

Chris Christie
National donors don't seem to mind his local problems.
Page 5



Cyber security
Allowing employees to use their own personal devices creates security issues.
Page 5

A visionary
Biotech wants to help glaucoma sufferers.
Page 6



Sudler: On top of the industry but under the radar

Chatham developer prefers to keep a low profile

BY JOSHUA BURD

As a former federal prosecutor, one who tried cases against New York Mafia bosses and the owners of Studio 54, **Peter Sudler** had

his fill of the spotlight long ago.

So don't be surprised if you've heard little about the **Sudler Cos.**, his family's quietly run, 107-year-old development firm, which he took over nearly

30 years ago after leaving the courtroom behind.

"My father and grandfather always had the philosophy of 'just stay under the radar,'" said Sudler, the firm's president and CEO. "And I had enough publicity when I was a prosecutor to last me forever,

so I kind of just take it quietly."

But Sudler isn't shunning the spotlight these days — in fact, he has a story he wants to tell after hunkering down during the recession: The Chatham-based firm has a ready-to-build pipeline of at least 2 to 3 million square feet

of industrial space in New Jersey, after spending the last five years entitling land across its portfolio.

"We like to get out our message when we have a reason to get out our message," said Sudler, who owns nearly 8 mil-

See **SUDLER** on page 10

WOMEN ON BOARDS: AN EWNJ REPORT

A seat at the table

Some N.J. companies are making strides in adding women to corporate boards

BY MARY JOHNSON

When **Denise Morrison** set her sights on adding a corporate board appointment to her resume, it was the 1990s and she was working for **Kraft**, responsible for a billion-dollar business.

But she wasn't CEO, and that meant she wasn't cut out for the job.

"I was told ... that I was not qualified because most boards preferred sitting CEOs," Morrison said. "And I told the recruiter that since there were only four female CEOs at that time, they were going to be busy sitting on a lot of boards.

"And the recruiters jaw dropped — never had even thought of that," she said.

That was then. Now, Morrison is CEO of **Campbell Soup Company**, one of the most iconic brands in the country. And with five female members, her company's board of directors is leading the state when it comes to gender diversity.

Campbell's is not alone. Sixteen of the largest com-
See **BOARDS** on page 8



There are five women on the board at Campbell's, said CEO Denise Morrison.
-FILE PHOTO

SPOTLIGHT: HEALTH CARE

Small group practices may become thing of past

Hospitals, because of ACA, increasing hiring of doctors

BY BETH FITZGERALD

Changes in modern society did away with the individual family doctor who made house calls more than a generation ago.

Changes in modern health care services now are threatening to do the same thing for doctors in small medical practices.

Experts say the demise of small practices — or their absorption by larger groups and hospitals — is an unintended consequence of the Affordable Care Act.

See **PRACTICE** on page 16



John Fanburg

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INDEX

Business Around the State...2	Spotlight..... 15
Leaderboard6	Lists..... 20
Grapevine.....7	Deals Roundup..... 23
Opinion..... 13	Guest List..... 27

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115,000

Number of hotel rooms in the area — or roughly 75,000 more than were available last year in New Orleans.

PRACTICE

CONTINUED FROM PAGE 1

Whether this ultimately is good for health care is up for debate.

Attorney **John Fanburg**, chair of the health law practice at **Brach Eichler** in Rose-land, is living the trend. He has helped negotiate the acquisition of about a dozen physician practices by hospitals around the state.

"For the one-, two- or three-physician group, it's really hard given the increased overhead and the relatively flat level of reimbursement (from insurance companies, the government, other payers)," he said. "Doctors are talking to everybody all the time." They feel they have to.

The new health care reform landscape is leading many doctors to either go to work for a hospital (in the community) or merge into larger practices so they can afford the costly switch to electronic medical records and embrace new care models such as "population health management," a concept where clinicians engage patients to control chronic diseases.

Hospitals, which previously were happy just to give doctors privileges, are now pushing to have them on staff.

Atlantic Health, which oversees four hospitals — including heavyweights Morris-town and Overlook Medical Centers — has been increasingly hiring physicians as employees. It now employs roughly 500 doctors.



Continuum, founded by Dr. John Tedeschi, provides practice management. —AARON HOUSTON

And more than a year ago, Atlantic Health launched a new physician-owned primary care practice, **Primary Care Partners**, which is affiliated with Atlantic but is independent of the hospital system.

Primary Care Partners now has 52 physicians, but Atlantic Vice President Dr. **David Shulkin** said he sees that growing to 100 in the next year.

"Doctors want different things," Shulkin said. "(Primary Care Partners is for doctors) who want to be part of a larger organization so they can share electronic

medical records and share resources but still control their own destiny."

Shulkin said when he came to New Jersey from New York four years ago, he was struck by two alarming trends: the aging and retirement of primary care doctors and the rise of "concierge medicine," where doctors exit the high-stress, time-starved primary care practice and instead devote more time to a smaller set of patients.

"If you don't make primary care sustainable and you don't make it economically viable, you won't have the foundation

Reasons why

Physicians are mulling the pros and cons of giving up a solo or small private practice and going to work for a hospital.

PROS

- The hospital is better able to afford the technology and staff required to practice medicine in the health reform arena.
- The physician gets access to consultants and training to embrace best clinical practices.
- Doctors can concentrate on caring for patients and have professional managers handle the business side of medicine.

CONS

- The physician who is accustomed to professional autonomy may find it difficult to work for hospital administrators.
- Physicians may not be able to decide which new physicians or support staff are hired to work in their offices.
- Physicians may find it's harder to practice medicine efficiently when they're part of a big institution.

to deliver proper health care in the community," Shulkin said.

The Primary Care Partners physicians remain in the community and are more likely to bring on new doctors as their business expenses are spread over a larger prac-

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tice, Shulkin said. They buy malpractice insurance at group rates and can afford to bring in consultants to train the entire group to keep up with changes in the profession.

Primary Care Partners also contracts with **Continuum Health Alliance** for business services such as billing and electronic records.

Founded by pediatrician Dr. **John Tedeschi**, Continuum provides practice management for a number of groups, including Marlton-based **Advocare**, a group practice founded by Tedeschi that now has more than 500 physicians.

Tedeschi said he founded Continuum 16 years ago “to make doctors happy being doctors again, and take away the things that are bothering them so they can get back to their patients and be as successful as they can possibly be.”

The Valley Hospital in Ridgewood has a 200-physician practice with more than 30 medical and surgical specialties. **Marc Goldstein**, president of **Valley Medical Group (VMG)**, said the group continues to grow and is currently in discussions with more than 50 medical practices.

“Our acquisition of community-based primary and specialty physician practices will ensure that patients residing in communities served by Valley Health System continue to have future access to quality primary and specialty care,” Goldstein said. Goldstein said doctors join VMG for

Another option for doctors: Hospitalist

As hospitals acquire physician practices throughout New Jersey, the doctors typically continue caring for patients at their medical offices out in the community. But another option for doctors is to work as an employee in the hospital, in the emergency room or as a “hospitalist” who cares for patients in the hospital.



Devang Lodhavia

Dr. **Devang Lodhavia** is a nephrologist, specializing in kidney diseases, who earlier in his career spent several years as a hospitalist in Louisiana. He moved to New Jersey in 2012 and now has his own Voorhees nephrology practice that is part of the large group practice **Advocare**.

Lodhavia knows the rewards and sacrifices of life as a hospitalist.

He enjoyed the challenge of hospital medicine: “You are taking care of highly sick patients in the hospital.”

But the hospital schedule didn't give him enough balance: He was working 12 or 14 hour days for seven days and then was off for seven days.

Now Lodhavia sees patients in his office and in three different hospitals, and sees kidney dialysis patients in two dialysis centers.

As a member of the **Advocare** practice, Lodhavia gets technology and business support from **Advocare** but still maintains the order of his life.

“I am my own boss and I make my own schedule,” he said.

Lodhavia said his current situation is the best he's had in 10 years of practicing medicine.

When he is summoned to a hospital to consult on a kidney disease case, the patient has been stabilized by the hospitalist. “I am worried only about the kidneys,” he said.

“I went into nephrology because I always wanted to take care of sick patients in the hospital, but I don't want to be in the hospital all day long,” he said. — Beth Fitzgerald

several reasons, with managing the new health care rules and regulations near the top of the list.

“Managing a private practice is becoming more and more difficult,” he said. “Joining VMG offers support for the practices, the ability to practice as part of a large, multispecialty group, and financial security.”

Larry Downs, chief executive of the

Medical Society of New Jersey, said a key motivation for doctors to go to work for hospitals or merge into larger practices is the rise of new payment models that reward doctors for hitting certain quality and efficiency targets.

“Some of these new payment models require a bigger investment in health information technology to track quality and

follow patients more closely,” Downs said. “And some of the technology is almost unsustainable for a small practice.”

Downs said doctors have felt a downward pressure on reimbursements for years.

“Going forward, the promise of health care reform is that if physicians provide the right care at the right time to the right patients, the system will save a whole bunch of money and reward those efforts by sharing those savings with doctors,” he said.

It's often a good thing.

“We've seen hospital-based doctors who are enjoying it and providing quality care,” he said.

Of course, it doesn't always work out. Some doctors find they don't like the hospital they are at and work to move to another. Others don't like it period.

It's the other trend **Fanburg** sees.

When he's not working to bring hospitals and doctors together — something that has brought him plenty of work the past two years — he's working to undo some deals.

Fanburg said he's currently advising two physician practices looking to terminate mergers with hospitals.

“Physicians who've been in private practice for many years (can't always adapt to working for hospitals),” **Fanburg** said.

How many ultimately will be forced to do so remains to be seen.

E-mail to: beth@njbiz.com
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