



RUTGERS

Ernest Mario School
of Pharmacy

71st Annual

Roy A. Bowers

Pharmaceutical Conference

Conference Summary Report

October 30, 2023 | Somerset, NJ

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I. Opening Remarks

On October 30, 2023 the 71st Annual Roy A. Bowers Pharmaceutical Conference was held in Somerset, NJ. The title of this year's conference was "Reducing Health Disparities: Achieving Health Equity, Affordability and Access in Public Health." With a focus on health disparities, healthcare management, and care delivery models the Bowers Conference connects an interprofessional audience of opinion leaders, learners and speakers to address key issues related to health disparities in order to bring about local and national practice change.

Key themes and learnings covered through the conference included:

- Recognizing the impact of healthcare inequities and social determinants of health on health care access and patient outcomes
- Identifying the gaps in care and challenges in the provision of value-based care in New Jersey
- Explaining advocacy and leadership efforts to support policies that promote health equity across New Jersey healthcare systems
- Identifying the elements of cultural humility, awareness and relevance for healthcare professionals
- Describing strategies for improving health literacy and communication

Critical to the conference's organizer, Dr. Saira Jan (Professor Emerita at Rutgers and VP and Chief pharmacy officer at Horizon BCBS NJ), are the collaborations, sub-committees and action plans that are formed as a result of the day's discussions. Designed to break silos in New Jersey healthcare, the Bowers Conference is an interdisciplinary call to action where speakers and attendees alike are called upon to bring thoughtful solutions to the most pressing issues of the day.

This year's conference pulled from every aspect of the healthcare industry. The cost of health care has been rising for years and affordability is becoming a challenge. Healthcare inequities and social determinants of health remain especially impactful on health care access and patient outcomes. Using actionable data to invest in prevention and develop strategies to target interventions in stratified populations is critical. Partnerships, new models of care, member engagement and technology are the drivers which will help define solutions that are sustainable.

II. Keynote: Addressing the Maternal and Infant Mortality Crisis in New Jersey

Spanning the keynote address and panel discussions, the dominant theme at this year's Bowers Conference revolved around health care challenges within health inequities, affordability, and access with the purpose of designing innovative and collaborative models to improve health outcomes.

Tammy Snyder Murphy, First Lady of New Jersey, was the conference's Keynote speaker, engaging attendees on the historical challenges in maternal and infant health and work underway to mitigate these issues. She presented concerning statistics, explaining that within New Jersey, black women are nearly seven times more likely to die from maternal complications; Hispanic women at over three times risk. Outcomes for infants are troubling as well. She attributes the root cause to institutional racism and implicit bias. She cited an NIH study that found healthcare workers were less likely to identify pain symptoms in Black patients which could have significant downstream impacts. Concerns also exist over misdiagnosis and improper treatment.

Ms. Murphy discussed work being done at Nurture NJ, a statewide initiative committed to transforming New Jersey into the safest and most equitable state in the nation to deliver and raise a baby. Historically, New Jersey has had one of the worst maternal death rates in the nation and one of the widest racial disparities for both maternal and infant mortality. This deeply entangled problem involves other factors – financial instability, food insecurity, lack of affordable childcare, reliable transportation, and more. The goal of any successful initiative, Ms. Murphy explains, involves breaking down silos to create a broad network of support to connect people to food and housing support and expanding healthcare access itself.

Significant work has been done in the State to improve maternal and infant health outcomes. For example, New Jersey was the second state to expand Medicaid coverage, one of the first to cover Doula care, and is developing a universal newborn home visiting nurse program for every mother within 2 weeks of delivery. All of this work has had a noted positive impact. Within the March of Dimes Annual Report Card, 47 states saw declines in maternal outcomes with New Jersey being just one of four states seeing an improvement (going from 47th in maternal death to 27th).

Amy Murtha, MD, Dean of Robert Wood Johnson Medical School joined for a question and answer session with Ms. Murphy. She began with discussion on the before mentioned universal home visitation initiative which Ms. Murphy described as a “game changer” because it provides care right in the home, removes any associated stigma, and allows the nurse to identify needs outside of healthcare as well (e.g. transportation, food insecurity, internet access). She called out conference attendees to serve as ambassadors of the program and to encourage people to step into the field of nursing to address workforce shortages.

Other discussions stemmed around the interconnectedness between physical and mental health, efforts to expand the perinatal workforce, and addressing reimbursement for providers. Ms. Murphy reflected on the Murphy Administration’s concentrated efforts in this space having signed 47 pieces of legislation on maternal and infant health.

Further discussion took place around Nurture NJ which launched in 2019 and two years later launched the Maternal and Infant Health Strategic Plan - a blueprint of over 70 recommendations to reduce New Jersey’s maternal mortality by 50 percent over five years and eliminate racial disparities in birth outcomes. This plan was the culmination of over a year of in-person and virtual meetings with hundreds of critical stakeholders, including national public health experts, New Jersey state departments and agencies, health systems, physicians, doulas, community organizations, and mothers and families.

Dr. Murtha reflected that within her role at Rutgers she committed to continuing to prioritize implicit bias training and retaining diverse and talented healthcare providers.

III. Commonwealth Fund 2023 Scorecard: How New Jersey Compared

David Radley, MPH, Senior Scientist, Director at The Commonwealth Fund led the next session to discuss results from the 2023 scorecard on State Health System Performance within New Jersey and to think about ways to move the needle within New Jersey.

Every year, the Commonwealth Fund's Scorecard on State Health System Performance uses the most recent data to assess how well the health care system is working in every U.S. state. A total of 40-50 performance measures over multiple dimensions are used to generate the report including access, health care quality, avoidable hospital use & cost, population health & health outcomes, equity, and reproductive & women's health. The scorecard is designed to ask whether Americans have good access to healthcare and seeing good health outcomes. New to the report was a question assessing health outcomes and access to reproductive care for women, mothers, and infants.

Key finding that Mr. Radley covered included:

- New Jersey ranked 17th in the country in the overall ranking with higher performance in access and population health outcomes and lower performance in high spending and wide disparities
 - Across specific rankings New Jersey ranked as follows: reproductive and women's health (17th), access and affordability (15th), prevention and treatment (18th), avoidable hospital use and cost (41st), healthy lives (4th), income disparity (29th), race and ethnic health equity (13th)
- Health access findings
 - One in ten non-elderly adults in New Jersey are uninsured which is better than the national average; however uninsured rates for people with low-incomes are high, leaving a wide disparity gap
 - Within the state, 6.2% of adults have high out-of-pocket medical spending with 18.1% specifically among people with low income. The consequence is that people may skip care which can further worsen health outcomes
 - New Jersey has one of the biggest disparities in low-income residents having a usual source of care
- Health outcome findings

- Deaths from preventable and treatable causes rose between 2019 and 2021 amid the COVID-19 pandemic. The rise in New Jersey was lower than average
- Black people are more likely to die early in life from preventable and treatable causes. New Jersey was noted as having one of the biggest disparity gaps in country in this measure
- New Jersey ranked 21st overall and 4th of six Mid-Atlantic states on measures of reproductive and women's health. Birth outcomes are better than average, maternal morbidity & mortality hover near the national average, and access to prenatal and postpartum care seems limited
- Health care use and spending
 - Health care within the State is higher than in most other states (43rd highest)
 - Mixed performance in on measures of avoidable utilization, with room for improvement
 - Spending on primary care remains low in the U.S. – more investment could support population management approaches (within Europe typically around 20% is spent on primary care compared to 7% in the U.S)

Mr. Radley wrapped up by discussing how health systems in New Jersey can work together to achieve higher performance by using benchmarks and trends to inform action to improve performance and increased collaboration to change care models.

IV. Perspectives of Health Care Leadership in the State of New Jersey

- **Moderator:**
 - Julian Harris, MD, MBA, Chairman & CEO, ConcertoCare Operating Partner, Health Care Services & Technology, Deerfield Management Adjunct Professor of Medical Ethics and Health Policy, University of Pennsylvania School of Medicine
- **Panelists:**
 - Brian Strom, MD, MPH, Chancellor, Rutgers Biomedical and Health Sciences
 - Alan Lee, President & COO, RWJBarnabas Health, Robert Wood Johnson University Hospital
 - Linda Schwimmer, JD President & CEO, New Jersey Health Care Quality Institute
 - Ward Sanders, Esq., President, New Jersey Association of Health Plans
 - Suzanne Kunis, President & CEO, NovaWell Health

With a focus on showing commitment from the top-down, Dr. Julian Harris opened the session asking panelists about the biggest opportunities their organizations are working on to improve access and outcomes and workforce challenges and the role of technology.

Linda Schwimmer talked about work the Quality Institute has been involved with in supporting Nurture NJ, previously discussed by First Lady of New Jersey Tammy Snyder Murphy. Within the Maternity Action Plan (MAP) they released over 70 recommendations that addresses four areas of focus: (1) building the diverse maternal health workforce, (2) clear and timely data, (3) reforming payment models to drive outcomes we want to see in maternal health, and (4) improving community-based social supports (housing, child care, mental health). She later described work being done with an initiative called Mental Health First Aide which is a virtual course that trains people to identify signs of distress, anxiety, and mental health needs and to get people to required services. She shared other examples of issues she sees including streamlining licenses and letting licensed social workers to bill Medicaid for their services while seeing people in their office.

Alan Lee kicked off discussion on workforce challenges, addressing the ongoing nursing strike at RWJBH and talking about the importance of attracting and retaining talent. He reflected on

issues of post pandemic burnout, which he described as a global issue, and using technology to help support required documentation in order to put more of an emphasis back to patient care.

Suzanne shared her own perspectives on burnout among healthcare providers. She explained we need to help ensure people can work at the top of their licenses and that many other areas can help supplement workloads (e.g. peer support). She later reflected on the need to de-stigmatize mental health which is a stepping stone to increasing care.

Dr. Brian Strom highlighted the need for employee wellness and opportunities to grow the workforce. He explained that Rutgers is one of the largest nursing schools of the country with >1000 people on the waitlist. Their biggest issue is not getting good applicants, rather setting up enough training sites for clinical training. Increasing simulation-based training provides an opportunity as a means of using technology to improve access and outcomes, as does using artificial intelligence at discharge to help with paperwork.

Ward Sanders shared his perspectives, stating that technology can be an extender to make care more efficient. Telehealth for example saw huge increases in use during the pandemic and remains a viable option for people that otherwise would not receive care in-person. Other actions at the payer level include Medicaid expansion (particularly New Jersey being one of the first states to expand Medicaid eligibility for 1 year after birth) and covering all kids (started before CHIP with many evolutions – now including undocumented children).

Ms. Schwimmer summed up the session by emphasizing the needs for partnerships to work together, get the right people at the table, and right recommendations made.

V. Addressing Health Inequities, Structural Racism, and Social Determinants of Health

- **Moderator:**
 - Ankoor Shah, MD, MBA, MPH, Principal Director & Health Equity Lead, Accenture
- **Panelists:**
 - Rachana Kulkarni, MD, FACC, MBA, CPE Regional Director of Cardiology, RWJBarnabas Health
 - Michellene Davis, Esq. President & CEO, National Medical Fellowships
 - Andrea Harris, MBA, CHIE, PAHM Vice President, Chief Quality & Health Equity Officer, Horizon Blue Cross Blue Shield of NJ
 - Denise Rodgers, MD Vice Chancellor for Interprofessional Programs, Rutgers Biomedical and Health Sciences
 - Lisa Asare, MPH Deputy Commissioner of Health Services, Department of Human Services

Dr. Ankoor Shah kicked out the afternoon session inviting feedback from the panelists on what they see as the largest barriers to advancing health equity and reducing health disparities.

Andrea Harris emphasized the importance of understanding that everyone has his or her own individual story that needs to be considered. She explained how a lack of information can be a barrier and reiterated the importance of education and awareness. She described some of the work being done at Horizon BCBS through its philanthropy arm and also the organizations health equity strategy which has had leadership support.

Dr. Rachana Kulkarni discussed the growing disparity gaps she has seen throughout her career. For example, there has been a perception of heart disease being a “man’s disease” when women are also affected. Women also can their symptoms downplayed across many conditions. The solution, she explains, comes down to awareness and increasing diversity within clinical trials. The focus of health care should look at women as the entire being, rather than what she calls “bikini medicine” which focuses only on breast and reproductive organs.

Michellene Davis reflected on what company executives can do to address systemic racism and highlighted the importance of self-reflection and consideration of human value. The solution is

not one that can be done overnight, but rather needs to be a continual, self-improvement journey. From an organizational perspective, companies need to look top-down from the perspective of diversity (e.g. who is implementing policies, who is given authority to set those, hiring practices, procurement practices, how is success defined, etc). Ms. Davis wrapped up by talking about the great work the National Medical Fellowships has accomplished to promote diversity in medicine, currently with >35,000 alumni.

Lisa Asare commented on the silos that exist within healthcare and opportunities for collaboration to break those down. She addressed the great work Nurture NJ has been doing, which has engaged many stakeholders. She commented on challenges with paid family leave within the United States as compared to other countries, but also noted that surveys have shown low income and people of color are less likely to want to use existing programs over concern of dismissal. Community engagement remains a barrier, but also one of the biggest opportunities to bring them to the table to change the status quo. Lastly, Ms. Asare noted opportunities for additional collaboration with outside private organizations, which tend to be more fast-paced than government.

Denise Rodgers emphasized that the largest, but most actionable barrier to reduce health disparities involves ending poverty. She recommended the book *Poverty, by America* by Matthew Desmond which details how that can be accomplished. She added that historically, we as a society, are more than happy to discriminate against the poor and that the issue of poverty has been racialized so that poor white people are falling by the wayside of the conversation as well. She wrapped up the session by calling on those in attendance to be poverty ambassadors.

VI. Total Cost of Care Trends in New Jersey: Understanding Gaps in Care

- **Moderator:**
 - David Radley, PhD, MPH, Senior Scientist, Tracking Health System Performance, The Commonwealth Fund; Director of Data & Analytics, Center for Evidence-Based Policy at Oregon Health and Sciences University
- **Panelists:**
 - William DeRosa, DO, FACP, Chair of Medical Oncology, Summit Health
 - James Barr, MD, Vice President of Clinical Intelligence at Atlantic Health System
 - John Colaizzi, Jr, PharmD, CCP, FNJPhA, Vice President, Pharmacy Services and Delivery at Walgreens
 - Shabnam Salih, MPA Director, The Governor's Office of Health Care Affordability and Transparency, State of New Jersey
 - Joel Cantor, ScD, Distinguished Professor of Public Policy, Rutgers Center for State Health Policy, Founding Director, Center for State Health Policy New Jersey: Understanding Gaps in Care

Within this panel, moderated by David Radley, the focus was around total cost of care trends in New Jersey: understanding gaps in care, opportunities for collaboration, and technology-driven solutions to support policy changes to improve healthcare outcomes

Joel Cantor kicked off the panel discussion describing historic fee-for-service models and the transition to value-based care following the Affordable Care Act. Initial signals look positive for these models but he emphasized that we need to closely consider incentives to improve access to care – also importantly ensuring that incentives in our system align. He also explained the impacts of market consolidation which was pitched as a means to lower price by increasing scale; however, in reality data suggests that consolidation is not returning value to consumer and instead has led to higher prices.

Dr. William DeRosa talked about competing factors within healthcare and historically how some parties have benefited from remaining in the status quo. He also noted the lack of cost transparency within healthcare which leads to an inability to effectively “shop” for healthcare, despite some recent legislative efforts.

Dr. John Colaizzi, Jr. provided his perspectives on the role of pharmacists and changing dynamics within the retail and specialty pharmacy space. He commented on the drastic reduction in independent pharmacies (50% since peak), the Rite Aid bankruptcy, and Walgreens closing stores – all of which has potential to decrease access and create “pharmacy deserts.” He later added concern over the broken pharmacoeconomic reimbursement model which remains a volume-based market and need to focus more around value and patient care.

Shabnam Salih acknowledged that the current pace and increasing healthcare costs are unsustainable. She talked about work the Governor’s Office has done digging into cost drivers and working with many stakeholders to continue to look at comprehensive options. She echoed prior conversation about the need for cost transparency and noted efforts her office has taken into this space (e.g. recently signed package on prescription drug transparency, opening up and providing annual reports on price increases and trend data).

Dr. James Barr shared his experience at Atlantic Health and its ACOs which collectively manages 525,000 patients. He emphasized the importance of primary care and Atlantic Health working over the past decade to achieve the “Triple Aim.” He described the importance of the access and integration of behavioral health in these models and the benefits of medical therapy management, which has provided 9-to-1 return on investment for clinical pharmacist intervention.

For the final question, panelists were asked about the potential for artificial intelligence to transform care in New Jersey within the next five years. Comments ranged from enhanced therapeutics, more innovation around prevention and early detection, better and more accurate patterns of recognition using a patient’s own social determinants, and increased use of central fill pharmacies to free up pharmacist’s time for more meaningful clinical work.

VII. Bridging Care Gaps and Improving Patient Outcomes

- **Moderator:**
 - Saira Jan, MS, PharmD, Vice President & Chief Pharmacy Officer, Horizon Blue Cross Blue Shield of New Jersey; Professor Emerita, Rutgers University
- **Panelists:**
 - Fritz Bittenbender, MPA Senior Vice President of Access & External Affairs, Genentech
 - Reynold Panettieri, Jr, MD Vice Chancellor for Translational Medicine and Science Director, Rutgers Institute for Translational Medicine and Science
 - Linda Armstrong, MD Head of US Corporate Responsibility, Novartis President, US Novartis Foundation
 - Angie Bricco, Head of Public Affairs and Patient Advocacy, Sanofi US General Medicines
 - JaBaris D. Swain, MD, MPH Medical Executive of Health Services Integration, Johnson & Johnson
 - Patricia Doykos, PhD, Executive Director, Health Equity, Bristol Myers Squibb

Closing out the conference was a panel discussion on bridging care gaps and improving patient outcomes with a focus on collaborative strategies and pharma support in New Jersey. As Saira Jan explained, the goal of this panel was not to talk on individual products from pharmaceutical companies but rather focus on discussing the support and care management programs that pharma brings to the table.

Dr. Reynold Panettieri was the first panelist of the session, describing that the only way to improve care is through collaboration, as no one single entity can do it alone. He commented on the invaluable work the pharmaceutical industry has been doing around education, noting that unbiased education for clinicians is one of the biggest areas where the industry can bring value. Dr. Panettieri added challenges that race and ethnicity historically have not been adequately included in clinical trials, raising concern over whether these drugs work in diverse population groups. Decentralizing clinical trials could be a potential solution although he noted on the flipside, some vulnerable patients may not want people coming to them.

Dr. Linda Armstrong provided insight on work her organization has been doing in Trenton, creating a collaborative network of different healthcare systems and developing an inventory of social services available for PCPs to know where to go if issues over food insecurity, transportation, etc. Novartis has done other work in using community health navigators and digital technologies to help diagnosis and treat disease.

Angie Bricco added work that Sanofi has been doing to build community programs that are replicable across other areas. She emphasized the importance of using churches, barbershops, and other community venues as trusted sources to connect with patients and creating incentives in our systems to work with these trusted messengers. She discussed work being done with National Equality Forum, through which data demonstrates that 80% of seniors with diabetes will be hospitalized every year and with Summit Health to support local food distribution outreaches and education on affordable insulin.

Dr. Patricia Doykos talked about the importance of using evidence-based practices and using services like patient navigators to help patients through complex systems to meet patients where they are in the care continuum. This can have the benefit of increasing early screenings, time to diagnosis, and quality of care. She added work BMS has done around health literacy plus provided recommendations on collecting best practices in New Jersey and wanting to align stakeholders around a few to advance.

Dr. JaBaris Swain reiterated prior feedback about the need to be inclusive within clinical trials. He suggested a re-imagination of how clinical trials are conducted which involves thinking about geographic considerations or where and how studies are conducted and collaborating with academia and working in cities with better representation. Dr. Swain related other community partnerships Johnson & Johnson has been pursuing involving screening vans and community education. He later commented on the evolution of drug innovation and impact of increased use of drugs in the home setting plus more long acting formulations being approved.

Fritz Bittenbender explained the power of partnerships by talking about current partnerships with various health systems for screening initiatives. He echoed previous comments about inclusive research and work to increase screenings in the state. Genentech has been working with ScreenNJ and the Cancer Institute of New Jersey and have been able to increase patient screenings in the state.

The final question of the conference focused around where panelists see New Jersey in the next five years. Responses ranged from continuing to invest in health equity, developing more integrated and collaborative models among stakeholders, community investment, and using the competitive advantage of New Jersey having a pharmaceutical industry presence to come together and bring about meaningful change.