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STEVE ADUBATO, host:

Welcome to a very special edition of CAUCUS UP CLOSE. I'm Steve Adubato.

On the second half of this program, we'll speak to Ron Del Mauro, who is the president and CEO of the St. Barnabas Health Care System.

But right now, meet Annette Catino, who is the president and CEO of Qualcare, which is?

Ms. ANNETTE CATINO (President & CEO, Qualcare, Inc.): A managed care company here in New Jersey, a locally-based, provider-sponsored managed care company.

ADUBATO: We should also disclose that Annette is actually a member of the board of the Caucus Educational Corporation--an unpaid position.

Ms. CATINO: That's correct.

ADUBATO: OK. Let's talk about some tough issues right off the bat. The word health--the term health-care crisis gets thrown around all the time, and it must be, like, the 50th so far. What is the latest health-care, quote-unquote "crisis" we're--are in, or are we not in one, Annette?

Ms. CATINO: Oh, no, we're in one, according to both our Democratic and Republican candidates. It's about cost and it's about access, and it's about what we should be paying for, what we shouldn't be paying for. It's about making sure that the average person in America has access to basic health-care coverage, and the fact that we are in worse shape today than we

were 10 years ago in terms of the number of people who have no health insurance at all.

ADUBATO: But, Annette, if we've known this for a long time--and in the media, we have covered it for a long time--why have we not gotten any closer to addressing it?

Ms. CATINO: It's a very complicated issue, and it's got more constituents that have their piece of the pie than you can ever imagine. It's more complicated than the--the war that we're dealing with over in Iraq. We've got the pharmaceutical industry, we've got the hospital industry, we've got the physician community, we've got the technology industry, we've got the medical community that has to deal with public health issues. And whether they're right, wrong or indifferent, they have a perspective that needs to be addressed.

We've got government. The federal government, local government, state government--all of them are involved in health care because they're paying for medical care for the elderly through the Medicare program, they're paying for medical care for the indigent through the Medicaid program, and they're paying the cost of the--of the uninsured because when there's no one paying the bill, the bill for those people gets spread to the people who are paying. Then we have the employers, the unions, the...

ADUBATO: You're making this complicated, Annette.

Ms. CATINO: It--it is complicated.

ADUBATO: Are you making it complicated, or is just so complicated that the--is--is the complicated nature of it the main reason why we haven't moved forward, or is it, on some level, a lack of will?

Ms. CATINO: Oh, I believe the--there's a will. I believe that because it's complicated and because we can't fit the answer into a 30- or a 60-second soundbite, it's hard to explain to the average person, to get them excited about the issue, to talk to their employer about the issue.

ADUBATO: What would they say to their employer?

Ms. CATINO: They would say to their employer, 'I don't like the fact that I have to pay \$2,000 a year for my family coverage and I think I should be paying less; and I think you should be paying more.' And that's what we're hearing from--from employees today, that their employers are passing on these increased costs to the employees, and they don't want to pay for it. And yet when you balance what they're really paying for--\$100 a month, even \$200 a month--in the scope of what we're giving people in terms of the health plans that employers are sponsoring, they're very rich health plans and...

ADUBATO: Rich health plans?

Ms. CATINO: Very rich health plans. And the out-of-pocket expense is really minimal in terms of when you get very sick, you have a chronic disease, or you have a catastrophic disease.

ADUBATO: Who are the good guys, who are the bad guys?

Ms. CATINO: Well, gee, I think there's a lot of good guys in this equation. I'm not sure that there--there is bad guys, you know. We--we're part of the problem ourselves, us as consumers are part of the problem.

ADUBATO: How so?

Ms. CATINO: Do you know what the cost of your health care is?

ADUBATO: No, I have a real good plan.

Ms. CATINO: OK. Do you know what kind of plan you have?

ADUBATO: Oh, come on, Annette, the idea of the show isn't to make me look dumb.

Ms. CATINO: Well, I understand that, but that's part of the problem.

ADUBATO: And, Greg, why are you laughing over there behind that camera?

Ms. CATINO: That's part of the problem. I mean, do you know what kind of

car you drive? Do you know how many miles to the gallon your car gets?

ADUBATO: That's not a good analogy.

Ms. CATINO: OK. Well, do you know about your auto insurance? Do you know what your coverage on your auto insurance is? Do you know what you have as life insurance? But we don't understand health care. It's the process...

ADUBATO: Is--is it--is it more--is--is there something different about it?

Ms. CATINO: Well, there is something different about it. We all want to be healthy. No--none of us want to get cancer, none of us want to need a kidney transplant, none of us want to have our parents have a heart attack. You know, those are issues that are hard to deal with, and so we don't typically deal with them until there's a problem.

ADUBATO: So that means we're contributing to it because of our ignorance?

Ms. CATINO: Because we don't worry about the problem until it's in front of our face, we are--we are part of the problem. And we are part of the solution. But the industry's got problems, too. The industry has problems. We've had double-digit increases in health-care expenditures for the last three or four years. The--the most recent articles in--in The New York Times, you know, are telling us that health-care costs are going up 13 percent, 14 percent a year. Inflation--you haven't heard inflation rates of 13 percent or 14 percent.

ADUBATO: That's right.

Ms. CATINO: So why are health-care costs going up? Well, there's lots of reasons. One is we have an aging population--needs more health-care services. We are identifying more chronic diseases. We are treating more chronic diseases. We're also treating more catastrophic diseases. Did you

ever hear of heart transplants, you know, being commonplace today? They are.

Ten years ago, if you had one heart transplant in a given population in a year, it was a big deal. Today, I can tell you that we've got four or five patients on the list for heart transplants this month. The issues are very different, and they're evolving and they're changing. So the fact that we're aging and the fact that we're diagnosing more and we're treating more is part of the health-core--health-care cost problem.

The other part of the problem is we've got new technology and new drugs. It costs a lot of money to develop, whether it's the n--the new bariatric surgery that's being done for--for morbidly obese people. Was it being done 20 years ago? Absolutely, it was being done. Now it's being done for more and more people.

ADUBATO: So you make it sound as if the costs will continue to go up given these trends.

Ms. CATINO: I--I don't see any reason why they won't go up. I don't see any mitigation coming. I don't see mitigation. So one of the issues we have to start dealing with as a country and as a society is the quality of the care that we're getting. You know, are people wasting resources? Are we misusing s--resources. Is there overuse, underuse or just not use enough?

ADUBATO: But isn't that in the eye of the beholder because if it's me, Annette, if it's me and I--I remember telling you this story a while back when I--years ago, I was doing a program on--on health care on another network and I remember having a headache and a--and a--and the doctor said, 'You know, we need you to get a CAT scan--for you to get a CAT scan,' and they say, 'Well, we see a little cloud there. You might not have a brain tumor.' So I have to get an MRI th--like yesterday which is...

Ms. CATINO: Yeah.

ADUBATO: ...how much?

Ms. CATINO: It's a thousand dollars.

ADUBATO: Right. Now have the MRI, luckily there's not a problem.

Ms. CATINO: Right.

ADUBATO: Someone could say it was wasteful, it was ridiculous, but I had to have that MRI.

Ms. CATINO: Yes, you did.

ADUBATO: So wasteful to me is different because I'm in that situation.

Ms. CATINO: That's the point. I mean, when you get sick, the moment you get sick or any member of your family gets sick is, 'I want it. I want it now. I want the best th--care that money can buy, and I really don't care what it costs.' I usually don't even ask what it costs until the bill comes in.

ADUBATO: Money's no object.

Ms. CATINO: Money's no object until the bill comes in three months later and then I say, 'Gee, I didn't realize because I went to the MRI center on this corner, it costs \$200. If I went to the MRI on this other corner, it might have cost me nothing,' because there are price differences in the marketplace.

ADUBATO: So we as con--health-care consumers should be shopping around?

Ms. CATINO: Well, right now you can't shop around because we as an industry haven't given you the tools to shop around. You don't know what an MRI costs. You don't know what a doctor's office visit costs unless you really read your bill and know your standing.

ADUBATO: What kind of tools would we need?

Ms. CATINO: Well...

ADUBATO: Information?

Ms. CATINO: ...you would need information. You would need databases just like we have Consumer Reports on--on buying other goods and services. We as an industry do not have enough of those available to the consumer. They're starting to evolve, but they're not there yet and we're a long way from having the information available for the consumer.

ADUBATO: Let me try this one on you, Annette. You come at this from a very interesting perspective. You've been in the health-care business for how long?

Ms. CATINO: Twenty-five years.

ADUBATO: And before you started up heal--Qualcare, where were you?

Ms. CATINO: I was a hospital administrator for 15 years.

ADUBATO: You understand hospitals.

Ms. CATINO: I understand hospitals, doctors and the health-care delivery system.

ADUBATO: Let's talk doctor. A while back, doctors were involved in a work-stoppage. Is that the way to put?

Ms. CATINO: That's what they called it.

ADUBATO: When you were watching that, the news of physicians, many of whom you know in front of the Statehouse, saying, `That's it. We're mad as hell, and we're not going to take it anymore'--Right?...

Ms. CATINO: Right.

ADUBATO: ...in terms of their insurance costs, medical malpractice...

Ms. CATINO: Right.

ADUBATO: ...what were you thinking?

Ms. CATINO: I was thinking there was a better way to get the message out. I was thinking that there are patients who went to the office that day and--and--and saw that the doctor's office was closed, didn't understand,

didn't make the connection and that the physicians as a professional group have not made a good enough argument to educate the consumer on what the cost of malpractice is doing.

ADUBATO: What should they have done, 'cause you can understand that question?

Ms. CATINO: Well, I think they need to talk about it with their patients, talk about it as a real issue to their patients. I mean, most of the patients see their physicians as wealthy professionals who have tremendous degrees of freedom and have a lifestyle that everybody wants to have, but that's not--it's--you know, it's not always that rosy, and--and, you know, it's always easy to look from the other side and make those kind of judgments.

Physicians work very hard. They work 60 to 70 hours a week. They lose most of their weekends. Most of the holidays, you know, they lose because they have to cover for hospital patients. You know, they've trained for a number of years. They don't have the degrees of freedom that you and I have in that we work in a regular job and we take a vacation and we turn things off. Doctors don't turn things...

ADUBATO: They can't.

Ms. CATINO: ...they can't turn things off because their patients have lives that are going on 24 hours a day, seven days a week. That doesn't mean we shouldn't do a good job of helping to educate people about what the issue is. The medical malpractice issue is part of our health-care cost problem. It's part of the problem because if it costs an obstetrician \$150,000 before they deliver their first baby, who do you think is paying for that insurance coverage? You and I are. The employers are that are paying for the health-care plans for their employees. The government is--who--who are taking care of the Medicaid mothers who need to have a--their baby in a safe environment. Everybody's paying for it.

ADUBATO: Should it just be the government? Should there be a single-payer

system? Hillary Clinton said it a while back as the first lady. It--it didn't go too well then. Should we just say, 'The heck with it. Let's have a single-payer system,' you say?

Ms. CATINO: I say I don't think this country will ever adopt a single-payer system.

ADUBATO: Should we?

Ms. CATINO: Should we? I'm not sure that that's the answer. I'm not seen--see government take on an issue like that and handle it. It's a big issue. We are 15 percent to 16 percent of the Gross Domestic Product. We are talking...

ADUBATO: Health-care costs.

Ms. CATINO: ...health care as an industry, billions and billions of dollars. There are more people that are part of this pie that you don't even know about and that the average consumer doesn't know about. And when you start to peel back that onion, you're going to start to s--answer some very tough questions and you're going to have to start making some choices--who gets care; who doesn't get care; whether, you know, that experimental treatment should be done now or it shouldn't be done now.

ADUBATO: The government makes these decisions?

Ms. CATINO: Well, in an all-payer system, who else would make...

ADUBATO: That would make you--you'd be uncomfortable with that.

Ms. CATINO: I was very uncomfortable with that.

ADUBATO: Before we end this segment, I want to ask you this. A lot of folks--and talking about bad guys--beat up on the managed care industry. 'Hey, you guys are the ones making doctors see way too many patients, more than they want to see. You're just making life really difficult.' You say?

Ms. CATINO: I say that we are part of the problem, but we're also part of the solution. I say that managed care companies for years with the advent

of--of--of restrictive plans helps keep the cost down for employers and employers weren't passing on a--a higher percentage to their employees. Once the employee backlash to those kind of restrictive plans came, we opened up our doors. We responded to what the employees and the employers wanted and health-care costs started to increase again because we started to let people do what they wanted to do when they wanted to do it, where they wanted to do it.

ADUBATO: Real quick, this is, in fact, Qualcare's 10th anniversary, is it not?

Ms. CATINO: Yes, it is, 10 years.

ADUBATO: Did you ever think that it would get to this point in--you know, to be where you are?

Ms. CATINO: Not really.

ADUBATO: The story about how Qualcare came about is like a whole 'nother show.

Ms. CATINO: It is.

ADUBATO: We'll do it another time.

Ms. CATINO: It is.

ADUBATO: Annette, I want to thank you so much for joining us.

Ms. CATINO: Well, thanks for having me.

ADUBATO: Appreciate it. Stick around because right after this quick break, we'll be joined by Ron Del Mauro who is the chief executive officer and president of the St. Barnabas Health Care System.

Stay with us. We'll be right back.

Thank you, Annette.

Ms. CATINO: Thank you.

ADUBATO: That was good.

Ms. CATINO: Good.

Announcer: If you'd like more information on this program or if you'd like to express an opinion, e-mail us at info@caucusnj.org. And visit us on the World Wide Web at www.caucusnj.org.

Welcome back.

We are joined by Ron Del Mauro who's the president and CEO of the St. Barnabas Health Care System.

Ron, good to see you.

Mr. RON DEL MAURO (President and CEO, St. Barnabas Health Care System): Good to see you, Steve.

ADUBATO: Ron, now let's give folks a little bit of background. The system includes?

Mr. DEL MAURO: Well, nine hospitals. There are nine nursing homes. We--I--ambulatory-care facilities throughout the state of New Jersey, a behavioral health center in South Jersey. We actually have 70 different locations throughout the state of New Jersey, 23,000 employees. We believe we're the second-largest private employer in the state of New Jersey. We have 5,000 physicians that are affiliated with us and treat approximately two million patients on an annual basis.

ADUBATO: Ron, this has been your professional life, a big part of your life, if you will. You're dealing with health-care issues from this perspective. We had Annette Catino on who you know well.

Mr. DEL MAURO: Yeah.

ADUBATO: Annette said this quote "health-care crisis" is really, really bad, worse than it was 10 years ago. From your perspective, what are the two or three biggest challenges you and the St. Barnabas Health Care System face today? Biggest challenge?

Mr. DEL MAURO: Well, I--I think the greatest challenge we face--and by the way, I agree with Annette.

ADUBATO: Worse?

Mr. DEL MAURO: I--I believe it's probably the worst it's--it's ever been in all the years that I've--I've been in--in--in health care. I--I think the great challenge we face is the balance of reducing costs without sacrificing quality. We have a mantra in our system that basically says we are going to offer cost-effective medicine, the highest quality of care, the highest patient and family satisfaction. It's our obligation to create the best possible environment for our patients to be treated and for their family members to be treated and employees to work in and doctors to practice medicine in.

ADUBATO: High standards, committed to it. It's not just a mantra you say. People buy into it. How hard is it pulling it off these days?

Mr. DEL MAURO: It's becoming more and more difficult because of the financial side of the equation--significant...

ADUBATO: Explain that?

Mr. DEL MAURO: ...significant reductions in--in Medicare.

ADUBATO: Yeah.

Mr. DEL MAURO: Over the last two years in our system alone, the Medicare cuts have amounted to approximately \$300 million.

ADUBATO: Paint that picture for the average person. They hear the number \$300 million, they can't put it into context. The government reimburses--Right?...

Mr. DEL MAURO: Right.

ADUBATO: ...health-care providers like yourself for what?

Mr. DEL MAURO: For the care that's rendered to our Medicare patients and then we also have our insurance companies for those that have private insurers and--and also have a class of people that fall under the uninsured. And the uninsured numbers are growing dramatically. I think in New Jersey, they--they

grew by 35 percent. In--in--in our particular case--in our particular case, two years ago, we had \$15 million in unreimbursed charity care.

ADUBATO: Explain that, Ron. You just--you do the sear--people, quality health care, you give it--what happens?

Mr. DEL MAURO: By--we are obligated to provide services and--and--and willingly accept that obligation to services to anyone that comes to our institutions. Then there's a question as to whether some people can pay for it, and--and it's not only just the--the--the poor. As--as the economy gets bad and people lose their jobs or lose their health insurance, that number continues to grow. We--we are reimbursed on what the fixed amount from the--from the--from the state of New Jersey. In--in our case, as I said, it wa--we did not receive \$15 million two years ago. Last year, we did approximately \$90 million in charity care and we--we were reimbursed \$80 million. It was a \$30 million...

ADUBATO: What happens to the \$10 million? How do you make it up?

Mr. DEL MAURO: Thirty million, yeah.

ADUBATO: Whoa, whoa, where--how does it...

Mr. DEL MAURO: First y--first year was \$15 million.

ADUBATO: Right.

Mr. DEL MAURO: Second year was \$30 million last two years. This year...

ADUBATO: How do you make it up?

Mr. DEL MAURO: ...we're tracking \$40 million. Yo--you basically can--cannot track--you cannot make it up oth--other than if you were in an extremely profitable business, which we are not, you'd--you'd be able to make it out of profits, or you have to continue to cut your--your--your costs and that's what hospitals are faced with at this point in time. They--they--they have to continue to cut costs in an extremely tightly labor market, meaning that it's becoming more and more difficult to...

ADUBATO: Right.

Mr. DEL MAURO: ...recruit and retain people to come work in--in--in--in hospitals, al--although I will say in--in our system, the--the--our turnover rate has been the lowest its been in--in three years.

ADUBATO: But how does it impact on the care of the patient? I mean, sooner or later, does it get to that point, Ron?

Mr. DEL MAURO: Well, as--as--as you have to reduce costs, you have to take it either out of the labor component or a program component.

ADUBATO: Right.

Mr. DEL MAURO: So you start eliminating programs, you start reducing staff, and there comes a point where there will be a crossover where care is--is--is--is impacted or the financial viability of an institution just totally deteriorates.

ADUBATO: Say, a person watching right now, they--they want to make sense of this whole thing but they're having a hard time, it's confusing. Fair to say it's somewhat confusing?

Mr. DEL MAURO: Confusing to me also.

ADUBATO: This has been your life professionally for 20-plus years.

Mr. DEL MAURO: Right.

ADUBATO: Imagine the average person. The average person watching hears you and says, 'You know what? I want to do something about it.' Is there anything the average person can do or is it solely in the hands of policy-makers in Washington and in the state Capitol?

Mr. DEL MAURO: Well, I--I think everyone has to participate in this--in this--in this discussion. First of all, the people who are--that are in Trenton or in Washington are in there because we vote them. I--I--I think it's important that the public understand the extent of the problem and--and the cause of the problem and then try to seek a solution to the--to the--to the problem. I think when you--when you talk to the person on the street and you kind of simplify it and simplify it by saying, 'Look, we're running a

business.'

ADUBATO: Right.

Mr. DEL MAURO: `So much money comes in. You look at your expenses. Your expenses are--are competitive.'

ADUBATO: Right.

Mr. DEL MAURO: `And if your expenses are competitive and your places are busy
whi--which our places are and you're losing money, why should that happen?'
If--if this were any other business--I mean, it--it--a business loses money
because they either do--do not do the activity that they're supposed to do or
their expenses are out of--out of--out of control or their--underprice their
product. When--when--when we look at what's happening in New Jersey, many of
our hospitals and, of course, the hospitals in St. Barnabas Health Care System are extremely busy at this point in time, but the reduction in the
Medicare payments, the increase in the--in the charity-care costs...

ADUBATO: Charity-care--let's--it's an interesting word to use, Ron. This is
the commitment that the state of New Jersey makes to the nearly one million
folks in the state who currently do not have health insurance, and what they
mean is they come into the emergency room, they come into your--any one of
your hospitals--Right?...

Mr. DEL MAURO: Right.

ADUBATO: ...or any hospital...

Mr. DEL MAURO: Any hospital.

ADUBATO: ...you get treated. That's charity care. It sounds nice, but have
we really dealt with it? Have--have our leaders in Trenton really said, `You
know what? This is our commitment, but this is what it's really going to cost
and it's not fair to the hospitals and the health-care providers. Let's do
something'? Is that discussion going on? Am I missing it?

Mr. DEL MAURO: Well, I th--I think the--one--one of the reasons this crisis has--has reached these particular proportions--all the other issues that we just talked about, you superimpose what's happened in the markets over the last four years, there's literally no money in--in--in Trenton. There's no money in--in Washington filtering down. So--so the--the--the problem I'm sure is discussed. The question is: What's the solution? And that's--that has not been forthcoming.

ADUBATO: In the time we have, Ron, what other issues are out there that you--I mean, obviously, the financial issues dominate your thinking and those of--of your team in the same part of this health-care system, what other issues should we in the media be talking about but often get ignored?

Mr. DEL MAURO: Well, I--I--I--I think we still have to understand that health care is the most sacred profession in the world and it's a--it--it--it's a terrific business.

ADUBATO: Sacred and business together, you use those words.

Mr. DEL MAURO: Well, you know, the business side of it is that financially we have to s--survive but all you have to do is walk the halls of--of any of our--our hospitals and institutions and see the great work that the doctors and the nurses are--are doing day in and--and day out, the great strides we've made in--in--in--in medicine. You know, the--if--if the debate were to take place with consumers, those--those people that have consumed health care in the last six months to a year, whether it be the actual person or a relative, you get a whole different take on health care. The--peo--people sit back and--and ask, you know, 'Why can't we have more staff and--well, I--your--your--your people have treated me in such a spectacular manner.'

ADUBATO: Right.

Mr. DEL MAURO: We rec--we receive letters like this all the time based on

what the--the employees of our system have done, and I'm sure health-care workers throughout the state of New Jersey. How do you support that? The--the--the question is: How do you--how do you balance that? How do you--how do you make sure there's adequate enough money to come in so the consumer is treated in the manner in which they deserve to be treated and they receive the best of health care. A lot of that is happening in--in New Jersey. I mean, we fought hard through the years to do away with that reputation that if you're sick...

ADUBATO: Yeah, you go to New York.

Mr. DEL MAURO: ...the real place to go is New York or Pennsylvania.

ADUBATO: Less--less so, Ron? People say that less often?

Mr. DEL MAURO: Oh, absolutely. Ab--abso...

ADUBATO: Do you feel that?

Mr. DEL MAURO: Ev--ev--every day. A--a--absolutely. No--not only--and what I find interesting is not only the clinical care, the clinical expertise, but the personal care.

ADUBATO: The human side?

Mr. DEL MAURO: The human side from the security guards to the housekeepers. I--I think the--the--the--the commitment to patient satisfaction in creating that best environment to pat--for patients and their family members is executed every day in our--in our facilities.

ADUBATO: In spite of all the problems you laid out earlier in the--in the interview?

Mr. DEL MAURO: That's what's so great about this--this business that we're in--in in health care and health-care workers. They're very resilient. You know, we've been through these times in the past. I--I think what makes it so critical this time is if money is not forthcoming or a solution is not found, then even the great people that work in health care, there's a breaking point. And that's...

ADUBATO: You were there.

Mr. DEL MAURO: ...the concern that I have.

ADUBATO: Ron, stay right there. I'm going to throw to this break, and I promise another minute or so with Ron Del Mauro.

Stay with us. We'll be right back.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at info@caucusnj.org. And visit us on the World Wide Web at www.caucusnj.org.

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ADUBATO: Welcome back.

Ron, in the limited time we have left. Malpractice issue--medical malpractice, doctors--All right?--physicians, work-stoppage unheard of, right? New Jersey first state in the nation? What do we do?

Mr. DEL MAURO: Well, the pro--the--the problem has to be addressed. I mean, it's a very real problem. Ev--ev--every day you hear--you talk to physicians, many of them friends of mine, and malpractice premiums being increased, some of them wanting to drop certain portions of their practice like o--o--obstetricians, gynecologists no longer want to practice...

ADUBATO: Right.

Mr. DEL MAURO: ...obstetricians, neurosurgeons moving out of the--the--the--the state of New Jersey. It's a real problem.

ADUBATO: Is there a solution? What should we do?

Mr. DEL MAURO: Well, I--I--I--I think that we--we have to take the politics out of this. I--I--I--I think the governor should--should call and--and--and--and bring a--a group of very bright people together, both in the state of New Jersey and outside of the state of New Jersey, sit down and--and seek a resolution that addresses the very real issues that the--that the doctors have and still protect the rights of the--of--of--of--of the patients. A solution must be found. It--it would be found in any other business. W--we should do it in health care.

ADUBATO: Ron, that discussion is sobering, difficult, but the price we pay for not having it is a big one.

As always, I want to thank you for coming in and sharing your perspective and you have an open invitation.

Mr. DEL MAURO: Well, thank you.

ADUBATO: Thank you so much.

Mr. DEL MAURO: It's always a pleasure, Steve.

ADUBATO: Appreciate it, Ron.

Mr. DEL MAURO: I've always enjoyed being here. Thank you.

ADUBATO: Great job.