry areas and the surrounding communities.

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 located in northwestern West Virginia and Martins Ferry and surrounding communities located in southeastern Ohio, which is approximately one hour 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 and Martins Ferry areas contain four acute care hospitals that provide inpatient, outpatient, emergency and specialty services. Those hospitals are Ohio Valley Medical Center (OVMC), Wheeling Hospital (Wheeling), East Ohio Regional Hospital (EORH) and Belmont Hospital (Belmont). 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 Hospitals' total discharges and outpatient visits; or
- The Hospitals' 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.

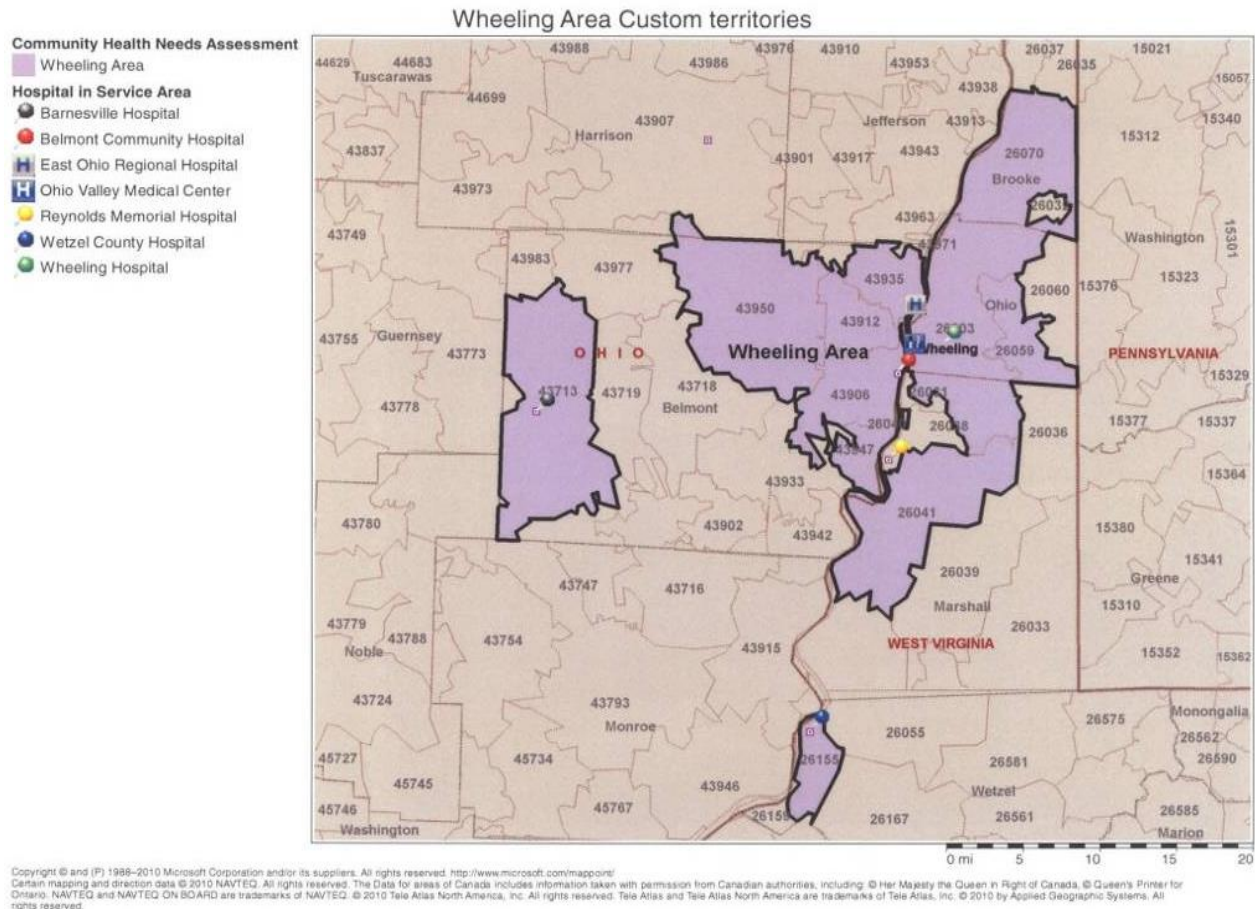
Based on the patient origin of acute care discharges from January 1, 2009, through December 31, 2009, the service area included areas represented by the 12 zip codes listed in Exhibit 1. As seen in this exhibit, the bulk of the service area population is concentrated in the city of Wheeling, with Moundsville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

<b>Zip Code</b>	<b>City, State</b>	<b>Discharges</b>	<b>Patient Days</b>	<b>Charges</b>	<b>Percent of Total Discharges</b>	<b>Cumulative Percent</b>
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

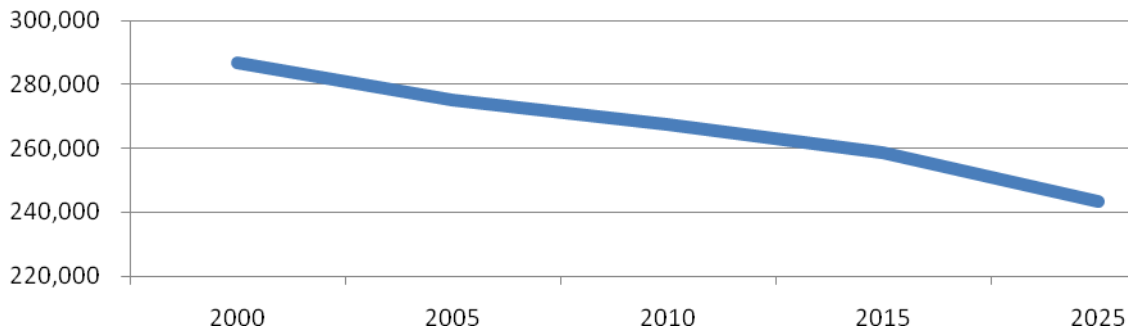
The following map illustrates the service area by showing the identified zip codes as shaded.



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](http://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
<b>Total</b>		<b>44,382</b>	<b>96,686</b>	<b>79,129</b>	<b>49,091</b>	<b>269,288</b>
<b>Percent Total</b>		<b>17%</b>	<b>36%</b>	<b>29%</b>	<b>18%</b>	<b>100%</b>
<b>State of West Virginia</b>		<b>18%</b>	<b>38%</b>	<b>28%</b>	<b>16%</b>	<b>100%</b>
<b>State of Ohio</b>		<b>20%</b>	<b>39%</b>	<b>27%</b>	<b>14%</b>	<b>100%</b>
<b>United States</b>		<b>20%</b>	<b>41%</b>	<b>26%</b>	<b>13%</b>	<b>100%</b>

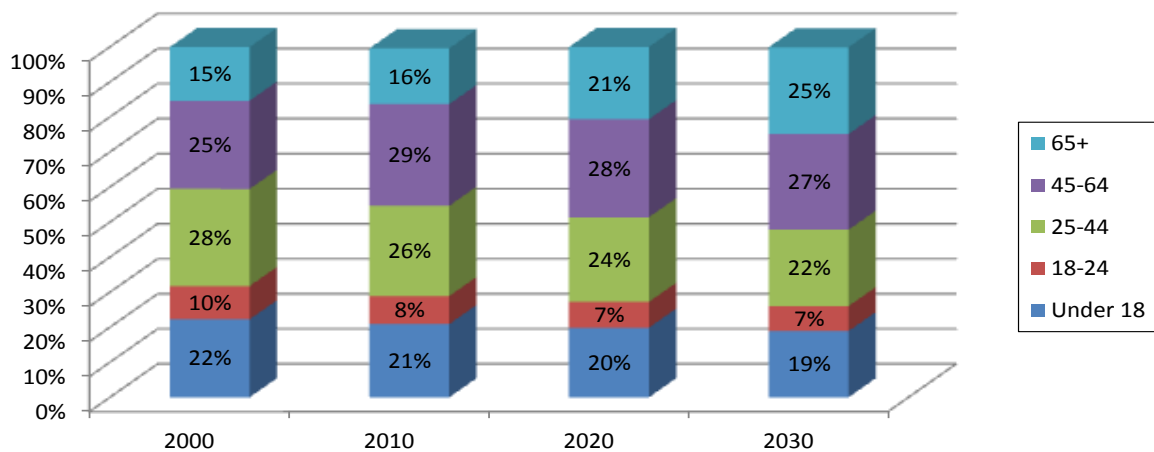
SOURCE: U.S. Census Bureau American FactFinder, ACS Demographic and Housing Estimates by Zip Code <http://factfinder.census.gov/home/saff/main.html?lang=en>



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.

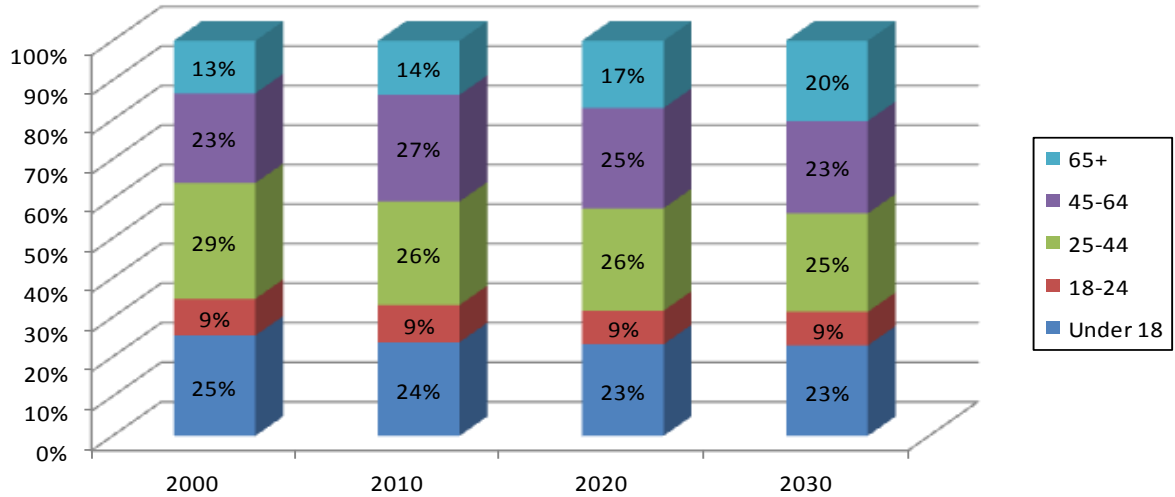
**Chart 2**  
**West Virginia**  
**Actual Population for 2000 and**  
**Projections for 2010 to 2030**



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



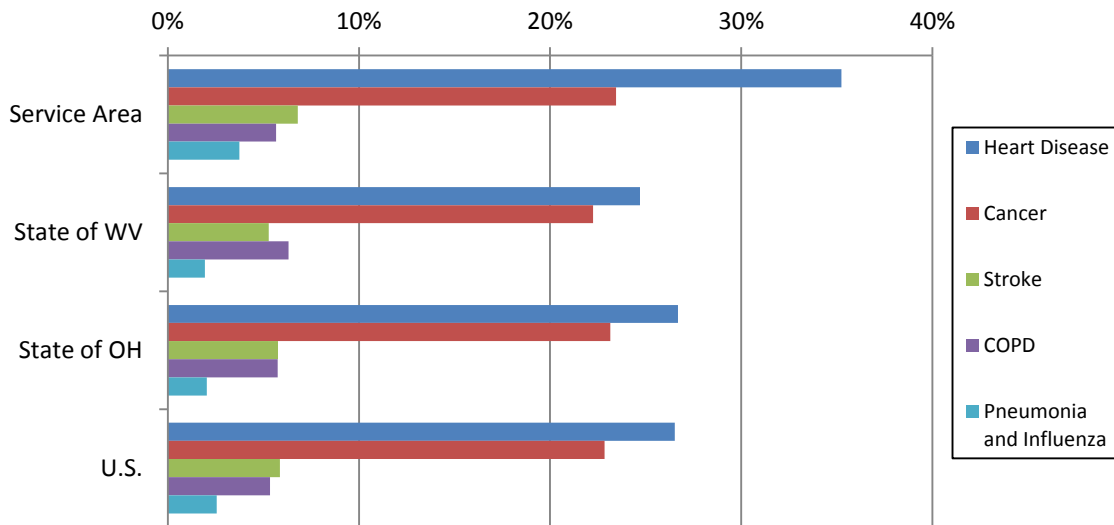
**Chart 3**  
**Ohio**  
**Actual Population for 2000 and**  
**Projections for 2010 to 2030**



SOURCE: "Population Projections by Age and Sex: 2005-2030" Department of Development.  
[www.ohio.gov](http://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**

<b>Selected Causes of Death</b>	<b>Service Area Rate 2006</b>	<b>U.S. Rate 2006</b>	<b>Percent Difference from U.S.</b>
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%
Alzheimer's disease	28.1	24.4	13%
Diabetes	54.0	24.2	55%
Pneumonia and Influenza	34.4	18.8	45%
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 cities of Wheeling, Martins Ferry and the surrounding areas include Wheeling Hospital, OVMC AND EORH, 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**

<b>Major Industries</b>	<b>Service Area</b>	<b>West Virginia</b>	<b>Ohio</b>	<b>United States</b>
Education in 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%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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

	<b>2000</b>	<b>2010</b>	<b>Change</b>
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%
<b>State of West</b>	<b>7.3%</b>	<b>10.3%</b>	<b>41.1%</b>
Belmont County	7.1%	10.1%	42.3%
Jefferson County	4.6%	12.5%	171.7%
Monroe County	6.8%	14.0%	105.9%
<b>State of Ohio</b>	<b>5.0%</b>	<b>9.8%</b>	<b>96.0%</b>
<b>United States</b>	<b>5.8%</b>	<b>9.5%</b>	

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**

	<b>2000</b>	<b>2009</b>	<b>Change</b>
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%)
<b>State of West Virginia</b>	<b>17.9%</b>	<b>17.8%</b>	<b>(0.6%)</b>
Belmont County	14.6%	16.8%	15.1%
Jefferson County	15.1%	17.6%	16.6%
Monroe County	13.9%	16.6%	19.4%
<b>State of Ohio</b>	<b>10.6%</b>	<b>15.1%</b>	<b>42.5%</b>
<b>United States</b>	<b>12.4%</b>	<b>14.3%</b>	<b>15.3%</b>

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**

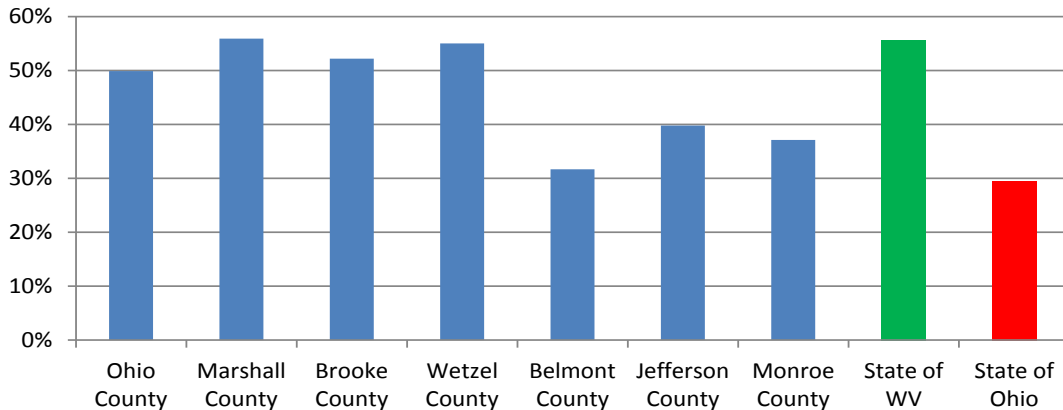
<b>Location</b>	<b>Median Household Income</b>	<b>Median Family Income</b>
Ohio County	\$37,862	\$52,260
Marshall County	\$34,330	\$43,727
Brooke County	\$40,537	\$50,604
Wetzel County	\$36,021	\$47,621
<b>State of West Virginia</b>	<b>\$37,356</b>	<b>\$47,601</b>
Belmont County	\$31,429	\$51,250
Jefferson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

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

Chart 5 presents the percentage of students enrolled in school who are approved 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 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**

	<b>Service Area</b>	<b>West Virginia</b>	<b>Ohio</b>	<b>United States</b>
Less than 9 <sup>th</sup> 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%

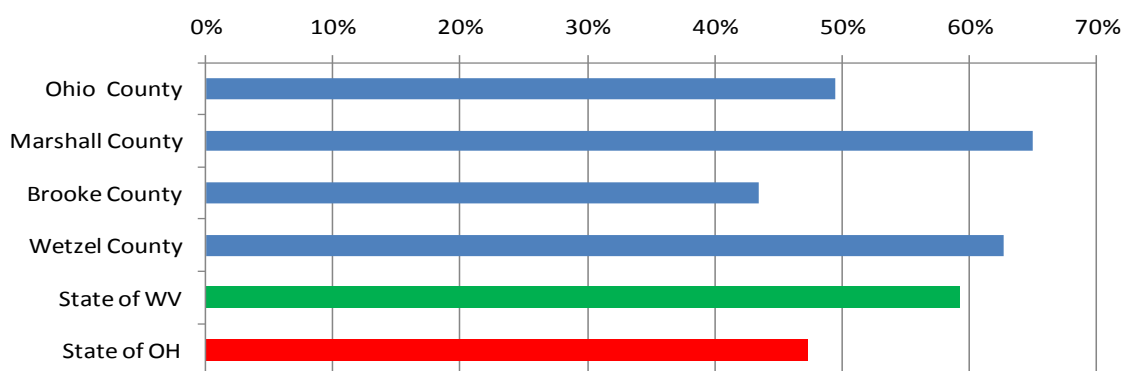
SOURCE: U.S. Census Bureau American FactFinder, Social Charecteristics

[http://factfinder.census.gov/home/saff/main.html?\\_lang=en](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**

<b>Health Status Indicator</b>	<b>Ohio County</b>	<b>Brooke County</b>	<b>Wetzel County</b>	<b>Marshall County</b>	<b>Belmont County</b>	<b>Jefferson County</b>	<b>Monroe County</b>
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**

<b>Environmental Factor</b>	<b>Ohio County</b>	<b>Brooke County</b>	<b>Wetzel County</b>	<b>Marshall County</b>	<b>Belmont County</b>	<b>Jefferson County</b>	<b>Monroe County</b>
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

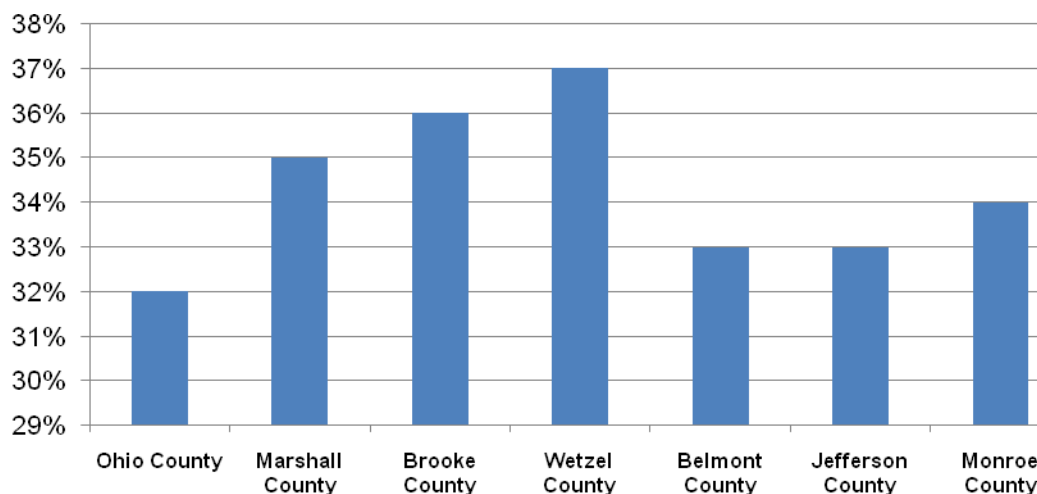
**At-risk Populations**

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 is 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**

<b>Location</b>	<b>Serious Mental Illness</b>	<b>Any Mental Illness</b>
	<b>(%)</b>	<b>(%)</b>
<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**

<b>Measure</b>	<b>12+</b>	<b>12-17</b>	<b>18-25</b>	<b>26+</b>	<b>18+</b>
<b><i>Illicit Drugs</i></b>					
Past Month Illicit Drug Use <sup>1</sup>	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 <sup>1</sup>	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
<b><i>Past Year Dependence, Abuse, and Treatment<sup>2</sup></i></b>					
Illicit Drug Dependence <sup>1</sup>	2.43	2.47	6.64	1.82	2.43
Illicit Drug Dependence or Abuse <sup>1</sup>	3.18	4.07	8.48	2.32	3.09
Needing But Not Receiving Treatment for Illicit Drug Use <sup>1,3</sup>	2.84	3.94	7.62	2.04	2.74

**Ohio**

<b>Measure</b>	<b>12+</b>	<b>12-17</b>	<b>18-25</b>	<b>26+</b>	<b>18+</b>
<b>Illicit Drugs</b>					
Past Month Illicit Drug Use <sup>1</sup>	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 <sup>1</sup>	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
<b>Past Year Dependence, Abuse, and Treatment<sup>2</sup></b>					
Illicit Drug Dependence <sup>1</sup>	2.03	2.38	5.81	1.36	1.99
Illicit Drug Dependence or Abuse <sup>1</sup>	2.79	4.63	7.95	1.71	2.59
Needing But Not Receiving Treatment for Illicit Drug Use <sup>1,3</sup>	2.59	4.34	7.58	1.55	2.40

**United States**

<b>Measure</b>	<b>12+</b>	<b>12-17</b>	<b>18-25</b>	<b>26+</b>	<b>18+</b>
<b>Illicit Drugs</b>					
Past Month Illicit Drug Use <sup>1</sup>	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 <sup>1</sup>	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
<b>Past Year Dependence, Abuse, and Treatment<sup>2</sup></b>					
Illicit Drug Dependence <sup>1</sup>	1.94	2.45	5.50	1.26	1.89
Illicit Drug Dependence or Abuse <sup>1</sup>	2.81	4.46	7.72	1.75	2.63
Needing But Not Receiving Treatment for Illicit Drug Use <sup>1,3</sup>	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: <sup>1</sup>Illicit 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.

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

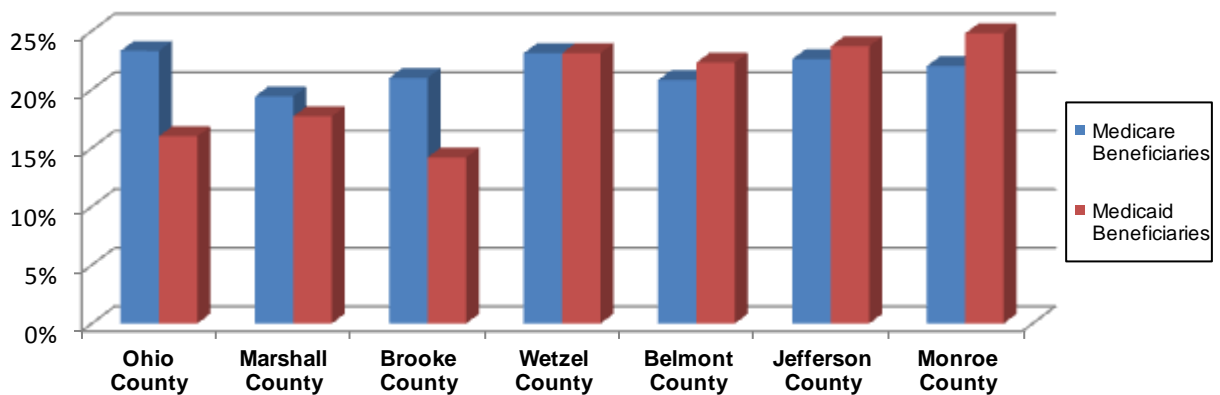
<sup>3</sup>Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a speciality facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only],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

### **Medicare and Medicaid Populations**

High rates of Medicare and Medicaid beneficiaries in a community are 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*

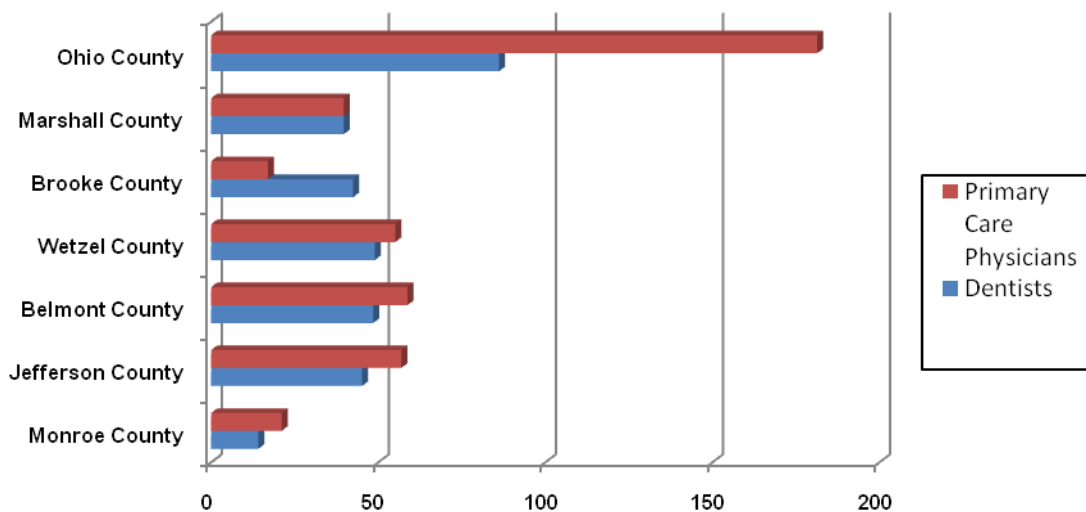
### **Primary Care and Dental Services**

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**

<b>County</b>	<b>Health Professional Service Area</b>			<b>Medically Underserved Area / Medically Underserved Population</b>
	<b>Primary Care</b>	<b>Dental</b>	<b>Mental Health</b>	
Ohio	No	No	No	Yes <sup>(1)</sup>
Marshall	Yes <sup>(2)</sup>	No	No	Yes <sup>(2)</sup>
Brooke	No	No	No	No
Wetzel	Yes	Yes	Yes	Yes <sup>(3)</sup>
Belmont	Yes	Yes	Yes	Yes <sup>(4)</sup>
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**

<b>Age</b>	<b>Year 2009 Service Area Population</b>	<b>Physician Office Visits per Person</b>	<b>Estimated Physician Office Visits</b>	<b>Emergency Department Visits per Person</b>	<b>Estimated Emergency Department Visits</b>
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
<b>Total</b>	<b>269,288</b>		<b>1,091,769</b>		<b>153,462</b>
<b>Primary Care Visits</b>		<b>57.1%</b>			
<b>Surgical Specialist Visits</b>		<b>20.3%</b>			
<b>Medical Specialist Visits</b>		<b>22.6%</b>			

*SOURCE: National Center for Health Statistics and [www.census.org](http://www.census.org)*

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

<b>Age</b>	<b>Year 2020 Service Area Population</b>	<b>Physician Office Visits per Person</b>	<b>Estimated Physician Office Visits</b>	<b>Emergency Department Visits per Person</b>	<b>Projected Emergency Department Visits</b>
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
<b>Total</b>	<b>267,607</b>		<b>1,092,115</b>		<b>151,601</b>
<b>Primary Care Visits</b>		<b>56.8%</b>			
<b>Surgical Specialist Visits</b>		<b>20.5%</b>			
<b>Medical Specialist Visits</b>		<b>22.7%</b>			

*SOURCE: National Center for Health Statistics and [www.census.org](http://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 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**

	<b>2009</b>	<b>Projected 2020</b>	<b>Percentage Difference</b>
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:

Ohio Valley Health Services & Education Corporation (OVMC AND EORH) 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.

- 
- Wheeling Hospital Corporation (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 and emergency 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 April 2011**

	<b>Licensed Beds</b>	<b>Staffed Beds</b>
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	231
ICU	22	20
Skilled nursing	24	24
Belmont Community Hospital		
Adults and pediatrics	65	65
ICU	6	6
Sub	28	28
Reynolds Memorial Hospital		
Adults and pediatrics	98	98
ICU	9	9
Skilled nursing	20	20
<b>Total adult and pediatric beds</b>	<b>812</b>	<b>590</b>
<b>Total ICU</b>	<b>92</b>	<b>71</b>
<b>Total specialty beds</b>	<b>230</b>	<b>208</b>

*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 seeks inpatient services at this facility.

**Exhibit 18**  
**Inpatient Discharges by Hospital by Patient Type**  
**2010**

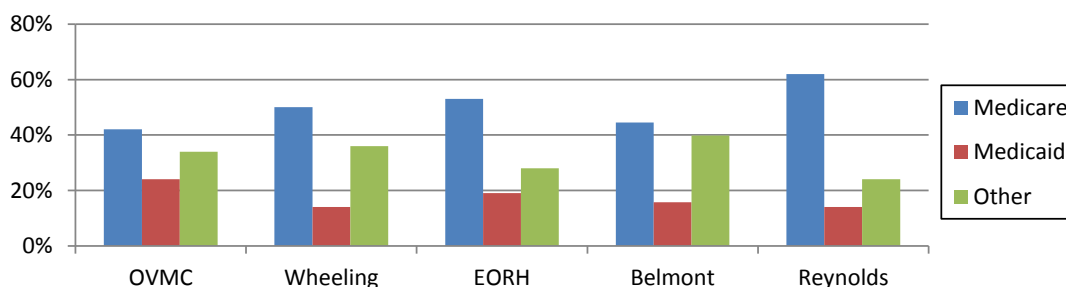
	<b>Ohio Valley Medical Center</b>	<b>Wheeling Hospital</b>	<b>East Ohio Regional Hospital</b>	<b>Belmont Hospital</b>	<b>Reynolds</b>	<b>Total</b>
Adults and pediatrics	4,686	11,276	4,017	4,848	2,598	27,425
Skilled nursing and rehabilitation		714	-	3,852	394	4,960
Intermediate Care	-	-	27	-	-	27
Skilled Care			391			391
Psychiatric	1,585	-	-	-	-	1,585
<b>Total</b>	<b>6,271</b>	<b>11,990</b>	<b>4,435</b>	<b>8,700</b>	<b>2,992</b>	<b>34,388</b>

*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**

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

*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.

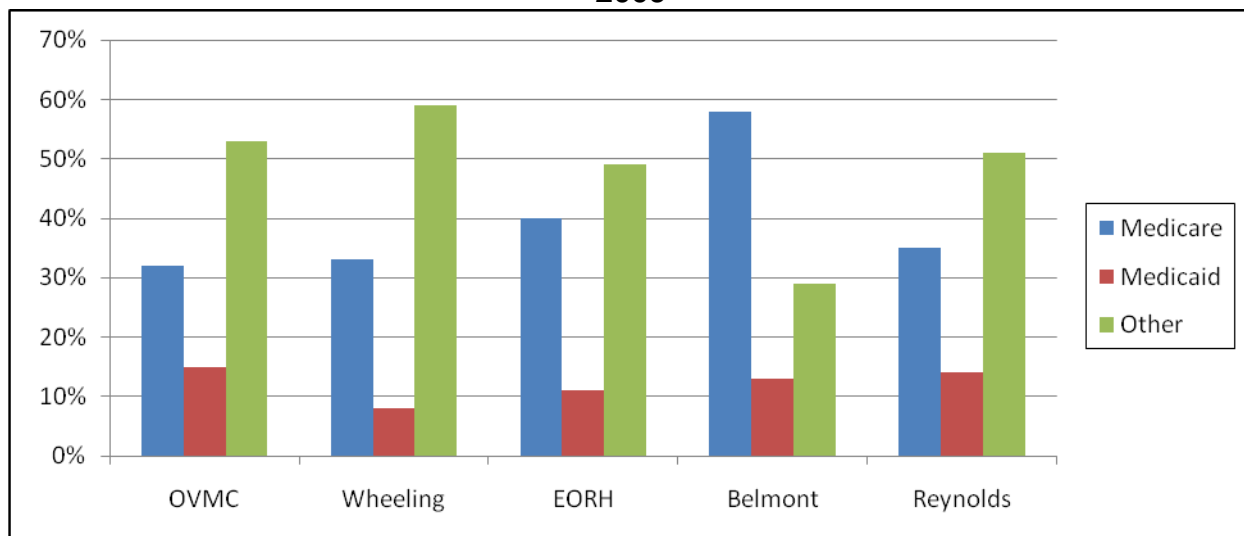
**Exhibit 20**  
**Outpatient Visits by Hospital by Patient Type**  
**2009**

	<b>Ohio Valley Medical Center</b>	<b>Wheeling Hospital</b>	<b>East Ohio Regional Hospital</b>	<b>Belmont Hospital</b>	<b>Reynolds</b>
Diagnostic and general outpatient	121,881	291,954	65,531	20,669	58,531
Emergency room	29,112	40,807	21,095	5,530	12,934
Ambulatory surgery	2,885	-	4,293	1,021	1,464
<b>Total</b>	<b>153,878</b>	<b>332,761</b>	<b>90,919</b>	<b>27,220</b>	<b>72,929</b>

*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 Hospitals' 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 20 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 20 lists the number of physicians by specialty for the service area:



**Exhibit 20**  
**Primary Care and Specialty Physician Census**  
**As of May 2011**

<b>Specialty</b>	<b>Wheeling, Martins Ferry Service Area</b>
<b><i>Primary Care Physician Census Count</i></b>	
Family Practice	56
Internal Medicine	35
General Medicine	4
OB GYN	18
Pediatrics	18
<b>Total</b>	<b>131</b>
<b><i>Specialty Care Physician Census Count</i></b>	
Allergy	2
Anesthesia	15
Cardiac Electrophysiology	2
Cardiology	12
Colorectal Surgery	1
Dental	7
Dermatology	2
Emergency Medicine	31
Endocrinology	3
Gastroenterology	6
Infectious Disease	1
Nephrology	5
Neurology	9
Neurosurgery	7
Oncology	7
Ophthalmology	12
Oral Surgery	1
Orthopedic Surgery	2
Orthopedics	7
Otolaryngology	5
Pain Management	2
Pathology	8
Pediatric/Endocrinology	1
Pediatric/Ophthalmology	1
Pediatric/Psychiatry	2
Plastic Surgery	6
Podiatry	8
Psychiatry	10
Pulmonary Disease	5
Radiation Oncology	3
Radiology	19
Rheumatology	1
Sports Med/Peds	1
Surgery	8
Thoracic Surgery	8
Urology	5
<b>Total</b>	<b>225</b>

**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 and Martins Ferry service area to estimate the need for additional primary care and/or specialty care physicians. Exhibit 21 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 21  
 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
<b>Primary Care</b>								
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
<b>Medical Specialties</b>								
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
<b>Surgical Specialties</b>								
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
<b>Hospital Based Services</b>								
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](http://www.themedicusfirm.com/files/Physician_Population_Ratios.pdf)

Exhibit 22 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 2011 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 22, 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 22 also shows that the service area is deficient of several of the most needed specialty care services.

**Exhibit 22**  
**Summary of Physician Need Methodologies by Specialty**  
**And Comparison to the Physician Supply**

<b>Physician Specialty</b>	<b>GMENAC</b>	<b>Goodman</b>	<b>Hicks &amp; Glenn</b>	<b>Solucient</b>	<b>Average of All Methodologies</b>	<b>2011 Physician Supply</b>	<b>Variance</b>	<b>Average Age of Physicians</b>
Family Practice	67.9	-	43.6	60.6	57.4	56	(1.4)	54
Internal Medicine	77.6	-	30.4	51.2	53.1	39	(14.1)	54
Pediatrics	34.5	-	20.5	37.4	30.8	18	(12.8)	51
<b>Medical Specialties</b>								
Allergy	2.2	3.5	-	4.6	3.4	2	(1.4)	56
Cardiology	8.6	9.7	7.0	11.3	9.2	12	2.9	59
Dermatology	7.8	3.8	5.7	8.3	6.4	2	(4.4)	55
Endocrinology	2.2	-	2.2	-	2.2	4	1.8	55
Gastroenterology	7.3	3.5	-	9.4	6.7	6	(0.7)	53
Hematology/ Oncology	10.0	3.2	-	3.0	5.4	10	4.6	51
Infectious Disease	2.4	-	1.7	-	2.1	1	(1.1)	54
Nephrology	3.0	-	-	1.9	2.5	5	2.6	58
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	12	(10.0)	49
Pulmonology	4.0	3.8	-	3.5	3.8	5	1.2	56
Rheumatology	1.9	1.1	-	3.5	2.2	1	(1.2)	55
Other Medical Specialties	-	-	-	5.4	5.4	23	17.6	51
<b>Surgical Specialties</b>								
General Surgery	26.1	26.1	11.0	16.2	19.9	8	(11.9)	56
Neurosurgery	3.0	1.9	-	-	2.5	7	4.6	50
Obstetrics and Gynecology	26.7	22.6	21.5	27.5	24.6	18	(6.6)	54
Ophthalmology	12.9	9.4	8.6	12.7	10.9	13	2.1	50
Orthopedic Surgery	16.7	15.9	11.3	16.4	15.1	9	(6.1)	58
Plastic Surgery	3.0	3.0	6.2	5.9	4.5	6	1.5	59
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	52
<b>Hospital Based Services</b>								
Emergency Medicine	22.9	7.3	-	33.4	21.2	31	9.8	47
Anesthesiology	22.4	18.9	-	-	20.7	15	(5.7)	55
Radiology	24.0	21.5	-	-	22.8	19	(3.8)	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](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**

	<b>Wheeling- Ohio</b>	<b>Marshall</b>	<b>Brooke</b>	<b>Wetzel-Tyler</b>
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 Wheeling, West Virginia and Martins Ferry, Ohio provided valuable input in a series of individual interviews. These interviews were conducted to discuss the Community Health Needs in the Wheeling, West Virginia and Martins Ferry, Ohio Service Areas:

- Population and economic trends in OVMC AND EORH's primary and secondary service area and expectations for the future;
- Current perceptions about OVMC AND EORH and overall health care in the service area;
- Current operations of OVMC AND EORH 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 OVMC AND EORH in meeting the future health care needs for community health services; and
- Potential for OVMC AND EORH's success in expanding services and the challenges to expanding services in the area.

A cross-section of various community representatives were interviewed which included representatives from the local health departments, Executive Director of Wheeling Health Right, local Primary Care Physicians, Hospitalists, members of county government, members of Ohio County school board, teachers and members of the OVMC AND EORH 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, West Virginia and Martins Ferry, Ohio**

All of those interviewed commented on the aging population and the stagnant economy in the Wheeling, West Virginia and Martins Ferry, Ohio. 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 a 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 affect the collection of revenues for the healthcare providers.

### **Ohio Valley Health Services and Education Corporation**

Most of those interviewed were knowledgeable about the health care services available in Wheeling, West Virginia and Martins Ferry, Ohio and those provided by OVMC AND EORH. Health care within Wheeling, West Virginia and Martins Ferry, Ohio is seen as above average for most primary care 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 services. Additionally, while a new child behavioral health facility is being developed, most believe that there is a greater need for Adult outpatient evaluations.

Various respondents commented that some existing primary care physicians are not accepting new patients and a number of the physicians are aging. It is the feeling of those interviewed that most primary care and surgery services could be provided locally rather than leaving the area for other facilities.

When asked about the perception of OVMC AND EORH, most responded OVMC AND EORH are respected as a primary care and surgical provider and offer a diverse list of specialty services. Stakeholders expressed positive views of inpatient care, though their reviews of the emergency services were mixed; specific areas of concern, within the emergency services division, centered on the availability of trauma services.

Furthermore, the stakeholder's 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. Most stakeholders placed an emphasis on the need to recruit and retain quality primary care physicians and provide appropriate specialty services.

In general, the discussions of Healthcare in Wheeling, West Virginia and Martins Ferry, Ohio with the stakeholders were positive. The majority of the stakeholders did not believe there is a reason to leave the service area so long as the patient's needs were not specialized. Lastly, stakeholders suggested OVMC AND EORH and Wheeling Hospital should work together in providing improved and more comprehensive services.

### **Quality and access of services**

In terms of quality and access to services in Wheeling, West Virginia and Martins Ferry, Ohio, 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 and Martins Ferry areas. 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 and Martins Ferry areas hospitals in 2010.

Wheeling Health Right employs mid-level practitioners and has over 125 physician volunteers who service the primary health clinic. This service removes some of the burden from the primary care physicians in Wheeling, West Virginia and Martins Ferry, Ohio. 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 OVMC AND EORH are widely reported as very good. The nursing staff appears to be qualified, however a few stakeholders stated there is a shortage of nurses in OVMC AND EORH to provide quality care. Overall, most responded that OVMC AND EORH meets the needs of the community and the image has improved over the years. It was noted, that the Hospitalists at OVMC AND EORH are exceptional physicians. 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 Wheeling, West Virginia and Martins Ferry, Ohio and educating the population should be a top priority.

**Emergency services:** Most agreed emergency services provided by OVMC AND EORH are respectable and without major access problems. OVMC AND EORH 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. It was noted by some stakeholders that emergency room residents rather than physicians see most patients. 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 minimal.

**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. Expansion of oncology services is an area, which would benefit community members. In addition, there was a perceived need for additional pediatric and obstetrical services to be offered.

OVMC AND EORH does provide specialty services such as oncology and cardiac rehabilitation.

**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 affect future capacity. Most stakeholders would prefer to see independent living communities and assisted living facilities expanded in the Wheeling, West Virginia and Martins Ferry, Ohio areas.

**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 is a genuine need for additional psychiatrists in Wheeling, West Virginia and Martins Ferry, Ohio. Substance abuse and other behavioral issues have become a significant problem in the area. Northwood Health Systems 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. 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 travel clinic to administer vaccines to residents whom travel out of the country. 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, West Virginia and Martins Ferry, Ohio**

Most stakeholders believe numerous barriers exist for accessing health care in Wheeling, West Virginia and Martins Ferry, Ohio. 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 EMS and arriving at the emergency room. Respondents also noted the need for additional physicians such as gastroenterology surgeons, general surgeons, orthopedic surgeons, urologists and psychiatrists in the Wheeling, West Virginia and Martins Ferry, Ohio. 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

### **Possible roles/services for Wheeling, West Virginia and Martins Ferry, Ohio 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 Wheeling, West Virginia and Martins Ferry, Ohio. 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. Furthermore, stakeholders advocated additional pediatric specialists, adolescent wellness programs and dietary education. The Ohio County school system has recently changed school menus to offer the students better-balanced meal options. Lastly, due to the general aging of the population, stakeholders expressed the need for independent living communities, assisted living and long-term care services in the area.

### **Future Success of Ohio Valley Health Medical Center and East Ohio Regional Hospital Corporation**

Discussions relating to the future of OVMC AND EORH were consistent among respondents. All participants believe OVMC AND EORH is vital to the community and must continue to offer progressive services to residents. While there is an obvious desire for OVMC AND EORH to develop additional services, respondents noted OVMC AND EORH should continue to support core services and expand only when expansion was operationally and financially feasible. Many of the stakeholders noted that OVMC AND EORH and Wheeling Hospital should collaborate to provide better quality and more affordable healthcare to patients. Stakeholders believe OVMC AND EORH will need to upgrade its facilities and consideration should be given to forming an alliance with a larger hospital in an effort to assist in the upgrade and expansion of OVMC AND EORH facilities. Though most stakeholders identify the importance of recruiting physicians and expanding services, they also acknowledged OVMC AND EORH must remain financially viable.



## **SUMMARY OF FINDINGS**

The following is a summary of the key findings from the community health needs assessment for Wheeling, West Virginia, Martins Ferry, Ohio 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 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 and Martins Ferry areas 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 Gastroenterology.
- The physician shortages in the area of Orthopedics.
- The physician shortages in the area of Endocrinologists for adults and pediatrics.
- The stakeholders feel OVMC AND EORH 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, West Virginia and Martins Ferry, Ohio areas.
- 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.
- Upgrade the Hospitals' facilities due to the aging of plant and equipment.

**Wheeling, West Virginia, Martins Ferry, Ohio and Surrounding Areas**  
**Community Health Needs Assessment**  
*Physicians and Mid-Level Practitioners Practicing in the Service Area*

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.

<b>Health Care Professional</b>	<b>Speciality</b>	<b>Age</b>
Michael L. Steinberg, M.D.	Allergy	57
Krishna R. Urval, M.D.	Allergy	55
Kenneth S. Allen, M.D.	Anesthesiology	53
Maryann N. Cater, D.O.	Anesthesiology	57
Antonio M. Domaoal, M.D.	Anesthesiology	69
John E. Dudich, M.D.	Anesthesiology	50
Abdullah, Kalla, M.D.	Anesthesiology	50
Ashok Kumar, M.D.	Anesthesiology	58
Pradip Mehta, M.D.	Anesthesiology	63
Kenneth C. Nanners, M.D.	Anesthesiology	43
Romeo C. Reyes, M.D.	Anesthesiology	71
Samy F. Sakla, M.D.	Anesthesiology	56
Shishir H. Shah, M.D.	Anesthesiology	47
Santwana V. Sovani, M.D.	Anesthesiology	49
Vincent C. Stonebraker, M.D.	Anesthesiology	47
Lee P. Theaker, M.D.	Anesthesiology	48
William H. Wright, M.D.	Anesthesiology	65
Maninder S. Bedi, M.D.	Cardiac Electrophysiology	39
Glen Miske, D.O.	Cardiac Electrophysiology	39
Devender K. Batra, M.D.	Cardiology	56
Edward K. Chiu, M.D.	Cardiology	59
Madhu Dharawat, M.D.	Cardiology	73
Christopher R. Eskins, M.D.	Cardiology	36
Robert Fanning, Jr. D.O.	Cardiology	52
Adel E. Frenn, M.D.	Cardiology	50
Joseph A. Gabis, M.D.	Cardiology	66
H. David Millit, M.D.	Cardiology	60
Ramana M. Murty, M.D.	Cardiology	64
William E. Noble, M.D.	Cardiology	64
Richard F. Terry, M.D.	Cardiology	64
John J. Wurtzbacher, M.D.	Cardiology	61
Steven K. Wiley, M.D.	Colorectal Surgery	44
Jay H. Dyer, D.D.S	Dental Service	67
Edwin V. Kluth, D.D.S.	Dental Service	66
John N. Kramer, D.D.S.	Dental Service	52
Donald H. Lough Jr., D.D.S.	Dental Service	59

**Wheeling, West Virginia, Martins Ferry, Ohio and Surrounding Areas**  
**Community Health Needs Assessment**  
**Physicians and Mid-Level Practitioners Practicing in the Service Area**

Note: Obtained from hospital records.

<b>Health Care Professional</b>	<b>Speciality</b>	<b>Age</b>
W. Craig Wilcox, D.D.S.	Dental Service	62
Lawrence E. Wright, D.D.S.	Dental Service	60
Ricardo D. Zambito, D.D.D.	Dental Service	55
Gregory Ganzer, D.O.	Dermatology	50
Richard Geary, D.O.	Dermatology	59
Chad D. Anderson, M.D.	Emergency	30
William J. Angelos, M.D.	Emergency	52
Neal F. Aulick, II, M.D.	Emergency	42
Timothy L. Barr, D.O.	Emergency	37
Leo Boggs, Jr., M.D.	Emergency	53
F. Brian Brautigan, M.D.	Emergency	52
Raina Burke, M.D.	Emergency	34
Michael B. Carney, D.O.	Emergency	43
Gerald A. Dague, M.D.	Emergency	39
Jane Daugherty-Luck, D.O.	Emergency	46
Michelle Dayton, M.D.	Emergency	48
Joseph E. Del Zotto, D.O.	Emergency	55
Joseph M. Dougherty, D.O.	Emergency	50
John D. Freed, M.D.	Emergency	64
Lundyn Fries, D.O.	Emergency	32
Timothy D. Genetta, D.O.	Emergency	47
Christopher Gooch, D.O.	Emergency	34
J. Michael Hartzog, M.D.	Emergency	48
Laura E. Harvey, D.O.	Emergency	30
Stephen P. Heirendt, D.O.	Emergency	36
Lisa D. Hrutkay, D.O.	Emergency	51
Andrew T. Hughes, D.O.	Emergency	45
Sivaram Kollengode, M.D.	Emergency	63
John Koren, D.O.	Emergency	75
Michael B. Kovalick, D.O.	Emergency	54
Merci Madar, M.D.	Emergency	50
Kristine Midcap, D.O.	Emergency	41
Shawn L. Posin, M.D.	Emergency	43
Brian K. Richardson, M.D.	Emergency	35
Virgil W. Smaltz, M.D.	Emergency	51
Marwan Yanes, M.D.	Emergency	64
Julie Bunner, M.D.	Endocrinology	51
Arlene S. Feder, M.D.	Endocrinology	61
Jeffrey S. Shultz, M.D.	Endocrinology	69
Charla Anderson, M.D.	Family Practice	42

**Wheeling, West Virginia, Martins Ferry, Ohio and Surrounding Areas**  
**Community Health Needs Assessment**  
*Physicians and Mid-Level Practitioners Practicing in the Service Area*

<b>Health Care Professional</b>	<b>Speciality</b>	<b>Age</b>
Carol A. Antonelli-Greco, D.O.	Family Practice	52
Divikar S. Bangera, M.D.	Family Practice	74
Satinder Bhullar, M.D.	Family Practice	68
Charles J. Bradac, D.O.	Family Practice	62
Scott A. Carlos, M.D.	Family Practice	38
George L. Cholak, M.D.	Family Practice	68
Patsy P. Cipoletti, Jr., M.D.	Family Practice	58
James L. Comerci, M.D.	Family Practice	56
Luke Cui, M.D.	Family Practice	58
Charles DeNunzio, D.O.	Family Practice	56
Joseph J. Depetro III, M.D.	Family Practice	52
Joseph G. Donzella, D.O.	Family Practice	38
Jeremy J. Edgmon, M.D.	Family Practice	37
Cheryl P. Entress, M.D.	Family Practice	71
Catherine J. Evans, M.D.	Family Practice	54
Charles L. Geiger, D.O.	Family Practice	40
Lisa C. Hill, M.D.	Family Practice	52
Marilyn Horacek, D.O.	Family Practice	53
Richard A. Irvin, D.O.	Family Practice	47
Albert V. Jellen, M.D.	Family Practice	71
Lawrence C. Kelly, D.O.	Family Practice	59
Timothy H. Knierim, M.D.	Family Practice	49
Fausto J. Lazo, M.D.	Family Practice	67
Sharon M.Lazo, M.D.	Family Practice	68
Robert Looby, M.D.	Family Practice	66
E. Robert Marks, M.D.	Family Practice	42
William D. Mercer, M.D.	Family Practice	57
Douglas W. Midcap, D.O.	Family Practice	49
Laura M. Miller, D.O.	Family Practice	60
Steven C. Mills, M.D.	Family Practice	44
Cynthia J. Mueller, M.D.	Family Practice	48
Mahaveer Mukkamalla, M.D.	Family Practice	32
Phillip J. Murray, M.D.	Family Practice	68
George Naum, III, D.O.	Family Practice	52
George Naum, Jr., M.D.	Family Practice	78
Ruben Nepomuceno, M.D.	Family Practice	74
Dennis R. Niess, M.D.	Family Practice	56
Robert E. Olexo, D.O.	Family Practice	43
Basil P. Papadimitriou, M.D.	Family Practice	81
Chaganlal N. Patel, M.D.	Family Practice	73
Thomas S. Ream, M.D.	Family Practice	49
Bradley A. Schmitt, M.D.	Family Practice	33

**Wheeling, West Virginia, Martins Ferry, Ohio and Surrounding Areas**  
**Community Health Needs Assessment**  
*Physicians and Mid-Level Practitioners Practicing in the Service Area*

<b>Health Care Professional</b>	<b>Speciality</b>	<b>Age</b>
Thomas J. Schmitt, M.D.	Family Practice	80
Mathew G. Sokos, M.D.	Family Practice	48
Nancy Sukys, M.D.	Family Practice	55
Wijdan Suwaid, M.D.	Family Practice	42
Douglas Trubiano, D.O.	Family Practice	40
Amy Vasilakis-Donzella, D.O.	Family Practice	37
Thomas G. Wack, Jr., M.D.	Family Practice	63
Michael T. Wayt, M.D.	Family Practice	43
Paul D. Weidman, M.D.	Family Practice	45
Daniel W. Wilson, M.D.	Family Practice	52
Gregory Wood, D.O.	Family Practice	50
Mathew Wood, D.O.	Family Practice	36
Victor A. Wood, D.O.	Family Practice	54
David A. Bowman, M.D.	Gastroenterology	62
Sanjay Chaudhry, M.D.	Gastroenterology	57
John T. Dorsey, III, M.D.	Gastroenterology	55
Rajesh M. Mehta, M.D.	Gastroenterology	55
Scott Naum, D.O.	Gastroenterology	-
Nitesh Ratnakar, M.D.	Gastroenterology	36
Patrick Arakawa, M.D.	General Practice	82
Joseph Glorioso, D.O.	General Practice	47
Alfredo J. Seco, M.D.	General Practice	63
Gabriel E. Sella, M.D.	General Practice	63
Robert L. Cross, M.D.	General Surgery	60
David A. Ghaphery, M.D.	General Surgery	47
Robert E. Jones, M.D.	General Surgery	69
Joseph Michael Petersen, M.D.	General Surgery	58
John J. Wolen, M.D.	General Surgery	36
William J. Bailer, M.D.	General Surgery/Vascular Surgery	45
Wilmer G. Heceta, M.D.	General Surgery/Thoracic Surgery	75
Peter Z. Bala, M.D.	Gynecology/Obstetrics	58
Catherine C. Coleman, M.D.	Gynecology/Obstetrics	62
Gary S. Deguzman, M.D.	Gynecology/Obstetrics	51
Wayne E. Groux, M.D.	Gynecology/Obstetrics	56
Elisa Irisari, M.D.	Gynecology/Obstetrics	70
George V. Jirak, M.D.	Gynecology/Obstetrics	56
Sarah R. Lancione, M.D.	Gynecology/Obstetrics	59
John M. Lawson, M.D.	Gynecology/Obstetrics	64
Gus J. Mouhlas, M.D.	Gynecology/Obstetrics	71

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Leigh Anne Papadimitriou, M.D.	Gynecology/Obstetrics	43
Cesar R. Pizarro, M.D.	Gynecology/Obstetrics	68
Jan Seski, M.D.	Gynecology/Obstetrics	63
Robert J. Shalowitz, M.D.	Gynecology/Obstetrics	60
Erin V. Stoehr, D.O.	Gynecology/Obstetrics	36
Chandra S. Swamy, M.D.	Gynecology/Obstetrics	66
Ronald L. Thomas, M.D.	Gynecology/Obstetrics	-
Robert J. Wetzel, M.D.	Gynecology/Obstetrics	48
Jessica Ybanez-Morano, M.D.	Gynecology/Obstetrics	48
Demetrio J. Agcaoili, M.D.	Infectious Disease	53
Bill Apostolon, D.O.	Internal Medicine	44
Imelda Chia, M.D.	Internal Medicine	59
Viswanathan Chokkavelu, M.D.	Internal Medicine	64
Robert Crake, D.O.	Internal Medicine	42
Nepomuceno Dario, Jr., M.D.	Internal Medicine	70
Gary B. Davenport, M.D.	Internal Medicine	37
Renato F. Dela Cruz, M.D.	Internal Medicine	59
Reynaldo Dela Cruz, M.D.	Internal Medicine	59
Andrew Etzel, D.O.	Internal Medicine	34
Jamie Etzel, D.O.	Internal Medicine	32
Angelo N. Georges, M.D.	Internal Medicine	52
Naba Goswami, M.D.	Internal Medicine	61
Rick A. Greco, D.O.	Internal Medicine	50
Shashi B. Gupta, M.D.	Internal Medicine	61
John L. Happel, Jr., M.D.	Internal Medicine	58
John D. Holloway, M.D.	Internal Medicine	57
Monina Jao, M.D.	Internal Medicine	48
Carlos C. Jimenez, M.D.	Internal Medicine	66
Leah J. Jones, D.O.	Internal Medicine	42
Zaveen A. Kureishy, M.D.	Internal Medicine	48
Mario C. Mejia, M.D.	Internal Medicine	69
C. Clark Milton, D.O.	Internal Medicine	56
Maheshwar R. Musunuri, M.D.	Internal Medicine	57
Himalaya M. Patcha, M.D.	Internal Medicine	59
Victor T. Perrone, M.D.	Internal Medicine	60
Thomas J. Romano, M.D.	Internal Medicine	62
Shawn G. Stern, D.O.	Internal Medicine	42
Jasmine Trouten, M.D.	Internal Medicine	44
Shashi R. Urval, M.D.	Internal Medicine	46

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Byron L. Van Pelt, M.D.	Internal Medicine	69
Thomas Waltz, D.O.	Internal Medicine	30
Timothy Wilson, D.O.	Internal Medicine	50
Kumar R. Patel, M.D.	Internal Medicine/Allergy	44
Rafael L. Schmulevich, M.D.	Internal Medicine/Cardiology	54
Marion H. Drews, Jr., M.D.	Internal Medicine/Nephrology	61
Thomas G. Kenamond, M.D.	Internal Medicine/Nephrology	61
Derrick L. Latos, M.D.	Internal Medicine/Nephrology	64
Jessica Lucas, D.O.	Internal Medicine/Nephrology	-
Marnie J. Marker, M.D.	Internal Medicine/Nephrology	42
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
Robert B. Altmeyer, M.D.	Internal Medicine/Pulmonology	62
Michael W. Blatt, M.D.	Internal Medicine/Pulmonology	61
Dominic Gaziano, M.D.	Internal Medicine/Pulmonology	73
Attila A. Lenkey, M.D.	Internal Medicine/Pulmonology	55
Richard E. Ryncarz, M.D.	Internal Medicine/Pulmonology	52
Brenda Adamovich, D.O.	Neurology	60
Srini Govindan, M.D.	Neurology	65
Singh Gurmeet, M.D.	Neurology	52
Margaret E. Jaynes, M.D.	Neurology	57
Henry L. Kettler, M.D.	Neurology	67
Christian A. Sonnefeld, M.D.	Neurology	34
John G. Tellers, M.D.	Neurology	63
Stephen R. Timms, M.D.	Neurology	50
Wladimir A. Zyznewsky, M.D.	Neurology	63
Sanjay Bhatia, M.D.	Neurosurgery	47
John J. Collins, M.D.	Neurosurgery	55
Ronald W. Hargraves, M.D.	Neurosurgery	58
Todd Harshbarger, M.D.	Neurosurgery	42
Terrence D. Julien, M.D.	Neurosurgery	44
Charles Rosen, M.D.	Neurosurgery	46
Joseph L. Voelker, M.D.	Neurosurgery	55
Krishnamohan Basarakodu,	Oncology	38
Manish Monga, M.D.	Oncology	42
Sri Laxmi Valasareddi, M.D.	Oncology	35



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Nabiel Alkhouri, M.D.	Oncology/Hematology	48
Anup K. Das, M.D.	Oncology/Hematology	60
John J. Antalis, M.D.	Ophthalmology	47
Raymond A. Bannan, M.D.	Ophthalmology	50
Martin A. Boscarino, M.D.	Ophthalmology	37
Daniel E. Buerger, M.D.	Ophthalmology	43
Miguel A. Busquets, M.D.	Ophthalmology	39
Lisa Cibik, M.D.	Ophthalmology	54
Brian H. Jewart, M.D.	Ophthalmology	48
Robert L. Joseph, M.D.	Ophthalmology	69
Harold F. Leeper, M.D.	Ophthalmology	61
John P. Nairn, M.D.	Ophthalmology	49
Janis E. Reed, M.D.	Ophthalmology	53
William D. Strauch, M.D.	Ophthalmology	60
Harold Pickens, O.D.	Optometrist	57
Philip D. High, D.D.S.	Oral Surgery	65
Mary Margaret Haus, M.D.	Orthopedic Surgery	55
John Michalski, M.D.	Orthopedic Surgery	54
Derek H. Andreini, M.D.	Orthopedics	60
Earl Fritz Braunlich, M.D.	Orthopedics	46
Robert A. Caveney, M.D.	Orthopedics	59
Richard S. Glass, M.D.	Orthopedics	70
Jonathan D. Lechner, M.D.	Orthopedics	58
Dante A. Marra, M.D.	Orthopedics	51
Robert J. Zaleski, M.D.	Orthopedics	63
Larry A. Dodd, M.D.	Otolaryngology	68
Christopher Tiu, M.D.	Otolaryngology	40
Jeremy J. Tiu, M.D.	Otolaryngology	35
Wilfredo A. Tiu, M.D.	Otolaryngology	74
Randall P. Weyrich, M.D.	Otolaryngology	62
Chong A. Kim, M.D.	Pain Management	34
Richard M. Vaglianti, M.D.	Pain Management	55
Edward Adamovich, M.D.	Pathology	60
Busaina L. Khalil, M.D.	Pathology	60
Nasir A. Khan, M.D.	Pathology	54
Mohtashim Naeem, M.D.	Pathology	42
Sam J. Nassar, M.D.	Pathology	48
Scott L. Nestor, M.D.	Pathology	52
Vinayak K. Sovani, M.D.	Pathology	56
Michael M. Yousef, M.D.	Pathology	59
John R. Phillips, M.D.	Pediatrics/Cardiology	43

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<b>Health Care Professional</b>	<b>Speciality</b>	<b>Age</b>
Amy M. Jean, M.D.	Pediatrics/Endocrinology	37
Kenneth Gainer, M.D.	Pediatrics/Ophthalmology	42
Jill K. Bradshaw, M.D.	Pediatrics/Psychiatry	33
Ellen L. Kitts, M.D.	Pediatrics/Psychiatry	63
Lori Archbold, M.D.	Pediatrics	47
Laura R. Blosser, M.D.	Pediatrics	48
Stanley Einzig, M.D.	Pediatrics	68
Malek El Yaman, M.D.	Pediatrics	34
Richard R. Feder, M.D.	Pediatrics	63
Mary T. Hammond, M.D.	Pediatrics	49
Michelle L. Hess, M.D.	Pediatrics	39
Marybeth Hummel, M.D.	Pediatrics	56
C K Jean, M.D.	Pediatrics	76
David A. Mosman, M.D.	Pediatrics	42
Sheela R. Rao, M.D.	Pediatrics	41
Judith T. Romano, M.D.	Pediatrics	59
Geoffrey L. Ruben, M.D.	Pediatrics	58
Hsinn H. Wang, M.D.	Pediatrics	69
Zhengyi Wang, M.D.	Pediatrics	50
Mark J. Wilson, M.D.	Pediatrics	41
David A. Kappel, M.D.	Plastic Surgery	66
Karl J. Mueller, M.D.	Plastic Surgery	55
James R. Shope, M.D.	Plastic Surgery	50
Marjorie L. Bush, M.D.	Plastic Surgery/Hand Surgery	58
Edward P. Polack, M.D.	Plastic Surgery/Hand Surgery	65
Charles A. Tracy, M.D.	Plastic Surgery/Hand Surgery	52
Bruce G. Blank, D.P.M.	Podiatry	52
Danny R. Fijalkowski, D.P.M.	Podiatry	35
Joseph H. Goodwin, D.P.M.	Podiatry	45
Vincent J. Kolenich, D.P.M.	Podiatry	48
Richard L. Martin, D.P.M.	Podiatry	38
Christopher T. Moore, D.P.M.	Podiatry	34
Jason D. Newton, D.P.M.	Podiatry	43
Leonard A. Reynolds, D.P.M.	Podiatry	49
Alfredo A. Aguirre, M.D.	Psychology	54
Richard O. Ajayi, M.D.	Psychology	46
Maura Andronic, M.D.	Psychology	46
Steven L. Corder, M.D.	Psychology	50
Alber L. Ghobrial, M.D.	Psychology	59
Maria Rapheal Moreno, M.D.	Psychology	46
Paul Papadimitriou, M.D.	Psychology	46

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Navdeep S. Purewal, M.D.	Psychology	39
Mohammad Rafiq, M.D.	Psychology	54
K Sathappan, M.D.	Psychology	51
Melvin T. Saludes, M.D.	Pulmonology	49
Gregory S. Merrick, M.D.	Radiation Oncology	54
Jondavid Pollock, M.D.	Radiation Oncology	48
Vicente P. Almario, M.D.	Radiology	63
Eric R. Balzano, M.D.	Radiology	41
Mark L. Benson, M.D.	Radiology	47
Dana Borgeson, D.O.	Radiology	53
Joseph Capito, M.D.	Radiology	52
Vincent J. Caruso, M.D.	Radiology	60
John L. DeFilippo, M.D.	Radiology	49
Kelby L. Frame, M.D.	Radiology	42
Eric W. Irwin, M.D.	Radiology	35
Carter A. Kenamond, M.D.	Radiology	36
Thomas F. Lee, M.D.	Radiology	50
Gary Loh, M.D.	Radiology	53
Michael J. Maroney, M.D.	Radiology	43
Charles Muchnok, M.D.	Radiology	45
Thomas R. Neis, M.D.	Radiology	61
William Lee Noble, M.D.	Radiology	63
James D. Patrizi, M.D.	Radiology	44
Michael L. Slaysman, M.D.	Radiology	61
Terry L. Stake, M.D.	Radiology	64
Gurijala N. Reddy, M.D.	Radiology/Radiation Oncology	66
Robert L. Vawter, M.D.	Rheumatology	55
S. Derrick Eddy, M.D.	Sports Medicine	
Mehdi Akhavan-Heidari, M.D.	Thoracic Surgery	40
Carl H. Barosso, M.D.	Thoracic Surgery	49
Rajai T. Khoury, M.D.	Thoracic Surgery	60
John W. Klay, M.D.	Thoracic Surgery	64
Victor Maevsky, M.D.	Thoracic Surgery	40
Xingyi, Que, M.D.	Thoracic Surgery	48
Ahmad, Rahbar, M.D.	Thoracic Surgery	67
Howard L. Shackelford, Jr., M.D.	Thoracic Surgery	60
Hugo J. Andreini, M.D.	Urology	55
Rodney L. Curtis, M.D.	Urology	58
Ignacio H. Luna, M.D.	Urology	70
Satbir Singh, M.D.	Urology	42
Walter N. Taubenslag, M.D.	Urology	59

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

**Wheeling, West Virginia, Martins Ferry, Ohio and Surrounding Areas**  
**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:

<b>Service</b>	<b>Wheeling Hospital/Belmont</b>	<b>Ohio Valley General/East Ohio Regional</b>	<b>Reynolds Memorial</b>
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	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

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Orthopedic services	X	X	X
Pain management program		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
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