**Facilitator's Guide**

**Description**: This guide is intended to help the faculty deliver this 60-minute discussion on high value medication prescribing. This is the fourth in a series of seven sessions.

**Learning Objectives**:

1. Compare efficacy and costs of commonly prescribed medications including generic (and biosimilar) versus non-generic medications.
2. Identify medication cost as an important barrier to adherence.
3. Recognize the importance of simplifying medication regimens to improve patient outcomes (stop nonessential medications and de-escalate therapy when indicated and when possible).
4. Describe medication prior authorization process and list implications.
5. Facilitate effective physician-patient discussions about patients’ out-of-pocket costs.
6. Identify resources to assist patients with out-of-pocket mediation costs and adherence.

**Audience and Setting:** The intended audience for this module is Internal Medicine subspecialty fellows. A large group setting with time and space for small group work within the session is best.

**Equipment Required**: A computer with projector for the PowerPoint presentation, a white board or flip chart for recording group work, an Internet connection (and computer, laptop, or other device to connect to the Internet) to facilitate participants' database searches for costs of medication.

**Optional**:

* A clinical pharmacist to help facilitate this session and answer questions.
* Small prize drawing for the winning team (candy is fine).
* Print copies of the Patient Medication Resource Guide for participants.

**References:**

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4. Accreditation Council for Continuing Medical Education. ACCME® 2011 annual report data. <http://www.accme.org/sites/default/files/630_2011_Annual_Report_20130807.pdf>. Last accessed March 16, 2016.
5. Shrank WH**,** et al. The implications of choice: prescribing generic or preferred pharmaceuticals improves medication adherence for chronic conditions. Arch Intern Med. 2006 Feb 13;166(3):332-7.
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9. Brownlee, S. Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer. New York, NY: Bloomsbury; 2008: 213-217.
10. Kesselheim AS, et al. The clinical equivalence of generic and brand-name drugs used in cardiovascular disease: a systematic review and meta-analysis. JAMA. 2008 Dec 3;300(21):2514-26.
11. Kesselheim AS, et al. Seizure outcomes following use of generic versus brand-name antiepileptic drugs: a systematic review and meta-analysis. Drugs. 2010 Mar 26;70(5):605-21.
12. GoodRx. <http://www.goodrx.com>. Last accessed March 16, 2016.

**Presentation Instructions**

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| Step | Description | Estimated Time |
| 1 | Welcome participants, introduce speakers, identify the reason for the discussion including:   * Underscore the value of prudent medication prescribing on patient outcomes, adherence, and cost * Explain the learning objectives (slide #2) | 5 minutes |
| 2 | Case One – Rheumatoid Arthritis   * Present the case on slide #3 * Review the medications and pharmacy bill for the medications prescribed (slide #4) * Ask the audience the following questions: Why did it cost so much?   Was there a less expensive alternative? Did she really need all of those medications?   * Go around the room and ask participants to discuss the questions * Emphasize this was a relatively healthy patient with insurance and remark at how pharmacy bills can add up quickly for ALL patients | 10 minutes |
| 3 | Questions Discussion – Pharmaceutical Marketing to Physicians   * Present slide on pharmaceutical marketing to physicians as one influence on medication costs (slide #5) * Review some statistics around pharmaceutical marketing, point out the difference in money spent marketing to physicians in the US vs. Canada (slide #6) * Mention the recent Sunshine Act that requires all gifts to physicians be publicly reported <http://www.policymed.com/2013/02/physician-payment-sunshine-act-final-rule-quick-reference-guide.html> | 10 minutes |
| 4 | Questions and Answers – High Value Prescribing   * Highlight the value of switching to generic medications (slide #7) and to alternative medications (slide #8) * Present some other considerations that can be used to cut medication costs and harms (slide #9) | 5 minutes |

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| 5 | Case Two – Medication Reconciliation   * Present a woman with HTN, HLD, and DM admitted for workup of chest pain who has minimal disease on cardiac catheterization (slides #10 to 12) * Divide the room into small groups and give them a worksheet that compares her outpatient and discharge medications (slide #13). Ask the groups to discontinue all nonessential medications and replace brand name medications with less expensive alternatives. Have them estimate the monthly costs of the outpatient and discharge medication lists. Use Internet websites (e.g., individual stores, [www.GoodRx.com](http://www.GoodRx.com), others) to get medication cost information. * Have the groups share their decisions with the larger group * Ask them to vote on the dollar amount saved by simplifying the regimen and switching to generics; give a prize to the winning team. Show slide #14 (has lists with costs side by side). * Provide tips to improve medication reconciliation at discharge (slides #15 and 16) | 15 minutes |
| 6 | Case Three – Techniques to Cut Prescription Drug Costs   * Present a man with newly diagnosed lymphoma (slides #17 and 18) * Review some techniques that are available to decrease cost of drugs (slide #19) * Recognize that often there is more than one medication for a given purpose/need (slide #20) * Present example of cost comparisons (slide #21). This shows effects of choice of medication; generic vs. brand name; shopping around; pill splitting (e.g., ondansetron, 4 mg as needed) | 10 minutes |
| 7 | Action Plan: Ask for participants to commit to two things they will start doing and two things they will stop doing based on the session (slide #23). If there is time, ask for volunteers to share their personal goals. | 5 minutes |