

RWJBarnabas
HEALTH

healthy *together*

A NEW ERA FOR HEART
VALVE TREATMENTS

AWARD-
WINNING
CARE FOR
MOMS AND KIDS

EMERGENCY?
WHAT TO EXPECT

THE POWER OF
PRIMARY CARE

*Better
Ways*

TO FIGHT
BLOOD
CANCERS

Many Paths to a Healthier New Jersey



RWJBarnabas Health has been dedicated to caring for New Jersey's sick and injured for more than 140 years. As the state's largest and most comprehensive not-for-profit academic healthcare system, we are privileged to pursue our noble mission of building and sustaining a healthier New Jersey.

While we take pride in the incredible array of healthcare services we provide, many of which are regionally and nationally recognized, what distinguishes RWJBarnabas Health—and what we are most proud of—is our

deep commitment to the most vulnerable among us. We are, by two times, the state's largest provider of medical care to those who cannot afford to pay and to beneficiaries of the Medicaid program.

We are also investing in the future health and well-being of all New Jerseyans, dedicating more than \$1 billion, through our transformative partnership with Rutgers University, to increase access to groundbreaking clinical trials and innovative medical care. The partnership also trains and develops the healthcare providers who will take care of the next generation of New Jerseyans. Further, from 2020 to 2025, RWJBarnabas Health will have invested more than \$4.7 billion in new equipment, technology and facilities, with a sizable portion of that in underserved communities, creating thousands of jobs along the way.

RWJBarnabas Health is deeply “in and of” our great state. We thank the residents of New Jersey for trusting us with their healthcare and social needs, and are honored to be one of the state's anchor institutions.

As we step into the future, we look forward to witnessing all we will accomplish together in pursuit of a healthier New Jersey.

Sincerely,

MARK E. MANIGAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER

RWJBarnabas Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org.

RWJBarnabas Health provides free language services, including qualified interpreters, to people whose primary language is not English. The following Language Assistance Services information is provided in multiple languages.

ESPAÑOL

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al **1.844.465.9474**

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ATENÇÃO: Se fala português, encontramos disponíveis serviços linguísticos, grátis.
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ગુજરાતી

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ITALIANO

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.
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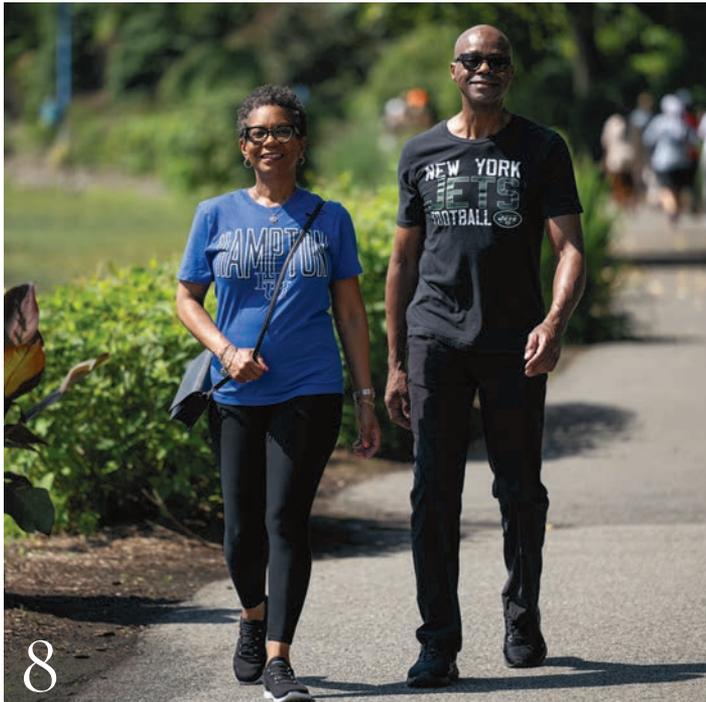
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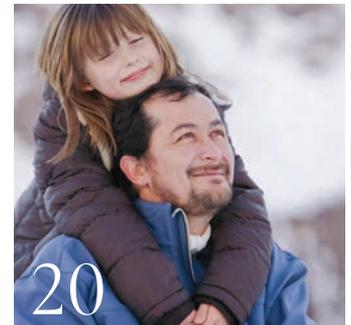
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EARNING HONORS FOR PEDIATRIC CARE

RWJBARNABAS HEALTH CHILDREN'S HOSPITALS RANK AMONG THE NATION'S BEST.

Reflecting their dedication to outstanding pediatric care, RWJBarnabas Health (RWJBH) children's hospitals were named among the nation's Best Children's Hospitals for 2023-2024 by *U.S. News & World Report*, a global leader in quality rankings.

The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital (RWJUH) ranked 34th nationally for orthopedics and 47th for urology.

The urology ranking recognizes a four-hospital practice that is based at BMSCH but also provides care at three other RWJBarnabas Health hospitals: Children's Hospital of New Jersey at Newark Beth Israel Medical Center, McMullen Children's Center at Cooperman Barnabas Medical Center and The Unterberg Children's Hospital

at Monmouth Medical Center.

BMSCH was also ranked second in New Jersey and 15th in the Mid-Atlantic region. The rankings help parents of children with rare or life-threatening illnesses and their doctors in choosing the hospital that's best for them.

"RWJBarnabas Health strives to provide children and families with exceptional, family-centered pediatric care," says Andy Anderson, MD, Executive Vice President and Chief Medical and Quality Officer at RWJBH and Interim Chief Medical and Quality Officer at RWJUH. "Earning these outstanding national recognitions in pediatric orthopedics and urology is the direct result of a shared commitment among our physicians, nurses and staff across our entire Children's Health Network to provide families with

comprehensive, quality care."

U.S. News together with RTI International—a North Carolina-based research and consulting firm—collected and analyzed data from 119 children's hospitals and surveyed thousands of pediatric specialists. Children's hospitals awarded a "Best" designation excelled at factors such as clinical outcomes; level and quality of hospital resources directly related to patient care; and expert opinion among pediatric specialists.

"This national honor is the result of the strong partnerships that exist across the RWJBarnabas Health system and Rutgers to advance pediatric care in the region," says Amy Murtha, MD, Rutgers Robert Wood Johnson Medical School Dean. "Through this unique collaboration, our pediatric experts provide children and families with access to advanced research, innovation and technology to address the most complex pediatric medical conditions while increasing access to services that enhance childhood wellness."

A NETWORK OF SERVICES

As New Jersey's largest academic health system, RWJBH, in partnership with Rutgers Health, is the state's most comprehensive children's health network, offering an unmatched range of pediatric services from primary care to specialized treatments and therapies.

In addition to four acute care children's hospitals, the system's vast network of child-friendly facilities and pediatric specialists includes Children's Specialized Hospital, a national leader in pediatric rehabilitative and long-term care, and over 35 community-based primary and specialty care locations across the state.

"These rankings are great news for New Jersey families," says Bill Faverzani, Senior Vice President, Children's Services at RWJBH. "Our communities can be assured they are receiving the highest-quality care for children close to home."

Learn more at www.rwjbh.org/ChildrensHealth. For more information on the *U.S. News* Best Children's Hospitals, explore Facebook, Twitter and Instagram using #BestHospitals.





IMPORTANT ADVANCEMENTS IN CHILDREN'S SERVICES

HOW CHILDREN'S SPECIALIZED HOSPITAL IS EXPANDING AND ENHANCING PEDIATRIC SERVICES THROUGHOUT THE REGION

In a series of recent expansions and improvements, Children's Specialized Hospital (CSH), part of the Children's Health Network of RWJBarnabas Health, has significantly enhanced inpatient and outpatient care for children with special healthcare needs from birth to age 21.

"Over the past several years, CSH has grown immensely," says Matthew B. McDonald III, MD, President and Chief Executive Officer, CSH. "It is our mission to meet the unmet needs of children with special healthcare needs, including increased access to specialized rehabilitation care."

OPENING NEW OUTPATIENT CENTERS

CSH has opened and expanded facilities in communities lacking access to its specialized care. This includes the opening of expanded outpatient centers in Bayonne and Toms River, as well as new outpatient centers in Eatontown, Somerset and Union—all of which offer state-of-the-art amenities. At the beginning of 2024, a new and expanded outpatient center will also open in East Brunswick.

OFFERING UNIQUE SERVICES AND PROGRAMS

Care at CSH focuses on conditions and diagnoses that are often undertreated

in children and young adults with special healthcare needs. In addition to CSH's standard medical and therapeutic services, children now have access to several unique, highly specialized services including:

- Chronic Illness Management Program
- Chronic Pain Management Program
- CSH RUCARES Severe Behavior Program
- Feeding Disorders Program
- Pelvic Floor Rehabilitation
- Rehabilitation Technology

EXPANDING PROGRAMS AND STRENGTHENING COMMUNITY HEALTH

In addition to expanding its physical footprint to increase access, CSH is meeting current and prospective patients and families where they are, learning their biggest needs in the healthcare setting and beyond, and putting that information into action to make positive changes in surrounding communities.

CSH's Center for Discovery, Innovation and Development (CDID) is uniquely positioned to develop, innovate and discover solutions to advance the lives of those with special health challenges by addressing social determinants of health (SDOH)

and improving the lives of the most vulnerable patients and families.

In one initiative that's making a big impact, SDOH screenings have been implemented across all 15 CSH sites across the state. These screenings have helped the CSH team identify and support the needs of thousands of families in New Jersey who are challenged by food insecurity, housing, transportation and legal issues, among others.

ACHIEVING HIGH MARKS

CSH was recognized as one of *Newsweek's* World's Best Specialized Hospitals in 2022 and 2023. In 2022, CSH also ranked in the 100th percentile for the entire year in the Functional Independence Measure for Children (WeeFIM), which tracks disability status in children and the gains they have made by the time they are discharged.

Says Dr. McDonald: "Our WeeFIM ranking reconfirms what we already knew—that we are the No. 1 pediatric rehabilitation hospital in the nation. Thanks to the steadfast commitment of our innovative and skilled team, we are able to ensure that when a patient is discharged from our care, they are returning home with the best possible outcomes."

To learn more about outpatient programs and services at Children's Specialized Hospital or to schedule an appointment, call **888.244.5373** or visit **www.rwjbh.org/cshoutpatient**.

At Children's Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Eatontown, Egg Harbor Township, Hamilton, Mountainside, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.



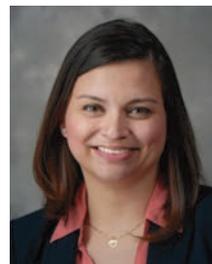
SAFER PLAY FOR PICKLEBALL

HOW TO PREVENT—AND TREAT—COMMON INJURIES IN THIS UP-AND-COMING SPORT

Pickleball is exploding in popularity—especially among seniors—with good reason. A combination of tennis, badminton and pingpong, the game offers a great way to



RAPHAEL LONGOBARDI, MD



NICOLE LOPEZ, MD

get relatively low-impact exercise and socialize with friends and neighbors.

But despite its low-key reputation, pickleball is a competitive sport with enough action to pose a risk of injury, according to orthopedic surgeons Raphael Longobardi, MD, of Cooperman Barnabas Medical Center, and Nicole Lopez, MD, of Clara Maass Medical Center. Dr. Longobardi is highly trained in sports medicine and athletic injury surgery, and Dr. Lopez is highly trained in hand and upper extremity surgery; both are members of RWJBarnabas Health Medical Group.

"Pickleball is really fun and played with a light ball on a smaller court than with tennis, so there's less cutting and running," Dr. Lopez says. "It's generally very safe." Yet the game's low-impact appeal can make overdoing it deceptively easy.

"Most pickleball-related problems are overuse injuries such as lateral epicondylitis, or tennis elbow, and shoulder rotator cuff tendinitis," says Dr. Longobardi. Pain and inflammation from overuse injuries occur when repetitive motion causes tiny tears in tissues such as muscles, tendons and ligaments.

Players are also vulnerable to lower-extremity injuries such as ankle sprains, typically when lateral shifting causes an ankle roll. And falls can lead to wrist sprains or worse. "It's not common, but falling—especially if you have osteoporosis and sustain enough force—poses a risk of fracture," Dr. Lopez says.

Still, there's no need to let injuries (or fear of them) ruin the fun. These steps can keep you playing injury-free—or help you heal so you can get back on the court.



KNOW YOUR LIMITS

Many pickleball players are over 45, when loss of flexibility increasingly becomes an issue. "If you're stiffer in your joints, there's an increased chance of muscle strains," Dr. Longobardi says.

Be mindful of your abilities when starting the sport or advancing your level of play. "Take it easy the first

couple of times to get your bearings and judge whether your body is able to do what you want," Dr. Lopez says. "Once you've become accustomed to lower-level speed or agility, progress gradually to more intense or aggressive play—but always at the level your fitness allows."



PREPARE YOUR BODY

"Injury prevention for any sport starts with being in good physical condition," Dr. Longobardi says. "This means being not only flexible but also mobile and strong."

Warming up with light activities such as walking and stretching also helps by not only making muscles and other tissues more pliable but also priming them for activity. "When muscles are awake and alert, you improve reaction time and can better respond to changes in direction," Dr. Lopez says.



TRY SIMPLE TREATMENTS FIRST

If you incur an injury, it's important to recognize it. "With many mild injuries, you feel a little ping of pain but are able to keep playing or walk away," Dr. Lopez says. "Pay attention to your symptoms and ease up or stop playing until they improve or resolve." Avoid playing through pain.

Many injuries improve with RICE—rest, icing, compression, evaluation. "Taking an anti-inflammatory medication is often helpful for twisting and overuse injuries," Dr. Lopez says. (Discuss with your doctor before starting anti-inflammatory medications, as they can interact with medications commonly used to treat other medical issues.) Such injuries often take about two to four weeks to resolve.



KNOW WHEN TO SEEK HELP

Have a medical professional check you if you experience severe pain or bruising; notice that any part of your body seems deformed; or feel that your injury doesn't improve or gets worse with self-care.

"Our purpose is to help people return to a level of activity that they haven't been able to return to on their own," Dr. Longobardi says. "We look at your injuries, what physical demands you have, what you're looking to accomplish, what your recovery expectations are and when you can safely return to play."



LOOK FOR MULTIDISCIPLINARY CARE

"We have a team of great people at RWJBarnabas Health," Dr. Longobardi says. "If you need rehabilitation, we can send you to physical therapy. If you need surgery, we can provide that as well. Each member of our orthopedic and sports medicine team is well trained and has experience with these types of injuries."



CONSULT YOUR DOCTOR ABOUT SURGERY

Surgery for pickleball injuries is rare, partly due to lack of overhead serves that can lead to more severe injuries in sports like tennis. But surgical solutions may be appropriate in cases that don't respond to more conservative measures.

"If we're looking at a fracture that's not setting properly, that's often a reason we'll recommend surgery," Dr. Lopez says. "If you've tried all nonoperative options—including physical therapy, stretching and resting—and an injury is still giving you a lot of trouble, with imaging and the recommendation of a surgeon, a procedure might be an option."

To learn more about orthopedic services at RWJBarnabas Health, visit www.rwjbh.org/ortho.



HEART'S DESIRE

**A HEART TRANSPLANT SAVES
A MAN'S LIFE—AND HELPS
HIM FULFILL A DREAM.**

With a new, healthy heart, Charles Upshaw (right) could leave the hospital to spend time with his wife, Lisa (left), and his family.



Charles Upshaw was determined to make it to the wedding of his youngest son, Chase. But the 67-year-old retired Newark police officer and married father of three adult children had been waiting for a heart transplant for three years—and time was running out.

Charles, who lives in West Orange with Lisa, his wife of 29 years, had suffered from cardiomyopathy—a disease of the heart muscle that makes it difficult for the heart to pump blood—for more than five years before going into heart failure.

In 2020, the heart failure treatment and transplant team at Newark Beth Israel Medical Center (NBI), led by Claudia Gidea, MD, FACC, Medical Director of Heart Transplant, Mechanical Circulatory Support and Advanced Heart Failure, placed him on the heart transplant waiting list.

It was an important milestone in a process that dated to 2014, when Charles went to his primary care physician for his annual physical. “He detected an anomaly in my EKG,” Charles recalls. “That’s when it all started.”

A LONG, WINDING ROAD

A visit to a cardiologist in 2014 revealed the nature of Charles’ heart problem. “I had an issue with palpitations,” he says. Despite being prescribed the medication metoprolol to help regulate his heartbeat, palpitations became more frequent, with a heart monitor measuring 1,200 skipped beats in 24 hours.

Having open heart surgery to replace a heart valve helped—for a while. “It carried me for about four years,” he recalls. “But then I started having shortness of breath on exertion, so they implanted a pacemaker defibrillator.”



MARGARITA CAMACHO, MD



CLAUDIA GIDEA, MD



MATTHEW MONTGOMERY, DO

It was becoming increasingly clear that Charles’ heart was failing. He was referred to NBI’s Advanced Heart Failure Treatment and Transplant Program, where the evaluation and selection process is rigorous, comprehensive and focused on patients’ needs.

“We look at everything from head to toe—every single organ system,” says Margarita Camacho, MD, Surgical Director of Cardiac Transplant, Northern Division, RWJBarnabas Health. “We do a whole battery of tests that includes blood tests; imaging tests such as an echocardiogram, a CT scan of the entire body and vascular studies to make sure there is no peripheral artery disease or carotid disease; and a nutritional profile.”

In addition, meetings of a multidisciplinary selection committee are held to convene a variety of physician specialists—including heart failure cardiologists, cardiac anesthesiologists, cardiac intensivists and transplant surgeons—together with transplant coordinators, social workers, metabolic specialists, nurses and more.

“Charles was evaluated by our selection committee, and, in my role as program director, I accepted him,” says Dr. Gidea.

After a patient is put on NBI’s transplant list, the list is submitted to the United Network for Organ Sharing, which handles organ transplants across the United States. “They merge our list into the larger waiting list,” says Dr. Camacho.

On a status scale of 1 to 6, with 1 being the sickest, Charles was initially listed as a 6, in part because he otherwise had a history of robust health and regular exercise. “Because I was in such good physical condition, my body was able to compensate for what my heart couldn’t do,” he says, “which is why I remained a status 6 for almost three years.”

WAITING GAME

But by fall 2022, Charles’ heart was functioning at less than 12 percent. Matthew Montgomery, DO, MBA, MPH, an advanced heart failure and transplant cardiologist on the NBI team, advised Charles that he should be in the hospital, where he could be closely monitored.

“His symptoms continued to worsen, and he was finally admitted on January 18,” says Dr. Montgomery. “His status was upgraded to a 4—and then to a 2.”

Charles was now in end-stage heart failure. If a donor heart didn’t come through in a matter of weeks, he might not survive. In the intensive care unit under the transplant team’s vigilant care, he thought about Lisa, Chase and the wedding. He waited and prayed, more resolved than ever to make it.

At last, on the evening of February 8, the call came: A donor heart appropriate for his size and blood type had been located. The following day, Dr. Camacho performed a successful transplant.

“Three days after surgery, I was up and out of bed,” says Charles. “I knew I had to get moving so I could get out of the hospital and attend my son’s wedding.”

Discharged 10 days after his transplant, Charles quickly got fitted for a tuxedo. Just 23 days after the surgery, on March 4, he and Lisa watched then-27-year-old Chase and his fiancée, Daphne, become husband and wife at The Mill Lakeside Manor in Spring Lake Heights. “It was amazing,” says Charles. “My wife and I just looked at each other the way we always do when we see God’s work.”

Charles went through 36 sessions of cardiac rehabilitation and is now working out four or five days a week. “I’m getting stronger every day,” he says. “There’s nothing I can’t do.” He’s also now committed to being an advocate for organ donation. “I have not lost sight of the fact that someone had to lose their life to give me my life,” he says. “I’m extremely grateful.”

To learn more about transplants at RWJBarnabas Health, visit www.rwjbh.org/transplant.



ADVANCED TREATMENTS TO BEAT BLOOD CANCERS

WORKING TOGETHER, TOP SPECIALISTS WITH A RANGE OF EXPERTISE FIND PRECISE THERAPIES FOR EACH PATIENT'S UNIQUE DISEASE.

Every three minutes, someone in the U.S. is diagnosed with a blood cancer. Despite this prevalence, however, blood cancer specialists know that individual cases will vary widely.

“There’s a bit of a paradox,” says Matthew Matasar, MD, MS, Chief of Blood Disorders at Rutgers Cancer Institute of New Jersey and RWJBarnabas



MATTHEW MATASAR, MD

Health (RWJBH). “Blood cancers are relatively common but are very complicated illnesses, with dozens of kinds of leukemia, more than a hundred kinds of

lymphomas, multiple myeloma and so on. A diagnosis of blood cancer requires a lot of medical sophistication brought to bear on a unique illness in the context of a patient’s unique life.”

Such diagnoses require extensive collaboration. “That’s best done at a National Cancer Institute-designated Comprehensive Cancer Center like ours, which has the most resources, greatest expertise and greatest ability to deliver sophisticated and personalized care,” Dr. Matasar says. Rutgers Cancer Institute together with RWJBH is one of only 54 NCI-designated Comprehensive Cancer Centers in the U.S. and the only one in New Jersey.

Blood cancer and hematologic malignancy specialists at Rutgers Cancer

Institute collaborate closely with peers throughout the state at the RWJBH facilities. “Oncology is a team sport,” says Dr. Matasar. “We have numerous weekly meetings to review, confirm, plan and review again. We draw from a wide range of specialties to get the benefit of many areas of expertise.”

As a result, every patient’s case receives multiple reviews by multiple experts. “Patients can feel confident that the treatment plan being developed is personalized to be as successful as possible,” Dr. Matasar says.

SYSTEMWIDE ACCESS

Patients at Rutgers Cancer Institute and RWJBH facilities have access to advanced and novel treatments, many of which are



ADRIENNE PHILLIPS, MD

A NEW LEADER IN CELL THERAPY AND BONE MARROW TRANSPLANTATION

Adrienne Phillips, MD, MPH, has been named Director of Cell Therapy and Bone Marrow Transplantation, Northern Regions at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health. She joins the Blood and Marrow Transplant and Cellular Therapies program, the only program in New Jersey that is part of a National Cancer Institute-designated Comprehensive Cancer Center and one of the only programs in the state certified to perform autologous (from the patient) and allogeneic (from donors) stem cell transplants.

Dr. Phillips specializes in treating rare but fast-growing and aggressive cancers caused by the HTLV-1 virus, which disproportionately impacts Caribbean and Latino Americans. “I am incredibly excited to be able to build on the Blood and Marrow Transplant and Cellular Therapies team’s strong tradition of excellence and expand this care to our Northern Region facilities to further the way we deliver compassionate care to the patients of New Jersey and beyond,” she says.



BEAT CANCER

RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options.

Call **844.CANCERNJ** or visit www.rwjbh.org/beatcancer.

not available elsewhere. The full spectrum of therapeutic procedures and advanced treatment options for all blood cancers includes clinical trials, immunotherapy, CAR T-cell therapy, blood and marrow transplantation and other cellular therapies.

As an NCI-designated Comprehensive Cancer Center, Rutgers Cancer Institute and RWJBH together provide access to cutting-edge, high-impact clinical trials. “We have numerous clinical trials for patients with blood cancers including several innovative trials that are important to patients with a diagnosis of lymphoma,” says Dr. Matasar.

One trial is investigating CAR T-cells. “These are bioengineered T-cells taken from a patient and modified to be given back to the patient as a living therapy,” Dr. Matasar says.

A second trial is researching a therapy called bispecific antibodies. “These attach onto the surface of a cancer cell but also drag nearby healthy immune cells to those cancer cells and stimulate them to attack the lymphoma,” Dr. Matasar says. “Rutgers has been at the vanguard of both CAR T-cells and bispecific antibodies, and has contributed to these treatments becoming FDA approved. We’re now working diligently on developing the next generation.”

Thanks to systemwide collaboration, patients at RWJBH facilities and Rutgers Cancer Institute have access to such advanced treatments close to home. “If a patient requires access to a treatment that’s not available at a given site, they can be transferred elsewhere within the system, and a partnering oncologist will collaborate with their local oncologist,” Dr. Matasar says. “We’ll do whatever it takes to be sure patients get the treatments they need.”

A HOLISTIC APPROACH

Blood cancers can vary widely, which is why it’s important to receive care at a center like ours where knowledge and experience are vast and services are in place to support patients—both physically and emotionally, Dr. Matasar notes.

“Because of our expertise and extensive experience, chances are we’ve been there and done that,” he says. “We can tell our



BLOOD CANCERS: WHAT TO KNOW

- **WHAT THEY ARE:** Blood cancers, also called hematologic malignancies, are cancers of the immune system. Abnormal immune cells grow out of control, interfering with the infection-fighting function of the normal immune system. Three main types of blood cancers are leukemia, lymphoma and myeloma.
- **RISK FACTORS:** These vary but include advancing age, gender (being male) and a compromised immune system.
- **SYMPTOMS:** Fever or chills; persistent fatigue or weakness; unexplained weight loss; bone/joint pain; bleeding or easy bruising; and more.
- **DIAGNOSIS:** May include physical examination, blood tests, body scans and biopsies.

patients, ‘We’ve got you.’ Often, we can connect them with patients and survivors who have faced a similar challenge.”

The blood cancers team offers patients resources for every stage of their cancer journey. An oncology nurse navigator assists them through the entire process, from diagnosis through survivorship. As needed, patients have access to genetic counselors, nutritionists, exercise physiologists, rehabilitation experts, and experts in managing treatment side effects and post-therapy recovery.

“We are not here to deliver yesterday’s care,” Dr. Matasar says. “We are delivering tomorrow’s care today and are transforming cancer care to give patients the best possible chance for successful outcomes. It’s a tremendous privilege and honor—and our team brings focus, dedication, commitment and passion to the work each and every day.”

Elisa D'Amelio was near organ failure when she sought treatment for an eating disorder worsened by the pandemic.



DEFEATING AN EATING DISORDER

A SPECIALIZED PROGRAM HELPS A WOMAN UNCOVER THE ROOT CAUSES OF HER DANGEROUS CONDITION.

Seeking treatment for her eating disorder wasn't Elisa D'Amelio's idea. "My family essentially had an intervention," says the 40-year-old Wayne resident. "I went along, thinking, 'This is crazy, and everyone is being so dramatic.'"

Fortunately, Elisa's family knew she needed help—and deep down, so did she. But none of them realized how serious her eating disorder had become. "I was already close to organ failure," Elisa discovered.

It had taken years—even decades—to get to this point. The underlying behavioral health issues that contributed to Elisa's eating dysfunction became clear through treatment she received at the nationally recognized Eating Disorders Program at Robert Wood Johnson University Hospital (RWJUH) Somerset. The unit is the only academic eating disorders program in New Jersey, one of just two inpatient programs in the state for patients 14 or older and a leader in eating disorders treatment for over 20 years.

"One of the biggest misconceptions is that the eating disorder is the illness," Elisa says. "People think, 'Why don't you just eat what's on your plate?' But an eating disorder is really a symptom of larger issues. When the real problem is something like anxiety, depression or post-traumatic stress syndrome, if you're not addressing that, the eating disorder will never dissipate."

A COMMON PROBLEM

Most eating disorders—which are experienced by more than 28 million Americans at some point in their lives—fall into two major types. One is anorexia nervosa, in which distorted body perception leads people to see themselves as "fat" when their weight is normal or even much lower. The other is bulimia nervosa, characterized by abnormal body-image perception, constant craving for food and binge eating followed by self-induced vomiting or use of laxatives.

Left untreated, eating disorders can be life-threatening. Lack of nutrients can trigger wide-ranging problems including muscle wasting, weakness, heart damage, low blood pressure, brain damage and organ failure.

"Comprehensive medical care that treats the whole person is critical to healing, wellness and sustainable recovery," says Frank Ghinassi, PhD,



FRANK GHINASSI, PHD

Senior Vice President of Behavioral Health Services at RWJBarnabas Health and President and Chief Executive Officer of Rutgers University Behavioral Health



A partial hospitalization program allowed Elisa (center) the flexibility to regulate her eating behavior at Robert Wood Johnson University Hospital Somerset but also go home at night to be with her supportive family, (from left) Nicholas, Angelina, Colton and husband Adam.

Care. “We provide a multidisciplinary team approach to address the biological, psychiatric, physiological and social issues related to eating disorders for adolescents and adults, which results in more effective treatment and better patient outcomes.”

Elisa’s disordered eating worsened during COVID-19 lockdowns—a common scenario. “Stress and isolation caused by the pandemic has resulted in a significant increase of eating disorders, particularly among teens and young adults,” Dr. Ghinassi says.

Elisa had just come through a difficult pregnancy with her third child, followed by the baby’s hospitalization for a non-COVID respiratory condition. When the pandemic shuttered schools and daycares, she had to quit her teaching job to watch her children. “We couldn’t go anywhere or do anything,” she says.

She became depressed and anxious. “And when I had high anxiety, I physically couldn’t eat,” she says. “It felt like swallowing sand, and I’d get stomachaches afterward.” Eating—or not—seemed the only thing she could control.

PATHS TO RECOVERY

Elisa’s journey to healing started when her online therapist noticed she looked frail, recommending she see a primary care doctor. “Blood work

found my numbers so far out of range that it was apparent I was suffering from severe malnutrition,” Elisa says.

That’s when family members insisted she go to a local hospital. Not wanting to create a scene in front of her kids, Elisa agreed. When doctors said she should check into an eating disorders program, she discovered RWJUH Somerset. “They had everything the family was looking for,” Elisa says—including separate spaces for adolescents and adults to better address those populations’ unique needs.

The program also offered a partial hospitalization program in which Elisa could spend days at the program to receive carefully planned meals and customized therapy but go home at night to be with her supportive family.

Multidisciplinary treatment included both individual and group therapy; family sessions; and art, writing and music therapy. “There were so many different kinds of treatment that if you didn’t do well in one, another would help,” Elisa says.

Treatment helped resolve traumas that she didn’t know drove her eating issues, including a terrible car accident at age 4 that had left facial scars, bullying in middle and high school, teen anxiety over body

A RENOVATION ENHANCES RECOVERY

Robert Wood Johnson University Hospital (RWJUH) Somerset recently opened a renovated and expanded state-of-the-art eating disorders unit. Part of RWJBarnabas Health’s Behavioral Health Services and a partner of Rutgers University Behavioral Health Care, the renovated unit provides a supportive environment for treatment, healing, wellness and recovery for both adults and adolescents, says Lisa Schade-Button, RN, Director, Eating Disorders Unit at RWJUH Somerset. The new unit’s features include:

- An expanded capacity from 14 beds to 20
- Spaces designed specifically to help promote healing, wellness and recovery
- Research-based design elements such as nature-based lighting that mimics daily changes in sunlight; curved lines; and references to nature to create a more therapeutic and healing environment
- A seamless consistency in which design elements flow from common spaces into newly renovated patient rooms
- Flexible spaces that can be reconfigured to accommodate mixed uses

image and a later abusive relationship.

Today, Elisa is maintaining a healthy weight with help from outside specialists such as dietitians and therapists. She speaks about her experiences and has written a book about them under the name Ella Shae to let others know they’re not alone. “I still find myself body checking,” she says. “But I use the skills I’ve learned to bring myself back and remember how far I’ve come.”

For more information on the Eating Disorders Program at Robert Wood Johnson University Hospital Somerset, visit www.rwjbh.org/eatingdisorders.



EXCEPTIONAL EMERGENCY CARE AT EVERY STAGE

HOW EMERGENCY AND HOSPITALIST
MEDICINE OFFERS HIGH-QUALITY
SERVICE FROM PRE-HOSPITAL
THROUGH DISCHARGE

High-quality healthcare happens when delivery is coordinated, with all specialties working closely together. That's why leaders in emergency services and hospitalist medicine at RWJBarnabas Health (RWJBH) prioritize collaborating to ensure consistent best practices across all of the system's hospitals.

"In the traditional model, healthcare providers work in silos," says



MANINDER ABRAHAM, MD



CHRISTOPHER FREER, DO



FARIBORZ REZAI, MD

Christopher Freer, DO, Senior Vice President of Emergency and Hospitalist Medicine. "But to deliver the best care, it's important that providers know exactly what has transpired with each patient—what worked, what didn't, what to do to continue the treatment plan. At RWJBH, we emphasize evidence-based practices and strong, clear handoffs between providers at every stage in the patient's journey."

Those stages follow.

ON THE ROAD TO TREATMENT

"Our Mobile Health team has a special focus on excellent, safe transitions from the community setting

to the Emergency Department [ED] and then from hospital to home or the next appropriate level of care," says James Smith, Vice President, Mobile Health.

For a sick patient, the pre-hospital experience before the ambulance arrives at the ED doors is a vulnerable time. To best respond, the Mobile Health team has created standard protocols for 911 calls.

A specialist first asks the patient specific questions while dispatching an ambulance and perhaps a paramedic unit. A specialized algorithm analyzes patient information from the 911 call to suggest next questions and actions.

"This system ensures that we get the right information from every call and communicate it to everyone who needs it," says Anthony Raffino, Assistant Vice President, Emergency and Transportation Services, RWJBH



TIMELY TRANSFERS FOR SPECIALIZED CARE

Patients who need specialized care beyond the scope of what is available at a given hospital can be transferred to the RWJBarnabas Health (RWJBH) hospital best suited to provide the needed services with one call to the RWJBH Patient Transfer Center. The center connects with a receiving provider, coordinates bed placement and transportation, and communicates the patient's clinical information. The Mobile Health team then helps make the transfer, whether via ambulance or helicopter.

Mobile Health.

Hands-on care begins when emergency medical technicians or paramedics arrive and continues all the way to the ED, where physicians have already seen the patient's information on their computers.

If a patient needs advanced care such as treatment in a Trauma Center like those at Jersey City Medical Center or Robert Wood Johnson University Hospital in New Brunswick, or a Comprehensive Stroke Center, an ED doctor can make just one call—to the RWJBH Patient Transfer Center (see sidebar).

IN THE EMERGENCY DEPARTMENT

RWJBH hospitals see 750,000 ED visits annually, the greatest number in the state, says Dr. Freer. "In each ED, our goal is an empty or nearly empty waiting room," he says. "To accomplish this, we have a process in place in which you are seen immediately by a nurse upon arrival and are provided immediate bedding as appropriate whenever possible." The nurse obtains information, creates a wristband and assesses where you should go next.

Many patients need diagnostic testing and are placed in an ED patient room to be seen by the full care team (including a doctor, nurse, physician assistant, medical scribe and other specialists), ideally within 30 minutes. During downtime such as when a patient is waiting for a test, the collection of clerical information is completed.

"Our system's investment in the Epic Electronic Health Records software system has made the flow of patient care very efficient," Dr. Freer says. "Epic allows us to standardize processes at every ED, and to create dashboards and build metrics from the minute a patient comes into the hospital."

ON A MEDICAL FLOOR

Patients admitted to a hospital from the ED fall under the care of a hospitalist—a specialist with extensive

training in inpatient care.

"The handoff from the ED to the hospitalist is very important," says Maninder ("Dolly") Abraham, MD, MBA, SFHM, Chief of Hospitalist Medicine. "To ensure consistency, we have created a standardized handoff script for each hospital to use." The hospitalist will see admitted patients regularly during rounds with the entire care team. Informing the team of each patient's anticipated discharge date helps ensure that all needs—from final tests to physical therapy to plans for home care—are addressed in a timely fashion.

"We have scripts for everything, such as when to escalate a case or what to put in a discharge summary," says Dr. Abraham. "This allows us to move patients efficiently through a complicated healthcare system. That's the beauty of having a service line to oversee all aspects of care."

IN CRITICAL CASES

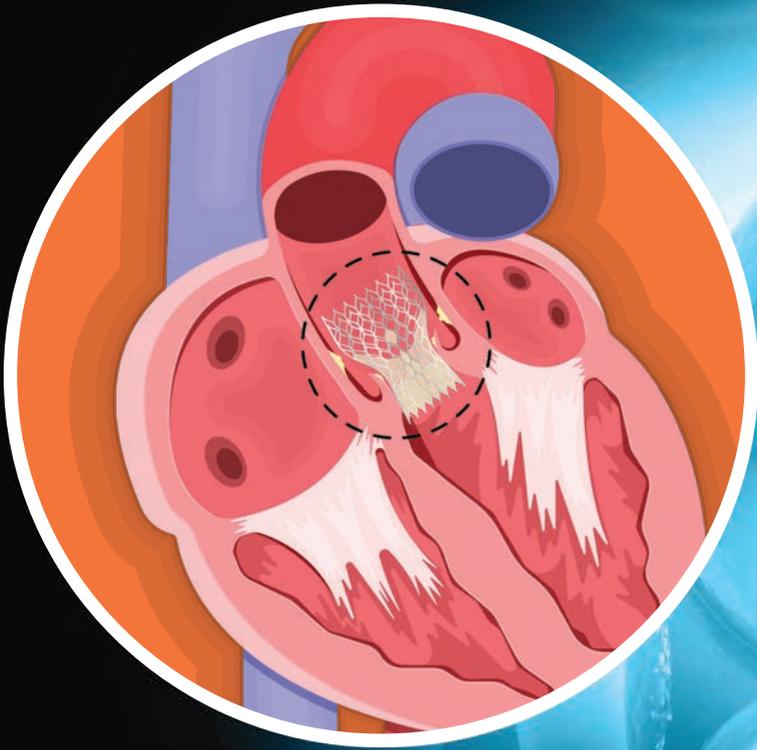
"If an ED doctor or hospitalist assesses that a patient needs intensive care, they call the hospital's ICU team, and we come right away," says Fariborz Rezaei, MD, System Director of Critical Care Medicine at RWJBH. "Our intensivist teams are highly organized and include advanced practice providers, residents, fellows, nurses and much more, working closely with a patient's regular physician."

As in other parts of emergency services and hospitalist medicine, critical teams discuss best practices during regular systemwide and hospital-specific meetings. "We make sure we're standardizing care and using the same tools in all our hospitals, from devices and medications to new guidelines and research," says Dr. Rezaei.

The true key to the success of emergency services and hospitalist medicine across the system is its collaborative spirit, says Dr. Freer. "No one is siloed," he says. "We are one giant team of providers."

To learn more about emergency medicine at RWJBarnabas Health, visit www.rwjbh.org. If you are having an emergency, immediately call 911.

A NEW ERA FOR TREATING HEART VALVES



MINIMALLY INVASIVE THERAPIES ARE EASIER ON PATIENTS—AND HAVE LASTING BENEFITS.

The heart is a remarkable, durable organ, beating thousands of times a day for years on end.

But eventually many people develop problems in the hardworking structures of the heart, especially its four valves—the aortic, mitral, tricuspid and pulmonic.



ARASH SALEMI, MD, FACS

For example, about one in 14 people over the age of 65 develops an especially common structural heart condition called

aortic stenosis, in which the relatively large aortic valve thickens and stiffens, impairing the heart's ability to pump enough blood to the body.

In the past, replacing—or in some cases, repairing—defective valves required open heart surgery, a well-established, highly reliable procedure with low complication rates. In recent years, however, increasing numbers of heart patients have benefited from minimally invasive heart procedures that don't require open heart surgery.

"These are truly ingenious technologies," says Arash Salemi, MD, FACS, Clinical Chairman of

Cardiothoracic Surgery, RWJBarnabas Health (RWJBH), Northern Region, and Professor of Surgery, Rutgers New Jersey Medical School. "They represent a paradigm shift in the treatment of structural heart conditions."

A CARDIOLOGY REVOLUTION

While open heart surgery often remains the best option for some people with valve disorders, minimally invasive valve procedures offer a number of advantages for patients who are good candidates for the treatments. Among the benefits are:

- **Smaller incisions.** Therapies such as transcatheter aortic valve replacement

to stop a patient's heart during the procedure, and the patient doesn't need to go on a heart-lung machine to keep blood and oxygen flowing to the body.

- **Shorter hospital stays.**

An open heart surgery typically takes about 2½ hours, while a TAVR procedure takes about 30 minutes to an hour. After surgery, open-heart patients generally spend three to seven days in the hospital, including time in the intensive care unit, while most TAVR patients go home the day after surgery.

- **No general anesthesia.** While the complexities of open heart surgery require general anesthesia, most TAVR patients only need to be sedated.

- **Faster recovery.** “Where TAVR clearly wins from the patient perspective is in postoperative recovery, which is significantly shorter than with traditional open heart surgery,” Dr. Salemi says.

RWJBH researchers contributed to a recent study published in *The New England Journal of Medicine* that shows no difference in outcomes between TAVR and traditional open heart surgery after five years. Such research is important because it demonstrates that results of minimally invasive surgeries like TAVR stand up over time just as well as gold-standard traditional surgery.

“It’s becoming clearer that in terms of outcomes, durability and safety, patients undergoing open and transcatheter procedures end up in the same place,” Dr. Salemi says. “Minimally invasive heart procedures are a growing field, and we now have transcatheter treatments for all four valves, with aortic therapies being the most common.”

ARE YOU A CANDIDATE?

The first signs of structural heart problems like aortic stenosis are often

subtle. “Typically, people just start slowing down without being aware,” Dr. Salemi says. “In many cases, a spouse notices that when they go on walks, the partner who used to be a step ahead is now a step behind.”

But fatigue becomes progressively worse, and other symptoms also often occur, including shortness of breath, chest tightness and lightheadedness. Valve disorders can quickly turn severe, increasing the risk of heart failure. Diagnosis often happens when a doctor detects a heart murmur during a routine checkup and advises follow-up testing such as a telltale echocardiogram.

When stenosis or other valve problems are found, a multidisciplinary team evaluates each patient’s options.

“A multidisciplinary team includes specialists from different medical backgrounds. These include surgical, interventional, imaging and anesthesia physicians. Each person brings a perspective that allows for a consensus to be achieved about the best pathway for treatment and individualized care,” says Dr. Salemi.

As research continues to confirm the quality and durability of outcomes from minimally invasive heart procedures, most patients are now considered at least potential candidates for these innovative treatments. TAVR and other minimally invasive heart valve procedures are especially common in patients over 65.

“We have a team of dedicated and committed professionals who provide world-class care to communities we serve throughout the RWJBarnabas Health system,” Dr. Salemi says. “Patients don’t need to travel to receive advanced cardiac care when we have state-of-the-art facilities, imaging technologies and highly trained providers and resources to deliver the highest-level services right in their own backyards. There’s really no reason to go anywhere else.”



Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.



(TAVR)—one of the most common and well-established minimally invasive heart valve procedures—entail inserting a catheter (a thin, flexible tube) into a blood vessel, usually in the groin. After threading it to the heart, surgeons use the catheter to install a replacement valve inside the patient’s original valve. This approach eliminates the need to open the chest and access the heart through a large incision.

- **No heart-lung machine.** Avoiding open heart surgery means the minimally invasive surgical team doesn’t need

To learn more about surgical and transcatheter aortic valve replacement, visit www.rwjbh.org/TAVR.





EXPECTING EXCELLENCE

NEW PROGRAMS EMPOWER MOTHERS AND IMPROVE OUTCOMES DURING PREGNANCY AND CHILDBIRTH—AND AFTER.

Pregnancy, childbirth and motherhood are highly personal experiences that can be challenging—just as they can be awe-inspiring and joyous. To minimize the challenges and amplify the joy, RWJBarnabas Health (RWJBH) birthing hospitals have instituted two evidence-based programs that promote exceptional maternal care, honor parents' choices, ensure the best possible outcomes and prioritize not only physical health but also mental and emotional well-being.

“Many of the protocols at the heart

of these programs are things that our women's healthcare teams have been doing all along,” says Suzanne Spernal, DNP, APN-BC, RNC-OB, C-ONQS, Senior Vice President of Women's Services at RWJBH. “But the new initiatives formalize specific measures as standards to help ensure that all families have access to the highest-quality and equitable maternity care at our birthing hospitals.”

The two programs—TeamBirth NJ and CenteringPregnancy—each focus on different phases of maternity and address specific needs to help enhance every

mother's experience.

Benefits from the programs quickly became clear after TeamBirth NJ was initiated in fall 2022 and CenteringPregnancy in early 2023. “We knew in implementing these programs that studies supported their value,” Spernal says. “But we've now seen their impact firsthand with the first groups of parents, and these moms have done amazingly well.”

SHARING RESOURCES AND EXPERIENCES

CenteringPregnancy is a unique model of prenatal care that takes place in a supportive group setting that brings together small circles of expectant parents with similar due dates to support healthy pregnancies and babies.

At each CenteringPregnancy meeting (presented in English and in Spanish), women learn new skills and connect with community resources that can assist with

RECOGNIZED FOR HIGH PERFORMANCE IN MATERNITY CARE

U.S. News & World Report, the global authority in hospital rankings and consumer advice, has recognized four RWJBarnabas Health (RWJBH) facilities among the 2023-2024 Best Hospitals for Maternity Care.

Among those designated as High Performing in maternity care are Cooperman Barnabas Medical Center, Monmouth Medical Center (MMC), Robert Wood Johnson University Hospital in New Brunswick and Robert Wood Johnson University Hospital Somerset.

The annual evaluation looks at hospital data relating to uncomplicated (not high-risk) pregnancies and factors such as scheduled early deliveries, cesarean section rates in low-risk women, newborn complications, the rate of exclusive breast milk feeding and the option of having a vaginal birth after a C-section.

U.S. News evaluated nearly 680 hospitals for its 2023-2024 ratings. Fewer than half of all participating hospitals received a High Performing designation.

In their most recent ranking, *Money* and The Leapfrog Group listed RWJBH's Newark Beth Israel Medical Center, RWJUH Somerset and MMC among just 259 hospitals to receive the organizations' award for Best Hospitals for Maternity Care. Eligible hospitals were required to receive an A or B grade on the Leapfrog Hospital Safety Grade assessment for spring 2022 and meet specific maternity care standards in areas such as early elective deliveries, cesarean birth, episiotomy, deep vein thrombosis (DVT) prophylaxis, bilirubin screening and high-risk deliveries.

pregnancy and childcare. As part of the program, the women meet with doulas, lactation consultants, nutritionists and community health workers.

Developed by the Centering Healthcare Institute and available at Cooperman Barnabas Medical Center (CBMC), Newark Beth Israel Medical Center and, soon, Robert Wood Johnson University Hospital in New Brunswick (RWJUH), the CenteringPregnancy model of care has been shown to result in better outcomes. These include lower rates of preterm birth, low birth weight and admissions to neonatal intensive care units, along with higher satisfaction with prenatal care.

"Moms who participate in CenteringPregnancy feel more empowered and informed about their health," Spernal says. "We've seen directly how this can lead to improved outcomes and better birth experiences."

BIRTH AS A TEAM EFFORT

The TeamBirth NJ initiative is a national model for better communication among providers and patients. Core tenets include a focus on parents' desires and an

emphasis on shared decision making.

"The person giving birth and their support person are viewed as integral parts of the care team," Spernal says. "Everyone on that team should have a clear understanding of the patient's preferences, symptoms, experiences and expectations."

The TeamBirth NJ initiative was launched at CBMC, Monmouth Medical Center and a third New Jersey hospital through the New Jersey Health Care Quality Institute; Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health in Boston; and the New Jersey Department of Health.

The initiative has been so successful that RWJBH has expanded the program to RWJUH and will soon offer it at Jersey City Medical Center as well.

"If you're having a baby with us, we are with you every step of the way, from



BEYOND BABY BLUES

It's normal to feel mildly downbeat after childbirth—a state sometimes called baby blues. But some women experience a more severe and long-lasting condition called perinatal mood and anxiety disorder, or PMAD. ("Perinatal" refers to the period from pregnancy through about a year after childbirth.)

Maternal care providers at RWJBarnabas Health have pioneered the identification and treatment of patients experiencing PMAD, but the first step is to seek help if you experience symptoms like these:

- Difficulty sleeping—or frequent oversleeping
- Persistent anxiety
- Panic attacks
- Feeling guilty, worthless or ashamed
- Frequently feeling sad or crying
- Lack of interest or pleasure in once-enjoyable activities
- Scary, racing or obsessive thoughts
- Heightened anger, rage or irritability
- Fear of not being a good mother or of being left alone with your baby

Contact the RWJBarnabas Health Perinatal Mood and Anxiety Disorder Centers at:

EATONTOWN: 200 Wyckoff Rd., Ste. 3500; 862.781.3755

LIVINGSTON: 315 E. Northfield Rd., Ste. 1D; 973.322.9501

pregnancy to delivery to postpartum care and ongoing follow-ups," Spernal says. "Birthing hospitals throughout the RWJBH system are using best practices to ensure great, healthy experiences during the entire maternal journey."

For more information about maternity services at RWJBarnabas Health, visit www.rwjbh.org/maternity.





TRANSFORMING CANCER RESEARCH AND CARE

**A MAJOR INVESTMENT WILL
REVOLUTIONIZE CANCER
TREATMENT AND PREVENTION
IN NEW JERSEY AND BEYOND.**

Through groundbreaking research and innovative cancer care, RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey have partnered to improve cancer diagnosis, prevention and treatment.

Now RWJBH, the state's largest academic health system, and Rutgers Cancer Institute, the state's only National Cancer Institute (NCI)-designated Comprehensive Cancer Center, are making a transformative investment in cancer research and care to maximize their impact; expand access to personalized, compassionate patient care; and advance their joint mission to conquer cancer.

Building on an exceptional partnership, the organizations will unite with donors and community partners to invest in state-of-the-art facilities, translational research, sophisticated technologies and nationally recognized faculty, physicians and staff to ensure that individuals have access to the most advanced treatment options close to home.

"We are at an inflection point in cancer, and our joint investment of resources, expertise, time and compassion means we'll continue to give our patients and their families the care and support they won't find anywhere else," says Steven Libutti, MD, FACS, Director of Rutgers Cancer Institute and Senior

Vice President of Oncology Services at RWJBH. "Through the research and clinical power of the state's only National Cancer Institute-designated Comprehensive Cancer Center, including our NCI Consortium Cancer Center partner, Princeton University, and the healthcare delivery power of the state's largest academic health system, we will reimagine what a cancer diagnosis means and chart a new path for patients on their journeys to survivorship."

SETTING NEW STANDARDS

The unprecedented venture will transform the face of cancer treatment and prevention in New Jersey and beyond by:

- Building new facilities. Capital investment in an integrated network providing comprehensive cancer care is bringing new, state-of-the-art facilities close to home for patients across the region.
- Recruiting and retaining world-class clinical and academic leaders who will expand research and train the next generation of clinicians.
- Promoting groundbreaking advances and clinical trials. RWJBH and Rutgers Cancer Institute together lead cutting-edge cancer research that can be translated directly into patient care, delivering life-changing therapies and treatment. Expanded clinical research programs will allow more patients

to participate in clinical trials and innovative therapies.

- Extending access to care by keeping it local while also providing patients with access to a world-class network of physicians and ancillary services. This provides close-to-home access to advanced treatment options such as clinical trials, precision medicine, immunotherapies, complex surgical procedures and sophisticated radiation therapy techniques that are not widely available elsewhere.
- Enhancing the patient experience by creating a seamless continuum of care—powered by a clinical navigation program and holistic wellness resources—to support patients both physically and emotionally through their entire journey from screening to diagnosis, to treatment and survivorship.

"Through our partnership, RWJBarnabas Health and Rutgers Cancer Institute are translating groundbreaking research into exceptional cancer care for communities across New Jersey," says Mark E. Manigan, President and Chief Executive Officer of RWJBarnabas Health. "Together, we're providing patients with access to a world-class network of physicians, clinical trials and ancillary services that are transforming the prevention, diagnosis and treatment of cancer in New Jersey and beyond."



BEAT CANCER

Join us as RWJBarnabas Health and Rutgers Cancer Institute of New Jersey change the face of cancer. Visit www.transformingcancertogether.org.

RWJBarnabas Health, in partnership with Rutgers Cancer Institute—the state's only NCI-designated Comprehensive Cancer Center—provides close-to-home access to the most advanced treatment options. Call **844-CANCERNJ** or visit www.rwjbh.org/beatcancer.

With a single sentence, you can impact the future of health care.

By adding as little as one sentence to your will, you can impact the future of RWJBarnabas Health. Designating one of our hospitals as a partial beneficiary of your estate will help ensure that the next generation has access to extraordinary care, right in their local community.

For more information, please visit rwjbh.org/planned

RWJBarnabas
HEALTH

Let's be healthy together.





THE POWER OF PRIMARY CARE

8

**REASONS YOU SHOULD VISIT
A DOCTOR WHO KEEPS TRACK
OF THE BIG PICTURE**

Research suggests the number of Americans who regularly see a primary care physician is dropping. But going to a primary care practice has important health benefits, according to Angel Lazo, MD, an



ANGEL LAZO, MD



DAVID MIKHAEL, MD

internal medicine specialist in Jersey City and a member of RWJBarnabas Health Medical Group.

“A primary care physician typically specializes in a discipline such as family medicine or internal medicine and provides a first point of entry into the healthcare system,” says Dr. Lazo. “It’s important to have go-to health professionals, including nurses, in your corner who can assess and treat a broad variety of conditions.”

David Mikhael, MD, also a primary care physician, in Livingston, and a member of RWJBarnabas Health Medical Group, says regularly seeing a primary care doctor can improve your health for reasons like these:



1 You'll be better off if you get ill.

After just one meeting, your primary care physician will know at

least some of your medical history and possibly baseline results from a number of routine screening tests. “When something goes wrong, your doctor will know what ‘normal’ looks like for you, which will help in addressing both your acute and chronic medical problems more effectively,”

Dr. Mikhael says.



2 Medications will be managed more effectively.

People who use prescription drugs often take more than one, sometimes

prescribed by different doctors. Many take vitamins and supplements as well. A primary care physician can monitor and track all your medications, helping to protect you from drug interactions. Your primary care doctor can also keep records of any changes in dosages that might cause unwanted side effects and speak with your other doctors to help fine-tune your regimen.



3 You'll receive disease-prevention advice.

Seeking out a primary care physician regularly even when you're feeling fine can help prevent serious illness at a later time. From your health profile, your doctor will be able to recommend tests that can assess your chances of developing heart disease, diabetes, cancer and other serious but common problems. If your medical history and tests indicate that you're prone to specific illnesses, your primary care physician can suggest healthy lifestyle changes and regular screenings to reduce your risks.



4 Remote consults may be readily available.

Baseline health information your primary care physician collects may allow your doctor to treat certain problems over the phone, knowing you can schedule an in-person follow-up visit if your symptoms don't improve. Without a primary care doctor, you're likelier to need a trip to a medical office.



5 You'll have an easier time finding specialists.

When you need the care of an expert in a specialty, your primary care physician can help you find the right person—not only someone with the proper qualifications, but a provider who will mesh well with your personality and care preferences. If

you prefer aggressive treatments, for instance, you can communicate this to your primary care physician, who can recommend specialists who align with your approach.



6 You'll get help navigating the ER.

Wondering if you should head to the emergency department? If you have a relationship with a primary care physician, you can touch base with the practice office and get guidance from your doctor, potentially sparing you a trip. If you do need to seek emergency care, your doctor may be able to call ahead and provide pertinent medical details that could shorten your wait time when appropriate.



7 You'll receive better care overall.

People with primary care physicians tend to receive significantly more high-value healthcare such as flu shots, COVID-19 vaccinations or boosters and cancer screenings. They often have better patient experiences and overall access to healthcare as well.



8 You might live longer.

Research suggests that people who live in areas where primary care physicians are readily available on average have longer life spans. But benefiting from their services depends on actually going to your primary care doctor.

To find a primary care provider at RWJBarnabas Health Medical Group, visit www.rwjbh.org/medgroupprimarycare.



RWJBarnabas Health Medical Group

Your primary source for primary care.

The Combined Medical Group of RWJBarnabas Health and Rutgers Health offers residents an exceptional network of primary care physicians to not only treat you when you are sick, but guide you to improved health and wellness. Virtual and in-person visits available.

A primary care provider is your partner in:

-  The treatment of common illnesses and injuries
-  Reaching weight loss and wellness goals
-  Facilitating an annual physical and ordering appropriate tests and blood work
-  Mental health screenings
-  Medication management
-  Managing chronic health conditions like diabetes, arthritis, high blood pressure and lupus

Visit rwjbh.org/medgroupprimarycare to find a provider near you.

