



# **BCBSM Physician Group Incentive Program 2012 Program Year**

**Increasing the Use of Generic Drugs Initiative**

**Initiative Plan**



## **I. Initiative Overview**

The Blue Cross Blue Shield of Michigan (BCBSM) Increasing the Use of Generic Drugs Initiative (Generic Drugs Initiative) is one of many initiatives of the Physician Group Incentive Program (PGIP). Since its inception in 2005, PGIP has supported and facilitated practice transformation using a wide variety of initiatives to reward physician organizations (POs) for improved performance in health care delivery. As of September 2011, PGIP includes 40 POs from across the state of Michigan, representing nearly 15,000 primary care physicians (PCPs) and specialty physicians who are members of the BCBSM TRUST PPO and/or Traditional networks. These physicians provide care to nearly two million BCBSM members.

PGIP encourages all payer collaboration, catalyzing all payer system development, rather than payer-specific system development. Through PGIP, BCBSM is helping to improve the quality of care for all Michigan residents. Patients throughout the state, regardless of payer, benefit from the improved care processes developed through the PGIP provider community. Developing systems of care which are used for all patients helps assure that providers don't have to alter care processes based on whether patients have insurance, or which insurance they have. This is an important factor in ensuring that the best practices and care processes are reliably provided to all patients, all of the time. This all-payer approach to practice transformation is good for patients with coverage from BCBSM and BCN and helps further BCBSM's social mission of cultivating a healthier future for all Michigan residents.

### **Goals and Objectives**

The goal of the Generic Drugs Initiative is to incentivize POs to moderate escalating pharmaceutical costs by promoting generic prescribing when clinically appropriate. This Initiative is designed to share data with POs so that they may identify, track, and monitor opportunities to decrease pharmacy costs. The objectives of the Generic Drugs Initiative are:

- To promote the use of generics and a low-net-cost strategy when clinically appropriate
- To decrease generic utilization variability among PCPs and specialists
- To increase PGIP's overall generic dispensing rate (GDR)

### **Summary of Results**

The Generic Drugs Initiative predates PGIP with inception in 2004. Participation for this Initiative has grown to include all 39 non-oncology PGIP POs in program year 2011. Participating POs have realized a 7.6 percentage point increase in risk-adjusted generic use rates for attributed adults (ages 18-64) between calendar years 2006-2010. This Initiative's key metric, risk-adjusted GDR for PGIP-attributed adults, was 74.4% in 2010 which equates to a 7.4% increase in GDR from 69.3% in 2009.

Additional trends for both the pediatric and adult populations are also available in the Results section of this paper.

## II. Background

### Health Problem and Significance

The American public spent over \$307 billion on prescription drugs in 2010 according to *IMS Health's* "The Use of Medicines in the United States: Review of 2010" report.<sup>1</sup> With the price of generic drugs averaging 30 to 80% less than the cost of brand-name drugs, the American public can save billions of dollars by using generic drugs. By the end of 2012, six of the 10 top-selling brand-name drugs in the U.S. representing over \$46 billion dollars in brand-name drug sales, will lose their patents. This will result in an unprecedented expansion of the market availability of generic drugs within key therapeutic classes of pharmacotherapy for people with chronic diseases.<sup>2</sup> Recent undisclosed and unexpected adverse side effects for newer drugs brought to market further elevate the need for a higher standard of more evidence-based prescribing practices for physicians.<sup>3</sup> Overall, the savings associated with the use of generic drugs can help control the cost of health care in the U.S. without reducing the quality offered to patients.

In each of the past five years, total generic market share has risen to now represent 78% of all prescriptions dispensed in the U.S.<sup>1</sup> Between 2011 and 2015, considerable opportunities for savings will result as blockbuster drugs such as Lipitor® (2011), Plavix® (2012), Lexapro® (2012), Diovan® (2012), Cymbalta® (2013), Aciphex® (2013), and Nexium® (2014) lose their patents. These drugs represent a wide variety of therapeutic classes and disease states with each generating more than \$1 billion dollars in annual sales.

Since generic drugs are priced significantly lower than their brand-name counterparts, physicians can actively facilitate increased patient adherence and persistence to prescribed prescription regimes by prescribing affordable generic drugs. Within the next five years, the cost barriers associated with poor medication adherence and persistence among many chronic disease therapeutic areas will likely decrease as former brand-name drugs become available in generic form.<sup>4</sup> As a result, there is even greater room for improvement in PO-and physician-led efforts to promote drug persistence and adherence among their patient populations. An existing body of evidence suggests that non-adherence is associated with poor patient-physician communication, poor patient education and patient perceptions that a prescribed therapy is ineffective.<sup>4</sup>

With so many generics becoming available, there is an increased opportunity for physicians to promote the use of generic and low-net-cost-strategy prescribing when clinically appropriate. Coupled with available PGIP dashboard and dataset data, POs can work actively with their physicians to identify opportunities to prescribe generic drugs and promote the use of a low-net-cost strategy. These net effects reduce overall pharmacy costs for patients, payers, and the total health care system.

Key trends anticipated to impact the pharmaceutical industry in the next few years include<sup>5</sup>:

- Increased patient adherence/persistence
- Expanded access to health care through National Health Reform's state insurance exchanges along with the elimination of member cost share for oral contraceptives and emergency contraception
- Increased diagnosis of asymptomatic conditions
- Greater clinical efficacy of new products and emerging therapeutic platforms

## **BCBSM Experience**

Savings of over \$227 million dollars were realized in 2010 for BCBSM's pharmacy benefit management programs, and an estimated \$41 million for the pharmacy clinical initiatives for the book of business. (See page 5 for additional information on these initiatives.) In 2010, BCBSM's GDR was 76% for all three lines of business (BCBSM, BCN, and Medicare Part-D). Analysis shows that even a 1% change in the use of generics by Blues members results in savings of about \$30 million dollars (based on 2010 claims).<sup>6</sup> Due in large part to the Blues' e-prescribing initiatives, Michigan currently ranks third in the nation for electronic prescribing. Although in the area of generics, BCBSM has steadily increased its GDR over the past several years, there remain opportunities for improvement.

## **Possible Solutions**

Numerous cost-containment strategies are used to control growth in drug spending.<sup>7</sup> The main strategies include:

1. Utilization strategies – There are a variety of market-based approaches intended to affect which and how many drugs patients use. Approaches include:
  - Imposing direct limits, such as excluding specific drugs or drug classes from coverage or limiting the quantity covered
  - Imposing rules on utilization, such as formularies, preferred drug lists, step therapy, prior authorization requirements
  - Dispersing financial incentives to the provider for prescribing more generic equivalents and fewer costly name brand medications
  - Influencing how much the patient pays, such as tiered copayments or reference pricing.
2. Monitoring use of Dispense-As-Written (DAW-1) – DAW-1 refers to instances in which the physician mandates the use of a brand-name drug when a therapeutically equivalent generic is available. Utilizing available data to monitor physician use of DAW-1 may reduce unnecessary patient out-of-pocket copay expense for generically available brand-name drugs. The estimated costs associated with DAW requests amount to over \$7 billion annually in the U.S., yet they account for only 5% of all prescriptions written.<sup>8</sup>
3. Pricing strategies – These include market-based approaches intended to reduce the price of drugs, including the use of purchasing pools, restricted pharmacy networks, mail-order pharmacies, and manufacturer rebates.
4. Regulatory strategies – Government authority has also been used to contain costs, including directly regulating prices, promoting broader availability of generic drugs through changing patent-protection laws, transferring drugs to over-the-counter status, and increasing regulation of direct-to-consumer advertising.

While it is BCBSM's goal to increase utilization of generic equivalents through full participation in the Generic Drugs Initiative, POs with the most success in improving their GDR are those who develop the necessary infrastructure that prompts prescribers and patients to consider generics. To achieve this, POs can use a variety of tools and strategies including patient or provider education, e-prescribing decision support software, and notices in patient rooms related to the safety and cost savings related to generic use. Both stand-alone e-prescribing and

combination e-prescribing/ electronic medical records (EMR) tools include decision support functionality to alert a provider if a generic drug equivalent is available.

### ***BCBSM Experience***

The Generic Drugs Initiative is one of many BCBSM provider- and member-facing pharmacy strategies used to curb health care costs while maintaining value for BCBSM members. BCBSM's Value Partnerships department continues to research other ways to promote the use of generic drugs.

BCBSM's Pharmacy Services department offers an array of pharmacy benefit management solutions including triple-tier plan designs that deliver cost-effectiveness without limiting benefits. Using the Custom Formulary based upon BCBSM's low-net-cost strategy, BCBSM drives utilization for those medications determined to provide the highest therapeutic value at the lowest possible cost. There are a number of features employed by BCBSM to further hold costs in check and maximize value, including:

- Prior authorization and step therapy
- Low generic copay options to maximize savings as patents of some of the most population brand medications expire
- Member education through the promotion of [theunadvertisedbrand.com](http://theunadvertisedbrand.com), a BCBSM-maintained educational resource for Michigan residents
- E-prescribing programs

Other pharmacy initiatives that support BCBSM's low-net-cost strategy include:

- Dose optimization
- Brand-to-alternative generic interchange
- Generic copay waiver
- Three-month generic copay holiday
- Quantity limits
- Enhanced polypharmacy outreach and high-utilization management
- Off-label coverage exclusion
- Preferred therapy

## **III. Initiative Description**

### **Specific Area of Focus**

The focus of the Generic Drugs Initiative is to reduce pharmacy costs by providing data and incentives to POs who increase the use of generics and a low-net-cost strategy, when clinically appropriate. Unadjusted and risk-adjusted generic use and cost data are reported for the POs' patient population using the most current physician list and most current assignment of primary care relationships. This Initiative measures the performance of PGIP POs by their risk-adjusted GDR for their attributed adult (ages 18-64) population in semi-annual dashboard reports issued to participating PGIP POs.

The Generic Drugs Initiative is a pay-for-performance program which promotes the concept of the medical home for PCP and specialists prescribing practices. It encourages POs to develop

an infrastructure that can identify, track, and monitor opportunities to promote physician prescribing of generic drugs and an overall low-net-cost prescribing strategy.

See Appendix I for the cause and effect diagrams that describe how this Initiative contributes to increases in generic utilization and reductions in PO-level variation in the GDR.

## **Target Population**

The Generic Drugs Initiative targets all PGIP-attributed adult members between 18 and 64 years of age.

## **Criteria for Participation**

Any non-oncology PGIP-participating PO is eligible for participation in this Initiative. POs are expected to analyze their data and develop strategies and targeted patient interventions to promote the use of generics and low-net-cost strategy, when clinically appropriate.

## **BCBSM Deliverables**

BCBSM will provide the following three types of data reports to POs—bi-annual dashboards, quarterly datasets, and monthly pharmacy claims feeds.

The Generic Drugs Initiative dashboard report is distributed twice annually and includes unadjusted and adjusted GDRs and multiple pharmacy utilization metrics by PO for twelve months of data. The GDR rate is based on the dispensed prescriptions written by all PGIP physicians for the BCBSM members attributed to the PO's PCPs. Other dashboard data include the following:

- Pediatric and adult attribution volumes and demographics (reported separately)
- Unadjusted and risk-adjusted generic drug use comparisons
- Tables and figures to show PO and benchmark outcomes for the Initiative metrics
- Specialty-based GDR for 14 provider-specialties for informational purposes only

The Generic Drugs Initiative quarterly datasets are disseminated to each PO in February, May, August, and November. The datasets contain member (patient) level pharmacy claims data for PGIP-attributed members at the PO, Sub-PO, PU, and physician level. Additional features of the datasets include, but are not limited to the following:

- Data tables for POs to self-customize ad hoc queries on data specific to the Generic Drugs Initiative at the PO, Sub-PO, PU and physician level
- Allows PU-to-PU and/or Physician-to-Physician comparisons within a PO

The Generic Drugs Initiative monthly pharmacy claims extracts (referenced also as claims feeds) contain data for all pharmacy claims submitted for a service on a member attributed to a PGIP physician within a PO, whether or not the rendering physician is affiliated with the PO. These monthly pharmacy claims feeds also represent data for services rendered to any member by a PO's attributed physicians for members who have not yet been attributed by BCBSM to that physician. Information including, but not limited to the following are provided on the monthly pharmacy claims feeds:

- Patient name
- Prescribing provider
- PGIP-attributed physician
- Member (patient) information
- Drug codes
- Generic indicator
- Dispensed quantity
- Specialty drug indicator
- American Hospital Formulary Therapeutic (AHFS) Classification

*Note: Pharmaceuticals payable under the medical benefit are processed as part of Facility and Professional Claims and would not be reported.*

See Appendix II for the 2012 data delivery schedule for the Generic Drugs Initiative.

*BCBSM reserves the right to modify its evaluative and administrative processes related to the Initiative.*

## **PO Expectations/Deliverables**

POs selecting the Generic Drugs Initiative are expected to review and analyze all PGIP-delivered data to develop strategies, process improvements, and interventions that promote the use of generics and a low-net-cost strategy when clinically appropriate at the PO, sub-PO, PU, and physician levels.

Additionally, POs should utilize the dashboards, datasets, and monthly claims feeds to identify opportunities to decrease generic utilization variability among PCPs and specialists. POs are expected to share available data with PUs and physicians to identify, track, and monitor opportunities to achieve Initiative outcomes.

All POs participating in this Initiative are required to complete PGIP Progress Reports issued twice a year. The progress reports are an opportunity to describe barriers to and strategies for success in managing the PO's generic drugs utilization.

POs should nominate an analytic lead for process improvement analysis or establish a central analytic hub for the entire PO. Analytics may include content that cannot be provided by BCBSM for this Initiative, and/or in concert with other PGIP initiatives such as the e-prescribing Initiative.

POs should designate a representative to attend and contribute to the quarterly PGIP Pharmacy Workgroup sessions offered four times a year during the PGIP Quarterly meetings. These meetings provide a forum for collaboration among POs, a hallmark of the PGIP program. In addition, POs should designate a representative to participate in quarterly Regional Pharmacy conference calls led by BCBSM clinical pharmacists. New in 2011, POs are strongly encouraged to actively monitor and participate in this Initiative's collaborative space on the secure PO Collaborative SharePoint for the Generic Drugs Initiative.

## Quality Improvement Model

It is expected that participating POs will continue to increase their GDR and promote the use of a low-net-cost strategy when clinically appropriate in the 2012 program year. As with other PGIP performance feedback initiatives, the overall strategy is to provide information and incentives to POs that encourage improvement, while allowing POs the autonomy to choose those tactics that will reduce unnecessary utilization and moderate cost within the context of their unique setting.

These improvement approaches may include, but are not limited to:

- Assessing patterns of pharmacy utilization to identify opportunities to prescribe generic drugs and promote a low-net-cost strategy
- Raising awareness and improve patient understanding on the safety and value of generic drugs
- Implementing a PO to PU dissemination strategy on the pipeline of new generics to the market
- Providing coaching to PUs and/or physicians who have opportunities for improvement in their generic prescribing patterns

As POs adopt these improvement approaches, it is expected that POs will demonstrate improvements in GDR which contribute to high quality of care and contribute to downstream reductions in avoidable and excessive pharmacy related spend

## Incentive Model and Payment Methodology

POs earn financial incentives for the Generic Drugs Initiative based on the PO's overall performance and improvement in one key metric, the risk-adjusted GDR for PGIP-attributed adults (ages 18 to 64). Overall performance is evaluated by assessing PO's performance on this metric against an established PGIP-specific benchmark and the PGIP average. PGIP uses benchmark levels to compare PO performance metrics against ideal, potentially attainable levels of successful PGIP initiative outcomes. There is no pay-for-participation incentive in this initiative. Full incentive payments are given to POs who perform and improve at or better than the benchmark.

For the Generic Drugs Initiative, the established PGIP-specific benchmark is calculated by utilizing the "Achievable Benchmarks of Care™" (ABC™) methodology developed by the Agency for Healthcare Research and Quality (AHRQ).<sup>9</sup> The benchmark is calculated based on the average utilization performance (risk-adjusted GDR for PGIP-attributed adults) of all the PGIP POs that have the highest utilization and account for 10% of the attributed population. This represents a standard of achievement attained by the top performing POs during the measurement period.

In this Initiative, incentive payments are based on PO performance, PO improvement over a prior measurement period, and the number of PO-attributed members. The payment methodology generates a single summary score for each PO that represents the weighted sum of the PO's normalized performance score and normalized improvement score. The normalized performance score is represented along a scale from 0-1, where 1 represents the best performance and 0 represents the worst performance. The normalized improvement score – the ratio of current improvement to the theoretical optimal improvement – is similarly

represented along a scale from 0-1, where 1 represents the most improvement over the previous measurement period and 0 represents the least improvement over the previous period.

Each PO with a summary score above a certain percentile will receive an Initiative incentive payment. The PO will receive a percentage of the Initiative-specific incentive pool based on the PO's summary score, weighted by the PO's number of attributed members. POs with summary scores in the lowest percentiles will receive either no incentive payment or a negative incentive payment. The negative payment is based on the PO's summary score and the number of attributed members, factored by a negative 10% payment percentage.

The negative incentive payment is designed to a) encourage POs to become actively engaged in pursuing improvement in those initiatives in which they are enrolled, and b) encourage POs to carefully make their initiative selections and discourage them from enrolling in initiatives without engaging in activities to improve performance. A PO's poor performance on a specific initiative can result in a negative incentive payment that reduces the PO's overall reward payment for the scoring period. However, a PO's overall incentive payment (for all PGIP initiatives) for a scoring period will never be lower than zero.

*BCBSM reserves the right to use discretion in making incentive payments based on the data and relative PO performance.*

## **IV. Evaluation**

### **Evaluation Overview**

The evaluation of the Generic Drugs Initiative is designed to assess the effectiveness of the Initiative in achieving stated objectives. The evaluation will address the intervention design and delivery and will focus on the effects theorized to result from the intervention of this Initiative. The evaluation will focus on short-, intermediate-, and long-term effects. These hypothesized effects include short-term measures focused on data analysis and application. Theorized intermediate measures targeting measurement of behavioral changes in physician prescribing practices and knowledge-based changes in patient awareness of generic drug safety and quality. The hypothesized long-term effects of the Generic Drugs Initiative help control the long-term pharmacy cost trend with realized cost savings while delivering high-quality care.

See Appendix III for detailed evaluation metrics.

### **Progress Reporting**

Twice a year – in the spring and fall – BCBSM will provide POs with a progress report template. The progress reports include general questions applicable to all initiatives and initiative-specific questions. The progress reports provide POs the opportunity to update BCBSM on activities, strategies, accomplishments and obstacles during the reporting period. The Generic Drugs Initiative progress report includes a number of questions that, when answered by the POs, form the basis for the short- and intermediate-term outcome evaluations.

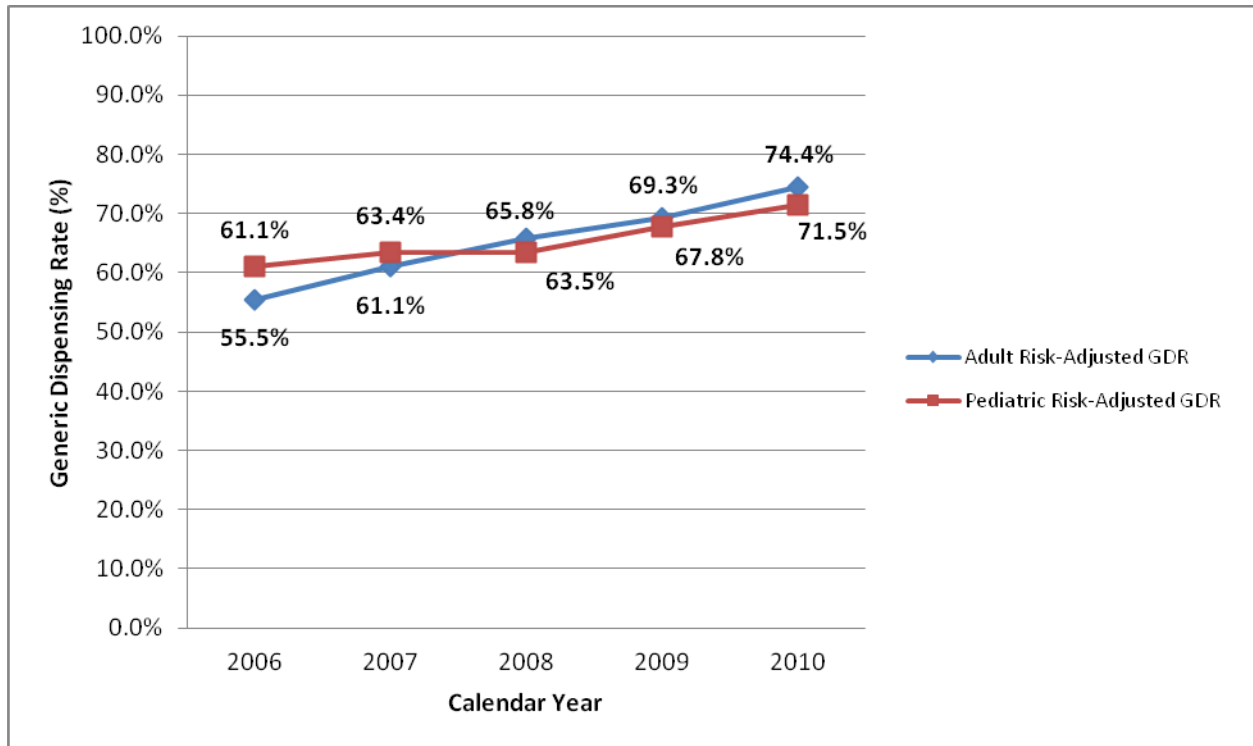
## V. Results

Since the Generic Drugs Initiative was launched in 2004, it has grown to include 100% of all non-oncology PGIP POs, targeting over 5,000 PCPs and nearly 1.5 million members. Other results of this Initiative are:

- Between calendar years 2006-2010, participating POs have seen a 7.6 percentage point increase in risk-adjusted generic use rates for attributed adults (ages 18-64).
- Since 2006, the PGIP-attributed GDR increased by 34% for adults and 17% among the pediatric population (ages 0-17) when compared to 2010.
- In PGIP, approximately 2.2 prescriptions per PCP per month would need to be switched to a generic in order to increase PGIP's GDR by 1% (based on 2010 claims data).

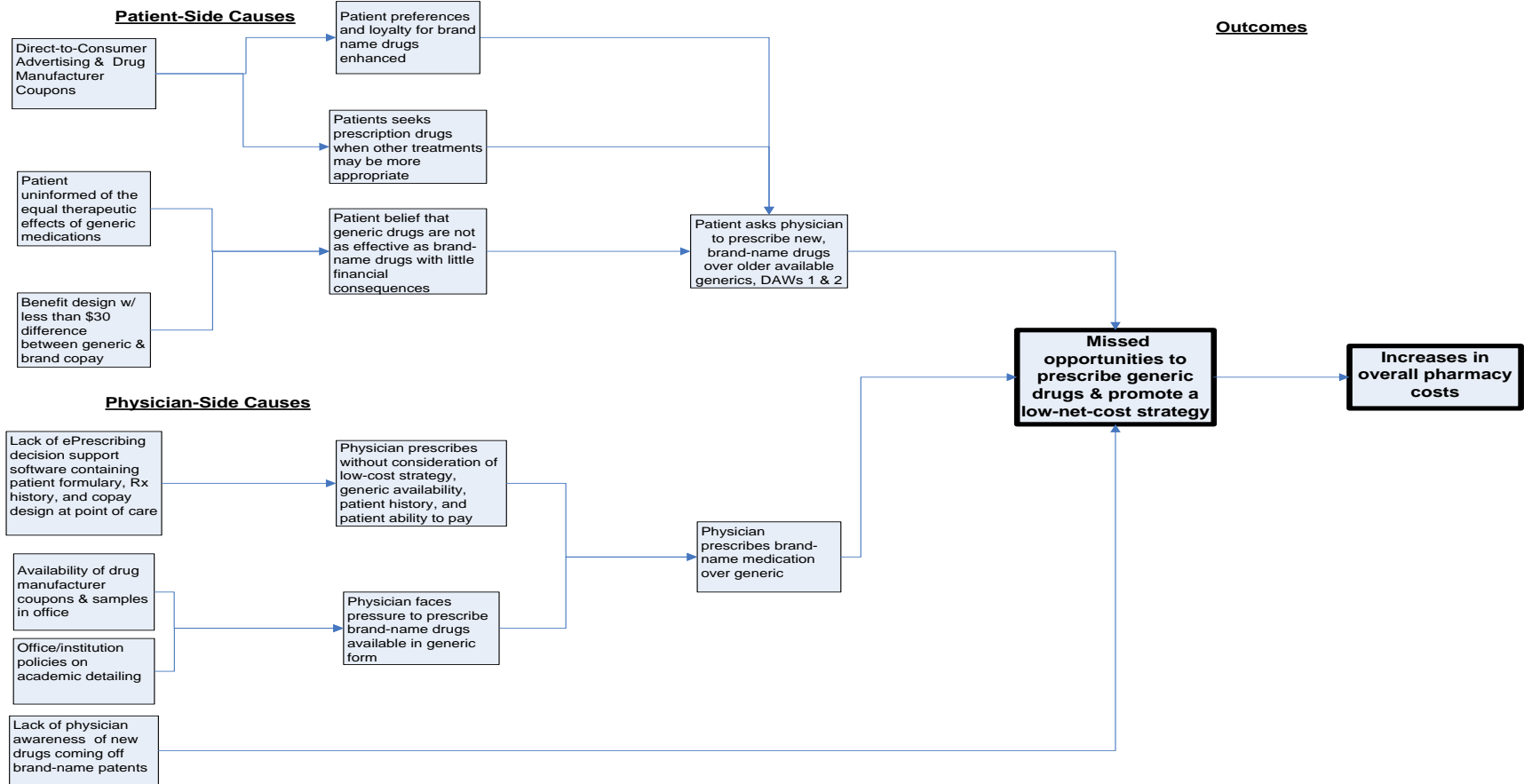
Annual reviews and ongoing communications with PGIP POs show there is still potential to generate cost savings as unprecedented new generics come to the market between 2012-2015. Value Partnerships will continue to work the PGIP PO community to monitor Initiative progress, guide POs on helpful analytics, and share best practices. In each of the previous five calendar years, this Initiative has demonstrated positive annual performance with PGIP's overall GDR rate increasing among the adult and pediatric populations as displayed in Figure 1 below.

Figure 1: PGIP's Risk-Adjusted GDR Adults & Pediatrics, 2006-2010

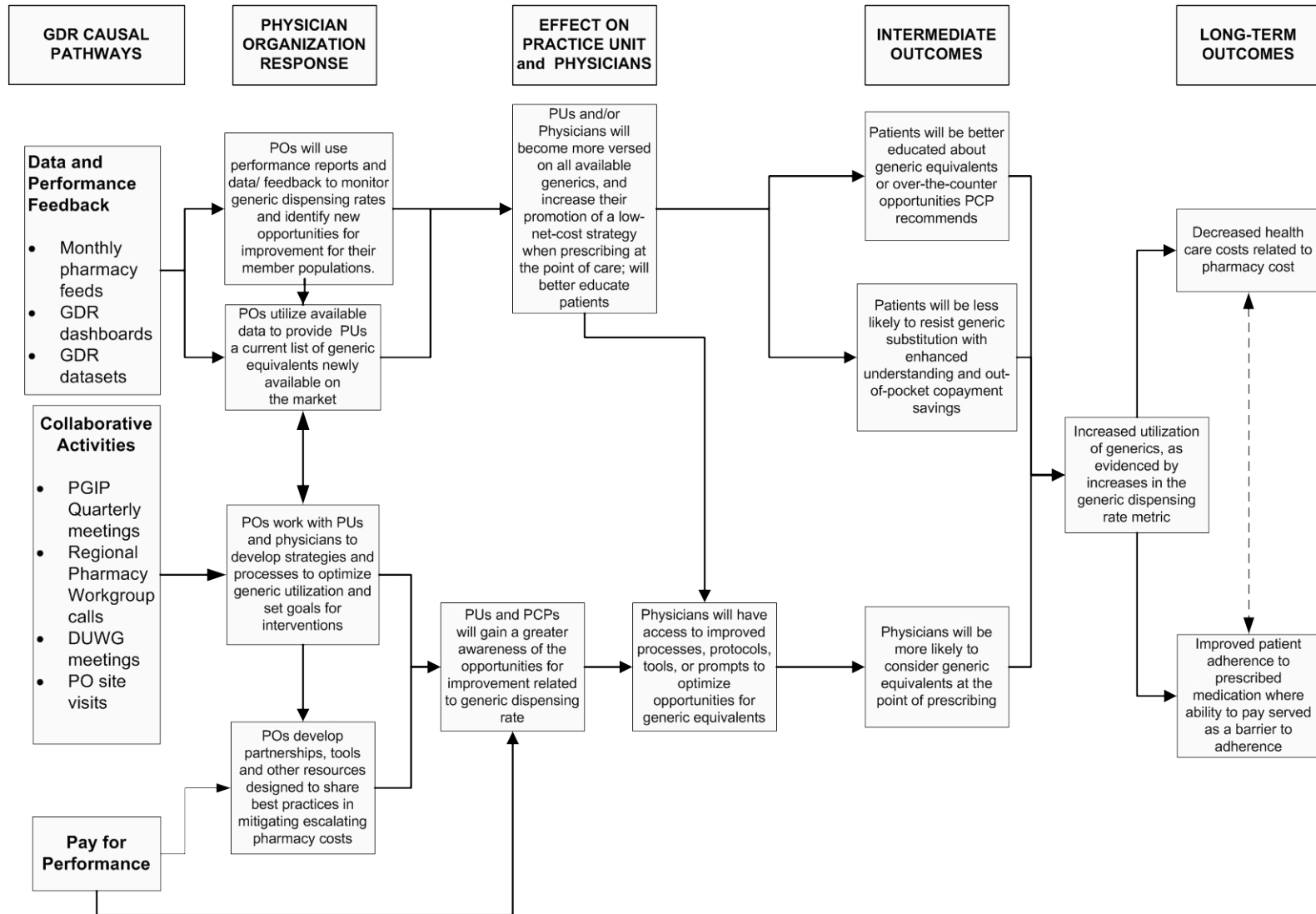


# Appendix I. Generic Drugs Initiative Cause and Effect Diagram

Increasing the Use of Generic Drugs Initiative Cause and Effect Diagram – 2012



## Increasing the Use of Generic Drugs Initiative Intervention Cause and Effect Diagram – 2012



## Appendix II. 2012 Data Delivery Schedule for the Generic Drugs Initiative

Data Type	Release Date	Time period of Claims	Run-out	Physician List
Monthly Pharmacy Data Extract	1/25/2012	Previous Month	1 month	Jul-11
Monthly Pharmacy Data Extract	2/25/2012	Previous Month	1 month	Jul-11
Quarterly Dataset	2/29/2012	10/01/2010 - 09/30/2011	3 months	Jul-11
Monthly Pharmacy Data Extract	3/25/2012	Previous Month	1 month	Jan-12
Monthly Pharmacy Data Extract	4/25/2012	Previous Month	1 month	Jan-12
Monthly Pharmacy Data Extract	5/25/2012	Previous Month	1 month	Jan-12
Quarterly Dataset	5/30/2012	01/01/2011-12/31/2011	3 months	Jan-12
Dashboard Report	5/30/2012	01/01/2011-12/31/2011	3 months	Jan-12
Monthly Pharmacy Data Extract	6/25/2012	Previous Month	1 month	Jan-12
Monthly Pharmacy Data Extract	7/25/2012	Previous Month	1 month	Jan-12
Monthly Pharmacy Data Extract	8/25/2012	Previous Month	1 month	Jan-12
Quarterly Dataset	8/29/2012	04/01/2011 - 03/31/2012	3 months	Jan-12
Monthly Pharmacy Data Extract	9/25/2012	Previous Month	1 month	Jul-12
Monthly Pharmacy Data Extract	10/25/2012	Previous Month	1 month	Jul-12
Monthly Pharmacy Data Extract	11/25/2012	Previous Month	1 month	Jul-12
Quarterly Dataset	11/28/2012	07/01/2011 - 06/30/2012	3 months	Jul-12
Dashboard Report	11/28/2012	07/01/2011 - 06/30/2012	3 months	Jul-12
Monthly Pharmacy Data Extract	12/25/2012	Previous Month	1 month	Jul-12

## Appendix III. Evaluation Metrics

Evaluation of the resources required to deliver an intervention may provide insight into opportunities to make an intervention more efficient, address staffing needs, and improve data quality. The table below presents the short-term implementation measures associated with the Generic Drugs Initiative.

Category	Metric	Data Source	Measurement
Collaborative Activities	Pharmacy Workgroup Representative	PGIP Quarterly	% of meetings attended by each PO Active participation (e.g. best practices presentations).
		Regional Pharmacy Tele-Conference Calls	% of meetings attended by each PO and process for disseminating content.
	Physician Participation	PGIP Physician List	Total PCPs who may be impacted by this initiative.
	Member participation	PGIP Physician List and PCP care relationships table	Total members who may be impacted by the Initiative.
Data and Performance Feedback and Activities	New generic opportunities	Datasets, Claims Feeds	Number and percent of POs with a defined process to prospectively, analyze retrospective data to identify who in the member population will be impacted by the new generic opportunities in the 6 months prior to the generic drug's official release .
	DAW-1 & 2	Datasets	Number and percent of POs with a defined process to monitor DAW-1 & 2 rates.
	Therapeutic class generic opportunities	Datasets	Number and percent of POs with a defined process to prospectively, analyze retrospective data to identify areas to improve generic prescribing within therapeutic classes.
Capabilities and Infrastructure Assessment	e-prescribing	SRD and Progress Report	Number of and percent of POs with a defined process to enable full functionality of decision support software, to track utilization, to review medication history, and to regularly update formulary benefit information.  Number of and percent of POs with a defined process to monitor performance in the Generic Drugs Initiative against PU e-prescribing vendor infrastructure in place.
	Manufacturer coupons	Datasets	Number and percent of POs with a defined process to prospectively, analyze retrospective data to assess the impact of manufacturer coupons.
	Academic detailing	Progress Report	Number and percent of POs who analyze and assess the impact of academic detailing

## Appendix IV.

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## Endnotes

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<sup>1</sup> "The Use of Medicines in the United States: Review of 2010." IMS Health. (April 2011).

<sup>2</sup> Centers for Medicare & Medicaid Services: Projected national health expenditure data <http://www.cms.gov/NationalHealthExpendData/downloads/proj2009.pdf> Accessed: December 5th, 2011.

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<sup>8</sup> Shrank, WH et al. (2011). The use of generic drugs in prevention of chronic disease is far more cost-effective than thought, and may save money. *Health Affairs*, 30, no.7:1351-1357.

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