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Phone: (317) 639-3406
Fax: (317) 262-5609
Web Page: http://www.imsonline.org
E-mail: ims@imsonline.org

President
Susan K. Maisel, MD

President-Elect
Mary Ian McAteer, MD

Direct copy for publication and inquiries regarding advertising to:

Executive Vice President and
Editor, *The IMS Bulletin*
Beverly Hurt

Associate Editor, *The IMS Bulletin*
Marcia K. Hadley

The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

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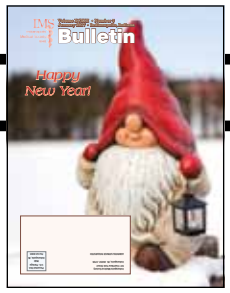
in this issue

Special Features

Departments



about our cover

On our cover:
Our Happy New Year Gnome! Photograph was garnered from the web.

President's Page

Susan K. Maisel, MD

Patientricity – the art of making the patient the center of care.

Patientricity – the art of making the patient the center of care. This has increasingly become our challenge with the onslaught of Electronic Health technology, and now the availability to physicians and patients alike of over 200,000 iPhone and Android health and medical apps. How do we wade through the information and technology that is coming at us in every direction? How do we maintain the human touch between doctor and patient? How do we deal with the patients that "self-diagnose" by using our Google tools (how dare they look on Medscape!) and then challenge our every assessment and plan?

There are definite advantages to medical app access for patients – they are becoming increasingly involved in taking responsibility for their own health, maintaining logs on diet, weight, exercise, blood pressure and blood sugars to name a few. The challenges are finding the health apps that can actually improve care, are HIPAA compliant, and that can seamlessly be integrated into the Electronic Health Record of their physician. The challenge is also having physicians and medical staff capable of discerning the reliability of the data, and have the time and knowledge to incorporate the data into the patient chart.

Many professional physician organizations are participating in setting standards and taking action by developing their own apps. For example, the American Heart Association has published a "Scientific Statement reviewing the evidence for digital health." The Crohn's and Colitis Foundation has developed digital tools to track medications, diet, flares and remission. The American Academy of Pediatrics has developed digital tools for tracking everything from growth and development to psychological health.

The American Heart Association performed a systematic review of studies published between 2004 and 2014. Some of the highlights in categories they covered: Weight Loss – Strong evidence for short-term weight loss benefits in adults from text messaging interventions for self-monitoring and feedback in conjunction with other methods like social media support and web-based resources. The patients ended up looking for web-based content and components of comprehensive lifestyle change like calorie control, increased physical activity with specific goal setting, self-monitoring, personalized feedback and social/coach support. Physical Activity – More research needed because of the heterogeneity of the studies and the recent explosion of physical activity devices that have evolved since the study. Smoking Cessation: Text-messaging based programs may be as good as nicotine replacement therapy, and with the SmartQuit study looking at smoking cessation apps coming after this study, but revealing similar findings.

Many apps are being developed to walk the patient systematically through their doctor visit, such as the American College of Cardiologist's Statin Intolerance app. It includes questions you should ask and then provides an interpretation of the likelihood of actual Statin intolerance as well as follow up suggestions.

Recently, the American Medical Association approved "physician-adjudicated principles" to guide selection, use, coverage, and payment policies of mobile health apps during the AMA Interim Meeting. The intent of the principles is to guide future advocacy and efforts in promoting the use of health apps and other digital health tools. The AMA's efforts are focused not only on supporting development of the app tools, but on integrating them into clinical workflows, patient-physician relationships and reimbursement models. The AMA will support health apps and digital health tools that:

- Support the establishment or continuation of a valid physician-patient relationship
- Have a clinical evidence base to support their use in order to ensure mHealth app safety and effectiveness
- Follow evidence-based practice guidelines, to the degree that they are available, to ensure patient safety, quality of care and positive health outcomes
- Support care delivery that is patient-centered, promotes care coordination and facilitates team-based communication
- Support data portability and interoperability in order to promote care coordination through medical home and accountable care models
- Abide by state licensure laws and state medical practice laws and requirements in the state in which the patient receives services facilitated by the app
- Require that physicians and other health practices delivering services through the app be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's medical board
- Ensure that the delivery of any services via the app be consistent with the state scope of practice laws.

With the Electronic Health Record, health and medical apps and the emergence of telemedicine, we are at the brink of losing the "touch" of our patients, while keeping more in touch with them than ever before. For patientricity and our relationship with patients to thrive, it is important for us to become educated with apps that promote the above principles in order to guide our patients to their use. I am inviting recommendations for favorite apps from the membership, and if there is enough interest, an app exchange get-together over (root) beer and fermented grapes will be arranged!

Happy New Year to all! My resolution this year is to inspire members to become involved! Recommendations and participation welcome!

Avoiding Burnout: Strategies for Senior Physicians

"Is this a sunrise or a sunset?" Robert L. Hatch, MD, asked senior physicians during a presentation at the 2016 AMA Interim Meeting. He had shown them an image of a fisherman in a boat with the sun low on the horizon. Burnout pervades every level of a medical career, but sometimes one way to prevent it or recover from it is to reexamine your perspective and priorities.

Dr. Hatch is a family medicine physician at a rural practice in Florida and a professor and director of medical education at the University of Florida College of Medicine.

"I've been interested in burnout for a while," Dr. Hatch said as he showed a chart cluttered with boxes, arrows and numbers, which he found years ago in the hope that it would explain the impact of burnout. "But [the chart] just didn't end up being very helpful at all."

What was helpful for Dr. Hatch, however, was observing people "who were effective at preventing burnout and learning about their strategies," he said. "Then applying those in my life and helping other people apply them in their lives."

Going part-time: One of the strategies that Dr. Hatch has seen and considers "most effective" is going part-time later in your career. "The last three people who have retired all went part-time first before they retired," he said. "And, boy, did it work well."

Dr. Hatch showed attendees a picture of his friend, Larry. "Larry is my hero in that regard. He has been my partner out in our rural practice ever since I started at UF in 1991. He loves to fish. Work was getting in the way of fishing. So he went to 80 percent time, bought a boat, started fishing more and then started enjoying life a whole lot more."

Just say no: "The people that I know who seem to be enjoying late career the most have generally gotten good at saying, 'No,'" Dr. Hatch said. "To get where we are now, we were pretty good at saying, 'Yes.'"

Why do physicians say yes so often? To climb the ladder, Dr. Hatch said. "We wanted to make bigger contributions [or] stroke our egos."

The first person Dr. Hatch saw employing this method was the former dean of his medical school. "He had these great opportunities to make such big differences and he just kept saying, 'No, I'm enjoying my part-time work.' Or, 'I don't want to do that,'" Dr. Hatch said.

"He was so much happier," Dr. Hatch said. "He chose to spend a lot more time with his grandkids to reconnect. He got so energized, and you could actually see him get younger – not physically, but his spirit literally got younger.

"So when these things are calling to you, maybe ask yourself, 'Is that something I want to do?'"

Also on the matter of saying no, Dr. Hatch addressed substance use by medical professionals. "In the last several years in our college of medicine we've had two physicians over the age of 60, both of whom realized that they were drinking too much and that they really needed help," he said. "Interestingly, they both sought help themselves; it was not anyone doing an intervention."

After treatment, both physicians "blossomed like you wouldn't believe," he said. "It can really make a difference."

With burnout and stress, people will often turn to substances for an escape, "but [drugs and alcohol] can definitely work against you, and if you've ever wondered if maybe you drink too much or you know a colleague who maybe drinks too much, think about pursuing some help," Dr. Hatch said.

Saying yes … to the right things: "Saying no has a certain role, but saying yes has a very big role," Dr. Hatch said. "I said before that Larry is my hero. Larry went semi-retirement. He thought, 'What do I want to do?' I didn't realize this until talking to him the other day, but he said, 'You know, I realize it's the people you're around that make the biggest difference. So I gravitated to people who I enjoyed working with and I kept doing those things.'"

Larry said something Dr. Hatch found very interesting. He said, "The people you work with [are] almost more important than what you do."

"I think there's a lot of truth in that," Dr. Hatch said. "We have a great time in our rural practice. We work hard, but we really enjoy it. We enjoy each other, and [Larry] chose to spend more time there.

"The other thing that he said is, 'We're lucky. We get to be of service. We get to make a difference, and later in our careers we're able to feel good about what we have done. That's a real gift.'"

Stay fit or get fit: Exercise can be a critical factor in stress relief. "We can stay fit or get fit," Dr. Hatch said. One of the junior faculty members at the University of Florida College of Medicine is a runner, he told the group. That faculty member "basically made our small group of medical students sign up for a 5K," he said.

"But he told them, 'Come on, you can do it. If you've got to walk, so what? We're all doing this together.' He's very competitive," Dr. Hatch said, "but he backed off and walked with somebody who was trailing."

Being fit, encouraging other people to get fit, and involving and inspiring other people in that way can influence the impact of burnout, which can affect not only physicians but their patients as well, Dr. Hatch said.

One of Dr. Hatch's passions is running. "When I started at this office, I was stressed. I was a junior faculty member. I wanted to exercise more than I was getting to; I had a young child, and I kept thinking 'I can't get everything in that I like.' So I thought, 'Why not run at lunch?'" he said.

There were some troubles with that, he said. "I'd have to see patients, duck out quick, go for a run, come back in time for afternoon sessions. But I made it work. The office manager was very generous with the schedule and so it worked out. I started a new tradition doing that and so now I figure I've probably run with 300 to 400 med students at this point by inviting them to come along at lunch with me. It's a great way to get to know them. And they seem to really appreciate it."

Invite young people into your life: To bring young people into his life, the dean of admissions at the UF College of Medicine, formed a faith group where he invites students who share his faith to get together on a weekly, sometimes monthly, basis to talk about issues of faith.

"It's a great way for him to connect," Dr. Hatch said. "My office is very near to his. He has a steady stream of students coming in there all the time, coming to talk with him when they have problems or issues and you can see that it keeps him young having them around and having that focus."

The faculty member who took his students on a 5K had been one of those medical students who ran with Dr. Hatch at lunch. "I made him run with me [and] he made his students run with me. That's the way mentoring and being a role model works, and I was lucky to be able to find out about that. A lot of us never get to see the impact we have through our mentoring, but it definitely has an impact."

So what was the image from the beginning? Dr. Hatch asked. "A sunrise or a sunset?"

"This phase of our life can be the sunrise, or it can be the sunset," Dr. Hatch said. "It's kind of up to us. Make it a sunrise."

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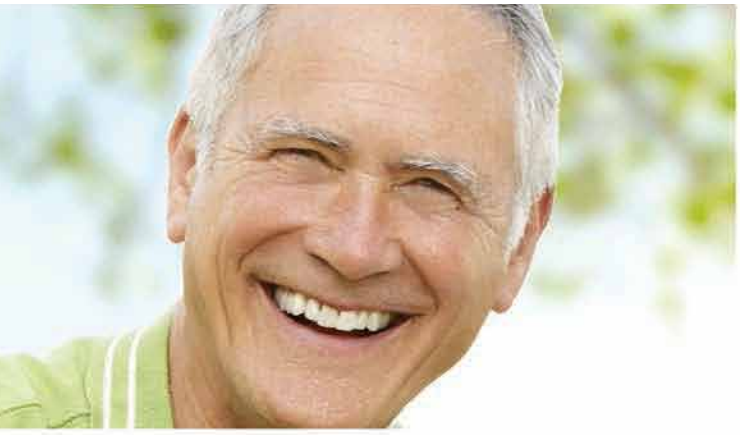

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Bulletin Board

Richard D. Feldman, MD, was appointed as Chairman of the American Academy of Family Physicians Committee on Residency Curriculum and Policy. The committee reviews, updates, and creates new post graduate curriculums and reviews policies affecting residency training. It is a two year appointment.

Rick C. Sasso, MD, appeared at the 2016 annual meeting of the North American Spine Society (NASS), which was held in Boston Massachusetts in October. Dr. Sasso served as a faculty member and lecturer for the "Young Spine Surgeon Forum." He also lectured in a Symposium titled "Ask the Experts" where he spoke on the question, "Is Surgery Indicated for a Type II Odontoid Fracture?"

Stephen W. Perkins, MD, Meridian Plastic Surgeons, was Main Faculty Member at the recent American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) Fall Meeting in Nashville, Tennessee. He presented a talk on Rhinoplasty. He was also a panel member/moderator for Rhinoplasty and Lower Eye Lid surgery presentations. Dr. Perkins was also Key Invited Speaker at The Pan Asia Academy of Facial Plastic & Reconstructive Surgery's 11-Day Cadaveric Dissection Courses at Khoo Teck Puat Hospital in Singapore. He presented over 20 talks, surgical demonstrations, video presentations and panels on the topics of Rhinoplasty, Brow Lift, Facelift, Neck Rejuvenation and Blepharoplasty.

K. Donald Shelbourne, MD, of Shelbourne Knee Center, recently gave the following talks to:

"History and Rationale for Accelerated Rehabilitation Program for ACL Reconstruction. Orthopaedic and Sports Medicine Center," Annapolis, Maryland, October 20, 2016.

"Treatment of Arthritic Flexion Contracture of the Knee. Innovative Techniques: The Knee Course," Las Vegas, Nevada. October 24, 2016.

"The Osteoarthritic Knee: Nonoperative Management and Perioperative Rehabilitation with TKA." Orthopaedic and Sports Medicine Center, Physical Therapy Department, Annapolis, Maryland, October 21, 2016.

"The Osteoarthritic Knee: Nonoperative Management and Perioperative Rehabilitation with TKA." University of Missouri, Department of Orthopaedic Surgery, November 2, 2016.

Saeed R. Shaikh, MD, (no photo available) interventional cardiologist for Franciscan Health performed the first WATCHMAN™ device implantation for patients with atrial fibrillation. The device is designed to prevent blood clots that frequently form in the left atrial appendage (LAA) from traveling in the blood stream to the brain, lungs and other parts of the body. Implanting the WATCHMAN device is a one-time minimally invasive procedure that lasts ninety-minutes under anesthesia. By closing off the LAA, the risk of stroke can be reduced. Over time, heart tissue grows over the implant, permanently sealing off the LAA. And in 90 percent of cases, patients are able to discontinue use of blood thinners 45 days after the procedure.


Aaron A. Cohen-Gadol, MD


John J. DePowell, MD


Richard D. Feldman, MD


Daniel H. Fulkerson, MD


Andrew H. Jea, MD


Stephen W. Perkins, MD


Rick C. Sasso, MD


K. Donald Shelbourne, MD


Jodi L. Smith, MD

News from Goodman Campbell Brain and Spine ...

Daniel H. Fulkerson, MD, and **Jodi L. Smith, MD,** served as teaching faculty at the Goodman Oral Board Preparation: Neurosurgery Review course organized by the American Association of Neurological Surgeons held in Houston, Texas on November 4-6, 2016.

Andrew H. Jea, MD, and his fellow authors recently published their study, "Patient-reported outcomes of occipitocervical and atlantoaxial fusions in children," in the October issue of the *Journal of Neurosurgery Pediatrics*. Another study of Dr. Jea's, "Interhospital transfer of pediatric neurosurgical patients," also appeared in the journal's November issue.

Aaron A. Cohen-Gadol, MD, and his co-authors published their paper "Disseminated choroid plexus papillomas in adults: A case series and review of the literature," in the October issue of the *Journal of Clinical Neuroscience*. Dr. Cohen-Gadol also collaborated with fellow researchers on an article titled, "Reirradiation of recurrent and second primary head and neck cancer with proton therapy." The paper appeared in the November issue of International Journal of Radiation, Oncology, Biology, Physics.

John J. DePowell, MD, recently passed the American Board of Neurological Surgery Oral Certification Examination, completing his ABNS certification. Dr. DePowell joined Goodman Campbell Brain and Spine in July 2013, following the completion of his fellowship in Complex Spinal Neurosurgery at Barrow Neurological Institute in Phoenix, Arizona.

Jodi L. Smith, MD, is chairing the search committee for a pediatric epilepsy scientist at Riley Hospital for Children and IU School of Medicine.

Andrew H. Jea, MD, had the honor of introducing Dr. Thomas Luerssen, former chief of pediatric neurosurgery at Riley Hospital for Children, at the Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery held December 5-8, 2016 in Orlando, Florida. Dr. Luerssen was bestowed with the Franc Ingraham Lifetime Achievement Award, the highest honor that a pediatric neurosurgeon can achieve. IMS

CME & Conferences

Community Hospital East

First Wednesday — Critical Care Conference
Ste. 420, 12:00 - 1:00 p.m.

Second Tuesday — Medical Grand Rounds
Ste. 420, 12:30 - 1:30 p.m.

Community Hospital North

First Friday — North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Every Other Month, 4th Thursday — Psychiatry Grand Rounds
7250 Clearvista Dr.
Multi-Service Rms. 1 & 2, 7:30 - 8:30 a.m.

Community Heart & Vascular Hospital

First Wednesday — Imaging Conference:
rotates Cath & Echo Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

Third Wednesday — Ken Stanley CV Conference
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

Fourth Wednesday — Disease Management Conference:
rotates CHF & EP Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

2016 Cancer Conferences
Community Hospital East

Third Thursday — East General Cancer Conference - CHE
Ste. 420, 12:00 noon to 1:00, lunch provided

Fourth Tuesday — East Multidisciplinary Breast Cancer Conference - CHE
Ste. 420, 7:00 to 8:00 a.m.

Community Hospital North

First & Third Tuesdays — North Multidisciplinary Breast Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Second & Fourth Wednesdays — North Multidisciplinary GI/Colorectal Oncology Conference - CHN
8040 Clearvista parkway, Suite 550
7:00 to 8:00 a.m.

First Friday — North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

First Wednesday — North Chest Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Third Wednesday — Melanoma Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

Community Hospital South

Second Wednesdays — South Multidisciplinary Breast Cancer Conference - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room
8:00 to 9:00 a.m.

Third Wednesday — South GYN
Community Cancer Center South,
1440 E. County Line Rd., Community Room
12:00 to 1:00 p.m.

Fourth Wednesday — South Thoracic
Community Cancer Center South,
1440 E. County Line Rd., Community Room
7:00 to 8:00 a.m.

First Tuesday — South Multidisciplinary GI/Colorectal Oncology Conference
1440 E. County Line Rd.
Community Cancer Care, Community Room
12:00 to 1:00 p.m.

For more information, contact Valerie Brown, (317) 355-5381.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Online CME Activity
HPV Documentary, Someone You Love: the HPV Epidemic
http://cme.medicine.iu.edu/hpvdocumentary

Jan. 21 — Practical Pearls General and Community Pediatrics Winter Series
Riley Outpatient Center

Jan. 28 — 2017 Breast Cancer Year in Review
Drury Plaza Hotel, Carmel

March 3 — RESPECT Conference Let's Talk Palliative Care: Challenges, Controversies, and the Cutting Edge
Ritz Charles Banquet Facility

March 10 — Transgender Health Conference 2017
Eskenazi Hospital

March 17 — 4th Annual Pediatric Gastroenterology Update for the Primary Care Clinician
Ritz Charles, Carmel

March 30-April 2 — AMWA 102nd Annual Meeting
San Francisco, California

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

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Physician of the Day program offers you unique opportunities

You can enhance physician presence at the Statehouse by simply volunteering as the **Physician of the Day** during the 2017 Indiana General Assembly.

This year, the ISMA will be responsible for staffing the Physician of the Day office with volunteers during January and March, from 8:30 a.m. to 4:30 p.m. Monday through Thursday. This one-day commitment makes you available to treat minor ailments of legislators and their staffs. You also must be comfortable performing basic CPR.

Serving in the Physician of the Day office gives you a chance to discuss important issues with your senators and representatives. As a participant, you are introduced before the House and Senate and have the opportunity to observe the legislative process.

To volunteer for the Physician of the Day Program, please complete the form below. You may fax a response to Rhonda Bennett at (317) 261-2076. If you have any questions, please contact Rhonda at **rbennett@ismanet.org**. You may also call locally at (317) 261-2060, or toll free at (800) 257-4762.

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In Memoriam

AMA Supports Changing the Fundamentals of Drug Pricing

Value-based pricing is a viable cost-saving solution for challenging the current rationale for determining what patients pay for prescription drugs in the U.S. market, according to policy adopted by physicians at the Interim Meeting of the American Medical Association (AMA). The new policy establishes guiding principles for AMA advocacy efforts aimed at changing the fundamentals of prescription drug pricing without compromising patient outcomes and access.

"The new AMA policy acknowledges the carte blanche approach to drug pricing needs to change to align with the health system's drive for high-quality care based on value," said AMA President Andrew W. Gurman, M.D. "This transformation should support drug prices based on overall benefit to patients compared to alternatives for treating the same condition. We need to have the full picture to assess a drug's true value to patients and the health care system."

The new AMA policy seeks to blunt growing pharmaceutical spending rates by tying drug prices to an optimal balance of benefits and costs. The policy's adoption adds to the AMA's long-standing support for market-driven mechanisms to control pharmaceutical costs, while recognizing that improvements need to be made to ensure that the prescription drug market operates efficiently and effectively. In its continued push for transparency in drug prices, the AMA last month launched a grassroots campaign to hear patients' stories.

Brand name drug prices in the U.S. have spiked 98.2 percent since 2011. The average price of brand-name drugs rose 16.2 percent in 2015, according to Express Scripts. Prescription drug prices have been frequently cited as a main justification for higher health insurance premiums, and growing cost-sharing requirements. For patients with commercial health insurance, out-of-pocket costs for brand prescriptions have increased by more than 25 percent since 2010, according to IMS Institute for Healthcare Informatics. A Kaiser Health Tracking Poll released in October found that Americans rank high prescription drug costs among their top health care priorities.

As public and private payers move forward to tie drug prices to value, the AMA's support for these programs will be guided by the following principles:

- Value-based prices of pharmaceuticals should be determined by objective, independent entities;
- Value-based prices of pharmaceuticals should be evidence-based and be the result of valid and reliable inputs and data that incorporate rigorous scientific methods, including clinical trials, clinical data registries, comparative effectiveness research, and robust outcome measures that capture short- and long-term clinical outcomes;
- Processes to determine value-based prices of pharmaceuticals must be transparent, easily accessible to physicians and patients, and provide practicing physicians and researchers a central and significant role;
- Processes to determine value-based prices of pharmaceuticals should limit administrative burdens on physicians and patients;
- Processes to determine value-based prices of pharmaceuticals should incorporate affordability criteria to help assure patient affordability as well as limit system-wide budgetary impact; and
- Value-based pricing of pharmaceuticals should allow for patient variation and physician discretion.

"The AMA principles emphasize that efforts to price prescription drugs based on value should ultimately benefit patients and the health care system without stifling innovation in the pharmaceutical industry," said Dr. Gurman. "These initiatives should aim to ensure patient access to necessary prescription drugs and allow for patient variation and physician discretion. In addition, such initiatives should limit administrative burdens on physician practices and patients, and be evidence-based, transparent, objective and involve the input of practicing physicians and researchers."

In addition, new AMA policy emphasizes that pharmaceutical pricing mechanisms need to take into account a drug's public health value. The AMA supports direct purchasing of pharmaceuticals used to treat or cure diseases that pose unique public health threats, including hepatitis C. Direct purchase arrangements will guarantee prices for prescription drugs as well as volume for manufacturers. As such, lower prices can be achieved in exchange for a larger, guaranteed market for a drug.

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