

SERIES: Caucus: New Jersey with Steve Adubato
TITLE: Caucus Up-Close: Robert Wise and Christopher Valerian
SHOW #: 2066
TIME: 27:04

Mr. HENRY AMOROSO (President, Cathedral Health and Human Services Foundation): Hi. I'm Henry Amoroso. At Catholic Health and Human Services and our affiliate hospitals--Saint Michael's Medical Center, Saint James Hospital, Columbus Hospital--we are proud to support quality public television that educates viewers about critical health issues affecting their patients and their families. Thanks for watching.

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STEVE ADUBATO, host:

Welcome to CAUCUS UP-CLOSE, where we talk with some of the most compelling and interesting leaders in the state of New Jersey. First up, we have Bob Wise, who is the president and CEO of Hunterdon Healthcare System.

Good to see you, Bob.

Mr. BOB WISE, ChE (President & CEO, Hunterdon Healthcare System): Steve, thanks for inviting me here.

ADUBATO: We have a whole range of issues to talk about in the health care field. You know, I'll tell you what, one of the things that's interesting--beyond the policy questions of what do you do with charity care, Medicaid, Medicare reimbursement, one of the things I like to talk about is how people got to be where they are. You wanted to be a physician.

Mr. WISE: I did.

ADUBATO: What happened?

Mr. WISE: Well, I found that the cost of medical education was too much for me to afford once I got into medical school. And having taken out loans and topped those off, I fortunately found a neighbor who said, 'Consider health administration,' specifically hospital administration. And from there, it was an opportunity that has been good for me ever since.

ADUBATO: Describe your institution.

Mr. WISE: Well, Hunterdon Healthcare System is about \$200 million of revenue and about 2,000 employees in Hunterdon County. We also have presence in counties that include, north of us, Warren and, to the east of us, Somerset. Our organization is primarily, of course, a hospital. It's about 178 beds, but we also have programs that include ambulatory care, like our cancer center.

ADUBATO: Well, let's talk about some of the greatest challenges a local, if you will, community hospital--and you are a community hospital, right?

Mr. WISE: Yes, we are. We're a not-for-profit community hospital.

ADUBATO: Biggest challenges you face are...?

Mr. WISE: Well, providing all the needs of a growing community. What we've found--well, an example is an uninsured patient who comes to the emergency department. We have an obligation to provide care.

ADUBATO: Is that what is so-called charity care?

Mr. WISE: Yes. For the most part, it is.

ADUBATO: Someone comes in, you cannot deny them.

Mr. WISE: No, the state doesn't allow us...

ADUBATO: You treat them. The state doesn't allow.

Mr. WISE: ...nor any hospital to deny care.

ADUBATO: So how do you pay for it?

Mr. WISE: Well, we don't worry about payment in the beginning. We may not determine until after they've begun the treatment process that they don't have insurance. We do a screening of their medical condition first, and then we determine what insurance coverages they have.

Ultimately, of course, we look toward the physician and the medical team to make sure they receive the right care, regardless of their ambulatory or inpatient needs. It may turn out that they have to be admitted and the cost of care is significant. The issue here is whether there's enough payment after the care is rendered.

ADUBATO: From whom?

Mr. WISE: From the state, from the insurance companies, from the individual, if possible.

ADUBATO: Is there?

Mr. WISE: No, there isn't.

ADUBATO: What happens when there's not? How do you make up the margin, using your word again?

Mr. WISE: That's the real challenge. And that's why more than over 40 percent of the hospitals in New Jersey are not going to make money this year.

ADUBATO: Forty percent.

Mr. WISE: Forty percent. We're talking about hospitals, on average, in the state which will probably book a 1 percent margin, on average, 1 percent earnings for not-for-profit hospitals. And the projection for needing to replace capital equipment alone is about 5 percent.

ADUBATO: So the numbers are off.

Mr. WISE: So the numbers are wrong. So there's a disconnect, especially when the charity care obligations last year amounted to nearly \$1 billion of the hospitals in the state of New Jersey and they were reimbursed less than 600,000.

ADUBATO: So break this down for us.

Mr. WISE: Six hundred million, excuse me.

ADUBATO: Six hundred million. So, again, there's a 400 million that wasn't there.

Mr. WISE: Four hundred million dollar gap in covering the uninsured.

ADUBATO: OK, now break this down. This begins to have an impact on patients and patient care. At some point, Bob....

Mr. WISE: Choices have to be made.

ADUBATO: Go ahead. What are some of those choices?

Mr. WISE: The choices about whether you can employ the people in your organization. Over the last 10 years, for example, 10 hospitals closed in the state of New Jersey.

ADUBATO: Ten.

Mr. WISE: Ten hospitals. And, obviously, the current discussions in certain areas of the state are questioning whether a few of the key hospitals in cities like Jersey City can survive. Hoboken is another example.

(Graphic on screen)

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Mr. WISE: I think the other issue is the growing uninsured population. One point two million uninsured in this state is an incredible number. We're talking about the possibility of a significant impact on the hospital's bottom lines going forward because malpractice insurance premiums have gone up 50 percent in the last five years.

ADUBATO: For your physicians?

Mr. WISE: For their doctors. And for the hospital.

ADUBATO: That's right.

Mr. WISE: We have a premium to pay, as well.

ADUBATO: So, wait a minute, how do you, then, make the proper or appropriate investments in the technology necessary in order to keep up to date in order to provide the kind of quality service that we're talking about? Doesn't it--don't you have to make a choice there?

Mr. WISE: You make the choice, and you make the assumption that there are

people in your community who are going to make contributions through capital campaigns. You borrow money from the state. Federal finance, state financing authority, does encourage, at reasonable interest rates, the opportunity to borrow money. You're basically investing today's needs in--with future dollars. And you're hoping that you'll be able to find ways or solutions through efficiencies, through new programs...

ADUBATO: Right.

Mr. WISE: ...to be able to pay those debts.

ADUBATO: Well, it sounds like an unbelievably challenging job. And the other part that you have to make sense for us is--I keep hearing about the Medicaid/Medicare reimbursement issue. Break it down so that the average person can understand it.

Mr. WISE: Well, in a hospital like Hunterdon Medical Center, there is 100 percent, of course, of revenues that come into the hospital, of which as much as 50 percent may be Medicare reimbursement. So the patients who come into the hospital are primarily over 65...

ADUBATO: Right.

Mr. WISE: ...and they're elderly and frail elderly. The federal government pays for the cost of that based upon a fixed formula for the type of patient that are admitted. Medicaid pays perhaps as much as 3 to 5 percent, in some cases up to 10 to 15 percent, in some hospitals.

ADUBATO: Right.

Mr. WISE: And there are certain urban hospitals that are having difficulty because Medicaid pays 60 cents on the dollar on average. And then there are the private insurers. And the private insurers, of course, pay a negotiated rate. And that's the remaining percentage, besides, of course, individual self-pays, which is a very small percentage.

ADUBATO: One second, Bob. Didn't you tell our producers that private insurers are making quote, unquote, "obscene" profits?

Mr. WISE: Yes, some of them have reported unusually high numbers to their shareholders within the last year.

ADUBATO: Well, then why would they be reimbursing at the rates that you're describing if, in fact, they're unusually high in the profits that they are bringing in?

Mr. WISE: Because they do have an obligation to their shareholders, apparently...

ADUBATO: But...

Mr. WISE: ...that exceeds the obligation to the residents and fair wages--rates.

ADUBATO: What can be done about it? I mean, you've done a really good job, Bob, laying out the challenges, the difficulties, the problems. If you could wave this magic health care wand, what would be two of the three--two or three

things that would, if not fix it, just improve dramatically what we're talking about? Go ahead.

Mr. WISE: Well, I think the Massachusetts model that was recently introduced is one serious consideration for New Jersey lawmakers, the insurers and the providers. What it did do is it mandated, in a sense, insurance coverage for all residents the state of Massachusetts as of next July, '07.

ADUBATO: Right.

Mr. WISE: But what it also recognized, that the insurance payments needed to be affordable and the care needed to be reasonable. So it created a partnership among those principles in the health care delivery system in the state of New Jersey.

The ultimate will be that the half a million residents who are uninsured in the state of Massachusetts will primarily be covered through some plan, some of which will be self-funded, because there's a penalty if they don't receive some kind of payment.

ADUBATO: Why can't we do that in New Jersey?

Mr. WISE: Well, I think that's what I'm suggesting, that those kinds of models are out there. And as much as there was an effort to match the Medicaid offerings from the federal government in the governor's budget this past--this year...

ADUBATO: We're doing this program a few weeks before the governor's budget will be voted on one way or the other by the legislature, by the end of June; we're doing it early on in June. The bottom line is, in this budget, if it were passed the way it is proposed, how would it address that issue? Is there enough money in there?

Mr. WISE: No, there isn't. Obviously not. And for my hospital alone, for example, the proposed bed tax would cost...

ADUBATO: Yeah, sick tax, bed--is it the same thing?

Mr. WISE: It's a sick tax, yes.

ADUBATO: And by the way, we don't know what's going to happen on that. It may or may not pass.

Mr. WISE: That's true.

ADUBATO: But basically the governor's saying what there?

Mr. WISE: What he's saying is a licensed bed is the basis for a \$1400-a-month charge for every hospital in the state of New Jersey.

ADUBATO: What's wrong with that, Bob?

Mr. WISE: What's wrong with that is be--is that the costs that we are incurring--already difficult for us to cover--would be increased by the formula, by--for my hospital alone, \$3 million. And I would be receiving only \$1 million in return once the money comes back to the state.

ADUBATO: Bad idea?

Mr. WISE: I think there needs to be a way for the state of New Jersey to recognize--be recognized for the high cost of labor that we're incurring, to at least have a level playing field between New Jersey and New York's reimbursement rates for wages.

ADUBATO: Theirs is...?

Mr. WISE: They have a much higher wage index.

ADUBATO: Right across the river, theirs is higher?

Mr. WISE: Right across. And we're recruiting, in New Jersey, the same people, the same professionals, and yet their wage reimbursement is so much higher, that enables them to recruit better and to compete more easily than we in New Jersey.

ADUBATO: And so we've got to deal with that reimbursement issue or things are not going to get any better any time soon?

Mr. WISE: We can't find solutions in a state that's not able to balance its own budget.

ADUBATO: Oh, by the way, one more thing I want to acknowledge, that you will receive the Dr. Edward J. Ill Award for Medical Excellence as a medical executive. And that was actually put together by our colleagues at MDAdvantage, and I was there and I was proud to be a part of that. I just want to acknowledge that you received that award.

Mr. WISE: Thank you. I was--I was proud to be part of that. It was a wonderful evening for my family and for my hospital.

ADUBATO: Well deserved.

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 online caucusnj.org.

ADUBATO: There he is, Dr. Christopher Valerian, who is medical director quality management and clinical innovations, Horizon Blue Cross Blue Shield of New Jersey.

Good to see you, Doctor.

Mr. CHRISTOPHER VALERIAN, DO, MMM (Executive Medical Director Quality Management and Clinical Innovations Horizon Blue Cross Blue Shield of New Jersey): Good to see you, Steve.

ADUBATO: You know, you guys have an interesting approach to this. We were talking before we got on camera, and you said your job is to empower patients.

Mr. VALERIAN: Right.

ADUBATO: To what?

Mr. VALERIAN: Well, a educated consumer is the best customer, generally speaking. Same thing is true in health care. Anything we can do to help patients understand their illness, understand the things about health care that they need to, that makes better utilization of the system and empowers people to utilize the interactions with their health care providers in a better way.

ADUBATO: Let's break that down a little bit.

Mr. VALERIAN: Sure.

ADUBATO: An example would be?

Mr. VALERIAN: Well, if you--if you have diabetes, for example, and you know more about your disease--the basics, you know what it is, what you have to do to take care of it, what to eat, medications, etc.--when you talk to your doctor, that's going to be a different level of conversation than if you're still trying to figure out, 'What is diabetes?' It's a--it's a totally different level of interaction and really helps us get to the point where we can help you better take care of your--of your disease.

ADUBATO: But, Chris, how does the average person get access to that information so that they can be this so-called educated consumer of health care? I mean, how do they do that?

Mr. VALERIAN: Yeah, it's difficult, Steve. It--there's a lot of information out there. The Internet has...

ADUBATO: And some of it's confusing.

Mr. VALERIAN: It is, and conflicting.

ADUBATO: And contradictory.

Mr. VALERIAN: Right, exactly. So what we try to do is provide a single source of information that's reliable that people can go to, whether it's on the Internet, whether it's through our health coaching programs, our disease management programs, our account management...

ADUBATO: What's health coaching?

Mr. VALERIAN: Health coaching is where a nurse reaches out telephonically to a patient to help them understand their disease, helps them work through their issues, helps to explain what the doctors have prescribed or what the doctors have said, so it takes--it helps physicians in the sense that we're sort of the extra eyes and ears and hands for the doctor's office.

ADUBATO: How much has being a health care consumer changed just in the last 10 to 15 years?

Mr. VALERIAN: It's changed a lot. I mean, it went from the golden age of "the doctor knows best" and, you know, sort of blind following, if you will, to now, I think, people are getting more educated and more empowered--hopefully it's with the right information, which is what we're trying to do...

ADUBATO: Right.

Mr. VALERIAN: ...and really, you know, driving that conversation a little bit more. I remember when I was in private practice, people would come in with stacks of printouts from the Internet on their--on what they think is wrong with them...

ADUBATO: Right.

Mr. VALERIAN: ...of all the research they've done. And the first thing I would have to do is spend the first 10 minutes, you know, weeding through that and saying why they don't have X, Y and Z before I could get to what they really do have. So...

ADUBATO: How'd you even get into this in the first place? Describe your background.

Mr. VALERIAN: I'm a board certified family physician by training. I practiced five years there and then moved on, did ER medicine. At the same time, I was getting my business degree and decided that I didn't--I couldn't impact enough people on the one-to-one level at--in the traditional doctor's office.

ADUBATO: Really?

Mr. VALERIAN: I really wanted to make a bigger difference sort of at a--at a more population basis. And I figured the way to do that was through--I started on the hospital side, actually. I was vice president of a hospital system and really had an impact there and then moved over into the manage care side of the world.

ADUBATO: Do most of your colleagues, physicians, clinicians, welcome this informed questioning, challenging health care consumer?

Mr. VALERIAN: You know, I think--I think they do. I think they want to be able to communicate with people on a level that's beyond, you know, the entry level. And, you know, the question of being challenged or, you know, controversial, I think, takes it to an extreme. But I think being able...

ADUBATO: No, no. Excuse me. But if the doctor says, 'I don't think you need this test,' and the patient says, 'No, I'm concerned about X, Y and Z, and I want you to do whatever,' who's in charge?

Mr. VALERIAN: The patient is always in charge. It's your body. You have the right to, as my wife says, hire and fire your doctor, just like anyone else. So...

ADUBATO: Do you agree with your wife?

Mr. VALERIAN: I do. I do. And I encourage that attitude in--not only in my wife, but in patients, as well. You should challenge, certainly not in an adversarial way, but in a, you know, collegial, educated way. And your doctor should be explaining why they are or are not doing whatever they're recommending.

ADUBATO: And if they're not?

Mr. VALERIAN: If they're not explaining it?

ADUBATO: Yeah.

Mr. VALERIAN: Find a new doctor's always an option.

ADUBATO: Oh, really? That's--that you would advocate--your doctor should not feel offended or get defensive about, 'Hey, Doc, there's some things I want to talk to you about; I want you to spend an extra minute with me explaining this.'

Mr. VALERIAN: I don't think that's an unreasonable request, no.

ADUBATO: Let's try a couple other areas here I was thinking about.

Mr. VALERIAN: Sure.

ADUBATO: The impact of informing consumers, health care consumers, making them better educated. What, if any, impact does it have on the bottom line in terms of health care costs?

Mr. VALERIAN: Well, I--you know, my philosophy and our philosophy that we drive through the organization is that doing the right thing costs less in the long run.

ADUBATO: Whoa! Doing the right thing costs less?

Mr. VALERIAN: Doing the right thing, absolutely.

ADUBATO: I mean, play that out for me.

Mr. VALERIAN: Higher quality care. You have a patient--let's just take diabetes as--it's at epidemic proportions, a lot of people have diabetes, a lot of them undiagnosed, by the way, at this point. And if you have people that are compliant, that are taking care of themselves, taking their medication, checking their blood sugars, going to their doctors, etc., those people are going to stay out of the emergency rooms, they're going to stay out of the hospital, you know, from infections and what not. That decreases the overall cost of health care in the long run. The cost of the medications and the blood strips is infinitesimally small compared to the cost of an ER visit or a hospitalization.

ADUBATO: It's interesting, the whole idea of the doctor as all-knowing, godlike, if you will.

Mr. VALERIAN: Mm-hmm.

ADUBATO: For the physicians who were trained at a period of time where that was the norm, is it harder for the older doctors, the older physicians, to adapt to this new model that you describe?

Mr. VALERIAN: I think it's a--it's more of a challenge than the newer generation that was raised, sort of, through the system that way. Not that it can't be done, and I know plenty of my colleagues, my peers, that have been practicing, you know, as many years as I am alive, at this point, who are fine physicians. And it's a matter of personal choice and the ability to change with the times.

ADUBATO: Interesting.

Couple other areas--by the way, how much time we have left, guys? Just give me a cue on that.

You were involved--there was this New Jersey Task Force One, which went down to New Orleans after Hurricane Katrina.

Mr. VALERIAN: Correct.

ADUBATO: Describe that for us, because it is part of a larger initiative.

Mr. VALERIAN: Sure. New Jersey Task Force One was part of the New Jersey Department of Homeland Security. It's a urban search-and-rescue team, a--considered a state asset, a state resource. I am part of that team. I've been since 2002, right after 9/11. And I'm one of five physicians on the team. Our purpose is to be available and respond 365 days a year, 24 hours a day to a disaster of any sort. Katrina was an example of the most recent national disaster. There's been other--several New Jersey disasters. The Petco building that exploded a couple years ago in Edison...

ADUBATO: Right.

Mr. VALERIAN: ...the Tropicana parking garage that had collapsed about a year or two ago, as well, are some recent examples. Plane crashes, that sort of thing. So, these are people standing by, top of their--top of their class, these--it's very difficult to get onto the team. It's made up of firemen, police, medical personnel, engineers for structural collapse issues. And we train, we're available to serve the state. So that was--that was the resource that was called down to Hurricane Katrina when they needed help.

ADUBATO: What did you see down there in New Orleans?

Mr. VALERIAN: We--it was--it was--it was a third world country, quite frankly. We rescued people--we rescued a little over 100 people, going door to door in a boat with the floodwaters.

ADUBATO: You were right there?

Mr. VALERIAN: I was right there, in the boat, going door to door, rescuing people. The water was black and smelled, and stuff floating in it, dead things. You know, it was--people that had died in--where they were, either drowned or died on the side of the road, it was--it was unbelievable. Unbelievable.

ADUBATO: What impact did it have on you?

Mr. VALERIAN: It--I'll tell you, this is--I was around for 9/11, as well, and it was very reminiscent of 9/11. In fact, I was there during 9/11/05, you know, as part of the anniversary there. And it was--it was a solemn time, let me tell you, because it really makes you grateful for what you have.

ADUBATO: Right.

Mr. VALERIAN: The things that are important are family, friends, your health; you know, those are the things. All those other problems that you may

have or issues that you're facing at work or at home are--they become either nonexistent or irrelevant at that point.

ADUBATO: But how do you incorporate this philosophy? How do you incorporate the experiences that you've had, both in New Orleans, post-Hurricane Katrina, and 9/11, with what you do with your organization?

Mr. VALERIAN: You know, it's about people. It's about caring about people. It's affecting individuals at the individual level, and I think about that. My team is a--is a health care team that's concerned, genuinely concerned, about getting people the right care that they need at the right time, giving them the information they need to do that. And I think that's all tied up in the philosophy and my personal fabric.

ADUBATO: Go back to the New Orleans question for a second. The health care situation was devastating there.

Mr. VALERIAN: Right.

ADUBATO: Where is it today?

Mr. VALERIAN: You know, it's semirecovered but still not where it needs to be. The ho--the major hospitals in the area have reopened; there's a primary care shortage at this point. There was--there was probably a primary care shortage prior to the hurricane but certainly exacerbated after that by doctors not returning to the area. Again, no one was sure for a long period of time what was going to happen with the area.

The issue--I've been--I've done several interviews around the topic of electronic health records. Would that have made any difference in the area? Because, as you--as you're aware, medical records got wiped out, lost forever. There was a cost to the health care system because of that: repeated testing, you know, lost records, not knowing what people had done prior, etc. So I think electronic health records would be a real boom to help in situations such as that.

ADUBATO: We don't have this?

Mr. VALERIAN: We don't have it to the level it needs to be. There's pockets of it throughout the country, there's pilots, there's some examples of more regional consortiums.

ADUBATO: Why isn't it mandatory?

Mr. VALERIAN: Why isn't it mandatory?

ADUBATO: Yeah.

Mr. VALERIAN: The two main reasons are funding--who's going to pay for it?--because it is not cheap. And secondly, what are the standards? It's kind of--if you go back to Beta and VHS, you know, sort of competing standards...

ADUBATO: Right.

Mr. VALERIAN: ...which one's going to win in the long run. Electronic health records are at the same stage right now, which--what format, what's the

standard that everyone's going to agree is going to talk to each other. That hasn't been established.

ADUBATO: So, in the meantime, we don't have it?

Mr. VALERIAN: In the meantime, we don't have it, and on a wide-range basis.

ADUBATO: And it--and people suffer. Health care--quality of health care suffers, right?

Mr. VALERIAN: I believe it does. And, you know, Horizon--we have--we have an initiative where we've put--we've actually paid doctors to get medical record--electronic medical records in their office. We've worked with hospital systems to upgrade their system.

ADUBATO: What do you mean, you paid them to do it?

Mr. VALERIAN: We've written checks for people to upgrade to medical record--electronic medical records because we--that's how important we think it is to get people connected in the state and really working together to get to that level.

ADUBATO: Come back to New Jersey. And it's one thing to talk about the New Orleans situation, in a lot of ways, because it isn't covered in the media the way it was when it happened or when the anniversary took place. We forget, we get some distance, but those people continue to suffer. The health care situation in New Jersey. Who's suffering the most?

Mr. VALERIAN: Think we have a large uninsured population; that needs to be addressed.

ADUBATO: Who are these people?

Mr. VALERIAN: These are the working poor, for the most part.

ADUBATO: A million people. How are they suffering?

Mr. VALERIAN: Lot of them are not getting access to adequate preventive services. You know, I think--I think children in this state are very well covered. Our New Jersey FamilyCare program, our Medicaid program...

ADUBATO: Right.

Mr. VALERIAN: ...I think--I think children are--we're doing what we can do to help. It's the single parent, it's the parents without children, it's once the children get beyond adolescent age, those are the people, I think, that are affected most.

ADUBATO: All right, before you get out of here, I have to ask you this: Internet.

Mr. VALERIAN: Mm-hmm.

ADUBATO: People watching us right now, many of them want to be the most informed health care consumers possible. They look on the Internet a lot for information.

Mr. VALERIAN: Right.

ADUBATO: Overall, been a good thing?

Mr. VALERIAN: I think so.

ADUBATO: How so?

Mr. VALERIAN: It allows transparency, OK? Transparency in a sense that people didn't have access to the level of detail--if we're talking about health care, for example...

ADUBATO: Sure.

Mr. VALERIAN: ...for disease states that they had before. That was reserved for medical textbooks or journals in languages that the average person can't understand. So the Internet has helped bring that information more into the forefront. So I'd say overall, good. So you still need someone to help guide you through that system, and that's where we see Horizon...(unintelligible)...and my job.

ADUBATO: That's your role?

Mr. VALERIAN: I believe so. Right.

ADUBATO: And by the way, let folks--we have a minute left. Let folks know how they can do that, how they can navigate.

Mr. VALERIAN: They can come on our Web site...

ADUBATO: Come on ours and we'll hook them up with yours. Go ahead. What happens when they go on?

Mr. VALERIAN: They'll see access to health care resources--if it's a health topic they want to look up, if it's how to get in touch with us, if they'll want to talk to a nurse or a medical director, a physician. They'll find, you know, various tools they can use, interactive tools, preventive care, discount programs.

ADUBATO: Sure.

Mr. VALERIAN: So, you know, lots of resources.

ADUBATO: Question: You made the decision to move from a hands-on clinical situation to a more business-oriented situation where you're working on systems.

Mr. VALERIAN: Right.

ADUBATO: Right choice?

Mr. VALERIAN: For me, yeah.

ADUBATO: Why?

Mr. VALERIAN: Again, the impact that I can have at the broader base. I wouldn't be sitting on your show, probably, if I weren't. So that kind of

thing, being able to impact a larger population, that's what--that's how I see my job.

ADUBATO: We appreciate you coming on because, in the end, people can continue to say, 'I want my doctor to fix my situation,' but without being an informed health care consumer, you're not going to get it done. So, Doctor, I want to thank you so much, and your company for providing that service. Great job.

Mr. VALERIAN: Thanks. Thanks, Steve.

ADUBATO: Thanks, Chris.

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Promotional support provided by NJBIZ, all business, all New Jersey, and New Jersey Monthly, magazine of the Garden State, available at newsstands.

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