



RUTGERS

Ernest Mario School
of Pharmacy

68th Annual

Roy A. Bowers

Pharmaceutical Conference

Conference Summary Report

November 8, 2018 | Piscataway, NJ

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I. INTRODUCTION

I.1 Conference Program

Thursday, November 8, 2018

8:00 – 8:45 AM **Registration, Continental Breakfast, and Networking Opportunity**

8:45 – 8:55 **Introduction**

Program Chair: Saira Jan, MS, PharmD

Clinical Professor, Ernest Mario School of Pharmacy/Rutgers, The State University of NJ; Director, Pharmacy Strategy and Clinical Integration, Horizon Blue Cross Blue Shield of NJ

8:55 – 9:00 **Welcome and Opening Remarks**

Joseph A. Barone, PharmD, FCCP

Dean and Professor II, Ernest Mario School of Pharmacy/Rutgers, The State University of NJ

9:00 – 9:45 **Plenary Speaker- Advancing Public Health in the Murphy Administration: Progress and Challenges**

Shereef M. Elnahal, MD, MBA

Commissioner, NJ Department of Health

9:45 – 10:15 **Keynote Speaker- Partnerships in Population Health**

Allen Karp

*Executive Vice President, Health Care Management and Transformation
Horizon Blue Cross Blue Shield of NJ*

10:15 – 10:45 **PANEL DISCUSSION- Partnerships in Population Health**

Moderator: Jennifer G. Velez, JD

*Executive Vice President, Community and Behavioral Health,
RWJBarnabas Health*

Panelists:

Shereef M. Elnahal, MD, MBA

Kevin P. Conlin, MHA

Vicente H. Gracias, MD, FACS, FCCP, FCCM

Professor of Surgery, Senior Vice Chancellor for Clinical Affairs, President of Rutgers Health Group, Rutgers Biomedical and Health Sciences/ Rutgers, The State University of NJ

10:45 – 11:05

NETWORKING BREAK

11:05 – 11:35

Opioid Crisis: Data Overview and Trends in NJ

Christopher A. Jakim

Assistant Special Agent in Charge, Drug Enforcement Administration, New Jersey Division

11:35 – 12:35

PANEL DISCUSSION- Opioid Crisis with Holistic Care and Collaboration

Moderator: Sabrina Spitaletta Johar, MA,

Director, Milken Institute/Lynda and Stewart Resnick Center for Public Health

Panelists:

Christopher Jakim

Daniela Luzi Tudor

CEO and Founder, WEconnect Recovery

Mary-Catherine Bohan, MSW

Vice President of Outpatient Services, Rutgers University Behavioral Health Care

Joe Powers, PhD, MBA

Chief Strategy Officer, AppliedVR, Inc.

Bruce Ruck, Pharm.D., DABAT

Managing Director and Director of Drug Information and Professional Education, New Jersey Poison Information and Education System

Marjorie Morrison, LMFT, LPCC

CEO, PsychArmor Insitute

12:35 – 1:35

LUNCH and NETWORKING SESSION

1:35 – 2:35

PANEL DISCUSSION- Create a Fundamental System Transformation to Promote Population Management

Moderator: Steven Peskin, MD, MBA, FACP
Executive Medical Director Population Health and Transformation, Horizon BlueCross Blue Shield of NJ

Panelists:

Mark Calderon, MD
Chief Medical Officer, Atlantic Accountable Care Organization and Atlantic Management Service Organization

Robert T. Adamson, PharmD, FASHP
Senior Vice President & Chief Pharmacy Officer, RWJBarnabas Health, NJ

Susan VonNessen-Scanlin, MBA, MSN, CRNP
Assistant Professor and Associate Dean for Clinical Affairs, School of Nursing, Rutgers, The State University of New Jersey

Minal Patel, MD, MPH
Founder and CEO, ABACUS Insights Inc, NYC, NY

Aurel O. Iuga, MD, MBA, MPH, CMQ
Chief Medical Officer, Geneia

2:35 – 2:55

Landscape for Oncology

Kaveh Safavi, MD, JD
Senior Managing Director and Head of Global Health Practice, Accenture, Chicago, IL

2:55 – 3:55

PANEL DISCUSSION- Oncology Medical Homes and Oncology Strategy Challenges and Successes

Moderator: Kaveh Safavi, MD, JD

Panelists:

Edward Licitra, MD
Chairman Board of Directors Regional Cancer Care Associates; Partner Regional Cancer Care Associates; Chief Financial Officer and Director of Revenue Cycle Central Jersey Division RCCA; Medical Director RCCA Oral Oncolytic Pharmacy

Thomas R. Graf, MD, FAAFP

*Vice President, Healthcare Transformation and Chief Medical Officer
Horizon Blue Cross Blue Shield of NJ*

Steven K. Libutti, MD, FACS
*Director, Rutgers Cancer Institute of New Jersey; Senior Vice President,
Oncology Services, RWJBarnabas Health*

Margaret B. Row, MD, MBA
*Interim Clinical Chief of Oncology, Summit Medical Group MD
Anderson Cancer Center*

3:55 – 4:10

NETWORKING BREAK

4:10 – 5:10

PANEL DISCUSSION- Government Programs: Priorities, Legislative Impact and Other Areas of Focus Transitioning to Value-based Care

Moderator: Linda Schwimmer, JD
President and CEO, New Jersey Health Care Quality Institute

Panelists:

Jocelyn Chisholm Carter, JD
President and CEO, UnitedHealthcare Community Plan of NJ

Valerie Harr, MA
*Director, Policy Integration and Transformation, Horizon Blue Cross Blue Shield of
New Jersey, Government Programs*

Deborah Hartel, MSW
*Deputy Commissioner, Integrated Health Services at State of New
Jersey Department of Health*

Sarah Adelman
Deputy Commissioner, New Jersey Department of Human Services

5:10 – 5:15

Closing Remarks

Saira Jan, MS, PharmD

1.2 Opening Remarks

On November 8, 2018 the 68th Annual Roy A. Bowers Pharmaceutical Conference was held in Piscataway, NJ. The title of this year's conference was "Harnessing Innovation and Value in Population Health Management: Predictive Modeling and Patient Stratification to Target High-Risk Populations and Improve Quality". With a focus on innovation, healthcare affordability, and changing existing models, the Bowers Conference exists to bring different stakeholders together to address key issues in healthcare and bring about change in the state of New Jersey.

Under the population health umbrella, this year's keynote presentations and panel discussions were organized around four main themes:

- Population health- Using technology and innovation to identify actionable interventions
- The opioid crisis- Trends in New Jersey and collaborative solutions
- Oncology strategy- Challenges and successes
- Government programs- Priorities, legislative impact and the transition to value-based care

Crucial to the conference's organizer, Dr. Saira Jan (Rutgers; 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 NJ 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.

In furtherance of this mission the Bowers Conference was proud to recognize Horizon Blue Cross Blue Shield of NJ CEO, Kevin Conlin, with its yearly award. Conlin received this award for his leadership in delivering innovative models of healthcare to NJ, advancement of value-based care and for championing the collaborations between Horizon Blue Cross Blue Shield and the State University of New Jersey in important

II. Advancing Population Health

Spanning the plenary and keynote addresses as well as two panel discussions, the dominant theme at this year's Bowers Conference was undoubtedly population health. Shereef Elnahal, Commissioner of NJ's Department of Health, began by giving an overview of the progress the Murphy Administration has made in this regard and the challenges that remain. On the legislative front, New Jersey has become the second state to create its individual mandate and enacted "out of network" legislation to protect consumers against surprise bills from out of network providers contracted with in-network systems. Ongoing efforts include promoting open enrollment for ACA, improving disparities in maternal and child health with a special focus on those with substance abuse addictions, and addressing the opioid epidemic.

With 8 deaths per day ascribed to drug overdose, the state is on track to exceed 3,000 deaths this year. \$100 million has been allocated in the 2019 budget to increase awareness of the dangers of opioids, enhance data systems and infrastructure, launch prevention initiatives, expand treatment and recovery resources and improve care coordination. Funding will also help provide housing and employment training to address social determinants. Federal funds have also been allocated to expand access to medication assisted treatment (MAT), Narcan and physician education. Along with bringing in new initiatives, the DOH has also committed to expanding existing best practices including the ALTO program, Operation Helping Hands and syringe access program sites). A best practice out of Rhode Island, soon to be implemented in NJ, is the use of MAT in the prison population. It has been estimated that 80% of those incarcerated have a substance use disorder and that addicted inmates are more than 120 times more likely to die from an overdose after release than the general population. Working with the Department of Corrections and the Attorney General, increased funding has been granted to administer MAT in 10 counties. Since the program's implementation there, Rhode Island has experienced a 20% mortality reduction. NJ's DOH is hoping the results will be just as effective here.

Additional areas of focus by the state include expanding access to medicinal marijuana by increasing the number of prescribing physicians and opening six alternative treatment centers and creating an overall system of integrated healthcare. Efforts to integrate NJ's healthcare range from streamlining and transforming licensing structures in order to create a single license for integrated care to building the NJ Health Info Network which connects all electronic health systems together in order to better share patient information. The state plans to have all hospitals linked to the information exchange by November 2019.



Shereef Elnahal

Kevin Conlin, CEO of Horizon Blue Cross Blue Shield of NJ was scheduled to give the conference's keynote address but was unable to attend. Delivering remarks in his place was Allen Karp, Horizon's Executive Vice President of Healthcare Management and Transformation. The message from Horizon's executives centered on the necessity of partnerships in order to provide value for New Jersey residents and Horizon's 3.8 million members. Expanding on this theme, Karp unveiled the organization's new mission statement, generated by polling top priorities of employees and members. To deliver on the new mission, Horizon is focused on overcoming challenges associated with traditional care delivery. By creating alignment across traditionally disconnected healthcare stakeholders their goal is insight and data driven care delivery which connects to a member-centric, value-based care delivery model which includes care coordination across all systems, deliberate use of community resources, social determinants data and analytics-based insights – all organized around member needs.

Horizon has organized their partnerships into three functional areas to enable member-focused value based care delivery:

1. Provider partnerships to drive coordination of care and improved outcomes
2. Digital partnerships to support innovative capabilities
3. Community partnerships to bring care coordinator closer to members

Currently 1.8 million Horizon members are covered under value based arrangements with 451,000 receiving care at OMNIA Alliance (Tier 1 value based partners) institutions. Results indicate that commercial members seeing value based providers represent a 4% lower yearly total cost of care. High touch engagement is supported by high-tech digital tools available that offer convenient care navigation support including nurse chat, telemedicine and care coordination capabilities through partnerships with companies like Pager, Geneia and the state's Health Information Exchange. Horizon is also leveraging community partnerships in order to address social determinants of health, factors that studies have shown can represent up to 30% of healthcare costs. Thus far the company's Newark Initiative pilot has yielded a 25% reduction in its participants total cost of care and a 20% reduction in inpatient admissions. Upcoming phases include expansion to more zip codes and inclusion of the Medicaid population.

Dr. Vicente Gracias, President of Rutgers Health Group, began the first panel discussion by noting the importance of academic entrepreneurship- the collaborative work between health systems, payers, and academia to guide and drive innovative solutions. Gracias sees academic institutions as the "perfect steward of innovation and the link between public and private partnerships" and "guardian of investments" due to the fact that they are not tied to margins and profit as metrics of success in the same way that private enterprise is.

A sentiment echoed by all panelists was the importance of investing in growing our future healthcare professionals. Horizon and Rutgers' Pharmacy Departments operate a rotational exchange which exposes students to the managed care industry and Rutgers is spearheading workforce development engines to grow graduating classes and keep them working in the state. Elnahal counseled current students and recent grads to be the bridge between the worlds of technology and healthcare, fields that have been siloed for too long. This avoids those in tech delivering apps and designing EHR's that don't make sense to providers, and providers having no avenue to provide feedback to designers on what they need.

The second population health panel explored the systemic transformations needed to promote population management. The first example of this came from Susan

VonNessen-Scanlin of Rutgers School of Nursing who spoke of the need for behavioral health to be effectively integrated into traditional care models. In a multi-stakeholder framework, community workers can help identify needs in a population and provide resources for that specific population (education, adherence strategies, etc). Instead of bench to curbside, touchpoints could go from the first point of care all the way home and out into the community afterwards.

Drs. Minal Patel (Abacus) and Aurel Iuga (Geneia) are at the heads of companies seeking to transform population management through the use of data. Abacus analyzes complex and varied data to create a more insightful medical record and Geneia builds meaningful measures using data to propel value-based care and population health. Dr. Patel suggests that unconventional sources including unstructured data from call center recordings and ER chart notes can hold valuable information. Along with its innovations, panelists also discussed the “pitfalls” of data. Dr. Calderon cautions that we need to be careful how we use data, too many data points overwhelm physicians and nothing gets done. Information must be dispensed in relevant, digestible forms. Dr. Patel agrees noting that there is certainly a double edged data sword that we need to be cautious about. By knowing more about the consumer providers could better tailor their care, but you could also open yourself to targeting based on your proclivities (bars, cigarettes, etc) or discrimination (ineligible for buying life insurance).

Dr. Robert Adamson of RWJ Barnabas Health championed the value that embedding pharmacists into health systems can bring. A largely untapped resource, almost all institutional pharmacists are embedded into acute care, leaving a huge knowledge gap in ambulatory care. There was a prior perception that adding pharmacists to a multidisciplinary team would be a cost burden but in fact they can help to yield large cost savings. Dr. Mark Calderon (Atlantic ACO) agrees and adds that bringing a pharmacist into a practice, helps bring greater alignment with payer partners and meet STAR measures.

The panel concluded by underscoring the importance of taking the time to analyze the needs of the communities that comprise your high utilization populations. In this way investments can be most smartly made into the broad, transformative solutions that adapt the system to be of better service.

III. Opioid Crisis Overview and Collaborative Solutions

In the past 3 years the quantity and purity of opiates on the black market have skyrocketed resulting in unprecedented numbers of overdoses and addiction. The Bowers opioid panelists represented a wide cross section of stakeholders in the substance abuse landscape including law enforcement and public safety, public policy, prevention, treatment assistance, recovery and the medical academic community. While their focus and delivered interventions may vary, each spoke about the powerful role data, innovation and partnership plays in informing their work.



Christopher Jakim

Christopher Jakim, Assistant Special Agent in Charge (ASAC), DEA New Jersey Division, began by giving an explanation of the factors that have combined to escalate drug use and overdoses to the epidemic levels we see today. Chief among these is the flooding of the market with Mexican heroin and Chinese fentanyl readily and cheaply available for purchase via the dark web. In New Jersey the purity and strength of these drugs at street level is among the highest in the country, resulting in a correspondingly high rate of overdose and mortality incidents. The DEA 360 program that ASAC Jakim leads in Northern NJ is a three pronged approach combining aggressive law enforcement to root out suppliers and cut off drug pipelines, diversion control

to connect drug users with treatment resources instead of jail time, and working with community resources to provide educational seminars and conduct “social autopsies” to identify where opportunities for intervention were missed in cases of a substance abuse related death.

As a front line source of substance related information and assistance, the Poison Control Center is able to track and trend its call data for a current snapshot of the drugs or chemicals that are leading to the highest number of incidents or those that are

beginning to emerge as issues. Through sharing of this data, panelist Bruce Ruck described how the Poison Control Center has been able to form impactful partnerships with law enforcement, government and drug manufacturers that have resulted in clearer package labeling, legislation recognizing the danger of synthetic marijuana, and decreased ER utilization statewide by providing treatment direction to parents via phone rather than them rushing their child to the hospital, saving both precious minutes in a crisis situation and overall medical cost to the system.

In an increasingly interconnected digital world, innovating new ways to reach the addicted community means pooling resources to meet people where they are and challenging traditional norms. While technology will never be a substitute for a human contact it can be a powerful tool to support connection no matter the time or day. Daniela Luzi Tudor CEO, WeConnect Health notes that addiction is still largely being administered via an acute 28 day model of care with the hope that the individual will stay accountable to the plan for a lifetime. By recognizing Substance Use Disorder as a medical condition akin to other chronic medical conditions such as diabetes or cancer Tudor hopes the societal stigma surrounding it will lessen, allowing more people to come forward and receive the ongoing treatment they need. WEconnect Health's mobile application empowers patients to stay accountable to their care plan with the output of verified outcomes data in real-time back to providers, health plans, loved ones of the patient, and peer support. The tool uses evidence based practices, such as contingency management that has shown to reduce relapse by 50% more than other methods of treatment. Companies like Applied VR, PsychArmor/PsychHUB and WeConnect Health are all hoping that by engaging people digitally they have a better chance of keeping them accountable by flagging "danger zones" on GPS, tracking meeting check ins on credit-card style rewards platform , and providing virtual resources for instant counseling and support when making a meeting in person isn't possible.

The work being done to deliver treatment therapy in a more accessible, engaging and personally relevant way is important for those who are actively receiving assistance. However, in order to make true strides Morrison says that the next challenge is to identify people who are at risk earlier and proactively funnel them to the right resources before a medical emergency occurs. Mary Catherine Bohan of Rutgers University Behavioral Health seeks to tackle this challenge by focusing on the social determinants

that influence the addiction rate. Multidisciplinary programs combining medication and behavioral therapy (MAT) with employment support and traditional medical care are being rolled out for those most vulnerable to addiction including pregnant women and the incarcerated. The “wraparound” nature of these programs mean that services do not end with delivery or release but instead continue for a year (or more in some cases), recognizing that this is most often when relapse occurs.

In addition to discussing the work currently underway in the field, the panel also turned its attention to the untapped possibilities for data and collaboration available. Powers noted the important contribution that academic partners make to help shape evidence based practice. Non-traditional avenues from which to source data were also discussed including cash paying pharmacy customers and EMT logs. Dr. Saira Jan, speaking from her dual Pharmacy role at Rutgers and Horizon spoke of the impact that pharmacists can have—“Pharmacists are underutilized partners in prevention efforts. The world is changing and pharmacists are being confronted with more urgent needs. They can be a great tool for education, prevention and intervention in the community as well as within the pharmacy. “The role of the pharmacist can be leveraged a lot more than it has been to date. We have to pave the path for pharmacists to deliver. This is the perfect storm to do something”

“Pharmacists are underutilized partners in prevention efforts... We have to pave the path for pharmacists to deliver. This is the perfect storm to do something”

-Dr. Saira Jan

IV. Landscape for Oncology – Strategy, Challenges and Successes

The advancement of cancer research has ushered in an era of hyper personalized oncology treatments and breakthrough therapies with curative potential. It has also made cancer care more complex than ever. In this new era, oncology management requires a multi-stakeholder approach and innovative strategies must be brought to the table to continue improving outcomes for both patients and the institutions that support their care.

Dr. Kaveh Safavi of Accenture’s Global Health division is among the experts that worry that the increasing complexity of the cancer care system may soon exceed the capacity of community oncologists to provide standard of care treatment. 40% of all drugs in pipeline are focused in oncology with personalized medicine being the dominant trend among them. As treatments become more and more patient specific, the concept of general treatment guidelines for physicians to follow become challenging. Escalating drug prices tied to the costly development of these precision therapies are also having a direct result on payment for oncologic services. As drug prices drive up the cost of cancer care, payers will look for ways to offset these increases beyond the drug process themselves through increased prior authorizations, increased use of narrow networks, and bundles which inevitably loops back to impact care delivery.

In this era of personalized medicine, a team based model and multidisciplinary approach to oncology becomes critical. However, as Dr. Edward Licitra of Regional Cancer Care Associates discussed, the determination of how that fits within a value based care arrangement has been a journey in itself. He already sees a difference in the amount of time that is needed for patient visits. “The difficult conversations in this complex medical landscape with many, many more treatment options available cannot be condensed to 45 min to 1 hour. Sometimes it just takes more time. You owe it to that patient to explain their CAT scans and options available.” Another challenge Dr. Margaret Row of Summit/MD Anderson Cancer Center sees is that although all on the care team contribute to the health outcome and their services are expected as part of

quality care, the majority are unable to bill. Dr. Thomas Graf of Horizon Blue Cross Blue Shield believes these challenges underscore the importance of the partnership between payers and providers to navigate this new landscape and craft solutions, including precision bundles, to drive outcomes while incentivizing physicians. Chief among these is an increased focus on prevention and screenings in order to reduce the number of costlier treatments needed downstream.

“The difficult conversations in this complex medical landscape with many, many more treatment options available cannot be condensed... Sometimes it just takes more time. You owe it to that patient to explain...”

-Dr. Edward Licitra

As Dr. Safavi explains, the growing pains that new drug treatments and pricing models are having on the system are only parts of the revolution sweeping healthcare in the digital age. As hyper-detailed biological information becomes readily available through mail order kits and micro focused lab tests, the typical electronic health record is not equipped to manage the depth of information produced. In reality, EHR's and cancer registries have traditionally been optimized for billing and the pharmaceutical industry's use rather than for clinicians doing patient care. However, as patients become savvier consumers with many avenues available to seek the answers they need, that will likely need to change. As Dr. Steven Libutti of RWJ Barnabas and Rutgers notes, patients are increasingly becoming their own advocates, pushing back on the top down nature of the traditional doctor-patient model and demanding that healthcare match the inclusiveness, customer service and technical excellence levels that are commonplace in other industries.

V. Government Programs: Priorities, Legislative Impact and Focus Transitioning to Value-based Care

Insuring an estimated 1.8 million lives, Medicaid plays a massive part in the health of New Jersey. Recent data indicates it covers two-thirds of the state's nursing home residents, 42% of births and one-third of its children. Currently more prevalent on the commercial side of the market, the shift towards value-based care from traditional fee-for-service arrangements is beginning to appear in government programs (eg Medicare and Medicaid) as stakeholders continue to put an increasing priority on connecting savings to quality.

From the State's perspective, Sarah Adelman, Deputy Commissioner of NJ's Department of Human Services spoke of their goal to drive improvements in value by expanding benefits in FY2019 for autism, diabetes, hepatitis C, family planning and advanced care planning. However, ascending the ladder of value based payments does mean taking on more risk. To address physicians who may be wary of taking this on, part of the investment the state has made in the last two budgets has included special incentives for physicians to enter into VBP's. Another issue for providers is the variability of metrics among value based models. The consensus among panelists is that while the contractual details of each arrangement may be unique, there is usually commonality on quality measures. Jocelyn Carter notes that specificity in VBA's may actually be advantageous so that providers do not find themselves under a prescriptive set of rules that are not applicable to the population they serve.



Sarah Adelman

Covering the majority of the market, Horizon Blue Cross Blue Shield insures 800,000 of the state's 1.8 million Medicaid members. Valerie Harr, Director of Policy Integration and Transformation, believes that the move to VBP's provides a unique opportunity for collaboration and data sharing among institutions that don't normally communicate in order to better equip providers. By alerting primary physicians to the fact that their patient visited the ER or never filled their script a better informed treatment plan can be crafted. Additionally, the move to VBP's means that more non-traditional services, such as the assistance of social workers, which seek to address the individual as a whole and all the factors which may impede their health can be covered.

Jocelyn Chisholm Carter of United Healthcare discussed its targeted focus on quality and HEDIS metrics. Responsible for 505,000 Medicaid lives, Carter discussed some of United's initiatives to meet these including improving maternity health outcomes and committing FEP dollars to make sure members have access to appropriate treatment.

Given that NJ has one of the highest rates of C-sections and maternal mortality in the country, it is a top priority issue for both the state and payers alike. DHS has set a goal of reducing unnecessary csections by 60%, Horizon supports centering pregnancy programs that promote the importance of prenatal care and is exploring providing doulas for the Medicaid population, United's Healthy First Steps program sends nurses into the communities to meet with members and providers to address why prenatal care may not be being received.

Another area of agreement was on the topic of behavioral health. All acknowledged that there is a large amount of ER and hospital utilization tied to behavioral health issues. Under acute care models, service was fragmented and behavioral health concerns could not be addressed alongside the physical. Those walls need not exist within value based arrangements but incentives must be aligned to increase the role of care managers and provide a community based approach to address the social determinants which influence how someone copes with a behavioral health condition. Adelman proposed that there is an opportunity present to build better outpatient care management to serve this population. However, there are currently not enough

specialists to operationalize this on a large scale. To address this, the state is assisting physicians in getting DATA waived.