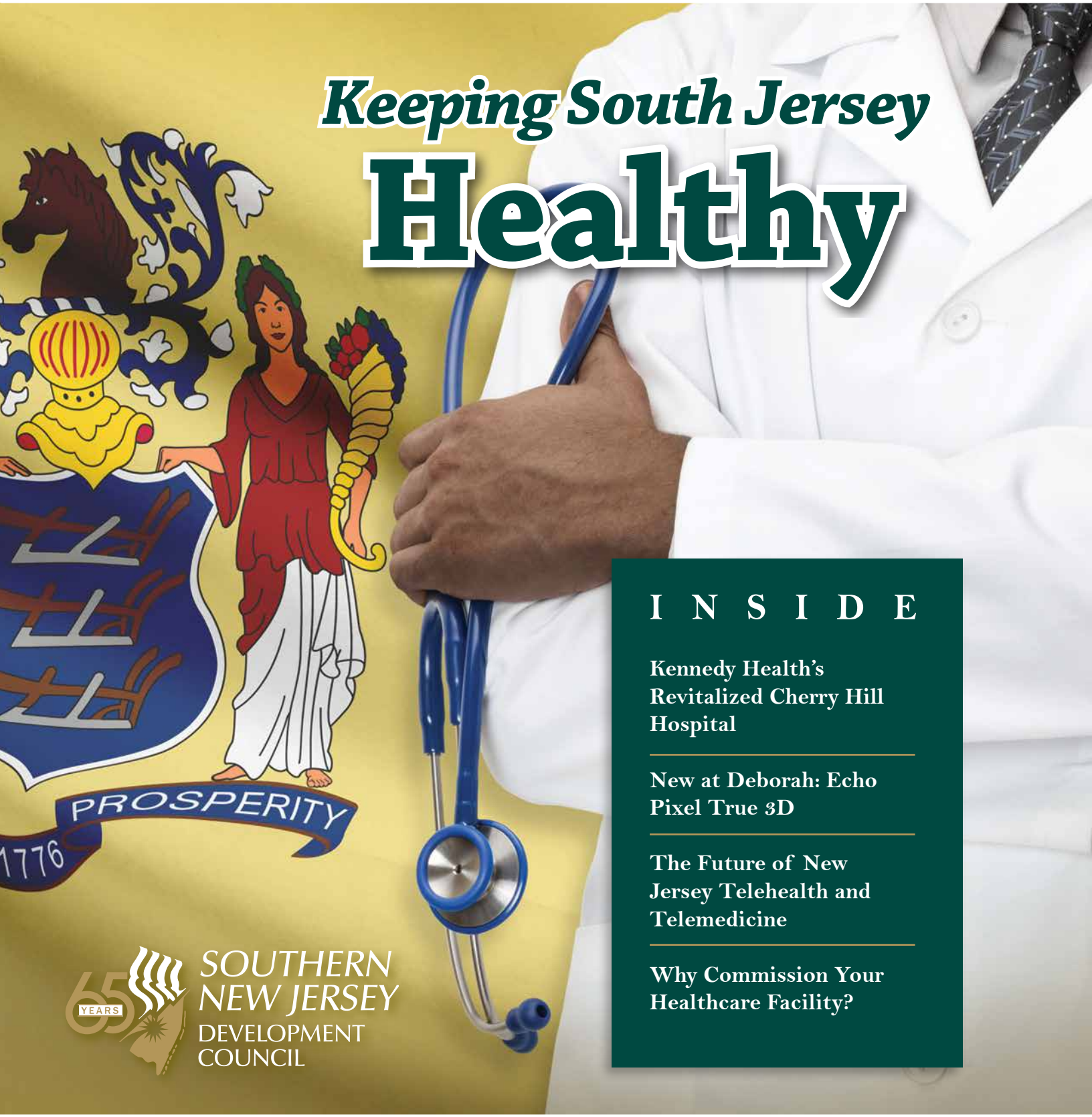
The CHRONICLE

A SOUTHERN NEW JERSEY DEVELOPMENT COUNCIL PUBLICATION FALL 2016 VOL. 13



Keeping South Jersey Healthy

65 YEARS
SOUTHERN NEW JERSEY DEVELOPMENT COUNCIL

INSIDE

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The CHRONICLE

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The Chronicle is Published by The Southern New Jersey Development Council

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President's Message

Health Care today is about innovation – starting with facility design and construction and interior design straight through to innovations in technology and services – all done to improve patient experiences and outcomes.

The focus on cost-reduction and shortened project delivery time frames has driven innovation in health care construction modalities. In *The Use of Lean Construction*, Brian Tannenhaus of BD Engineering subscribes to the incorporation of Lean Construction principals with the Design/Build mode leading to better coordination to identify potential budget and schedule issues and meet the needs of the facility owner.

Another approach, offered by the team at GREYHAWK in *Why Commission Your Healthcare Facility?*, incorporates commissioning in the design, construction and renovation of facilities to ensure safety and environmental quality and reduce facility operating and maintenance costs.

Once inside the healthcare facility, innovations in interior design are improving the patient experience in waiting and exam spaces incorporating comfort, privacy and access to technology in these environments as outlined in *Today's Healthcare Journey Needs To Be Human Centered.*

Kennedy Health will see big changes in 2017. According to President & CEO Joe Devine, the revitalization of the Cherry Hill Hospital campus will see completion of Phase One that includes a new lobby, an Outpatient Pavilion and enclosed parking, and the start of Phase Two, a new patient tower. 2017 also continues expansion planning for two projects at the Washington Township campus – a $200 million investment.

New at Deborah: Echo-Pixel True 3D debuts a new imaging system with the capability of manipulating 3D images in virtual space giving Deborah's specialists a new planning tool for device placement. Technology improving patient services is also at the heart of The Future of New Jersey Telehealth and Telemedicine, a primer on the state's efforts to increase access to healthcare and mental healthcare and improve continuity of care.

The partnership of the Food Bank of South Jersey and several local hospitals, providing nutritional food boxes to high-risk patients in need, is another innovation in continuity of care.

In Substance Use Disorder Reform Needed Now, Frank Jones of Mints Insurance advocates for substance recovery treatment insurance coverage reforms to meet the demand of the national opioid epidemic.

We welcome your comments at marlene@snjdc.org. To learn more about the SNJDC, contact us (856) 228-7500 or visit our website www.snjdc.org.

Sincerely,

Marlene Z. Asselta
President
Southern New Jersey Development Council

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The Use of Lean Construction Building Practices in Coordination with Design/Build

By Brian Tannenhaus, PE, President of BD Engineering LLC a New Jersey based HVAC/Electrical/Plumbing and Refrigeration engineering firm.

The construction industry is broken, the availability of skilled labor and construction professionals is declining and it is all our fault.

Ever since the late 1970's when interest rates increased and created a need to build construction projects faster and cheaper, we have been on a downward slide of productivity and increase in project claims.

With the increase in the cost of borrowing money there has been an industry-wide push for shortened design time, shortened building schedules, loss of architect's in-house expertise and supplier written specs.

This has made the Design-Bid-Build model obsolete and inefficient. Per the Lean Construction Institute "Construction labor efficiency and productivity has decreased, while all other non-farming labor efficiency has doubled or more since the 1960s. Currently, 70% of projects are over budget and delivered late. The industry still sees about 800 deaths and thousands of injuries per year. The industry is broken."

The present perceived solution is to construct buildings utilizing the Design/Build method where the contractor is hired to construct a building and to hire or have in-house professionals develop minimal construction documents. This model has many flaws. The most troubling one is that the owner has less input and involvement in the design process which translates into a reduction in the quality of the construction and a building that doesn't fully meet the owner's needs. We submit that a better way is to utilize Lean Construction principles and develop a Hybrid between the Design-Bid-Build model and the Design/Build model of construction.

Lean/Integrated Project Delivery is the evolutionary response to customer and supply chain dissatisfaction with proven results in the building industry. It ties the contractor, owner and design professionals together in an environment of mutual respect and cooperation as indicated in the diagram below. The end results of utilizing these principles is a project that will meet the desired outcome of the owner which can be first to market or under budget, fulfilling the owner's needs.

Lean construction principles have been around for some time and have been primarily utilized in the construction of Healthcare facilities. However, with the above-mentioned issues in the construction industry, the use of Lean Construction Principles is gaining traction in other sectors of the construction industry.

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Today's Healthcare Journey Needs To Be Human Centered

Environment affects human behaviors and experiences. Healthcare organizations that embrace this reality, in their spaces as well as in their strategies, decisions and cultures, are positioned to deliver greater value in a differentiated way.

When spaces are intentionally designed to meet people's intrinsic and extrinsic needs, they can improve healthcare experiences in significant ways.

At Corporate Interiors, we have the advantage of having access to prescient studies researched by Steelcase, Inc., that get us thinking: As the patient experience becomes the driving factor for the healthcare industry, organizations will be measured and reimbursed on how well they deliver the patient experience.

As empowered patients have more choices about where to receive care, every facet of their experience must be maximized – including transition spaces. So we wondered: Can improved transition and exam spaces positively influence patients' experience?

Turns out the answer is ***yes!***

Waiting rooms and exam rooms, at their worst, can look and feel like holding pens, designed to seat the most patients in as little room as possible, providing few physical or emotional comforts. At their best, these spaces can offer a transition from physical pain and emotional uncertainty to vital information and relief. Unfortunately, the experience is less than optimal at many healthcare facilities today. Imagine the typical scenario:

> On one side of the room, a family is trying to find space to gather and talk about questions they have for the doctor. They've moved toward a corner to find some privacy, but chairs are lined up in orderly rows from end to end, preventing them from being able to look at one another. Some sit, some stand, but no one looks comfortable. A television mounted on the wall flashes cable news with the sound turned down so low it's barely audible. A young man tries to balance his laptop on some magazines and juggle his mobile phone in an attempt to make more productive use of his time.

This familiar scene plays out across the globe every day at healthcare facilities of all sizes. Unfortunately today, this is the reality many patients face as they wait. Wait to meet with a care provider and into the exam space as you wait to learn a diagnosis. Wait to receive information. And the places where they wait – whether for minutes or hours – are all too often unpleasant and unappealing. Patients are left lacking – lacking privacy, information, storage space, and access to technology. In these environments, the waiting room and exam room experience contribute to low expectations for the quality of care patients may receive from clinicians. And that is both a problem and an untapped opportunity.

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Why Commission Your Healthcare Facility?

Enhancing Patient Safety and Operational Efficiencies

By Charles Caramanna, PE, CPMP, CCP, Jay Appleton, PE, CHC,
and Jeff Riggs, CCP GREYHAWK – Construction Managers + Consultants

Commissioning is a process that is integrated with the design, construction, and post-occupancy phases of both new construction and renovation of existing facilities. The overarching purpose of commissioning in the development of a new or renovated facility is to ensure that the design intent is consistent with the Owner's project requirements, that building systems are provided, installed, and perform in accordance with the design intent and, that operations and maintenance staff are properly trained to operate and maintain the completed facility. Commissioning is performed by specially trained and credentialed professionals who serve the Owner as independent third party consultants, separate from the project's design and construction teams.

While "green" building standards were an early driver that motivated Owners to include commissioning in the development process, consistent, documented reductions of ongoing operating and maintenance costs directly linked to the implementation of commissioning have been responsible for a strong trend to include this process as a standard component of development, particularly with regard to large institutional and commercial buildings. In the realm of healthcare facility construction and renovation, a robust commissioning process is essential to mitigating risk related to patient safety, and to providing pleasant, healthy environments for the administration of patient care and healing. The Joint Commission recognized the value of this process, and uses commissioning guidelines promulgated in energy and construction codes to determine accreditation of hospitals.

Health Facility Commissioning (HFCx) should be considered an imperative component of the development process, since failure of any critical system within the facility could lead to loss of life. In healthcare facilities, building systems are significantly more complex than most other building types. Interconnectedness and redundancy of systems is of paramount importance in ensuring safety and environmental quality, and there is no margin for error in design, construction or performance. Establishment of an appropriate HFCx scope at the inception of any construction or renovation project is the best way to ensure that the building commissioning process provides maximum benefit.

While patient safety and provision of an environment that supports and enhances delivery of care are of utmost importance, there are additional benefits to a well-planned and executed HFCx process. It is documented that diligent planning, design, and review of appropriate building systems (typically including a Building Automation System), coordinated between the design team and Commissioning Agent, will result in measurable reduction of environmental pollution. Comprehensive evaluation of systems and envelope design, monitoring of construction, and proper training of operating and maintenance staff also contribute significantly to reduction of facility operating and maintenance costs.

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New at Deborah Echo-Pixel True 3D Offers Sophisticated Imaging

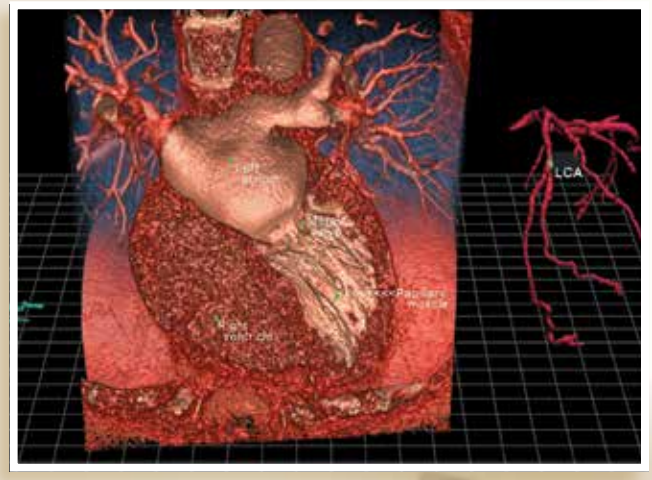
By Richard Kovach, MD, Division Director, Interventional Cardiology, Deborah

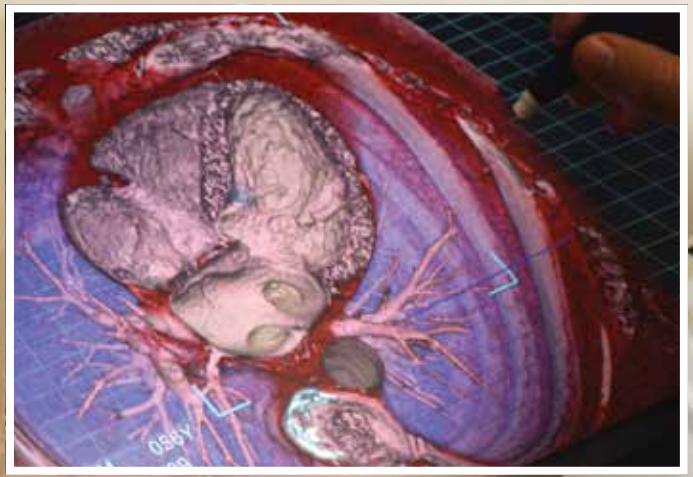
Deborah's new Echo-Pixel True 3D imaging system complements the Hospital's current, high-tech CT and Echo 3D capabilities. The Echo-Pixel technology, however, takes this one step further. With the use of a special virtual reality HP display, along with sophisticated True 3D interactive Virtual Reality software, Deborah's Interventional and Electrophysiology teams now have the capability of manipulating the 3D image in virtual space and perform actual dry run placements of implanted devices, as well as stents and valves. This gives Deborah's specialists an opportunity to determine the exact size and dimensions required for a particular device prior to going "live" during a procedure.

Spatial relationships of structures within the heart can also be better understood. This is of great benefit in complex procedural planning. This type of imaging will also be very useful for other procedures such as endovascular repair of abdominal aortic aneurysms.

In addition to having another sophisticated imaging system useful in procedure planning, the Echo-Pixel True 3D is an extremely valuable educational tool for Deborah's Fellows, providing a hands-on opportunity to work with device placement in a virtual environment for patients with complex anatomy.

We are excited to be among the first in the country to be using the Echo-Pixel True 3D. It is an excellent new planning tool for fine-tuning device placement.





The Use of Lean Construction Building Practices...

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Our office utilizes several of the Lean Construction principles in our day to day internal and external coordination efforts and they have allowed us to produce more work with less effort, better coordination and a better final product.

Some of the principles we use on a daily basis are the following:

- **Pull Planning**
- **Lean Coffee's**
- **Plus/Delta's**
- **Choosing By Advantages**
- **A3 Analysis**
- **Conditions of Satisfaction**

The use of these principles results in better communication between the team members, ensures accountability from top to bottom and engages all team members in a meaningful and productive way. It also helps identify potential issues early on in the process which may have an impact on either the design or schedule of the project later down the road.

With very little effort we can incorporate these principles into virtually every project and realize positive results every time. This is the future of the construction industry and should be part of your next project.


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Hospital Home Care and Community Workers Help Deliver Food Boxes to Patients in Need

When high-risk patients—such as those living with chronic illness—are discharged from area hospitals, many go home to houses without the food or nutrition know-how needed to stay healthy. The Food Bank of South Jersey is partnering with several of these hospitals to provide food boxes to patients in home care and community programs. These programs send health care workers to patient homes after a stay at the hospital to make sure they're following a healthy lifestyle and avoiding a return visit. Inspira Health Network of Woodbury has already begun distributing food boxes to people in need. Other hospitals looking at the program include Kennedy Health System, Lourdes Medical Center, and Virtua Hospital.

Inspira Health Network EMS Transition Coaches are often scheduled to perform home visits to assure the patient's continued wellbeing. One of many free assessments provided is a nutritional needs assessment to assure the ability of the patient to receive nutrition and sustenance to achieve optimal health.

The EMS Coaches (paramedics from Inspira Health Network), the hospital care coordination staff, and Christine Lambert of the EMS Office, collaborate with the Food Bank to deliver food boxes of nutrient-dense food to those in need. "These high-risk patients are recovering from a multitude of illnesses and do not always have the support structures in place to get to the grocery store or pharmacy," said Lambert.

Grateful patients often reach out to Lambert to say thanks and provide heartfelt stories. "The goal of the team is to ensure a path to wellness and recovery, and prevent future hospitalizations," states Lambert.

Kathleen Flannery, Administrator for Home Health for Kennedy Health System, reached out to patients about the prospect of receiving food through this program. "Each one was so grateful, some were crying," she said. "Some of these patients have so little to live on—they have to choose between food and whether they can afford their medicine because they don't have money." Flannery also says many of her home health workers have already said they would want to help their homebound patients even after they're out of the home care program. "Our aides have said they'd volunteer to be proxy for patients to continue to receive food from the Food Bank of South Jersey's local pantries. This entire program has our staff energized—really the whole office."

(L to R) Christine Lambert of Inspira, paramedic William Matthews, and a patient from the Community Paramedicine Program.

"The concept is very simple," says Val Traore, President and CEO of the Food Bank of South Jersey. "These home care and community workers are already visiting homes, so it's natural that if they see a patient in need, they can bring them some food. It is a perfect, symbiotic relationship we hope will last for years. We are hoping that by involving more hospital workers in this process, we can help patients to a healthier way of living."

Kennedy Health's Revitalized Cherry Hill Hospital Campus & Plans for Expansion at Kennedy – Washington Township

By Joseph W. Devine, President & CEO

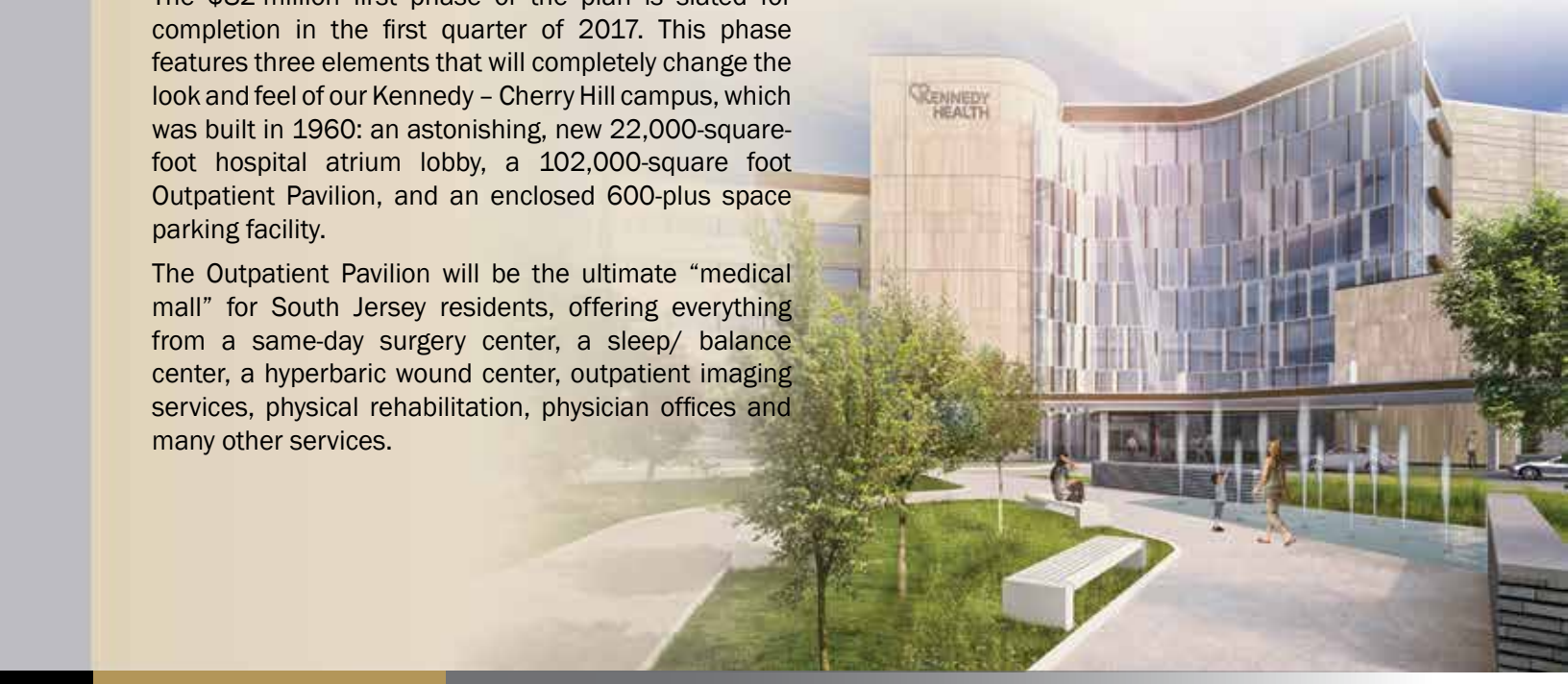
From the day of the groundbreaking for our revitalization of the Cherry Hill campus to our May topping-off ceremony, from the many recognitions for our quality services, and the announcement of our planned merger with Jefferson Health, 2016 marked a new era for Kennedy Health and its future growth.

There has never been a year in our more than a half-century of existence that has packed quite as much progress, change, and sense of accomplishment as this past year. All across our Kennedy campuses in Cherry Hill, Stratford and Washington Township, there's a palpable sense of pride, an increased awareness of our potential, and an ever-broadening commitment to the communities we serve, both through our acclaimed health service and the continued enhancement of Kennedy facilities.

The $250-million, much-anticipated Kennedy - Cherry Hill revitalization plan – expected to positively contribute to the economic health of state, regional and local economies with an impact of more than $400 million – began in April 2015, and continues on schedule, which is exciting for our community.

The $82-million first phase of the plan is slated for completion in the first quarter of 2017. This phase features three elements that will completely change the look and feel of our Kennedy – Cherry Hill campus, which was built in 1960: an astonishing, new 22,000-square-foot hospital atrium lobby, a 102,000-square foot Outpatient Pavilion, and an enclosed 600-plus space parking facility.

The Outpatient Pavilion will be the ultimate "medical mall" for South Jersey residents, offering everything from a same-day surgery center, a sleep/ balance center, a hyperbaric wound center, outpatient imaging services, physical rehabilitation, physician offices and many other services.



A major milestone in the Phase One construction was our May 2016 topping-off ceremony, which had our elected officials, community leaders and Kennedy staff alike signing a beam to be hoisted onto the top of the new lobby atrium. The event was a huge success, drawing hundreds of invited guests and many media outlets. Cherry Hill Township is very proud of the revitalization underway.

Shortly after Phase One is completed in Spring 2017, the second phase of this campus "re-do" begins, fully transforming our Cherry Hill hospital with a new patient tower with all private rooms. (At the time Kennedy purchased what was then Cherry Hill Medical Center in 1980, the facility was already 20 years old, built at a time when shared patient rooms were the health care industry norm).

Designed to integrate the existing look of the campus with a warm and contemporary design, every aspect of the project is aimed at improving the patient experience and making the most use of the available land on the Cherry Hill campus. The new patient tower is slated to open in 2019.

We are also turning our focus in the coming year to Kennedy's largest campus – Washington Township (Gloucester County). Home to the county's first freestanding surgical center, which opened in 1996, this expansive campus also features our acclaimed Kennedy Cancer Center, which houses radiation oncology, medical oncology and medical imaging, as well as a breast cancer program, which recently received a "Women's Choice" award for its high level of service. In July of this year, Kennedy joined the Sidney Kimmel Cancer Network at Jefferson, a partnership that will enhance patient access to unique cancer programs and services, such as precision medicine, while ensuring they can continue to get high-level treatment close to home. Along with an acute care hospital and the Cancer Center, Kennedy's Washington Township campus is also home to a dialysis center, a wound center, one of two Family Health centers, and our long-term care facility and sub-acute rehabilitation center.

Plans are currently in the development phase for two major construction projects on our Washington Township campus, which represent a more than $200-million investment to enhance services there: an enclosed parking facility with 700 spaces and an 180,000 square-foot, multi-level patient tower with planned all-private patient rooms.

With our Washington Township hospital at the center of such an expansive campus, parking there has long been at a premium. Because we care deeply about making access for patients and their families as easy as possible, the need for a multi-level, enclosed parking facility cannot be overstated. Based on initial time estimates for design and regulatory review, construction of the parking garage could begin as early as November 2017, with September 2018 as the estimated start date for the new hospital tower, which we anticipate could be open to patients in early 2021.

Kennedy celebrated its first 50 years in 2015; it's clear to me that our first half-century is just the beginning, as we continually elevate our level of services and access to quality care for the communities we serve. Our Cherry Hill campus revitalization will fully transform the health care experience for residents in our communities and beyond; our Washington Township planned expansion will also be another expansive "game-changer" for the people we serve.

The Future of New Jersey Telehealth and Telemedicine –Improving Access to Care

By Keira Boertzel-Smith, Executive Director
New Jersey Psychological Association

NEW JERSEY PSYCHOLOGICAL ASSOCIATION

Technological advancements will make high-quality healthcare service accessibility a reality for New Jersey residents. The New Jersey legislature began the process of authorizing the provision of healthcare services, through telehealth and telemedicine, to provide health care services remotely.

Senate Bill 291 establishes who is eligible to participate, stipulates what technology can be used, and determines how the cost of these services would be covered. On January 12, 2016, Senate Bill 291 was introduced in the Senate and referred to the Senate Health, Human Services, and Senior Citizens Committee. On September 26, the bill was reported from Senate Committee as a Substitute, and referred to Senate Budget and Appropriations Committee. On November 3, the bill passed out of the Senate Appropriations Committee and awaits a vote in the full Senate.

Senate Bill 291 currently defines telehealth as the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means to support clinical healthcare, provider consultation, patient and professional health-related education, public health, health administration, and other services. The bill defines telemedicine as the delivery of a healthcare service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a healthcare provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening healthcare provider. Telemedicine does not include the use, in isolation, of audio only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission. Any healthcare provider who engages in telemedicine shall ensure that a proper provider-patient relationship is established and the health service meets standards that govern the professional's practice in the state of New Jersey.

The trend towards remotely provided healthcare services has the potential to reduce hospitalizations, increase access to mental healthcare, especially for residents located in underserved areas, and save lives.

More benefits of telehealth and telemedicine:

- **The remote services allow patients who cannot come to the office due to health, weather, or work issues to have continuity of care**
- **The remote services allow patients who need a more specialized provider to be available if none are in their immediate geographical area**
- **Students who leave for college could get continued or transitional care as needed**
- **Technology has surpassed our treatment modalities**
- **We anticipate that all states will pass legislation, mandating telehealth and telemedicine coverage, in the near future**

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Why Commission Your Healthcare Facility?

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As reported in a case study published by the American Society for Healthcare Engineering (ASHE), operating and maintenance savings of more than $5 million were realized over five years by UF Health Shands Vista Rehab (85,000 SF) and UF Health Shands South Tower Cancer Hospital (500,000 SF) in Gainesville, FL as a result of the integration of building automation and a comprehensive HFCx program. This is just one example of commissioning success. ASHE has documented similar results in healthcare facilities nationwide.

Inclusion of HFCx from the very beginning of a healthcare facility development program adds to the quality of planning and design and the realization of Owner's project requirements. It brings confidence that construction of the facility and the installation and calibration of building systems will result in a high-performing building. And it ensures that the facility O&M staff will knowledgeably and confidently manage the building in a manner that optimizes reliability and efficiency.

A prudent commissioning process reaps multiple benefits for patients, visitors, medical staff, and owners, and positions the healthcare facility as one that is safe, comfortable, energy-efficient, and environmentally friendly.

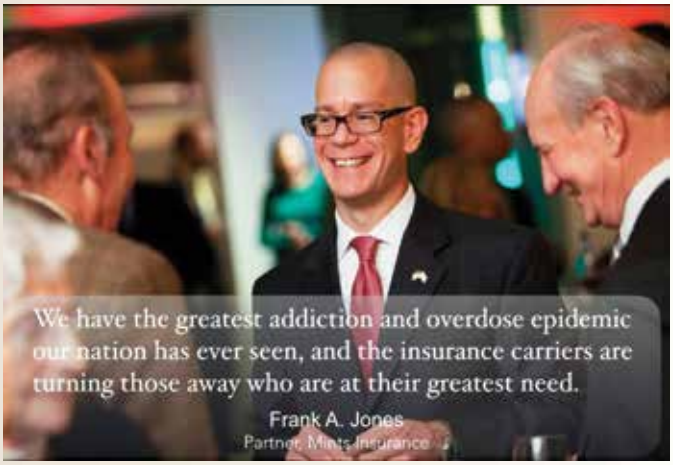
Substance Use Disorder Reform Needed Now

Frank Jones, Partner, Mints Insurance
SNJDC Health Committee Co-Chair

We know the alarming statistics: 47,055 people die per year of accidental overdose[1]; 129 people die per day[2]; and 23.5M are struggling with substance use disorder[3]. Since 2000, drug overdose deaths have increased 200%. If ranked by itself in the Centers for Disease Control's (CDC's) Leading Causes of Death listings [2], it would rank as the third leading cause of death in the United States. There is little reason to believe this will abate. The societal costs of substance abuse disorder are staggering. The effect of this on our economy is estimated at $468 billion[4]. I applaud the efforts of Congress in recently passing the 18 bill package that should limit over-prescribing, and thus, curb the number of opioids on the streets.

While stopping the flow of opioids is a major stride in the right direction, the next necessary step is treatment for those with substance use disorder. The greatest barrier to treatment is the adversarial position health insurance carriers have taken. What's missing from the national conversation is mandating that the insurance carriers follow through and adhere to the Mental Health Parity Laws. Instead of providing coverage, they opt for the fines for being out of compliance because it costs them far less to do so.

The American Medical Association[(4)], American Psychiatric Association[(5)], and the World Health Organization[(6)] have characterized addiction as a disease. This assertion from those esteemed bodies has not stopped insurance carriers from applying coverage



limitations to addiction and mental health treatment modalities, while not applying these same limitations to those tied to physical or medical disease categories. Increasingly, carriers are lowering reimbursement and shortening the benefit periods for those who are in need of recovery treatment. Unrealistic demands are made on the treatment centers, such as a three-day progress requirement, as well as the need for carrier approval with each step along the way. A person so afflicted for years is highly unlikely to progress in just three days. This short–term oriented coverage model will simply not yield successful, sustained treatment outcomes. On top of the initial requirement of approval, it is not uncommon for carriers to circle back to the facilities demanding money for previously approved services rendered. While laws in most states provide that a carrier can look back on what they deem "over-billings" up to a year and a half, should the carrier or contractor ALLEGE fraud, the window opens to 6 years of billings.

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1. NSDUH (formerly known as the National Household Survey on Drug Abuse) is an annual survey of Americans aged 12 and older conducted by the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.
2. Center for Disease Control and Prevention; http:www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a#.htm
3. Livestrong Foundation, livestrong.com; http:www.livestrong.com/article/
4. American Medical Association Committee on Alcoholism (1956). Hospitalization of patients with alcoholism. (Reports of officers). Journal of the American Medical Association, 162:750.
5. American Psychiatric Association (1952) Diagnostic and statistical manual of mental disorders. DSM-II (1968); DSM-III (1978); DSM-IIR (1987); DSM-IV (1994). Washington, D.C.: Author
6. World Health Organization: Expert committee on mental health. (1951). Report of the first session of the alcoholism subcommittee. (W.H.O. Technical Report Series, No. 42) Geneva.

Today's Healthcare Journey...

(continued from page 4)

The Increasing Emphasis on Patient Experience

Measuring patient experience isn't a new practice – it's been standard operating procedure for decades. But what's relatively new is the shift to a new measurement model – the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) developed by the federal government's Health and Human Services Department (HHS). Patients complete a 32-question survey and HHS bases 30 percent of hospitals' Medicare reimbursement on their scores.

Patients are asked about their experiences ranging from staff responsiveness, quality of care transitions, clear communication about medication, as well as cleanliness and quietness of the facility.

Results are publicly available on a website – www.hospitalcompare.gov – and hospitals are ranked on a five-star system, a practice that only started in April 2015. When the first rankings were released, only 251 of 3,500 participating hospitals received the highest rating – five stars. More than 1200 hospitals received a 4-star ranking, 1414 scored 3-stars, 582 placed in at 2-stars, and the remaining hospitals only managed one star.

Responding To The Pressure

In 2001, an arm of the National Academy of Sciences called The Institutes of Medicine released a pivotal book, crossing the Quality Chasm: A New Health System for the 21st Century. The authors called for a systemic reinvention that would "require a fundamental, sweeping redesign of the entire health system." They identified six aims for improvement to deliver healthcare that is:

- **Safe**
- **Effective**
- **Patient-centered**
- **Timely**
- **Efficient**
- **Equitable**

There's a lot riding on the findings, and they're about to get even more important.

In 2017, the one percent withheld from hospitals for Medicare reimbursements – approximately $850 million – will double to two percent. Only hospitals with high patient satisfaction scores will earn that money back, and top performers will earn bonuses from a pool.

As financial pressure stiffens and empowered patients begin to act more like choosy consumers, healthcare organizations are looking for ways to nudge their patient experience scores higher. Competition in the healthcare marketplace is a full-blown reality, as consumers have more choice and more comparative information at their fingertips.

This trumpeting call for change, combined with increasing government and insurance company reimbursement requirements, sparks a need for significant hospital investment, mostly to improve in-patient rooms and clinician space.

Recommendations are emerging on how to improve scores and hospitals are paying attention. The addition of valet parking, expanding meal selections and quality, adding live music, along with creating safe and comfortable environments, are actions helping to create brand loyalty to hospital systems nationwide.

For most hospitals, this is an opportunity waiting to be leveraged. At Corporate Interiors, we can provide the direction and support required for your vision of the "HUMAN CENTERED JOURNEY" to become a reality.

Jeanie Dickson
Workplace Consultant
Corporate Interiors, Inc.
302.544.2625

The Future of New Jersey Telehealth...

(continued from page 12)

The New Jersey Psychological Association has set telehealth, or telepsychology, as a legislative priority this legislative session. As the legislation moves through the legislature, we will be working on ways to continue to advocate for safe, accessible, and quality mental health services for New Jersey residents.

The New Jersey Psychological Association is a not-for-profit professional association for psychologists. Psychologists, who are highly trained professionals, have expertise in assessment, diagnosis, and treatment and work with clients to change feelings, thoughts, and behaviors through techniques that are based on research. The psychologist assists clients in problem solving, developing new skills to face challenges, and helps clients take advantage of available resources. NJPA is committed to providing information and resources for the public, professionals, and the media that illustrate the expertise psychologists possess that can help improve your life, families, workplaces, communities, and practices. We can assist you in locating a psychologist in your area that matches your specific needs including area of expertise, accepted insurance, and any other criteria you provide that helps us make an appropriate referral.

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Substance Use Disorder...

(continued from page 14)

Like oncologists who are far more equipped to diagnose and treat cancer than insurance carriers, diagnoses and treatment for those in addiction should be more influenced by the treating clinicians, versus the physicians employed by insurance carriers. Much like the health insurance industry, they have elected to pursue cost containment instead of health risk management, which perpetuates the cycle of addiction, rather than managing to sustained recovery.

This is why 23.5 million people in our nation struggle with substance use disorder. And why only 10.9% of those people are getting help[5].

This has to change NOW.

We have a national epidemic that is not being adequately addressed. We need health insurance carriers to comply with the Mental Health Parity Law, and recognize addiction as the disease that it is. We need mental health clinicians to have the same role in defining treatment for their patients as medical doctors have in defining treatment for their patients with physical illness. The costs associated with inactivity on this critical point cannot be measured. More importantly, the costs in terms of the loss of human dignity and life, is beyond comprehension.

We need reform and we need it NOW.

(L to R) New Jersey Senator Cory Booker with Frank Jones.

5. American Psychiatric Association (1952) Diagnostic and statistical manual of mental disorders. DSM-II (1968); DSM-III (1978); DSM-IIR (1987); DSM-IV (1994). Washington, D.C.: Author

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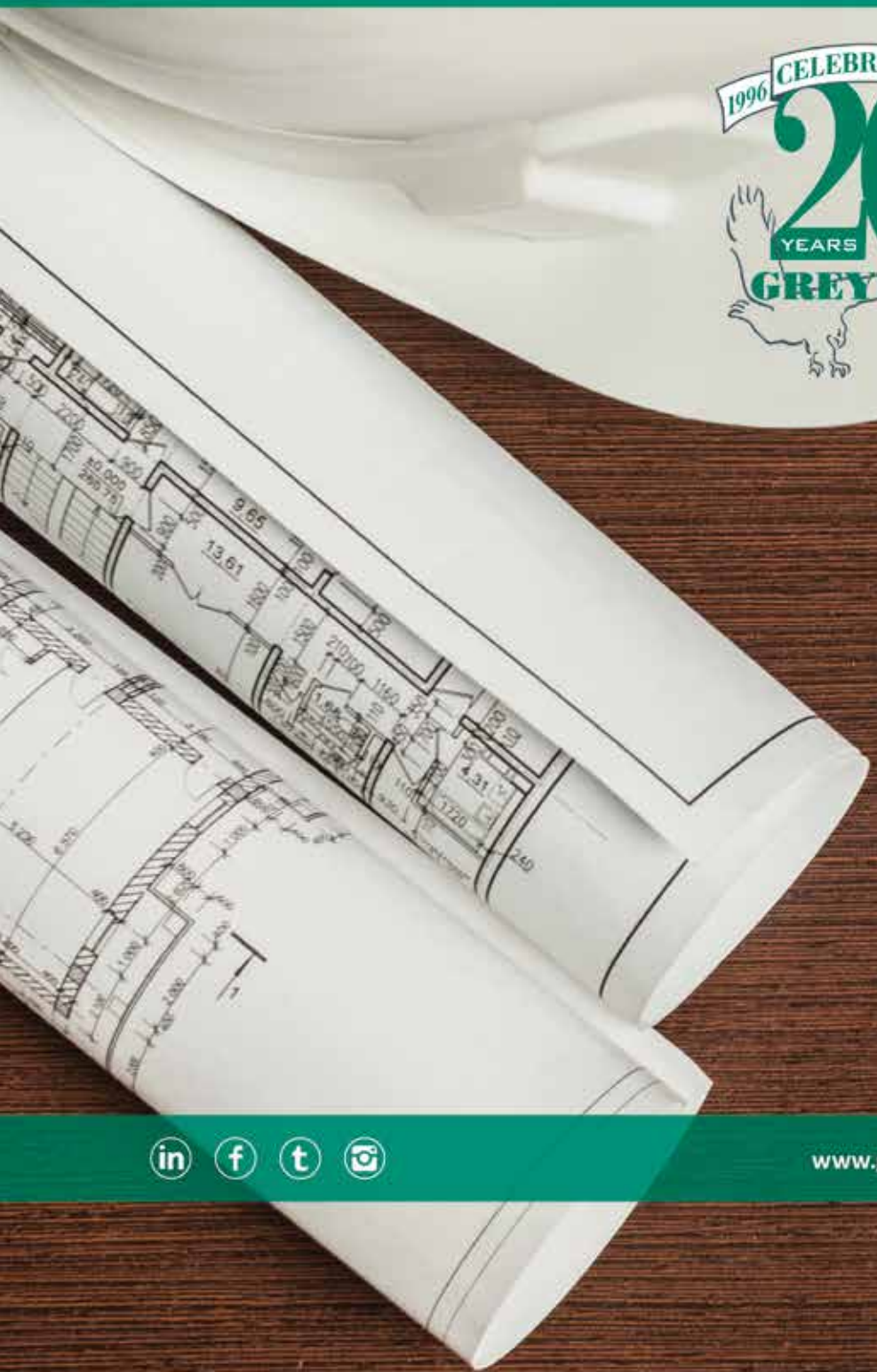

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