



RUTGERS

Ernest Mario School
of Pharmacy

69th Annual

Roy A. Bowers

Pharmaceutical Conference

Conference Summary Report

November 18, 2019 | Somerset, NJ



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I. INTRODUCTION

I.1 Conference Program

Monday, November 18, 2019

7:30 – 8:30 AM **Registration, Breakfast, and Networking Opportunity**

8:30 – 8:45 AM **Introduction**

Program Chair: Saira Jan, MS, PharmD, *Clinical Professor | Ernest Mario School of Pharmacy, Director | Enterprise Pharmacy, Horizon Blue Cross Blue Shield*

8:45 – 9:00 AM **Welcome and Opening Remarks**

Joseph A. Barone, PharmD, FCCP, *PharmD, FCCP, Dean & Professor II | Ernest Mario School of Pharmacy*

9:00 – 9:45 AM **Keynote Speaker – State of Health Care in NJ: Gaps & Challenges
Advancing Public Health in the Murphy Administration: Progress and
Challenges**

Shereef M. Elnahal, MD, MBA, *21st Commissioner of the New Jersey Department of Health, President & CEO | University Hospital*

9:45 – 10:00 AM **Networking Opportunity**

10:00 – 11:30 AM **Panel Discussion – Health Care Leaders in NJ: Pioneering the Way for
Affordable and Innovative Health Care**

Moderator: XinQi Dong, MD, MPH, *Director | Institute for Health, Healthcare Policy, and Aging Research*

Panelists:

Shereef M. Elnahal, MD, MBA, *21st Commissioner of the New Jersey Department of Health, President & CEO | University Hospital*

Allen J. Karp, MBA, Executive Vice President of Healthcare Management Transformation | Horizon Blue Cross Blue Shield of New Jersey
Brian L. Strom, MD, MPH, Chancellor, Executive Vice President for Health Affairs | Rutgers University
John J. Gantner, President & CEO | Robert Wood Johnson University Hospital
Arturo Brito, MD, MPH, Executive Director | The Nicholson Foundation
Deborah Visconi, MHA, President & CEO | New Bridge Medical Center

11:30 – 12:30 PM **Presentation – Rheumatoid Arthritis: Payer-Provider Collaboration to Improve Outcomes**

Speakers:

Adrienne R. Hollander, MD, Managing Partner | Arthritis Rheumatic and Back Disease Associates
Saira Jan, MS, PharmD, Clinical Professor | Ernest Mario School of Pharmacy, Director | Enterprise Pharmacy, Horizon Blue Cross Blue Shield
Max Hamburger, MD, FACP, FACR, Founder, Executive Chairman & Chief Medical Officer | United Rheumatology

12:30 – 1:30 PM **Lunch Break and Networking Opportunity**

1:30 – 3:00 PM **Presentation and Q&A Session – Diabetes Landscape and Collaborations for the Management of Better Outcomes**

Moderator: Luigi Brunetti, PharmD, MPH, BCPS, BCGP, Associate Professor | Ernest Mario School of Pharmacy, Rutgers, The State University of NJ

Panelists:

Sebastian Schneeweiss, MD, ScD, Professor of Medicine & Epidemiology | Harvard Medical School, Vice-Chief, Division of Pharmacoepidemiology & Pharmacoeconomics | Brigham & Women's Hospital
Rachana Kulkarni, MD, FACC, MBA, CPE, President | American Heart Association of New Jersey, Managing Partner | Medicor Cardiology, Ex-Chairman of Medicine & Chief of Cardiology | Robert Wood Johnson Hospital Somerset
Louis F. Amorosa, MD, Chief, Division of Endocrinology, Metabolism, and Nutrition | Robert Wood Johnson Medical School

3:00 – 3:15 PM

Networking Opportunity

3:15 – 4:45 PM

Panel Discussion – Pharmacy Cost and Transparency: Understanding Trend Drivers, Finding Solutions to Rising Costs, and Supporting Sustainability of the Benefit Program, Transitions of Care, Episodes of Care, and Continuity of Care

Moderator: David Gambino, *Vice President Transformation & Chief Pharmacy Officer | Horizon Blue Cross Blue Shield of New Jersey*

Panelists:

Leslie D. Hirsch, *FACHE, President & CEO | Saint Peter’s Healthcare System*

Laura Balsamini, *PharmD, BCPS, National Vice President, Pharmacy Services | Summit Health Management*

Suzanne Kunis, *Vice President Behavioral Health | Horizon Blue Cross Blue Shield of New Jersey*

Kenneth H. Paulus, *President & CEO | Prime Therapeutics*

4:45 – 5:00 PM

Closing Remarks

Program Chair: Saira Jan, *MS, PharmD, Clinical Professor | Ernest Mario School of Pharmacy, Director | Enterprise Pharmacy, Horizon Blue Cross Blue Shield*

1.2 Opening Remarks

On November 18, 2019 the 69th Annual Roy A. Bowers Pharmaceutical Conference was held in Somerset, NJ. The title of this year's conference was "Transforming New Jersey Health Care – Affordability, Consumerism, & Innovation: A Call to Action." 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 and collaboration umbrella, this year's keynote presentation and panel discussions were organized around four main themes:

- Population health – using technology, best practices, and innovation to identify actionable interventions and manage total cost of care
- Payer-provider collaboration to improve outcomes (e.g. Rheumatoid arthritis pilot)
- Diabetes landscape and collaboration to improve outcomes (rapid analytics program)
- Pharmacy cost and transparency – trend drivers and solutions to rising costs

Critical 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 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. 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. Advancing Population Health

Spanning the keynote address and panel discussions, the dominant theme at this year's Bowers Conference revolved around population health, addressing social determinants, and using data analytics and innovative models to improve outcomes while decreasing total healthcare costs.

Dr. Shereef Elnahal, President & CEO at University Hospital and previously the Commissioner of the New Jersey Department of Health, began by giving an overview of key healthcare-related issues within New Jersey, particularly in high risk areas such as Essex county. Although the rate of uninsured New Jersey residents has seen decreases since 2013, it is expected we may start to see slight increases due changes in the ACA and external policies. Homelessness and food insecurity are also a major issue on the rise and have healthcare implications as many show up to the emergency room, which Dr. Elnahal described as a "ground zero" for the most vulnerable population.

Within University Hospital, Dr. Elnahal explained that of the 90,000 ED visits they see per year, approximately 60% are from government payers and patients. Wait times are an issue and a potential barrier to care. For example, patients seen and discharged from the ER experience an average length of stay exceeding 5 hours and those who are eventually admitted to the hospital wait over 9 hours before getting a bed. Between 10-20% of patients leave without being seen (national standard <2%). Most notably, almost 80% of patients seen in their ER are low acuity and could safely be cared for at most other sites of care. The most common co-morbid diagnosis in this population involves behavioral health conditions.

Understanding these risk factors, Dr. Elnahal touched on the importance of investing in programs to address social determinants, which play a significant role in health outcomes. Many of the programs Dr. Elnahal touched on have demonstrated measurable outcomes. Examples include the *Familiar Faces* chaplain program which

trains people to be community advocates and navigators, developing processes to refer trauma admissions to community support programs, and the *HMFA Hospital Housing* program which looks to increase housing for the homeless population with an embedded behavioral health team. Sustainability of these programs is dependent on endowments, philanthropic funds, community co-investments with existing organizations, or risk-based arrangements with Medicaid payers. Several innovative models were discussed, such as ChenMed and Nuka. Ultimately, the future of healthcare could involve “medical villages” where the hospital is at the center with surrounding healthcare services and community housings.

Dr. Xinqi Dong, Director at the Institute for Health, Healthcare Policy, and Aging Research, moderated the first panel discussion which included health care leaders in New Jersey and ideas on how to move toward affordable and innovative health care. Dr. Dong opened the panel discussion by asking the panelists about their thoughts on population health within their own organizations and how to identify best practices in managing total cost of care. Dr. Arturo Brito from the Nicholson Foundation discussed challenges around acquiring and using data in a meaningful way, a sentiment the panel universally agreed with. Allen Karp from Horizon Blue Cross Blue Shield of New Jersey, added to the discussion by talking about the work Horizon is doing with its value-based practices in sharing meaningful data to drive change.

Dr. Brian Strom, Chancellor, Executive Vice President for Health Affairs at Rutgers University talked about the need for an inter-professional approach to come up with new and innovative reimbursement mechanisms. He later addressed workforce development and efforts to retain providers in New Jersey, which has one of the lowest rates of primary care providers per capita.

Deborah Visconi, President and CEO of New Bridge Medical Center, emphasized the importance of community partnerships, particularly around opioids, behavioral health, law enforcement collaboration, and housing. She echoed comments made by Dr. Strom that New Jersey needs to have more of a “train and maintain” approach which her organization has made strides toward by having one of the largest behavioral health residency programs in the region.

John Gantner, President and CEO at Robert Wood Johnson University Hospital, explained that effective population health involves combining many resources and teams working together to keep people healthy and empowering consumers.

The panel discussion moved to behavioral health with Karp discussing the work Horizon has done to build out a model for social determinants of health and a 2017 pilot with RWJBH to co-fund 2 community health workers to address social determinants which yielded positive results. Dr. Elnahal stressed the importance of sustainability and building multi-stakeholder coalitions, with an emphasis on behavioral health.

The panel concluded by discussing their biggest surprises about healthcare in 2019, which revolved around the lack of good and usable data, end of life care, and the future of wearable technologies.

III. Rheumatoid Arthritis: Payer-Provider Collaboration to Improve Outcomes

Rheumatoid arthritis (RA) is a chronic, debilitating, inflammatory disease that most commonly affects the joints of the hands, feet, wrists, elbows, knees and ankles. The prevalence of RA is 1.5M in the United States with nearly three times as many women having the disease as men. Additionally, RA is a systemic disease and can result in an increased risk of cardiac disease with an overall decrease in life span by 10-15 years. Traditionally, RA has been managed with monotherapy (convention DMARDs, chronic steroids, etc.); however treatment could only improve disease activity by 20%. The introduction of TNF inhibitors ~20 years ago and emergence of combination therapy revolutionized patient care and impact of disease with improved quality of life and decreased comorbidities. As a result, many RA patients now achieve low disease activity

(LDA) or remission (although side effects of these new drugs are a concern, particularly infection risk).

Dr. Adrienne Hollander, Managing Partner at Arthritis Rheumatic and Back Disease Associates led the description of the RA Pilot Program, a 2-year innovative program designed to assess the clinical and economic impact of a DMARD dose optimization decision support program on stable patients with RA. To achieve this, a decision support tool was developed to facilitate change in physician behavior with reminders/alerts and standardized clinical data capture in a real-world setting. Six stakeholders were involved in the developing the protocols and pilot design including Horizon, Magellan Health, Prime Therapeutics, Arthritis, Rheumatic & Back Disease Associates, Myriad, and United Rheumatology.

Through the pilot, an LDA alert was added with the EMR (reported in real-time) and taper orders were added as a collectable data element. Once a provider is in chart, a menu comes up if they would like to discuss tapering of RA drug. An interim analysis revealed that of about 1000 Horizon RA patients, 557 had a LDA alert, 265 had taper discussions, and the drug was actually tapered in 50 patients. Patients were followed up to 19 months (rolling enrollment) with outcomes showing dose tapering by a 30-50% reduction in many patients, with only a small handful having to reverse taper. In total, there was approximately a 50% reduction in the number of drug units administered with almost \$1M in savings. When asked from the audience a question about key challenges experienced during the pilot, Dr. Hollander talked about the process to help physician practices collate and collect extractable data, implementing EMR triggers, and the lack of nationally recognized guidelines on RA drug tapering.

Dr. Max Hamburger, Founder, Executive Chairman & Chief Medical Officer at United Rheumatology and Saira Jan provided further commentary on the results of the pilot and discussed the general applicability to other disease states and the importance of payers and providers coming together to develop works to ultimately decrease the total cost of care.

IV. Diabetes Landscape and Collaborations for the Management of Better Outcomes

Dr. Luigi Brunetti, Associate Professor at Ernest Mario School of Pharmacy at Rutgers University began this section of the conference by providing an overview of the diabetes landscape. It is estimated that diabetes affects 30 million children and adults in the U.S. with 84 million Americans having pre-diabetes. According to one study, diabetes is often clinically diagnosed ~ 10 years after initial onset. From an economic burden perspective, over \$300 billion is spent annually on diabetes care. Macrovascular complications are notably a major concern when looking at long-term complications of diabetes. Dr. Brunetti emphasized that effectively managing diabetes require a multi-stakeholder approach.

Dr. Rachana Kulkarni, President at the American Heart Association of New Jersey, continued the discussion by talking about coronary artery disease and diabetes. When looking at the statistics, the prevalence of cardiovascular disease was 121.5 million adults 20 years or older in 2016. The total cost of diagnosed diabetes in the U.S. reached \$327 billion in 2017, with nearly one in every even healthcare dollars being spent directly on treating diabetes and its complications. Looking more locally, 1 out of 10 New Jersey residents have type 2 diabetes; a number expected to grow 20% by 2025, making it one of New Jersey's fastest-growing diseases.

The American Heart Association has published a simple seven point checklist for diabetes which focuses on managing blood pressure, controlling cholesterol, reducing blood sugar, getting active, eating better, losing weight, and stopping smoking. When looking at the management of coronary artery disease in Diabetics, Dr. Kulkarni explained that historically we have focused on treating blood glucose levels and HbA1c.

More recently however, there has been a paradigm shift to focus on CV risk reduction which was primary driven by results of EMPA-REG OUTCOME which found lower rates of death from CV causes in the empagliflozin group. Due to ongoing studies looking at SGLT2 inhibitors and cardiovascular benefits there is an ongoing debate as to whether clinicians should prescribe these medications for the primary purpose of CVD prevention.

Next, Dr. Louis Amorosa, Chief, Division of Endocrinology, Metabolism, and Nutrition at Robert Wood Johnson Medical School provided a historical perspective of managing diabetes and guided the audience through landmark studies in diabetes and how those results have shaped our treatment approach today. This has focused on a continuing emphasis on screening for type 2 diabetes in patients with or at high risk of ASCVD, aggressively treating cardiovascular risk factors, and incorporating data for newer anti-hyperglycemic agents into routine practice (e.g. SGLT2 inhibitors).

Dr. Sebastian Schneeweiss, Professor of Medicine & Epidemiology at Harvard Medical School, closed the discussion by illustrating an example of how real-world evidence can be used to inform patient management in diabetes. He reviewed a case study undertaken in partnership with Horizon on type 2 diabetes to address questions over how to identify actionable interventions within this population. To deliver actionable evidence and causal insights, he used a 3-step approach: Step 1: Horizon population insights, Step 2: Predicting high cost members, and Step 3: Comparative treatment effectiveness for 2nd line therapy. The analysis ultimately identified a cohort of predicted high cost diabetic patients and then comparative analysis highlighted improved health outcomes for SGLT-2s vs. SUs and DPP-4s in Horizon & National Data

V. Pharmacy Cost and Transparency

Moderated by David Gambino, Vice President Transformation & Chief Pharmacy Officer at Horizon, the final panel of the day focused on pharmacy cost and transparency to better understand trend drivers, find solutions to rising costs, and support sustainability of the benefit program, transitions of care, episodes of care, and continuity of care.

Dr. Laura Balsamini, National Vice President of Pharmacy Services at Summit Health Management talked about the innovative work Summit is doing, particularly the recent merger with CityMD and the pharmacist footprint they have been building. She recalled an impactful statement she heard at a conference: “if you’re not in specialty pharmacy by 2020, you’re not in pharmacy.” As a result, they have started to build a specialty pharmacy service line to do clinical reviews and analyses of all new biologics and high cost specialty drugs to ultimately help mitigate rising specialty pharmacy costs.

The discussion then moved to the importance of effective behavioral health management. Suzanne Kunis, Vice President Behavioral Health at Horizon provided a historical perspective by explaining 20 years ago there were really only two options for mental health: psychiatric hospitals or psychiatrists. The exception to this was community mental health workers. Ironically, that sector is now experiencing a renewed focus, touted as the type of engagement that will yield real advances. She later added that transparency on the quality or outcomes really does not exist for mental health providers or programs the way it does for physical health. Although the stigma around behavioral health has made advancements over recent years, there is still a ways to go and a need for more access and capacity of these services, particularly with children.

Leslie Hirsch, President & CEO at Saint Peter’s Healthcare System talked about programs and priorities at his health system and later commented on the widespread consolidation that’s been seen in the market which many had not anticipated to that level. Kenneth Paulus, President & CEO at Prime Therapeutics talked about high cost conditions and needing to make agreements to share the risk/cost of them. He

emphasized the need to work with pharmaceutical companies and caregivers more closely to break down walls to ultimately control costs.

The group concluded by discussing a range of topics including drug price caps, telemedicine, new market entrants/disruptors (e.g Amazon and Google) and the role of employer groups in benefit design and consumer engagement.