OVO PARTNERS, LLC

UNIVERSITY OF MICHIGAN

PRESCRIPTION DRUG WORK GROUP 2002

FOCUS GROUPS – RETIREES

January 26, 2000

Prepared by
Scott Olson, Principal
Ovo Partners, LLC
122 South Main Street, Suite 200
Ann Arbor, Michigan 48104
(734) 822-8888

TABLE OF CONTENTS

EXECUTIVE SUMMARY **1**

METHODOLOGY **4**

DETAILED FINDINGS **5**

CONTEXT AND CONCERNS **6**

UNIVERSITY RESPONSIBILITY **8**

PLAN EXPECTATIONS **9**

FLEXIBILITY AND CONVENIENCE OF USE 9
FORMULARY 9
DELIVERY 9
SAFETY & QUALITY 10
COST 10

PATIENT, PHYSICIAN AND PHARMACIST RESPONSIBILITY **11**

PATIENT 11
PHYSICIAN 11
PHARMACIST 11

FIGURES AND APPENDICES

FIGURE 1. ANALYTICAL MODEL 5

APPENDIX 1. FOCUS GROUP SCHEDULE 12

APPENDIX 2. DETAILED DATA 13

EXECUTIVE SUMMARY

Purpose

To complement the information gathered on active faculty and staff with the needs of retirees with respect to prescription drugs, the Prescription Drug Work Group 2002 ("Work Group") engaged Ovo Partners, LLC to design and facilitate a series of six focus group sessions involving retired University faculty and staff. This report summarizes participant comments, analyzes relevant themes and reports the findings of Ovo Partners to the Prescription Drug Work Group.

Findings

As with the data from active employees, the retiree comments were organized within a model that reflected the interplay between the contextual environment in which drug benefits are used (Context and Concerns), the responsibility of the University in providing a drug benefit plan (University Responsibility), the design components of a drug benefit plan (Plan Expectations), and the responsibilities of the other parties involved in prescription drug therapy (Patient, Pharmacist and Physician Responsibilities).

Context and Concerns

General

- Satisfied with the coverage and out of pocket cost of existing plans
- United of Omaha participants concerned that could be forced into HMO
- Dominant theme of financial impact of rising drug costs on fixed income
- Aging brings health changes that will likely result in increased prescription drug use, cost
- University responsible to continue to provide benefit, as retirees worked with the understanding that coverage would be there in time of need

Cost

- Current out of pocket costs are reasonable
- Concern about choosing between drugs and quality of life
- Financial tradeoffs are unique to individual and occur in context of other priorities
- Prefer to pay more rather than lose benefit

University Responsibility

- Continue to provide prescription drug coverage
- Better prepare those about to retire for financial issues and appropriate benefit choices
- Use influence to lower drug costs in negotiations and lobbying
- Should have a retiree on Work Group
- Communicate what was learned in process, and give chance for further feedback
- Monitor changes in Medicare and federal benefits and notify retirees as things develop

Plan Expectations

Flexibility and Convenience of Use

- 90-day supply for maintenance drugs attractive due to cost savings, convenience, and compliance, but may be cost prohibitive for some
- Expand the number of maintenance drugs to obtain larger quantities
- Allow flexibility in refill restrictions to accommodate travel and to allow people to align refill timing for multiple ongoing prescriptions

Formulary

- Some medically necessary drugs not covered; some brands not appropriate for some patients
- New drugs not receive coverage in timely manner
- Personal physician not able to make medical appropriate decision and receive coverage

Delivery

- Preference for using same pharmacy for all prescriptions
- Those with mail order experience generally satisfied

Safety and Quality

- Concerned with ability of physicians and pharmacists to catch drug interactions, particularly when multiple of each
- Pharmacies short staffed, allowing more mistakes

Cost

- Significant and increasing drug costs while on fixed income is concerning
- Recommend no dollar cap or limit on number of prescriptions
- Up front cost of drugs under reimbursement plan not a significant barrier

- Current cost to retiree is reasonable, but significant changes would be unmanageable

Patient, Physician and Pharmacist Responsibility

Patient

- Patient must know enough about plan to inform health care providers about coverage
- Important to use information available through pharmacist
- Responsibility to plan for future medical expenses

Physician

- Responsible to carefully prescribe medications
- Beneficial to have coordinating physician, particularly when utilize multiple physicians for complex medical conditions

Pharmacist

- Should provide accurate advice and information on medications
- Must carefully check drug interactions

METHODOLOGY

The focus groups ran from January 10 to January 19, 2001, as indicated in Appendix 1. Follow-up interviews with retirees that were unable to attend the focus groups were conducted through January 25.

A total of 42 people participated in five focus groups, averaging 8 per session. Two sessions were cancelled due to a low response to the random mailed invitation to 400 retired faculty and staff; one session was added. Five retirees scheduled for sessions that were later cancelled were interviewed by phone; two others submitted written comments. No members of the Prescription Drug Work Group were present during the focus groups, and comments were captured anonymously to encourage open participation.

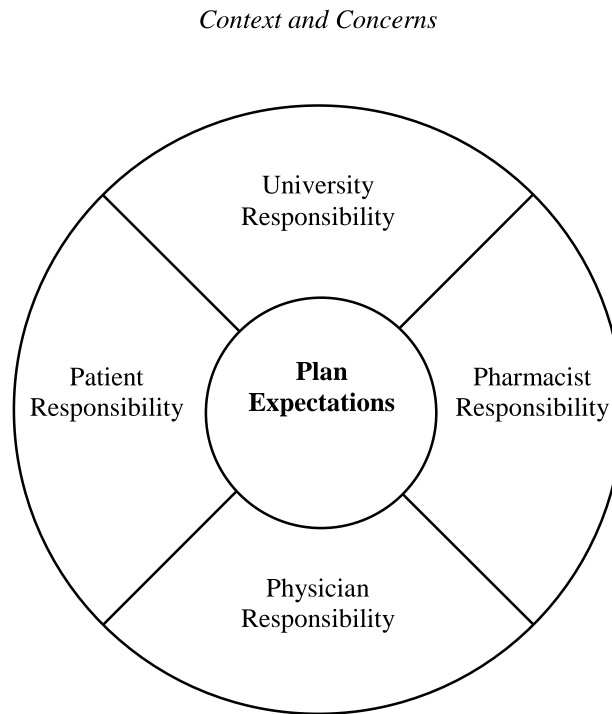
The 90-minute sessions were loosely structured to allow a free flow of information, while keeping discussions relevant to the topic. No script was used to guide the conversation; as relevant themes were identified by the group, the single Ovo facilitator would encourage further discussion and elaboration.

Participants ranged in age from the late 50's to early 80's. All were mobile and most drove to the focus group sites. Many are active and involved with hobbies, volunteer work, consulting, and travel; some have responsibility for elderly parents both in and out of the area. Retirees and their caregivers were invited to participate together; most attended alone, but some brought spouses. During the sessions, participants revealed a wide range of prescription drug use, from a single maintenance drug recently begun to a dozen drugs taken for years.

DETAILED FINDINGS

Participant feedback from all areas (focus groups, interviews, written comments) fell into three general areas: plan design considerations, responsibilities of the parties involved in prescription drug treatment, and retiree concerns about the context in which prescription drug benefit changes are being considered. Participant comments were organized and analyzed within the conceptual model developed during the assessment of active faculty and staff. Graphically, the analytical model appears as in Figure 1.

Figure 1. Analytical Model



The *Context and Concerns* segment presents the state of mind of retirees as they consider the issues surrounding prescription drugs, including their concerns about changes to the benefit. Comments on *Communication* are included within the Context and Concerns discussion.

The *University Responsibility* segment details retirees' perceptions of the appropriate expectations of the University as a provider of prescription drug benefits. The *Plan Expectations* segment follows closely from *University Responsibility*, but is more specific to plan design considerations. Each of the other three Responsibility areas (*Patient Responsibility*, *Pharmacist Responsibility* and *Physician Responsibility*) examines retiree expectations of each party as they interact with the other parties and with the drug plan itself.

CONTEXT AND CONCERNS

Retirees are quite appreciative of their prescription drug benefits. Participants were generally satisfied with the level of coverage and out of pocket cost, regardless of the type of plan they used. Most were satisfied with their choice of plan, with the exception of those few who felt they had been "forced" into an HMO for financial and coverage reasons. Being forced into an HMO was a concern among many United of Omaha participants. Reasons cited for this concern included loss of independence in accessing health care; satisfaction with current health care providers (who are not available through an HMO); and reputation of HMOs generally, or as assessed through friends' experiences.

Retiree's primary concern was the financial impact of rising prescription drug costs to them considering their fixed incomes. Most felt that their current out of pocket amounts were reasonable, particularly if they were aware of the actual cost of the drugs. Participants with United of Omaha coverage were generally able to cover the up front cost and wait for reimbursement without difficulty. But all realized that as they age, their health will change and they will require an increasing number of prescription drugs, particularly for maintenance of chronic conditions. This fact, combined with their concerns about changes to the drug plan, were at the core of their concerns.

There was also a general feeling that the University had a responsibility to continue to provide drug coverage, as it was part of the employment package and implicitly promised during the active years of service. One participant noted that drug coverage had been in place but little used while he was actively employed, and now that he is retired, he counts on the protection of the plan being there for him.

Several other aspects of aging emerged as significant to their concerns with changes to drug benefits. A number of participants see several physicians and receive prescriptions from each, particularly when a complex medical condition is involved. There is concern about drug interaction due to a perceived lack of coordination or oversight among the prescribing physicians. Additionally, when multiple prescriptions are filled, the pharmacy may not have all the drugs in stock, requiring the patient to fill at another pharmacy and increasing the risk of overlooked interactions. Finally, physical limitations can make access to pharmacies much more difficult, particularly when multiple prescriptions must be refilled on a 30-day basis at different points during a month.

From a financial perspective, retirees prefer paying a bit more to losing their drug benefit, although the concern of drug costs to fixed income remain central. They acknowledge that financial decisions regarding health issues are made in context of other financial priorities and vary according to the individual's circumstances. There is a general concern about having to choose between drugs and quality of life, although none of the participants has firsthand knowledge of choosing between food and drugs (a perception that one participant pointed out was fueled by television stories).

UNIVERSITY RESPONSIBILITY

Groups believed the University has a general responsibility to continue a prescription drug plan for its retirees, as retirees worked with the understanding that benefits would continue in retirement. Additionally, some felt that the University should better prepare those about to retire regarding their options, such as with specific examples of retiree situations and the impact of health plan choices. A few noted that retiring employees don't expect to become ill and face high expenses, so should be forewarned about the need for planning.

Many expressed concern about the high cost of prescription drugs, particularly as it affected their financial situation. But there was also a feeling that the University should use its influence to lower the cost of drugs in plan negotiations and through lobbying efforts.

Some participants questioned the lack of a retiree voice on the Work Group. Most wanted to know what was learned in the focus group process, and some asked to provide later input as alternatives are being considered. Several also suggested that the University keep abreast of changes in Medicare and federal benefits and inform retirees as events occur.

PLAN EXPECTATIONS

Flexibility and Convenience of Use

Quantity limits on maintenance drugs causes retirees significant inconvenience and cost, particularly when multiple drugs are involved. The issue is compounded when prescriptions cannot be refilled at the same time, requiring multiple trips to the pharmacy. The groups suggested that 90-day quantities provide additional benefits in compliance, as patients have fewer chances to run out of medicine.

The cost to the retiree of a 90-day supply was seen as both good and bad. Some indicated that the larger quantity and convenience benefits outweighed the cost of the drug, while others were concerned with the larger upfront cost of a large quantity. An additional factor was the lack of knowledge among prescribing physicians about which drugs were approved for 90-day quantities.

Some retirees travel more often and for longer duration than prior to their retirement, which exacerbates problems with inflexibility of refill timing. This issue was one of several that dealt with simplifying plan administration, including the amount and hassle of paperwork filing, understanding plan requirements, and coordinating benefits with multiple providers. Two specific recommendations were made: first, to have a single plan instead of BCBS and United, and second to offer reimbursement by United using direct deposit.

Formulary

Retirees were concerned that some medically necessary drugs did not receive coverage, and that some drugs considered equivalent (both generic and brand) were not appropriate for some patients. One participant noted that some expensive drugs covered for inpatient use were not covered when the patient was discharged, creating a significant financial burden. Two concerns specific to formularies were raised: one, that new drugs may not be included in a timely fashion, and two, that the retiree's personal physician was not able to make the medical decision and receive coverage.

Delivery

The groups were mixed with retirees that had relationships with their pharmacists and those that did not. There did seem to be a preference for using the same pharmacy for all prescriptions, for both convenience and ability to check drug interactions. A number of retirees had tried mail

order and were satisfied with the process, although citing the hassle and lead time as drawbacks. Some indicated a general distrust of mail delivery as a reason for not using mail order or internet services.

Safety & Quality

The primary concern with safety was the ability of pharmacies to catch drug interactions. Retirees were skeptical that physicians would reliably catch drug interactions, and feared that when multiple pharmacies were used (such as when the preferred pharmacy was out of stock of a drug, or when taking extended vacations out of the home area), the safeguards were not in place. Others observed that a pharmacist is not always present when the prescription is filled and noted that pharmacies make mistakes.

Cost

The concern of significant and increasing drug expenses given a fixed income was a dominant concern in plan characteristics. Retirees felt that there should not be a dollar cap or a number of prescriptions cap on the drug benefit. Some indicated willingness to use mail order to receive cost savings, but others believed that their local pharmacy was already cost competitive with mail order providers.

The up front cost of the drug under a reimbursement plan was not a significant barrier for those in such plans, although some suggested that less well off retirees may have difficulties. While there was a general feeling that current retiree cost for drugs was reasonable, significant increases or changes in coverage would become financially unmanageable.

PATIENT, PHYSICIAN AND PHARMACIST RESPONSIBILITY

Patient

Focus group participants seemed to be generally active in their own healthcare; their attendance at the sessions indicates a willingness and concern that may not be typical of most retirees. They did suggest that patients must know enough about their plan to inform health care providers about coverage and to use the information available through the pharmacist. And several described their responsibility to plan financially for unexpected medical expenses or expenses that increased with aging. Several indicated that the University could support this planning by providing more information about how to choose among the benefit options as employees retire.

Physician

The responsibility of the physician is to carefully prescribe medications, although some doubted that all interactions were carefully considered. Utilizing a coordinating physician, such as a PCP in the HMO's, was seen as beneficial especially when dealing with multiple or complex medical conditions. Offering starter prescriptions to avoid waste was suggested as a physician responsibility.

Pharmacist

Retirees expect pharmacists to provide information on their medications, such as how to take them appropriately, and careful checking for drug interaction. There is concern that the interaction checks are not done when multiple pharmacies fill prescriptions for the same patient. And while the value of the information is recognized, some retirees believe that the information is not always available or accurate, and may be compromised given industry staffing shortages and increased emphasis on cost control over patient interaction.

Appendix 1. FOCUS GROUP SCHEDULE

Focus Groups

Date	Day	Time	Location
January 10	Wednesday	9:00	Wolverine Tower
January 11	Thursday	11:00	Wolverine Tower
January 16	Tuesday	12:30	Wolverine Tower
January 17	Wednesday	9:00	Wolverine Tower
January 18	Thursday	11:30	Colonial Lanes

Appendix 2. DETAILED DATA

(Includes written and interview comments from retirees that did not participate in the focus groups)

	Session Topic	Category 1	Category 2	Category 3	Comment
	Recommend	Communication			Communicate changes to plan members
	Recommend	Communication			Have and/or communicate services to assist retirees (e.g., reimbursement paperwork)
	Issues	Concerns		*	Patient needs to know about plan details to rebut wrong information from health providers
	Issues	Concerns		*	Having independence (indemnity plan) is more important than cost/hassle of reimbursement
	Fears	Concerns		*	Could be "forced" into HMO when have medical conditions that are prohibitively expensive in reimbursement plan
	Issues	Concerns		*	Drug company advertising is inappropriate
	Issues	Concerns		*	"Detail men" drug representatives are additional cost and may influence prescribing patterns
	Issues	Concerns		*	Concern with discontinuing a prescription benefit
	Issues	Concerns			Retirees have more time to focus on problems in system
	Fears	Concerns			Plans will make significant changes without considering how people pay for drugs
	Fears	Concerns			Limitations on number of prescriptions covered
	Fears	Concerns			Erosion of benefit when worked at U-M for the benefits
	Fears	Concerns			More emphasis on active employees in decision making
	Issues	Concerns			Patients get worse when cannot afford drugs—so more expensive in the long term
	Recommend	Concerns			Be concerned with retiree issues
	Issues	Concerns			U-M investments are doing well—could channel into drug costs
	Issues	Concerns			Change in dosage on maintenance drugs: can cause waste; may be expensive; often can use existing supply (split or double)
	Issues	Concerns			Information from doctors and pharmacies varies
	Issues	Concerns			Decreasing level of benefit comes as a shock—causes to lose faith in system
	Issues	Concerns			Concern that eventually will be forced from major medical into HMO
	Issues	Concerns			Place high value on keeping current doctors—would not want to be forced into HMO and lose the Blue Cross flexibility
		Concerns			Don't want to be forced into HMO, based on reports from friends
		Concerns			Dislike profits made by pharmaceutical manufacturers and the cost of advertising
		Concerns			Years of contributing to plan with little use—now want benefit to be there when needed

	Session Topic	Category 1	Category 2	Category 3	Comment
	Issues	Concerns	Aging	*	Need more prescriptions, an increasing number
	Issues	Concerns	Aging	*	Health changes as person ages
	Issues	Concerns	Aging	*	Increasing number of prescriptions
	Issues	Concerns	Aging	*	Retirees require more maintenance drugs
	Issues	Concerns	Aging	*	As we get older, we get sicker
	Issues	Concerns	Aging		Multiple prescriptions written by different physicians
	Issues	Concerns	Aging		Frequency of refilling multiple prescriptions
	Issues	Concerns	Aging		What will Medicare do for prescription drug coverage and how will it affect seniors?
	Issues	Concerns	Aging		Health crises (e.g., heart attack) lead to greater focus on health and use of medications
	Issues	Concerns	Aging		Use more prescription drugs as get older
	Issues	Concerns	Aging		Physical limitations
	Issues	Concerns	Aging		Aging factor—gets worse as get older—takes longer to do things
	Issues	Concerns	Aging		Difficulty with container lids, even if not childproof
	Issues	Concerns	Aging		Difficult to get out, such as in snowstorm
	Issues	Concerns	Aging		Many retirees move away, then get sick and eventually die
		Concerns	Aging		Had to purchase wife's prescriptions from pharmacy at nursing facility, very expensive
		Concerns	Aging		Having drug benefit when in good health provides sense of security—important to have safety net in retirement, when health changes are more likely
		Concerns	Aging		Concerned about covering serious illness
		Concerns	Aging		Concerns from television about seniors choosing between food and drugs—should not let that happen
		Concerns	Aging		Keeping active in retirement with children, parents, hobbies, church
	Issues	Concerns	Financial	*	Prefer higher co-pay to losing benefit
	Issues	Concerns	Financial	*	Drug prices are too high—why cheaper in other countries?
	Issues	Concerns	Financial	*	Fixed income
	Fears	Concerns	Financial		Loss of benefit
	Fears	Concerns	Financial		Choosing between drugs and food or quality of life
	Issues	Concerns	Financial		Consider that patients do not fill due to cost
	Issues	Concerns	Financial		Must be careful not to overspend income and to save in case of unexpected
	Issues	Concerns	Financial		Make financial decisions based on the priority at the time—varies according to the individual

	Session Topic	Category 1	Category 2	Category 3	Comment
		Concerns	Financial		Would be hard to meet bills without benefit (500-600 monthly)
		Concerns	Financial		Concern that will have to pay premium
		Concerns	Financial		Cost of some prescriptions is very high
		Concerns	Financial		Care Choices co-pays were reasonable, about $300 monthly
	Issues	Plan	Administration	*	Plan representatives not knowledgeable
	Recommend	Plan	Administration	*	Larger supply of maintenance drugs has benefits in co-pay, compliance, convenience and cost—plans should encourage 90 day supply
	Issues	Plan	Administration	*	Hassle of reimbursement is costly in time when deal with bureaucracy and dollars when forget to apply (or are too busy)—hassle to even acquire all the paperwork
	Issues	Plan	Administration	*	Convenience and cost of refilling one month at a time for maintenance drugs—some prefer lower cost, others prefer larger supply
	Issues	Plan	Administration	*	Three month supply of maintenance drug more difficult to afford out of pocket
	Issues	Plan	Administration	*	Quantity limits on maintenance drugs (30 vs. 90 days)—inconvenient and differs among drugs in same class
	Issues	Plan	Administration	*	Timing of refills
	Issues	Plan	Administration		Physicians do not know which drugs are on the list approved for 90 day supply (Mcare)
	Issues	Plan	Administration		Communication to physicians from plans is poor
	Issues	Plan	Administration		Increased travel creates more trouble with filling prescriptions early
	Recommend	Plan	Administration		Simplify or consolidate United and BCBS plans—reduce hassle with single provider
	Recommend	Plan	Administration		Need better coordination of benefits with multiple providers to make things easier
	Issues	Plan	Administration		Planning for travel necessary due to refill restrictions
	Issues	Plan	Administration		Difficult to understand plan requirements and to keep up on changes
	Issues	Plan	Administration		Reimbursement paperwork is a hassle (2-3 times annually)
	Recommend	Plan	Administration		Make options available to individuals—give choices and let each person pick
		Plan	Administration		Dealing with Medicare is a hassle, have to go through multiple steps
		Plan	Administration		Retirement travel for longer duration, so refill hassle is more frequent problem
		Plan	Administration		Mutual of Omaha should offer reimbursement by direct deposit
		Plan	Administration		Reimbursement paperwork is slow
	Issues	Plan	Coverage	*	Some generic drugs are not as effective as brand name
	Issues	Plan	Coverage	*	Some "old" maintenance drugs are not approved for 90 day supply—told that not negotiated (Mcare)—how can one be added?
	Issues	Plan	Coverage	*	New drugs not on formulary

	Session Topic	Category 1	Category 2	Category 3	Comment
	Issues	Plan	Coverage	*	Concern that medical decisions not made by personal physician (formulary)
	Issues	Plan	Coverage		Some drugs are not covered—may require switch to a covered drug or an appeal
	Issues	Plan	Coverage		Derm clinic creams, etc. not covered
	Issues	Plan	Coverage		Start expensive drugs in-patient that are not covered when discharged
	Issues	Plan	Coverage		Medical/hospital supplies (stools, safety bars) not covered—adds to the out of pocket burden
	Issues	Plan	Coverage		Alternative medicines are beneficial to lowering prescription drug costs but are not covered
	Issues	Plan	Coverage		Formularies should consider inactive ingredients and dosage also
	Issues	Plan	Coverage		Some drugs not covered even when life threatening, e.g., weight loss
	Issues	Plan	Delivery	*	Concern that if use multiple pharmacies to fill, may not catch interactions
	Issues	Plan	Delivery		Pharmacist sometimes not present
	Issues	Plan	Delivery		Pharmacies make errors in filling—pharmacist shortage?
	Issues	Plan	Delivery		Pharmacies are understaffed
	Issues	Plan	Delivery		Don't have a relationship with pharmacist
	Issues	Plan	Delivery		Chain pharmacies are able to fill prescriptions out of the area (within US)
	Issues	Plan	Delivery		Some pharmacies not have all drugs but don't tell customer, creating hassle to fill multiple scrips in several pharmacies
	Issues	Plan	Delivery		Mail order and online require lead time (hassle)
	Issues	Plan	Delivery		Some people may not trust mail delivery
	Issues	Plan	Delivery		Difficult to use pharmacies out of the area, such as when on travel
	Issues	Plan	Delivery		Find that local pharmacy is both more convenient and offers relatively low cost
	Issues	Plan	Delivery		Willing to use mail order and front the cost of the drug for cost savings
		Plan	Delivery		Chain pharmacy convenient but not flexible for travel
		Plan	Delivery		Immediate filling of prescriptions through designated pharmacies (vs. mail order) most appropriate for complicated medical conditions
	Issues	Plan	Financial	*	Significant concern with cost increases since live on fixed income
	Issues	Plan	Financial	*	Increasing cost is primary concern
	Issues	Plan	Financial	*	Important not to have dollar cap on benefit
	Issues	Plan	Financial	*	Cost of co-pays is reasonable now
	Issues	Plan	Financial	*	Out of pocket money increased
	Issues	Plan	Financial		High cost of drugs in reimbursement plans is difficult to deal with cash outlay

	Session Topic	Category 1	Category 2	Category 3	Comment
	Issues	Plan	Financial		Mail order vs. local price difference not significant when consider senior discount, quantity pricing
	Issues	Plan	Financial		Pricing differences among pharmacies
	Recommend	Plan	Financial		Consider cost compared to income
	Recommend	Plan	Financial		Consider administrative costs in total savings (e.g., back office, pharmacist)
	Recommend	Plan	Financial		Keep Mutually Preferred discount program
		Plan	Financial		Cash out of pocket with reimbursement is not a barrier
		Plan	Financial		20% co-pay after meeting deductible seems fair
	Issues	Responsibility	Patient	*	Patient must notify doc about what plan will allow (quantity)
	Issues	Responsibility	Patient		Have to ask physician for starter supply
	Issues	Responsibility	Pharmacist	*	Pharmacy makes errors that patient may not catch
	Issues	Responsibility	Pharmacist		Not always receive good information on when/how to take
	Issues	Responsibility	Pharmacist		Multiple pharmacies fill multiple scrips without checking interactions
	Issues	Responsibility	Pharmacist		Information from pharmacist, both written and in person, is important
	Issues	Responsibility	Pharmacist		Flexibility of local pharmacist is important
	Issues	Responsibility	Physician	*	Use starter prescriptions or samples to avoid waste
	Issues	Responsibility	Physician		Cost, hassle and danger of uncoordinated prescriptions from multiple doctors when complex medical conditions
	Issues	Responsibility	Physician		Overuse of medicine—want to be defensive in treatment so use shotgun approach—using a primary care physician to coordinate helps improve this problem a great deal
	Issues	Responsibility	University	*	No retiree voice on committee
	Recommend	Responsibility	University		U-M should stay on top of changes in federal benefits to assess impact on retirees
	Recommend	Responsibility	University		Put retirees (5+ years retired) on committee
	Issues	Responsibility	University		Pressure pharmacy companies to lower price
	Recommend	Responsibility	University		U-M should educate retiring employees about plan options—in person, with specific examples, involving plan participants not just representatives
	Recommend	Responsibility	University		Lobby the drug companies
	Recommend	Responsibility	University		Allow input later in the Work Group process
	Recommend	Responsibility	University		Communicate what was learned here
	Recommend	Responsibility	University		Be cautious with formularies
	Issues	Responsibility	University		People don't expect to be ill and have high expenses—need to remind or warn them of escalating costs in retirement

	Session Topic	Category 1	Category 2	Category 3	Comment
		Responsibility	University		U-M should use its buying power to reduce drug costs through U-M hospital or geriatric center
		Responsibility	University		Work Group could do a service to all by proposing constructive approaches