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STEVE ADUBATO, host:

On this program, we'll talk with Dennis Miller, president and CEO of Somerset Medical Center about the challenges facing independent hospitals.

But first, New Jersey child welfare organizations are facing some harsh criticism on how they handle child abuse cases. Joining us to discuss why we just can't protect our kids the way we should be is Dr. Anthony D'Urso, leading expert on child welfare.

Good to see you, doctor.

Dr. ANTHONY D'URSO (Professor of Psychology): Good afternoon.

ADUBATO: Now as we do this program--you know, I don't want to date ourselves, but the fact is, in the spring of 2003, a major case, Faheem Williams, young boy in Newark, New Jersey, dies. Seems to me that Faheem is one of many children in the DYFS--the Division of Youth and Family Services--system that has died or been injured, something terrible happened. Is the situation worse now than it was 10 years ago?

Dr. D'URSO: It probably is about the same. Last year in 2003, we had 38 children die in the state of New Jersey, 20 listed officially as homicide. The 30...

ADUBATO: In foster care?

Dr. D'URSO: Half of those, 19 of the 38, were in un--in and under DYFS supervision; 19 were homicides in terms of children without any child welfare involvement.

ADUBATO: Why didn't we hear more about those cases?

Dr. D'URSO: Because child death is a difficult thing in society to understand. Part of the process of child death is that there's a lot of kind of hidden issues associated with the way kids get maltreated.

ADUBATO: What do you mean, 'hidden issues'? Such as?

Dr. D'URSO: Well, certainly when--when we talk about child abuse and

neglect, that's one aspect of it, when we talk about cases where children die under paramours, under fathers, mothers, where there is no DYFS supervision, it's a very difficult thing for us to handle as a society. We don't do it well. We don't do children's issues well.

ADUBATO: `We don't do children's issues well'--the children who we say are our most precious resource?

Dr. D'URSO: Absolutely.

ADUBATO: Rhetoric?

Dr. D'URSO: Fear, concern...

ADUBATO: No, but is the statement that children are our most precious resource more rhetoric than reality?

Dr. D'URSO: Most times. The issue, I think, for--for a lot of us is that children's issues don't wear well societally. Government is not attuned to kids' issues, and they're not certainly attuned to sustaining kids' issues.

ADUBATO: I remember, Doctor, in the 1980s, a young woman by the name of Danika Johnson. Do you know the name?

Dr. D'URSO: Not familiar.

ADUBATO: Danika was a young girl, foster care, died, from Newark, African-American little girl. And I'm thinking, I remember the media frenzy surrounding it, all the commitment for reform, the promise to reform the system. And now we have Faheem Williams. Is there a cycle here, that an incident happens, a tragic incident, the media and the 6:00 news gets interested. We--we care for a short period of time. Political officials and others get together, promise reforms, and then we forget?

Dr. D'URSO: I think so. We're 20 years later, we're in exactly that same cycle at this moment. We have a new assistant commissioner who is in charge of division reform, or child protection reform. We are in the Department of Human Services--that is the single largest department in all of state government. We don't have any means for child advocacy in the state of New Jersey. We don't have a public advo--let alone a child advocate, as the--the governor is beginning to call for and recognize that those things...

ADUBATO: We do not have a child advocate.

Dr. D'URSO: We do not in this state. We don't have a Cabinet-level position to advocate for kids.

ADUBATO: How would that make it different if we did?

Dr. D'URSO: I think one of the things that happens is that children's issues are cyclic. We need somebody--in law enforcement we have prosecutors who are named for five-year terms. The--the--the assumption is that they will be free and immune from political influence. We have set no such Cabinet position. The commissioner of Education, no child advocate who is not coterminous with the governor, and therefore, we can't make kids' issues not part of somebody's political agenda.

ADUBATO: What would kids' issues look and sound and feel like? What would they be?

Dr. D'URSO: Well, certainly we should be able to sustain child welfare reform.

ADUBATO: Be more specific. What does that mean?

Dr. D'URSO: We have problems in terms of case-load ratios that are significant.

ADUBATO: DYFS caseworkers, OK, a social worker with DYFS--you're saying right now, the number of cases that that caseworker has makes it virtually impossible to really understand what's going on in those families?

Dr. D'URSO: Clearly overworked. We don't understand complexity of cases. We don't have substance abuse treatment programs. We certainly have no substance abuse treatment programs that work with parents and kids.

ADUBATO: Why would that be relevant as it relates to kids? Why--why--why is substance abuse a relevant issue with respect to child welfare?

Dr. D'URSO: Probably the single most correlated issue relative to child welfare is substance abuse. Probably in two-thirds to three-quarters of all cases, substance abuse in some way is im--implicated in child maltreatment or neglect.

ADUBATO: So that the parents are somehow involved in substance abuse.

Dr. D'URSO: Absolutely.

ADUBATO: And so you're saying that the current system, the governmental system to deal with this, doesn't acknowledge that?

Dr. D'URSO: They acknowledge in the form of treatment programs, but kids typically are placed in foster care. Parents have to go into treatment programs that are anywhere in length from six months to a year and a half. We have no ability to bring those parents and kids back together in the treatment process, and those kids linger in a foster care system that is very different from the system in which

they grew up.

ADUBATO: Let's talk more about foster care. What is it?

Dr. D'URSO: It's supposed to be temporary parental care. For many kids it turns out to be long-term stays with families who, though well-intentioned, are not going to commit to their long-term care or forever in terms of their adoption. If you ask kind of what was the single greatest problem with our kids today in terms of child maltreatment, I would say the issue of attachment is the single greatest issue.

ADUBATO: Attachment.

Dr. D'URSO: Kids don't know who they are, they don't know how to connect to relationships, they don't know how to connect--connect to their caregivers, they don't know how to form relationships, and then when we talk about an intergenerational pattern of abuse, if I don't know how to parent, if I don't know how to form relationships, I don't--if I don't know how to relate to family members, I can't construct a family later on.

ADUBATO: So what does that mean? What are the implications?

Dr. D'URSO: We s--tend to see families that are intergenerational in terms of the abuse cycle. It's very hard to get out of that cycle. Now there are other factors that are implicated there--vocational choice, poverty, education. In the state of New Jersey, we have 25 to 30 special needs school districts that have yet to get out of their way in terms of educating our most vulnerable kids.

ADUBATO: How did you get into this field?

Dr. D'URSO: Somebody told me that the child development clinic at the hospital where I was working was going to close down, but there was an opening in the child abuse program, and so that was 23 years ago.

ADUBATO: Twenty-three years you've been looking to protect our children. But you know what's interesting, Doctor, is that when you look at the Division of Youth and Family Services, DYFS, and--and you know, they're charged with protecting our children, the fact is, isn't it really in the 50,000 range, 50,000 children that are within the purview, if you will, of DYFS as opposed to every child. Why, and who are these children?

Dr. D'URSO: For a lot of these kids--roughly we have about 50,000 kids--40,000 to 50,000 kids in placement on--on an annual basis. Some of those kids are kids who--with severe emotional problems, in residential treatment programs, who've been massively abused, who have no chance of living within regular settings and have significant trauma and psychiatric histories.

For the vast majority of those kids, though, there are kids who are subject to some maltreatment by adult caregivers in their lives. The adults have to be separated from them in some way, shape or form, and so our temporary system of care--we don't have a great continuum. We have foster care, and we have residential treatment programs, far too many in New Jersey. We ship significant numbers of kids out of state for residential treatment.

ADUBATO: What is--what does this really come down to? I mean, I'm thinking I don't remember the last statewide campaign or national campaign where candidates running for major office, be it the US Senate, the governorship, the presidency, talked about kids. Am I--did I miss that part of the debate?

Dr. D'URSO: No, it's not a great issue to run on, is it?

ADUBATO: Why not? If, in fact, kids are our most precious resource--we all love our kids, we care for our kids, we hope and dream for kids that they have a better life than we've had, w--I don't understand. Why is that not a politically viable or strong position to run on?

Dr. D'URSO: It's costly. Kids in--in child welfare are--are an incredible expense in terms of our Medicaid system, our health-care system, our residential placement care systems. So it's a costly issue.

ADUBATO: Well, back up. See, I said run on kids, and you started talking about kids who need the help of government. So disproportionately, we're talking about--you--you're actually talking about a campaign whereby a candidate would be talking about the needs of largely inner city children, disproportionately black and Latino and poor. Is that what you mean by not politically viable?

Dr. D'URSO: Well, the National Incidence Study on Child Abuse and Neglect, which is run once every decade, says children of poverty are 18 times more likely to be physically assaulted, 22 times more likely to be sexually assaulted and 55 times more likely to be educationally neglected.

ADUBATO: Because they're poor.

Dr. D'URSO: Poverty is the single greatest factor, absolutely. But child abuse knows no demographic bounds. It is not a poverty issue in the sense that it is not a minority issue, it is not an ethnic issue. And so child abuse can ha--happens frequently in our richest and poorest communities. But poverty is a great source here of stress and of maltreatment.

ADUBATO: So it's not a good issue to run on because it involves government being more proactive and--and active and assertive in its

role, and that's not politically viable?

Dr. D'URSO: And long term. Presidents are elected every four years. We change parties every four years. At best, we have a run of eight years. Kids issues aren't quick turn arounds. They're not economies.

ADUBATO: What's the fix? Like, how do we fix it? You don't fix it?

Dr. D'URSO: We don't fix it quickly.

ADUBATO: And so, therefore, let's not take it on because I can't show that I've done this and--and in the next campaign, said I--you--it's hard to say `I fixed this situation and I--we--we helped address this problem for these kids' because it's so long term?

Dr. D'URSO: That's the life span of government. Government has to show that it has done something for its populace and it has to show change and it runs on change all the time. And so when we have kids issues like this that require long-term contributions to the way in which we make safe plans for kids, the way we evaluate kids, the way we provide medical services for kids, that is not a quick and easy issue.

ADUBATO: Finally, before I let you out of here, what would it take--what would it take in terms of political leadership?

Dr. D'URSO: Oversight that is consistent and free from political appointment. I'm a big advocate in the state of New Jersey of having a child advocate that's not coterminous with--with the governor.

ADUBATO: Is the governor supportive of that?

Dr. D'URSO: The governor said he was yesterday, that he would like a child advocate, but nobody made any mention of not being coterminous with the govern--governor's appointment.

ADUBATO: All right, explain what that means.

Dr. D'URSO: That when the governor leaves office, we wind up with a new child advocate.

ADUBATO: So the governor is saying he would be supportive of the concept as long as he could support--he could put the person in place and take the person out if he chose to, meaning the child advocate would serve at the pleasure of the governor.

Dr. D'URSO: And that's the way most of our departments work.

ADUBATO: And what's wrong with that?

Dr. D'URSO: It's politically bound. It creates a--it creates an allegiance and a commitment to a--an administration agenda rather than

to an agenda for kids.

ADUBATO: Finally, are you hopeful that we're going to take on some of these challenges?

Dr. D'URSO: I'm always hopeful because people work with kids on a daily basis, and as long as they continue to work with kids on a one-to-one basis, we can make right decisions.

ADUBATO: Dr. D'Urso, we appreciate you sharing your perspective on this issue very much.

Stay with us because up next, Dennis Miller of Somerset Medical Center is in the house. Stay with us.

Good. Thank you very much.

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.

ADUBATO: Joining us now to talk about the challenges and the rewards of running an independent hospital is the president and CEO of Somerset Medical Center, Dennis Miller.

Good to see you, Dennis.

Mr. DENNIS MILLER (FACHE; President & CEO, Somerset Medical Center): Good to see you, Steve.

ADUBATO: Independent--how independent are you guys?

Mr. MILLER: Well, we are independent. We're not part of a large health system that most--about 10 years ago, most consultants told everybody that you had to be part of some system to survive. And our board of directors asked a basic question, you know, what is the value to becoming part of a system? And I don't think anybody found a very good answer. So we chose not to become part of some larger system but remain an independent facility.

ADUBATO: I should let folks know for disclosure purposes that I've done some work and done some team building work up at Somerset and gotten to know your people quite well over the last year. And the other thing that strikes me is your--your demographics are interesting. What are your demographics, for those who don't know?

Mr. MILLER: Well, we are located in a residential area in Somerville, New Jersey. I mean, Somerville area is a blue collar, working-class town, but we're also in Somerset County, which is one of the richest counties in the United States, so we have a mixture of--of a lot of different types of population.

ADUBATO: What challenges does that present?

Mr. MILLER: Well, I think f--same challenges for everybody. I think, really this challenge of--of taking care of the minority and the needy in terms of what health-care service they may need. And so we have the challenges of--everybody deals with issues--if they have cardiac and oncology and maternity and child health services. So I think whether you're an independent facility or part of a system, you still have the same health care challenges in taking care of them.

ADUBATO: Describe your job. Someone says CEO and president of an independent hospital, what does that mean?

Mr. MILLER: Well, as a CEO, you wear a lot of hats. I mean, my--my responsibility is obviously wh--to our employees and our employee relationships, to our patients, to our physicians, certainly to our community, to our board of directors and that--I'm involved with our corporation for fund-raising, so I wear a hat as--sometimes I'm involved in the fund-raising, sometimes I'm involved in community relationships. And oftentimes, I'm involved in our strategic development in--in our initiatives for--for the future.

ADUBATO: You off--also have to make some very tough decisions. There are times when lay-offs are necessary. Talk to us about that side of your job.

Mr. MILLER: Yeah. We've been fortunate at Somerset that we've never really had to have any si--any significant lay-offs. I think that, you know, with health care, in terms of finances and reimbursement declining, it's always a challenge, Steve, of providing sort of quality health care, having, you know, affordable nursing staff and a professional staff and ancillary staff there. But we've been fortunate not to have to lay any people off. I mean, I have, in my tenure as CEO, though, in the past four years, so I had to make changes and sometimes had to let people go and that's a very difficult decision, sometimes to have to--to terminate somebody, to fire somebody. It's very difficult.

ADUBATO: Let's talk a little bit about the patient-first philosophy. You have a patient-first philosophy, customer service is important to you guys, but at the same time, you got to have a tough edge to you, right?

Mr. MILLER: Yeah, well, I mean--I think...

ADUBATO: The bottom--you gotta be bottom-line person but also touchy-feely.

Mr. MILLER: Well, you can't have a mission and a margin. I mean, I think you--you know, they both go simultaneously together here. The--at Somerset, I think one of the things that we're most proud of is the fact that we're a national leader in patient satisfaction.

We--our patient satisfaction scores are some of the top in the United States.

ADUBATO: Are those what's called the Press Ganey...

Mr. MILLER: Press Ganey scores, yeah. We're...

ADUBATO: Press Ganey is a...

Mr. MILLER: Press Ganey is a marketing tool. Actually, Press Ganey were two PhD anthropologists from Notre Dame that developed a marketing tool. About 1,000 hospitals nationally use this tool, and it measures in terms of how well you do in patient satisfaction from whether it's inpatient care, emergency room care, ambulatory care or outpatient care. And we are the top 1 percent in the United States in terms of our inpatient ER scores, so we're really proud of that. I think you have to remind employees and remind physicians and remind the board and the community as to why you are there at that hospital. You are there solely for patient care.

ADUBATO: What do patients want?

Mr. MILLER: Well, I t--they want--they want service, they want convenience, they want respect, they want privacy, they want comfort, they want to be relieved of pain, they want to be communicated, they want to know what's going on in terms of their care from their physicians. They want to be treated as human beings, and that's what they want. I think that's the--constantly the focus there. We do a good job of that, but if you make a mistake, you've got to be ready to recover. You've got to be able to--to either apologize or address the issue. Sometimes...

ADUBATO: Own up to it?

Mr. MILLER: Absolutely.

ADUBATO: While your lawyers are telling you not to?

Mr. MILLER: Well, you have to. I mean, yeah, you need to deal with their families and communicate. Sometimes you're dealing more with the family than the patient, but those are--those are the challenges that we have there. And--but the same time, you want to use something that's very patient focused. It's a large business, and, obviously, you know, when you're dealing with a \$175 million operation, you have to have a business principle to guide you through, and that's what we do as well.

ADUBATO: OK. Talk to us about the marketing side of this, reputations.

Mr. MILLER: Yeah.

ADUBATO: Someone is diagnosed with cancer, their first instinct is, 'I have to be in New York. If not--if I'm not at Sloan or Columbia...'

Mr. MILLER: Yeah.

ADUBATO: '...I'm not at the right place.'

Mr. MILLER: Yeah.

ADUBATO: You say?

Mr. MILLER: Let me give you a good example. Probably right before Christmas, I was in the hallway of the hospital and I saw two women in--in tears. They were crying, which is not uncommon in a hospital if someone is dying, not doing well. But I heard them say, 'Geez, maybe we should--need to go to another hospital.' So I said, 'Geez, I better say something to them or go up to them.'

ADUBATO: You just happen to hear this?

Mr. MILLER: I just happen to be in the--in the lobby. So I introduced myself, that I was Dennis Miller, I was the president of the medical center, and they told me what had happened. It was their 30-year-old son was just diagnosed with cancer. I obviously asked them who their physician was. They told me who the doctor was. I told them they were in excellent hands. I told them the amount of work we did in oncology, that we serve 800 cancer patients--new patient admissions a year and that the vast majority of our community comes to Somerset for cancer care. I immediately asked to have one of our clinical specialists come on down and talk to them, to alleviate the anxieties that they had, to let them know if they had to go to some other place some day, they would be transferred there. And one day, about a month ago, I happen to be in the hospital, I happen to see those people, they gave me a big hug and said thank you for their prayers because obviously their son was doing very well, but that's the kind of response we have for that.

ADUBATO: How rewarding.

Mr. MILLER: Oh, it's amazing. I mean, I don't think there's anything that's more rewarding than the letters that I get, the people I see, thanking us for the care they received, for the families for the care they've gotten. It's--I just--e--someone to be a nurse this day--I think there's nothing more rewarding to be a caregiver. I can't imagine anything that's more satisfaction to--to care for somebody's life.

ADUBATO: What's frustrating?

Mr. MILLER: Well, the frustrating is obviously you deal with a lot of aspects. You deal with obviously both federal and state sometimes

regulations that are sometimes out of sync with reality.

ADUBATO: Such as?

Mr. MILLER: Well, I think the whole issue of this new thing about HIPAA in terms of privacy.

ADUBATO: HIPAA

Mr. MILLER: HIPAA, it stands for Health Insurance Portability and Accountability Act, which is really the whole issue of making sure that people's, you know, medical records are kept private which is important, but hospitals have been doing that forever. But you--in--you're put in this position about hundreds of millions of dollars of investment you need to put into a system to keep people--medical records private, I think that's sort of--that's frustrating. I think issues in terms of when you sometimes want to expand services, in terms of--you know, whether it's for cardiac surgery, there's certain hospitals like--Somerset, right now, is going through a significant need process and I'm not sure that that's sort of, you know, very relevant these days. I think the market...

ADUBATO: You mean, you have to d--the government says you have to demonstrate that there is a need to have this cardiac service operate...

Mr. MILLER: Yeah. Yeah.

ADUBATO: ...this initiative based on what else is going on in the state?

Mr. MILLER: You better be able to demonstrate to--to the Health Department, Health and S--and Human Services in--in--in Trenton that there's a need in their area to be able to do a certain services when I think it should be determined basically by physicians and what physicians think is necessary and what the community thinks is necessary.

ADUBATO: But, Dennis, devil's advocate question that really cries out to be asked, is this: Well, didn't we use to have a situation where any hospital could have any s--any service at any reason for any time and then we had all this duplication and isn't that a reaction or some might say an overreaction on the part of the government to avoid that?

Mr. MILLER: Well, it was, I think, an attempt. But I think if you look at the CN process, I mean, I remember 15 years...

ADUBATO: CN, certificate of need.

Mr. MILLER: Right. I think 15 years ago you had to get a certificate of need if you wanted to buy a CAT scan machine. So you went through the same frustrating process of proving to the same

people that you needed a CAT scan and today almost everybody comes in the emergency room is going to have a CAT scan. So I'm not so sure that the regulations are--are sort of current. I think that you should be--it's sort of licenseship issue. I do think volume and quality go hand in hand together. I do think that a hospital that's providing a service, or a physician providing a service, you should go to--for service that has high quality. I think quality and volume go hand in hand together.

ADUBATO: How you managing the nursing shortage?

Mr. MILLER: We're doing fortunate. We are--we're blessed. We have a--an excellent chief nursing officer. We have a real great nursing leadership. We're one of the few hospitals right now that doesn't have this severe issue of agency nursing that most people have. We have a very low turnover vacancy rate. But it's a challenge. It is a challenge to make sure that their environment is one that is efficient, is one that they feel that is respected and cared for, so we spend a lot of time on reward and recognition programs to show them how much we appreciate them.

ADUBATO: How about your docs, some of whom were outside the Statehouse protesting, saying this medical malpractice situation is out of control, it's unfair, you can't expect us to continue to pay these premiums. Do you empathize?

Mr. MILLER: Absolutely. I mean, I--I absolutely empathize. I mean, it's--it's a very difficult situation in terms of this whole malpractice thing. I clearly think there's a balancing act--certainly, if there's--you know, victims' rights have to be balanced...

ADUBATO: Absolutely.

Mr. MILLER: ...and put in the equation. I think--I think no one would ridden--deny that, but I think that's really difficult for physicians to incur--as hospitals, to incur this tremendous cost increases without no one to pass those cost increases on to. I think that it's very difficult and it's a concern that we have at Somerset, or all hospitals, to--to work with our medical staff. If there's no doctors, there's no care. Because hospitals don't do procedures, don't do services; physicians do. So I really do empathize with our medical staff.

ADUBATO: Are we at risk of losing some docs, particularly in the high-risk fields like OB/GYN and--What was the other field?

Mr. MILLER: Well--neurosurgery and so on.

ADUBATO: Neur--neurosurgery.

Mr. MILLER: I--I think relationships...

ADUBATO: Are we losing some folks?

Mr. MILLER: Well, yeah, we're not, but potentially I think people can. I think if the trend continues, I think it's going to be very difficult for people to practice. You know, I--I think there's a challenge for all of us in terms of--today in terms of health care. I think it's a challenge between how do you collaborate with your medical staff and the hospital. I think the--the malpractice increases, the reimbursement to clients both physicians are experiencing and hospitals, are having to compete with each other, and it's really--it's probably the biggest challenge that we have in health care today.

ADUBATO: You have an initiative, a campaign under way right now called Breaking New Ground.

Mr. MILLER: Right.

ADUBATO: New ground regarding what?

Mr. MILLER: Well, we're embarking on the largest expansion in the medical center's history, \$100 million expansion project. We're real excited about it. It's a--it's a brand-new 40,000 square foot emergency room, 70 more inpatient beds, additional ORs and ambulatory surgery facility and we're about to break ground on a new campus center so we're real excited about that.

ADUBATO: A lot of hospitals are figuring out how to try to stay in business, and you're spending all this money?

Mr. MILLER: Well, we're blessed. We're in a s--you know, great demographic area. We've done, I think, well, in terms of patient satisfaction and services so we have a lot of physicians that want to practice here. People want to come to the hospital. All of our clinical programs have been growing and it's always a financial challenge, but I think, you know, we focus on the quality of care that people provide and it's a great environment and the morale is very good.

ADUBATO: Dennis, we got one last break. I'll give you a chance to follow up on that and some other points with Dennis Miller of Somerset Medical Center. 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: Dennis, what do you see ahead in the next five to 10 years for Somerset?

Mr. MILLER: Well, I think the division in the future is very great. We just embarked on a major affiliation with Robert Johnson Medical School, which we're real excited about, in terms of general surgery, OB/GYN, maternal/fetal medicine. I mean, I think the future holds for us--is continued collaboration with our medical staff in terms of developing clinical programs that are really in response to the community and what the market is bearing. We have a wonderful medical staff, great physicians and I like working with them and I think the collaboration key will be for the--big factor going forward. I think collaborative medicine...

ADUBATO: You do like working with docs.

Mr. MILLER: Yes, I do.

ADUBATO: You don't find them difficult?

Mr. MILLER: Sure, they're difficult as anybody else at times. They're not always easy. Not always challenging--they're challenging, put it this way.

ADUBATO: And let me ask you this before I let you out of here. I've interacted with your nurses a fair amount and nurse managers. Nurses are among the least appreciated professionals in the health-care field. Fair assessment?

Mr. MILLER: I think that's true.

ADUBATO: Why?

Mr. MILLER: I think--I think people sometimes take for granted. I think it's sort of historical relationship between physicians and nurses as sort of being secondary when really they are the key to collaboration. I think someone said the other day the following: If you need to have someone--body diagnosed for an illness, you go to a physician. If you want to get somebody well, you go to a nurse. Our nurses are the best. I mean, we've--you know, we're really proud of--our market research indicates our physicians and nurses are rated number one in central Jersey. So I'm proud of our nurses and proud of what they do.

ADUBATO: And they're making a big difference. You love what you do.

Mr. MILLER: I really do. Passionate about it. Love it.

ADUBATO: Passion is the key; I was just going to say that.

Mr. MILLER: Love it. You have to have passion for what you do and you have to have drive and ambition and--but passion.

ADUBATO: Despite the frustration?

Mr. MILLER: Despite it. It's just part of it. I look--waking--you know, waking up every day and going to work.

ADUBATO: Dennis, I want to thank you for sharing with us the view of Somerset Medical Center and the road ahead, and we appreciate you coming in. Good job. Thank you. Excellent.

Mr. MILLER: Thank you, Steve. Thanks. OK.