CAMC: Quality leader, economic engine

While most people think of CAMC as a leader in quality care, technology and as a referral center for many specialties, many may not think of CAMC as a powerful force in the region’s economy. Yet it is.

According to a recent study by the National Center for Rural Health, “the role hospitals and hospital systems play as major contributors to the economy is often overlooked… the economic contributions result in a significant number of jobs and wages, salaries, and benefits created in other businesses and industries.”

CAMC’s impact
11,000 jobs
$536.3 million income impact
$104.9 million taxes (federal, state, income, sales, property)
Community benefit: $121 million

According to a National Center for Rural Health study conducted and presented by Dr. Gerald A. Doeksen, regents professor and director at Oklahoma State University, jobs and payroll in the health care industry in the region’s economy is often overlooked… the economic contributions result in a significant number of jobs and wages, salaries, and benefits created in other businesses and industries.”

Weight loss is big business, and it gets bigger every year as the population continues to become more obese.

In fact, Americans spend more than $30 billion each year on weight loss programs, products and pills, but the painful truth is the only thing many people lose in their quest to shed pounds is money, not weight.

The CAMC Weight Loss Center offers real solutions for people who are ready to make a commitment to changing their size and their lives.

“Obesity is an epidemic that is far more dangerous than many people realize because it increases the risk of developing type 2 diabetes, high blood pressure, cardiovascular disease, arthritis and other cancers,” said Robert Shin, MD, medical director of the Weight Loss Center.

More than of Americans are overweight, and more than one-third are obese. The CAMC Weight Loss Center offers customized medical and surgical weight loss solutions to help anyone struggling with weight issues, no matter how big or small.

“This is not just a diet and exercise facility, this is a place where we explore all aspects of weight gain, weight loss and weight maintenance to help people have long-term success for better health,” Shin said.

Medical weight loss is open to anyone. Care is monitored by a registered dietician, exercise physiologist and nurse practitioner. Meal planning and exercise routines are tailored to meet each person’s individual preferences and abilities. With a focus on improving overall health, educational classes are offered on a routine basis along with individual counseling appointments. Participants also gain support from other members in the program.

“Whether you want to lose 10, 20 or 30 pounds, we can create a comprehensive weight loss management plan for anyone who doesn’t want or need surgery but is looking for long-term success,” Shin said.

Surgical weight loss options are available for people who need to lose 80 pounds or more, or who have other medical conditions such as diabetes and high blood pressure. Laparoscopic gastric bypass, adjustable gastric banding (Lap Band®), and laparoscopic sleeve gastrectomy are surgical weight loss options available at the CAMC Weight Loss Center. (Visit camc.org/weightloss for a chart comparing these surgeries.)

“Bariatric [weight loss] surgery has greatly advanced over the past 15 years,” Shin said. “Incisions are smaller, recovery times are faster, complication rates are lower, and outcomes are better. For many people it’s the only option for a healthier, more enjoyable life when diet and exercise have failed.”

There’s much planning and preparation for weight loss surgery long before a patient reaches the operating room. From physical and psychological exams to support groups to checking on insurance coverage, preparing for a life-changing surgery

CAMC Weight Loss Center focuses on the journey, not just the destination

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Working to keep kids healthy

“There’s a lack of awareness about how bad obesity is. It’s the #1 killer in society, but it’s still treated more like a shameful problem than a medical issue. We need to break the barriers of obesity and understand that it is one of the most serious health problems facing this generation and future generations.”

Robert Shin, MD, medical director, CAMC Weight Loss Center
Visit camc.org/news and click on “What’s Happening” to read more about the Healthy Kids Pediatric Weight Management Program at CAMC.

Continued on back
2013 Medical Staff Officers

James A. Lohan, Chief of Staff
(304) 356-3810

James G. Rosencrance, Chief of Staff Elect
(304) 720-7305

Bryan Richmond, MD Secretary/Treasurer
(304) 347-1372

Gina R. Busch, Immediate Past Chief of Staff
(304) 925-3115

Each department of the medical staff department elects representatives. The department chiefs and vice chiefs for 2013 are:

- **Anesthesiology**
  - Chief — Alan Dean, MD (304) 925-4086
  - Vice chief — Eric Persily, MD (304) 925-4086

- **Cardiovascular medicine**
  - Chief — H. James Stanton, MD (304) 926-8080
  - Vice chief — Salim Ratnani, MD (304) 720-1875

- **Emergency medicine**
  - Chief — Michael Sifer, MD (304) 388-6004
  - Vice chief — Jeffrey Mullen, DO (304) 388-6004

- **Family practice**
  - Chief — Andy Tanner, DO (304) 388-4600
  - Vice chief — Amy Tickle, MD (304) 388-5848

- **Medical imaging and radiation oncology**
  - Chief — Michael Anton, MD (304) 344-3457
  - Vice chief — Russell King, MD (304) 344-3457

- **Medicine**
  - Chief — Sorin Scarlatescu, MD (304) 388-5848
  - Vice chief — Jeremy Stapleton, DO (304) 342-0821

- **Neurosurgery**
  - Chief — Kuruvilla John, MD (304) 400-4614
  - Vice chief — Verna Bhanot, MD (304) 388-1000

- **Obstetrics and gynecology**
  - Chief — Michael Loo, MD (304) 720-4455
  - Vice chief — Scott Hunter, MD (304) 342-7780

- **Orthopedics and rehabilitation**
  - Chief — Jason Castle, MD (304) 343-4583
  - Vice chief — Aaron Sop, DO (304) 388-7700

- **Otolaryngology**
  - Chief — pending
  - Vice chief — pending

- **Pathology**
  - Chief — J. Todd Kuenstner, MD (304) 388-5550
  - Vice chief — Milton Plata, MD (304) 388-5550

- **Pediatrics**
  - Chief — Stefan R. Maxwell, MD (304) 348-2238
  - Vice chief — Jayesh Shah, MD (304) 388-2238

- **Surgery**
  - Chief — Wesley Culpepper, MD (304) 388-1930
  - Vice chief — Richard Umstot, MD (304) 388-7270

- **Urology**
  - Chief — pending
  - Vice chief — pending

CAMC: Quality leader, economic engine

Continued from front

mean that CAMC does not generate significant tax dollars through its employees and the secondary employment.

The study estimated CAMC employees paid $41.4 million in federal taxes in 2011 (adding construction and secondary employees the total was $64.8 million); total state income taxes (CAMC, construction and secondary employees) was $23.4 million; total sales taxes (CAMC, construction and secondary employees) was $1.2 million and the total local residential property taxes (CAMC, construction and secondary employees) was $4.7 million.

"Only by continually re-investing in the broader forms of wealth will we be able to increase the quality of life for present generations and sustain the livelihoods for all of us," said Becky Cepley, president and CEO. The Greater Kanawha Valley Foundation.

"CAMC not only provides health services to the residents of our community but also contributes to many aspects of that broader wealth. The Greater Kanawha Valley Foundation looks forward to continuing to work with CAMC to improve the quality of life in our region."

During this same time (2011), CAMC wrote off more than $39 million in charity care at cost, wrote off more than $21.5 million as bad debt at cost and experienced more than $140.2 million in losses on patients with government insurance (i.e. Medicaid, Medicare, PEIA), which reimburses health care providers below the cost of care.

As the state’s largest safety-net hospital, CAMC provides care to a disproportionately large Medicaid and uninsured population, offers services that the community needs and serves as a regional tertiary care center that many rural hospitals refer patients to for specialized treatment.

“CAMC provides the community with many services, at a financial loss, that no one else offers,” said David Ramsey, CAMC CEO. “And as a not-for-profit, any money remaining at the end of the year gets invested right back in to equipment, facilities and services.”

Volunteerism is another vital part of creating and maintaining a thriving community, and each year employees give their time to local nonprofits, churches and other organizations.

CAMC recently conducted a volunteerism survey to see where employees and physicians are helping their communities. The 232 employees and six physicians who responded spend an average of 11 hours a month volunteering. The organizations range from national groups to local schools, churches and fire departments.

“We encourage employees to be involved in their communities, in whatever form they choose,” Ramsey said. "One of the reasons our area has such a wonderful quality of life is that West Virginians have a strong sense of community.”

CAMC also is one of four major teaching hospitals in West Virginia that trains medical students, resident physicians and students in a variety of other health-related disciplines.

There are currently 176 residents, fellows and interns at CAMC in various specialties. CAMC also serves as a clinical training site for about 800 students per year through educational affiliations with regional colleges and universities. In addition to teaching future clinicians, CAMC also provides several educational opportunities to the public.

Three generations

(L to R): Carolyn Cadle, lab quality manager; her daughter Carmelita Lovejoy, CAMC Physicians Group orthopedist; and her granddaughter Tricia Lovejoy, lab service tech, are all currently working at CAMC. Carolyn has worked at CAMC on and off since 1964, Carmelita has been here for 19 years, and Tricia is studying for her degree in medical laboratory technology while also working in transfusion services.
New telemedicine program provides diabetic eye screenings to rural West Virginia

Living with diabetes involves more than just proper nutrition and exercise—the disease puts those who have it at risk for several other serious medical conditions, such as blindness. That’s why it’s so important for people living with diabetes to have annual eye screenings to check for any changes in the retina or optic nerve.

Unfortunately, many West Virginians living with diabetes don’t have access to these screenings due to CAMC. The Center for Telemedicine is changing that with help from WV Eye Consultants. The CAMC Institute received a grant in 2008 from Frontier Communications, which, combined with CAMC Institute monies, allowed them to get portable digital retinal cameras and other necessary equipment to rural communities currently without the resources to screen for diabetic retinopathy.

In West Virginia, diabetic retinopathy (damage to the eye’s retina caused by Type 1 or Type 2 diabetes) is the leading cause of blindness, and there are few warning signs for early detection. Research has shown that a retinal photograph, even without a dilated eye, can show the early stages or diabetic retinopathy.

“We can find disease that would otherwise go unnoticed,” said Christopher Stansbury, OD.

Rural health centers with existing telemedicine equipment can apply for mini-grants through the CAMC Institute to receive the retinal screening equipment. The clinics participating in the program conduct the screenings in the office, and the films are sent electronically to WV Eye Consultants in Charleston for ophthalmologist Jeffrey J. Stansbury, MD, and Stansbury, an optometrist, to review.

Currently, the program has one satellite office operating at Community Care WV in Clay (opened in early June), but Barbara McKee, RN, an outreach coordinator for the Center for Telemedicine, hopes to get equipment to more rural areas soon.

“Our goal is to equip a total of six rural locations with the retinal cameras, which will hopefully increase the number of diabetic patients receiving the screenings,” McKee said.

When patients come to Community Care WV for a regular check-up or other appointment, Sarah Chouinard, MD, medical director, offers the eye screening at a regular part of the visit. Chouinard said patients often don’t see the value of diabetic retinopathy screening. “Sometimes in most cases it’s asymptomatic.”

“Traveling to a doctor’s office for something they don’t see value in is something that’s hard to push.”

What’s so great about this is with the setup right in the office, we make it quick and convenient for them,” Chouinard said. “It’s been a game-changer for us. The patients don’t have an excuse not to get screened.”

Once Chouinard’s office staff takes the images, Sinclair and Stansbury can essentially video chat with the patients and discuss the results of the scans and any subsequent treatment plans.

“It’s a huge opportunity to provide a level of care that isn’t currently available,” Sinclair said.

If a patient has signs of diabetic retinopathy, the doctors recommend he or she get a more thorough, dilated eye exam, and offer to see the patient themselves if he or she isn’t already established with an eye doctor. For more severe cases, the patient might be referred to a retina specialist. Treatment could include injections or laser surgery, and in extreme cases, more invasive surgery.

“We have the potential to prevent a whole lot of diabetic eye disease by creating value for patients by catering to them. I’m excited about it because it’s a service we should offer, and we’ve never been able to until now,” Chouinard said.

A large part of preventing diabetic retinopathy is keeping blood sugar levels under control, so patient education plays a major role in the telemedicine program. The eye is one of the first places that diabetes is visible.

“Sometimes we diagnose diabetes,” Sinclair said of his practice.

At last year’s CAMC HealthFest, 42 people were screened using the portable retina cameras.

CAMC Institute is currently going through a $250,000 funding application for the mini-grants and is hoping to have all six sites up within the next year. The diabetic retinopathy program is the third telemedicine program for CAMC. The Center for Telemedicine also manages programs in perinatal health and psychiatry.
Nursing News and Notes

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3 South Memorial welcomes Carrie Hawkins, RN; Jared Simpson, RN; Bridget Wright, LPN; Tiffany Thorne, NA and Donna Tennant, HUC.

3 North Memorial welcomes Debbie Miller, RN; Charissa Watts, RN; Cecilia House, HUC/MT; Robin Samson, HUC/MT; Tim Morgan, RN; Cathy Workman, RN and Karen Bias, RN.

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