Jefferson Health Brings World-Class Healthcare to New Jersey with Major Expansions

The Evidence: Designing for Health & Wellness
There’s a Rule for That
How Lourdes ACO Set the Regional Mark for Cost Efficiency
The Dark Web’s Threat to Your Business
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**President’s Message**

The healthcare industry continues to be a significant contributor to New Jersey’s economy, having provided more than $24 billion to the state in 2016 according to the latest New Jersey Hospital Association Economic Impact Report. Our 2018 third quarter issue of The Chronicle presents the case that healthcare in Southern New Jersey fosters significant improvement in our region through economic development as well as the delivery of care.

Our cover feature “Jefferson Health Brings World-Class Health Care to NJ with Major Expansions” breaks down Jefferson’s capital investments in their three South Jersey campuses to extend their patient services to the next level of care.

Denise L. Sanders, Esq. of Capehart & Scatchard implores entrepreneurs and innovators to be mindful of the various regulations governing health care in “There’s a Rule for That.”

Emphasizing the importance of the built environment, how focusing on improving the environment through design can influence individual’s health and mental well-being is at the heart of NK Architects’ “The Evidence: Designing for Health & Wellness.”

Donna Antenucci, President of LHS Health Network, outlines the cost savings and improving the quality of outcomes accountable care organizations provide to employer-based health insurance groups in “Lourdes Shows How An ACO Can Lower Healthcare Costs, Improve Quality, and Make for a Better Experience for Groups of Insured Patients.”

Perhaps you have become familiar with Dark Web through its association with Blockchain technology and cryptocurrencies, but grave threats to the security and privacy of your business and individual data have arisen that require our attention. William P. Davey of PCH Technologies explains why in “The Dark Web’s Threat to Your Business.”

The Engineers Labor-Employer Cooperative chronicles the success they are seeing in building coalitions in “A 21st Century Approach to Organized Labor.”

And finally, on the heels of our last edition on Energy and Environment, our graduate intern closes this issue having penned “The Intersection of Health, the Environment & Alternative Energy” to draw attention to the role renewable energy can play in improving public health.

Sincerely,

Marlene Z. Asselta
President
Southern New Jersey Development Council
Health care is “under innovation.” No matter how health care is reformed, new and old arrangements will remain highly regulated, with new technology and collaborations moving faster than the law can adapt. Outdated regulations, some not amended in over two decades, may seem no longer relevant, but regulators won’t hesitate to use them. Innovators in health care must navigate regulatory minefields, as illustrated below.

Telemedicine is becoming part of the standard of care. But rules of professional conduct remain focused on in-person medicine. While many states have adopted telemedicine statutes, there is no uniformity across state lines and, like New Jersey, few implementing regulations. Because the law where the patient receives the virtual services is the law that applies, a telemedicine practice that extends beyond a state’s borders must extend its regulatory compliance accordingly. And CMS’ new telehealth and communication technology-based services initiatives will bring new rules.

HIPAA/HITECH regulations governing Privacy, Security and Data Breach are well known in health care, but are set to be amended. Layered on HITECH are data breach laws in all fifty states. The patient’s state of residence defines which state’s data breach rules apply. The General Data Protection Regulation recently became effective and now a wave of new state laws providing strong consumer privacy rights has begun in California. Meanwhile, the FTC will prosecute those whose practices don’t live up to their website policies. Those who deal in health care data are under new scrutiny, as well. Vermont leads the way with its data broker law, while the FDA issued “best practices” on the use of EHR data in clinical investigations. Incorporating wearable devices, artificial intelligence, and blockchain technology into health care presents similar “layered” regulatory requirements for innovators.

Through Collaboration, licensed health care professionals increasingly are joined by lay entrepreneurs in delivering health care. This requires attention to the prohibition on the corporate practice of medicine, affecting choice of legal entity and limiting layperson influence over medical decision-making. In addition, every category of health care professional in a venture has differing professional practice rules. As for self-referral restrictions affecting ownership, compensation, lease payments, etc., federal Stark rules are on the chopping block but state laws lag behind or contain exceptions that are inconsistent with federal exceptions. The grey area created by differing sets of rules becomes a danger zone.

Innovators, by their nature, may be less risk averse than others. But when signing off on a representation promising “compliance with all applicable laws,” lack of follow up can have severe consequences. Compliance with these myriad regulations is a daunting task, a challenge best met with a comprehensive risk assessment, effective compliance program, and vigilance. In other words, a traditional approach.
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Health Care in South Jersey

The Evidence: Designing for Health & Wellness

By Michael Ferment, AIA, EDAC, LEED GA
Senior Associate, NK Architects

New Jersey healthcare providers have always maintained a strong moral and ethical commitment to provide high-quality environments of care; however, they are now further incentivized to improve the patient experience, since the Centers for Medicare & Medicaid Services tied reimbursement to HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores.

Intelligent healthcare design has the ability to significantly impact and improve our physical and mental health. Environmental and psychological stressors such as noise, inadequate lighting, poor indoor air quality, lack of thermal comfort and a lack of human connection have been demonstrated to show measurable and predictable physiological changes within the body (Lazarus 1999, Rabin 1999). Our thoughts influence our biochemistry, affect our immune system and impact our cognitive functioning which results in a wide range of problems like increased physical pain, depression, insomnia, and even autoimmune diseases and cancer (Kennedy et al., 1990). One of our most effective tools against environmental stressors is the amount of control we have over them (Campbell 1983). Deliberate, proficient planning and design cannot only mitigate these stressors, but also go above and beyond to create environments which foster a sense of peace, harmony, and calm.

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With greater attention to incorporating wellness strategies into the built environment, providers can make a positive impact on the patient experience. Such strategies promote healing and reduce pain, anxiety, and depression. At the same time, designing for health and wellness decreases staff stress, increases effectiveness, satisfaction, and workplace experience. This is increasingly important as an effective tactic for recruiting and retaining top physicians in Southern New Jersey, as predicted shortages of nurses and physicians is expected to increase over the next few decades (Association of American Medical Colleges: 2018 Update).

And the evidence is strong. Evidence-based design (EBD) is the process of basing decisions about the built environment on credible research to achieve the best possible outcomes (The Center for Health Design). The most significant impacts are in patient and staff safety, reduction of stress, and quality of care. With an interdisciplinary team of healthcare administrators, clinicians, planners, and designers, goals are identified, evidence (data) is gathered and interpreted, and hypotheses and strategies are developed to incorporate design elements to support project goals. As an example, the most important EBD contribution to date may be the single-bed patient room, where the evidence of improved outcomes was so strong that it was made a requirement in the FGI Guidelines. Research revealed that hospital-acquired infections, medical errors, stress and falls are reduced with private rooms. In addition, patient privacy, confidentiality, communication, and satisfaction is increased (Ulrich et al 2008). Patients also sleep better and recover faster. These outcomes both improve the patient and staff experience and reduce healthcare costs.

The physical advantages of intentional design are rooted in a positive psychological influence. Connection to nature, sense of control, space for social support and positive distraction are all strategies for reducing stress in the healthcare environment (Malkin 2008). One concept, Biophilic design, focuses on our innate connection to nature and the impact nature has on our health, well-being, and productivity. By providing views to nature and living systems, introducing elements such as water and daylight, and using natural color palettes and biomorphic patterns, we can provide built environments that are relaxing and restorative.

In all healthcare environments, whether a hospital, a physician office suite or a diagnostic imaging facility, skillful use of these strategies result in measurable benefits to the organization and the individual.

NK Architects is a full-service architectural planning and design firm headquartered in Morristown, New Jersey.
Accountable care organizations (ACOs) offer a way to reduce costs of health care for large groups of insured individuals while improving quality and outcomes – and our ACO has demonstrated how this works. Just as they are starting to do for Medicare populations, ACOs can also reduce costs for commercially insured groups, such as those covered by large employers. Originated by the Centers for Medicare and Medicaid (CMS) as a way to control Medicare costs, ACOs now number in the many hundreds nationwide with a significant portion of their contracts through private insurers.

ACOs are today’s most vital iteration of the long-standing managed-care concept. They are partnerships of health care providers and care-coordination and disease-management teams seeking to reduce unnecessary hospital admissions, improve care transitions and follow-up, and take advantage of direct patient reach-out and monitoring. ACOs responding early to the opportunity to account for care of government-insured patient pools – such as Lourdes Health System’s accountable care organization, the LHS Health Network – are showing just how this approach can gain control of both the costs and the results of care.

Last year, LHS Health Network was the only Delaware Valley/southern New Jersey ACOs that achieved high enough savings to receive reimbursement from the Medicare Shared Savings Program. How did we do it, setting an example of practices that any ACO can use for the privately or publicly insured?

First of all, ACOs are conducted at the primary care level with potential for sharing the savings with frontline providers. We had 180 family physicians and other primary care providers that agreed to participate in our Medicare pool. Our 20 trained care-management nurses and eight social workers helped these practitioners manage the health of
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With the late 2017 merger of Kennedy Health and Jefferson Health, the stage was set to bring an even higher level of renowned health care services to the people of southern New Jersey.

With the addition of Kennedy’s three conveniently located South Jersey hospital campuses – based in Cherry Hill, Stratford and Washington Township – the “new” Jefferson Health has been moving “full steam ahead” to bring these already high-performing hospitals, and their many outpatient services, to the next level.

With a focus on providing the best care to patients where they are – meaning when it’s needed, at a desired location and at an efficient cost – Jefferson Health is investing hundreds of millions of dollars to make that goal a reality.

The most recent chapter of its commitment to be the “go-to” choice for South Jersey health care took place in May 2018, when Jefferson Washington Township Hospital broke ground for a two-phase, $205 million expansion project.

The first phase is already underway with a $23 million multi-level enclosed parking facility that has 800-plus spots, free to patients and visitors (with an additional 340 surface parking spaces). The $182 million phase two of the project will begin as soon as phase one is finished, with an anticipated spring 2021 completion. Phase two will feature a seven-story patient tower with 60 private patient rooms (including space for 60 additional private patient rooms in the future); a main hospital entrance; a spacious, two-story light-filled hospital lobby with a café and other visitor amenities; a hospital cafeteria with outdoor seating; a Same-Day Surgery Unit and Recovery Room (PACU); and a new Central Processing Distribution Center (CPD).

“Our Washington Township facility will continue to evolve and grow to meet the needs of the communities we serve,” said Joseph W. Devine, President of Jefferson Health’s New Jersey Division. “We are thrilled to begin these world-class renovations here in Gloucester County.”
New Jersey Senate President Stephen M. Sweeney and fellow New Jersey Senator Fred H. Madden Jr. both addressed the crowd on hand at the recent Washington Township campus groundbreaking, with Senator Sweeney noting “a great regional hospital is one of the first things people look for when they decide to move to a community or invest in a business.” Jefferson Health, Sweeney added, is “showing what so many of us already know – South Jersey is growing. This new facility will serve our region well for generations to come.”

Next up for a campus expansion is the Sidney Kimmel Cancer Center – Washington Township. A leader in scientific discoveries and breakthroughs in detecting and treating cancer, Jefferson Health’s acclaimed, life-saving cancer program continues to break new ground – both literally and figuratively! Later this year, remodeling at the Sidney Kimmel Cancer Center - Washington Township will get underway. Plans call for a state-of-the-art, 12,000-square-foot Infusion Center featuring 16 individual patient treatment spaces. The new Infusion Center will offer an array of treatment and support services primarily for oncology patients.

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some 5,500 Medicare patients. CMS analyzed this group in advance and established a goal of $61.5 million for its care, based on historical costs for attributed patients and making a risk adjustment. ACOs that can provide care at significantly below such a benchmark cost, set by the participating payer (in this case CMS), can receive a portion of the savings in return.

To each participating office practice, LHS Health Network assigned one of its care coordinators, who became part the team and made calls to patients. This care manager also communicated with the doctors, nurse practitioners, and physician assistants, including via the electronic medical record system.

We placed special emphasis on high-cost patients, to reduce expenses and increase care efficiency and effectiveness. The ACO team works to reduce inpatient admissions and emergency room visits, and shorten stays at skilled nursing facilities, by remotely monitoring patients’ vital signs, helping patients schedule appointments, and reviewing medications. The model allows us to incorporate patient education, self-care coaching, and assistance with navigating the healthcare system.

Our population health nurses use innovative techniques to check on patients and engage them. For example, patients with chronic heart failure were equipped with a weight scale at home that is Bluetooth enabled, a pulse oximeter and a blood pressure cuff, all of which collect information that is electronically transmitted back to us. Many of the patients used mobile devices, including tablets, to video chat with their nurse care manager. In some cases, we were able to prevent any inpatient admissions and emergency room visits in patients that may have been averaging these hospital trips almost monthly.

The resulting cost of care for this panel of patients was $53 million. This was the sixth-highest savings by percentage in the country, among the more than 400 organizations that participated in the program. The CMS report from late last year showed six of the area’s 10 Medicare ACOs had expenses below their benchmark (see figure). But only LHS Health Network qualified for a shared-savings payment under the program’s guidelines. Our ACO received an award payment of more than $3.5 million that we split with the participating physicians, as the payer (CMS) saved millions more.

With continuity of care and preventive measures, we were not just able to improve quality of care but to generate a better healthcare experience for these insured individuals. Much of the credit for our success goes to our staff of 70 – including our analytics team and provider relations team. LHS Health Network also covers more than 50,000 patients in the commercial health plans of Horizon BlueCross, Aetna, and AmeriHealth – using a similar arrangement for shared savings when cost goals are achieved.
As part of the expansion, the Cancer Center is also establishing a new Hematology & Oncology practice and expanding its on-site Radiation Therapy services by adding a second linear accelerator (a machine that makes high-energy X-rays and electrons conform to a tumor’s shape). Slated for completion in 2020, these additions will improve Jefferson’s commitment to delivering the most technologically advanced, yet personalized, care in South Jersey.

Eye-catching new facilities also continue at Jefferson’s Cherry Hill hospital campus. The demolition of the old outpatient medical office building and administration section of the hospital was completed in May, and construction of a new, seven-floor patient tower with 90 private patient rooms began this spring. It is expected that the first two floors of the new patient tower will open by winter 2019, with the remaining work to be completed by winter 2020. This is all part of Jefferson Cherry Hill Hospital’s overall $200 million transformation project, which also includes the new hospital atrium lobby, a 102,000-square-foot medical office building, and a 600-space parking facility.

Jefferson Health is also continuously expanding its network of conveniently located primary and specialty care physician practices in southern New Jersey. Priding itself on offering after-hours and same-day appointments for all patients, this revolutionary concept provides patients with timely access to health care when they need it most. It also helps patients avoid potentially costly and time-consuming visits to hospital emergency rooms for acute, but non-emergent, medical situations. With more than 30 primary and specialty care locations in Burlington, Camden, Gloucester, and Atlantic counties, a Jefferson Health office is always nearby! More information and a list of locations can be found at KennedyIsJefferson.org/MyDoc.

“We will continue our growth to best meet the needs of our communities,” said Devine. “It’s an exciting time for our organization and we are thrilled to enhance our already high-level services so South Jersey residents can get the expert care they need, close to home.”
The Dark Web’s Threat to Your Business

By William P. Davey, Chief Technology Officer, PCH Technologies

Industry experts call the dark web the icebergs of the internet sea; seemingly harmless on the surface but treacherous below. The dark web is truly the underbelly of the World Wide Web. Although people are just starting to see it on the horizon, its meaning, purpose, and dangers remain a mystery to most.

What is the dark web and why should businesses be concerned?

To understand what the dark web is, we need to first talk about from where it originated. United States intelligence created a communications platform in the early 2000’s to provide for complete anonymity between sender and receiver. It was subsequently abandoned and released to the public. It is now maintained by a non-profit group called “The TOR Project.”

Since then the dark web has blossomed across the globe. It cannot be easily reached from the public internet and requires specialized software to access it. It is a fully decentralized underground network maintained by all who use it. When connecting to the dark web, the device used becomes a part of the underground network, which also consists of routers and servers across the globe.

Anything goes on the dark web, including terrorism, drug running and human trafficking, whatever makes the big bucks. Even people’s medical records can be purchased for as little as a dollar. Because medical records hold someone’s complete identity, criminals can use this information to run up accounts fraudulently or establish new credit accounts.

Hackers love the dark web. This is where they can sell the credit card and social security numbers, banking account information, sensitive passwords and other personal data they have stolen from victims, which include unsuspecting businesses.

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The Intersection of Health, the Environment and Alternative Energy

By Benjamin Gallinelli, Southern NJ Development Council

We often associate renewable energy within the context of a response to climate change. Increasingly, attention and consideration are being given to the effect that climate change has on our health. This symbiotic relationship, that of climate change and our ecological life support system, is well established. Consider that in the month of July, New Jersey has seen an increase of incidence in vector-borne illness such as West Nile virus and Lyme’s disease, along with the recent consumption restrictions the New Jersey Department of Environmental Protection placed on local fish found to contain harmful levels of PFAS, we can observe the cycle of climate-environment-health that is in perpetual motion. So, it begs the question: what role can alternative energy play in supporting the health and well-being of New Jerseyans?

Generating our energy consumption needs from renewable and alternative sources cannot simply be relegated to the monthly cost savings we see in our bills. Aside from vector-borne illness and waterways contamination, the link between poor housing and poor physical and mental health is also quite profound, as inadequate ventilation and temperature extremes linked to inefficient heating and cooling contribute to respiratory illness and even death. In New Jersey, transportation-related energy use accounts for roughly 40 percent of total statewide greenhouse gas emissions. Ground level ozone and particle pollutants have been found to exacerbate asthma and are harmful to the health of adults, children and those with heart conditions. Such factors will impact and increase the overall costs of health care to the individual and that of New Jersey. There is clearly a well-defined link between the health of our environment and our own well-being.

The benefits renewable energy can provide to our climate, environment and overall health is where we can trace action and opportunity with actual results for New Jersey. The Clean Energy Program provides rebates, incentives and financial assistance to residents that wish to convert their homes to be more efficient and promote alternative sources of energy such as solar and wind development. The Clean Construction Program, Electronic Vehicle sales tax exemption, EV Charging Grants and Charging Challenge program are examples of incentives New Jersey has offered to stimulate individual participation in the reduction of air pollution and boost the AFV infrastructure. In addition to increasing the quality of air and benefiting our health, renewable energy is also one of the fastest growing sectors for job growth in the United States. Pursuing a “green” economy poses significant benefits to our state, and with Governor Murphy’s stated goal of achieving 100% clean energy by 2050, further support of policies to achieve that metric will be necessary. Renewable energy programs can contribute an economic benefit to New Jerseyans by lowering costs, creating jobs, and increasing the overall health of the population.

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1 http://www.who.int/globalchange/publications/climatechangechap1.pdf?ua=1
4 http://www.who.int/hia/housing/en/
5 https://www.state.nj.us/dep/aqes/transportation.html
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AT ATLANTIC CITY ELECTRIC, OUR EMPLOYEES POWER SUSTAINABLE COMMUNITIES.
The Dark Web’s Threat...  (continued from page 14)

The sensitive information stolen from people and businesses is often pilfered from where they work, hospitals where they are treated, retail stores where they shop and financial institutions where they bank.

Most businesses do not even know their systems have been breached because adversaries have been known to lurk on their networks for months, if not years, and continue to collect information for as long as they can.

By obtaining that sensitive information cyber criminals can launch attacks on the business. This can lead to companies having their data stolen and held for ransom. Depending upon the regulatory environment in which some businesses operate, they can even be held liable in the event their clients’ information is also stolen.

**Combatting the Evils of the Dark Web**

You may wonder why authorities do not shut down these crime filled sites. The simple answer is they cannot. It is nearly impossible to shut down a decentralized system that is spread across the globe with millions of people partaking in the network.

With all its pitfalls, there have been some positives of the dark web. Journalists and citizens from repressed governments can take refuge within the network to learn about corrupt governments. It can be a place where people can speak freely without any recourse or censorship.

Businesses can avoid breaches by cyber criminals by following basic IT security practices, such as having two-factor authentication enabled when logging into websites, having a secured remote access solution and making sure their systems are always up to date, to name a few.

Qualified IT specialists like PCH Technologies has the ability to monitor the dark web on behalf of its clients; gleaning it for signs their clients’ information is at risk for being compromised.

By following basic IT security practices and being diligent about the advances the dark web is making into our networks, businesses can reduce its risk of exposure to the underbelly of the dark web.

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A 21st Century Approach to Organized Labor: ELEC 825 is Delivering Big Results

When both sides of the construction equation come together – the results are unmatched. That was the thinking behind the Engineers Labor-Employer Cooperative (ELEC), the Labor-Management fund for the International Union of Operating Engineers, Local 825. ELEC’s mission is a collaborative approach to promoting economic development, infrastructure investment and the value of union construction, representing the combined interests of the members of Local 825 as well as the signatory contractors who employ them. As heavy equipment operators, 825’s work mainly is focused on demolition, site work, and environmental remediation, utility hookups, paving and primarily operating cranes in vertical construction.

In 2012, the American economy had been through one of the worst downturns since the 1930s. While no industry was spared, construction was hit particularly hard. Recognizing that the world had changed after the downturn, IUOE 825 Business Manager Greg Lalevee developed an idea to help gain a competitive advantage – a separate fund dedicated to advocacy and creating opportunity in the private marketplace.

ELEC’s primary job is to work with business groups, chambers of commerce, governmental entities and directly with owners/developers to create new opportunities and shape public policy to grow and protect market share.

Under the leadership of Director Mark Longo, ELEC hit the ground running. After a detailed assessment of the overall marketplace, a program was quickly developed to aide union contractors to pursue and win contracts in specific private-sector markets in which union labor is currently under-represented – the market recovery grant program.

ELEC has approved more than $50.2 million in grants to contractors throughout New Jersey and the Hudson Valley of New York and to date has already awarded over $12 million.

Similarly, ELEC has worked hard to promote trained, union crane operators throughout New Jersey, where many projects rely on poorly-trained, loosely-supervised and often uncertified crane operations – with potentially deadly consequences. ELEC drafted a “safe crane” ordinance to increase oversight and ensure that only properly licensed crane operators work in New Jersey, improving safety in our towns and cities and ensuring that accidents do not occur while increasing the quality of work done.

On a broader level, ELEC tirelessly advocates for infrastructure improvements to New Jersey and the nation’s crumbling energy, transportation and water infrastructure systems. These projects create good-paying jobs, generate significant economic growth and prevent further disruption from failing and inadequate systems. In 2016, for example, ELEC was instrumental in leading the Road to Repair campaign to fund New Jersey’s Transportation Trust Fund, which secured billions in dedicated funding for key projects throughout the state.

With years of success advocating for union labor, infrastructure improvements, and cooperation between business groups, developers and contractors, ELEC continues to deliver results.
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