

Imaging Panda - Sr. Patient Access Manager at ACADIA Pharmaceuticals

Interview conducted on March 10, 2023

Topics

Patient Access, Process Improvement, Quality Control, Field Reimbursement Managers, Healthcare Industry, Enrollment Process, Patient Education, Relationship Building

Summary

The Tegos Client had several conversations with a Sr. Patient Access Manager at ACADIA Pharmaceuticals about the challenges of gathering information from patients and accounts, educating patients about therapy and costs, building relationships with sales reps, and storing information for future assistance. The Sr. Patient Access Manager emphasized the importance of advancing cases and tracking progress, rather than just minimizing time. They also discussed the challenges of sharing information compliantly and getting time with accounts. The importance of transparency, honesty, and setting expectations based on the reality of a given case were emphasized in building trust. The challenge of storing information for future assistance depends on the systems in use.

Expert Details

Sr. Patient Access Manager at ACADIA Pharmaceuticals.

Sr. Patient Access Manager at ACADIA Pharmaceuticals. Reporting to a Director of Patient Support Services, the expert is responsible for supporting a specified territory with regard to patient access in the neurology space. In this role, the expert focuses on patient initiation, provider education as it relates to Medicare Part D, and maintaining sales relationships. The expert is responsible for tracking prescriptions as well as field training for patient access teams and sales colleagues. The expert has historically worked with specialty and rare disease medications.

Tegos Client

Hi, thank you so much for speaking with me again. So we spoke earlier. And as you may remember, I was really trying to understand some of the key parts of an FRM's role. And so today, I'd like to continue the conversation. So just starting from the top, one of the first steps talked about is just determining which is not to directly assist.

So one of the things that I heard is that a part of this puzzle is minimizing the time it takes to determine a health systems procedures for setting up an appointment with their status. So what are their compliance requirements, what are their limits on meeting frequencies? Is this really a goal for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I wouldn't say it's a goal, but it's one of the things one should understand regarding their territory and the accounts in the territory.

Tegos Client

And can you explain what you mean by like you wouldn't say it's a goal for you, it is something that you need to understand?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Well, I hear the word goal and I think something metrics. So not something that's measured but more something that is a key part of the job, which is to understand who are the key accounts, but also what types

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of restrictions may they have. And it's going to vary across the country based on health systems. Like an example, yesterday, I just walked right into an office without an appointment because I knew I could. So it's just becoming aware of those variations with accounts.

Tegus Client

Let's move on to the next step. So in the next step is talking about gathering info from a patient, from the different vendors you have in a patient's case. And so I'm going to read the next one, one of the goals or responsibility that I extracted is like minimizing the time it takes to determine which pharmacy received the prescription. Is this really one of the key challenges or key like goals for you, like minimizing the time here to award a script.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

No, it's more what is the pharmacy doing for outreach. In our case, or the past two clinics that I worked, we had very limited distribution networks, so we know precisely where the prescription is, if we got a form. There are instances where providers do right out of network, and we try to figure out where they go to try to get them back. Otherwise, we have no insight into them. But this is more what is the pharmacy doing with outreach to the patient or caregiver to move them forward in understanding that.

Tegus Client

So in other words, you know which pharmacies are in your limited distribution network. So the scripts have to get sent to those pharmacies. But what you don't always understand is now that it has been sent to that pharmacy, what are they actually doing? And what have they told your accounts?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Right. Are they leading with costs? And contracts are created between us or any pharma company. And if they have a limited distribution pharmacy. So there have to be somewhat frequent calls between our ops team and our pharmacy partners to make sure that they are following the guidelines of the agreement as far as their outreach. And the benefit of most of the pharmacies, they record a lot of their information. And so therefore, we do have access to that insight.

Tegus Client

And why do you have to call them all the time to figure out like what they're doing and saying to the patients and the clinics?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It wouldn't be all the time. It would just be periodic. So just sort of like a temperature check. And sometimes because we hear things back from a patient or a caregiver or a provider that there was an experience that went sideways and we want to figure out. And that could happen with our hub and it could also happen with an FRM. So it's more quality control than anything else.

Because everything that occurs to a patient or caregiver, whether it's the pharmacy or a hub or some other entity reflects on the manufacturer.

Tegus Client

So in other words, really what you care about is just making sure that the SP is doing a good job and that things are in working order but you're not actually just bird-dogging every script that's sent to them?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Oh, goodness, no. Nobody has time for that, and it's also a bad business. As a FRM and field-related person, I do call pharmacies regarding specific cases to see if there are things. If I see it's lingering at a place for too long, was there a conversation that occurred? And we now have greater, this goes back to something we discussed the other day as far as ability to see notes and things like that at our hub and from the pharmacy.

So now that we have that information, we don't have to make as many of those calls, because we can see

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that CVS interacted with the patient on this day and this is the interaction quality. But if something lingers or if there's a question mark. They kind of get highlighted on my personal list and I follow up with the pharmacy just to make sure there's nothing we can do extra.

Tegus Client

So it's like minimizing the time it takes to determine the patient's stage in enrollment to fulfillment to pharmacy. Is this a real part kind of a goal or a real part of the workflow for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes, absolutely. And I mean with qualifier that each organization is different, but like my team, the treatment initiation rate is something that we track pretty closely. And it is something that we are moderately metric on. It's not the entirety of things because we don't coerce people to start stop. But at the end of the day, a prescription is an intention. And so we want to make sure that, that intention is fulfilled as soon as possible.

And if it goes with their time stamps that we have established between ourselves and the pharmacies, where if there's unresponsiveness on the part of the patient or the caregiver or there's a hiccup due to authorization or cost, anything that could derail it, missing information, all the time that passes between when that first order comes over and to when the patient fulfills, the longer that time becomes, the less likely it becomes the patient is going to start product.

And so there's sort of like a window of time, we think it's optimal for getting some of these started. Because it's also the time from when they left their doctor's office to when they're home, they're Googling, or they're doing whatever it is that they're doing, their family is getting involved. And there may be concerns and then 45 days later, doctor thinks they've started product, but they never really have. And we just find out 45 days later. So tracking is pretty important.

Tegus Client

And how are you tracking like the patient's stage in enrollment to fulfillment? Is it just with the pharmacy? Or are you actually tracking it in a different way?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

No. We have at least with this company and in the past, when I worked with orphan products, our pharmacy partner, we only had one pharmacy partner because it was a very small patient population. And they managed everything, and then we had a team of in-house people.

With my current products, we have a hub that we contract with, and they are making outreach calls to patients and caregivers to make sure their, that they get their free supply to get started. Have they heard from the pharmacy, sort of establishing a cadence with them to make sure they're in the right step, and we have visibility to all of that information. So we kind of know when to assert ourselves if things are going sideways.

Tegus Client

So in other words, it's not actually tracking the enrollment to fulfillment stage with a pharmacy. It sounds like you're tracking this mostly with the hub and the hub is.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It's both.

Tegus Client

You have all of your vendors then?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes.

Tegus Client

And what exactly are you trying to figure out. I know you're saying that you can kind of triage or prioritize which ones to focus on. But what are you actually trying to do by tracking it?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It's to establish like if something, like, best case scenario. We've got our best case scenario which is we get the form, the PA is completed, they get co-pay assistance and within seven days, they have product at home. That's brilliant. But we all know that there's a lot of human error and choice in between the beginning and fulfillment. And even after we also track if people discontinue product or if they say they're going to cancel due to adverse events or whatever.

So we try to determine say somebody is canceling, is it a cost concern? Do they just not want to start? Is it a pill burden? Is it an adverse event? And those instances, these are things we can educate their provider about on the back end and say, this is what happened with this particular case, just so you're aware. So it's in the patients sense, but also in case they can have a conversation with them, to perhaps get it back on track.

And in the event, it's just something that's taking time. We're just wanting to make sure a step in the process, say, an authorization form was supposedly faxed over to an office. But we don't see, I call the insurance company to see if it got approved, and there's still no submission yet.

Well, we want to circle back at that point to determine what the office did, did they actually do the authorization? And they'll say, "Oh, I never got the form." So we're just trying to catch those glitches, but also in the event that there's an appeal. So do we need to provide extra medication to a patient while their office is working on an appeal with their payer, stuff like that.

Tegus Client

And just to finish this one out, like is it really you're trying to minimize the time it takes to determine a patient stage? Is that the right wording in your eyes?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

We're trying to minimize the controllable time. So trying to minimize access barriers, which equates to minimizing time.

Tegus Client

So in this last one in this step, it has minimized the time it takes to retrieve prior information about a case to assist with an account. So obviously, you're juggling a bunch of different accounts. You're now opening an account, you want to retrieve that info? Is this really a real kind of goal or outcome for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean it wouldn't be at the top of the list. Like in the case of reauthorization and refills, there's a little bit more wiggle room there because, obviously, sometimes people skip days and things like that. And so they tend to have a little bit extra again occasionally. So I'd say I put it like a mid-level concern, but the information is less us retrieving it and making it more educating a provider's office to provide that information to the entity that's requesting it, whether it be the payer or the pharmacy.

Tegus Client

So maybe let me tell you another way. Like when you're gathering info on the patient's case from vendors, are you really trying to minimize the time it takes to retrieve prior information about a case to actually assist the account?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

For that specific case, yes, but process-wise probably not in a grand scheme because every case is different. I guess I'm trying to wrap my mind around the direction of the question. If you can improve process with a

specific provider account in future that's valuable, minimizing time if they can work, if they prioritize and work more efficiently with our products.

Obviously, that's great for us and also good for the patient to get started sooner rather than later. But minimizing time of course, it's an ideal. So I think it's a great thing to do to minimize the time. But we don't want to minimize the time and sacrifice the quality of the service they're getting either.

Tegus Client

That makes sense. Let's move on to the next step. So in this step, it's about gathering info about a case from the account staff. So when you're gathering info from the staff like are you really trying to minimize the time it takes to verify a patient stage in their journey?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I guess it's less minimizing time. I mean it depends on what choice of words, but it's more advancing the case. And I think that's more what we're focusing on is finding out if it's going to be in the same spot for the next five or six days. Because the provider is on vacation or a piece of paperwork still needs to be done, but they need time to accomplish that. It's more keeping it on track. In many cases, less speeding it up to make sure it doesn't get forgotten and that somebody has ownership of moving it forward in the office.

And so gathering information from our side is often more, like an example yesterday, I was in a provider's office, a psych office that had never written for our product before. And I was meeting with the front desk person, the administrative assistant, and she had no clue who did prior auth in their office. Usually, it's not something they normally encounter. They don't do a lot of specialty products.

And so we had a conversation that ended up determining who the person was and making sure that she forwarded my contact information, because that person wasn't available so that we can have a future conversation. So that can be part of it. It does save time, yes, because it gets them engaged. But also it's making sure a case that has kind of been sitting for seven, eight days gets reengaged and back on track as far as somebody owning the next step of it, which in this case was the prior authorization.

Tegus Client

Let's move on to the next one. So when you're gathering info about the case from the staff, you talked about one of the challenges was the time it takes to educate a patient about therapy. And so is that really a challenge here? Like would you actually like to minimize the time it takes to educate a patient about the therapy?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

So we're not in the room when the doctor has that conversation or the medical assistant or the nurse for that matter. But what we do find out on the back end is there's some type of confusion about why they're taking, what they're taking or why did they prescribe that therapy. And also not sure if they should, certainly they have questions for their provider. And I see that comes up. I mean, it's not, obviously not enough to not convert cases, but it is enough to circle back with a bunch of offices.

So I don't think it's about minimum, we can't control the time they have with their provider, but we can try to help. And this is also called working with our sales colleagues because they are the ones responsible for the clinical messaging. So we can't really have that conversation. We're like access and process oriented. They're clinical. But if we find out we have a number of cases coming from a single provider's office where patients aren't ready to start.

That's the point of education we can bring back to our sales colleagues. They can have another conversation with the provider to help them set expectations for the patients as they get started. So it is about minimizing time, but it's also again about increasing the quality of the communication of how we are available to support their patients.

Tegus Client

Let's move on to the next one. So when talking about gathering info about the case from the account staff,

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one of the challenges was the time it takes to determine just who the medication coordinator is at the account. Like is this really a real challenge? And like would you actually want to minimize the time it takes to figure out who is doing that at the accounts?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean, yes, but it's typically something you're only going to do periodically. When you're first encountering a provider's office, it's important to know who that person is because it's going to save time down the road and also to be aware of any changes occur. Unlike our sales colleagues, we're not in offices three times a week or one time, once a week.

We're very reactionary in our role as far as responding to specific needs that arise as a result of an access barrier. But once that problem has already occurred, and I think this is an interesting way to think about it, we're already trying to put a small fire out and the faster we can do that, the better. And knowing the persons that can help us do that is even more valuable. So yes.

Tegus Client

So same step of gathering info from the account staff. One of the challenges is just collecting patient consent. And so I wanted to understand here is one of the goals here is just to increase the frequency of collecting a patient consent? Or is it minimizing the time it takes to collect the patient's consent.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

That's a great question, actually. It is kind of both. It's ideal while the patient is in their appointment, consent is gained while they're there. There are times, of course, where it all depends on the practice's way of doing business. There are times that the form is sent in after the patient is already left. And so it can take some time. And we have mechanisms in place to gather that information on the back end.

But the patient consent isn't necessary to move forward with the product, but it is extremely helpful in giving us a deeper insight as to where are cases with our pharmacy or vendor partners and as a patient access manager if we have patient consent on file, it gives me as an employee of the manufacturer the ability to communicate with patients and caregivers directly.

Whereas if we don't have consent on file, our hub can do it and the pharmacies can do it because the provider gave their consent by sending in the form, but we don't have the specific consent of the patient for an additional person to call them. So I would say it is to improve the process internally, but it's also to improve the quality of service we provide with a consent.

Tegus Client

I mean in your eyes, what's more important? Is it minimizing the time it takes to collect the consent? Or is it increasing the frequency that you have consent on?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I would say the frequency is more important than time.

Tegus Client

And can you just explain that why?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

The frequency sort of is a net win overall. It's a better practice. So if I were to choose one or the other, I would choose greater frequency, knowing that we're going to get it eventually. And if we improve time but not frequency, we're still in the same boat as far as quantity.

Tegus Client

And what type of consent do you actually need from the patient? Is it just a HIPAA consent? Is it a permission to contact them? Is it something else?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes. So there are a couple of methods to obtain it. We do accept verbal consent from the provider's office if the provider says the patient gave verbal consent. That's not official for our vendors, but it is official for us internally. So it's just consent to call them that we'll be in touch with them or any entity related to our organization could be in touch with them. But the standard way is there is HIPAA consent language on our treatment form that is the prescription and enrollment form for our program and a patient signature and date is sufficient in that section.

And I think it's good for like 10 years or something. And then they can also give consent for a caregiver or another person to speak on their behalf, et cetera. And the thing is we can do a lot of things that we don't do for compliance reasons. We're, as a manufacturer, not a covered entity, but the providers are. And so our HIPAA protections are in place to protect our customers more than it is to protect us. To make sure we're dealing with their information that they are legally responsible for in an appropriate way.

Tegus Client

So the last one I have for this step of gathering info from the account staff is we talked about that there's a challenge of essentially securing a single liaison within the account to help with their cases. I just want to confirm, is this really a challenge to just securing a single champion or liaison within the account.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Oh, it can be for sure. It's so funny, every office is different. I was at a Neurology yesterday, there's a staff member there. She and I have been working together for four years now, she's been the main point of contact. That's extremely unusual. One for a staff member to remain there that long, but to have the single point of contact.

And I'm not saying at that facility, but like there are a number of other practices where the turnover is about every four to six months, they get somebody new who is supposed to be responsible for it. So that's rebuilding a relationship on top of them catching up on stuff they knew nothing about from everything that came before they arrived. So yes it's definitely worth it.

Tegus Client

So what's the real benefit? Is it increasing the likelihood of having a champion? Or is it increasing the frequency of having a champion, minimizing the time it takes to get a champion?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean the latter is very important, but the frequency question would be related to if there is turnover, are they setting somebody up? Or are we aware that changes occurred. So it also depends on how busy the practice and how much they utilize our services or our product. But the greater they utilize our products, obviously, the more important it is because the workload is heavier, and we want to make sure there's somebody dedicated to it.

But even in a smaller account, where we only see something every now and again, it may be even more important because those ones might be the most likely to derail. And so it's just establishing there are harder I would say there are more serious champions and like soft champions, people that we can have a conversation with and get to buy in, like on the fly. But yes, I don't know if the time question kind of throws me off. I think it's all about quality. So frequency seems more accurate.

Tegus Client

And in your eyes is the right term liaison? Is it champion?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Oh, we call them office champions. It could be liaison, but we prefer to call them office champions, just internally. And I've heard it used in other companies too. It is that one person that you can get to work with you consistently over time.

Tegus Client

So the next step is confirming that your internal colleagues, your sales rep knows that your account, that their account is going to be contacted. One of challenges is just the time it takes to build a relationship with the sales rep who actually owns the account. I want to confirm, is that really a challenge for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean not in my present life, but it has been in the past. I think any new FRM or field-based reimbursement person, MFRM, whatever the title is. You're walking into somebody else's territory. And of course, pharma companies are sales oriented. And so that's where the actual authority and relationship resides. And so winning and building a relationship with your sales colleagues, that is often a number of multiple.

I've had as many as 20 at one company that I'm working with simultaneously. Right now, I only work with eight, so that's kind of nice, but understanding kind of their cadence and their relationships with the offices and how you kind of fit into that. But also establishing the work that we do is different than their work, and we're not there to ruin their relationships or their call points or anything like that, but we do have to be sensitive to their.

Tegus Client

And when you say like build a relationship, what does that actually mean? Is that just like you have meetings with them and you want them to know that you exist? That you're going to contact their accounts or is that actually?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

That's part of it initially, like upfront that's one of it. I mean they're going to know that you exist because they'll be told. If any organization has a group like an FRM team available, they'll know who their assigned person is. But yes, it's establishing early on regular call cadence just to discuss the territory, is there things that have risen. Obviously, like at this point, I've worked with most of my sales colleagues for a number of years, and so we actually are friends and not just colleagues.

But it's good to get that because there can be skepticism from a sales perspective about what an FRM role is and they can be occasionally sensitive about how many points of contact are in the offices they're trying to maintain relationships with us. And so winning them over is actually, they're on board 100% quickly.

But communicating upfront is one of the most important factors, but then like I plan to go here, and this is the reason why without getting into the details because they can't do HIPAA. But sort of explaining the rationale for things early on is extremely important to know that you're not going into, waste the time, not that we would. We have too much to do. But it's just, yes, it is important. Sorry, I'm rambling there. There's a lot involved because it's always going to depend on the personalities too, but you can't control work.

Tegus Client

So let's move on to the next step, which is confirming that consent is on record with the account.

And so one of the things that I heard from you is that it's challenging because you can violate HIPAA when sharing personal health information with an account. They don't always have the tools or you're not always using the right tools. And so I just want to make sure I understand this correctly. Like is this really a challenge of an FRM violating HIPAA or is it the other people on the other side violating HIPAA.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It's on the other side. I mean we're typically pretty good about it, and we have a lot of leeway when we're speaking with our provider accounts. But if it's sales colleagues, obviously, that's out of the question. So making sure we are responsible with the sales colleagues, gives us HIPAA accidentally, which they shouldn't have to begin with. We are responsible for reporting like at least in my organization, nobody gets fired. It's more just do it. So they know, and we let them know we have a conversation. You can't like you can't check any patient names. So not allowed.

But with the provider's office, they can do whatever they want. But the HIPAA for us from an FRM

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perspective, it's really important when it comes to communicating with the firms like our external vendors. Because if they don't have record of us having obtained HIPAA, they may not speak to us. It's the same way that an insurance plan may not speak to us if we can't demonstrate that we have HIPAA from their patient.

Tegus Client

And so I guess, why do these violations happen?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

You mean like from a sales perspective?

Tegus Client

Yes.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Because people get close to their accounts and provider that gets comfortable with the salesperson, and they don't think about it. And if the rep isn't as seasoned, they may just think, "Oh, I've got an FRM for this, I'm just going to let them know." instead of saying, "Hey, can you call at the office, she has got a case you can talk about."

That's the ideal, if a sales colleague shares HIPAA, the best case scenario is for them just to say, tell the person that I told them, "Oh, I've got this colleague who can work with you on that." But then also reach out for the FRM just say, "I have a patient, not saying the name. Could you follow up with them because we were just talking about it." That's an ideal situation, it's just mostly happens by accident. I think it's not really the intention.

Tegus Client

So then the next one is kind of adjacent or related to this. One of the things that I heard is that it can be challenging to share information across your different accounts, your vendors, compliantly. Is that really a challenge in your eyes?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean, can be. I mean the technological options available, faxing is still the primary form of transmitting information, which is beyond me. I don't understand why that is the case. But it is seen as the compliant way to communicate, both from providers' offices and a lot of pharma companies.

And so the ability to utilize secure e-mail or portals and things like that are very beneficial. But then you run into the problem of buy-in from staff to, so I have some provider staff who I do secure e-mail with and others who simply want to deal with paper forms and faxes.

And so when you're trying to send them an Excel spreadsheet with a list of patients and the status of them would be a lot easier in an e-mail. Faxing it is a little bit more difficult because they get it and then it's printing out and it's sitting in the office. So yes I wouldn't say it's monumental, but there's a lot of room in the industry overall for that to tighten up and grow.

Tegus Client

So in the next step, it's about contacting the account to share strategies usually for overcoming the barriers. So one of the things that I heard is that it's a challenge to actually get time with the account so that you can help them with their cases. How legitimate of a challenge is this in your eyes?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

This goes back to the earlier thing if you have a champion, it becomes a lot easier to do this. But even when you have somebody dedicated getting time you realize probably going to get five minutes, 10 minutes with a given staff member. They're in the middle of clinic. And yes, they want to be helpful. So there are days you show up, even if one said they had enough time to have an appointment where the staff member may not be

available subsequently because there's a patient was running late or something like that.

So then you're there live. And what am I going to do now? So you pop in and you try to reschedule, you just figure out what you need to do. I don't know if that answers your question. I mean it is important. It is something that's real, but it is mitigated by having a dedicated person there to work with, especially somebody you can e-mail with or call. Having cellphone numbers is great, but obviously keeping things work like, I have a work-dedicated cell phone. So I don't mind calling, I'm supposed to call providers and patients on that specific number, specific phone.

Tegus Client

So it makes sense that the champion, having an office champion really helps. Is, in your eyes, is it increasing the likelihood with that account? Or is it increasing the frequency? Or is it actually minimizing the time it takes to get time with that person? Like what's the real challenge?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I would say likelihood, it makes sense.

Tegus Client

And why is that?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Because frequency is going to be a variable when it comes to these types of interactions. It's based on business. So that's less important. It's not about a regularly scheduled thing. But the likelihood that when something does arise having time with that individual is far more important.

Tegus Client

Another thing that I heard again in the same step of contacting your accounts to share strategies with them is that it's challenging when patients misunderstand the true cost of therapy, how real of a challenge is it?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

That's it is a real challenge. If they're quoted from a pharmacy, a couple of thousand dollars before they hear that there's assistance available for them, that can turn somebody away automatically. Even when they hear the cost and they know that there's, I was looking at a case the other day where the caregiver simply said, "You know what, I just think it's ridiculous, it costs that much money to begin with. I don't care if there is assistance, I'm not going to go down that road."

So for a lot of people, there are obviously enough people to follow through in the process to have people sell the drug and it works from a business perspective. But there are still a handful of people who are skeptical and being able to educate about what the figure of cost is and what their actual out-of-pocket is and having, like figuring out how to have that conversation is delicate, but it's very important.

Tegus Client

And so what's the main part of the challenge? Is it the amount of time it takes to help the patient understand or is it kind of the likelihood that the patient knows if they have co-pay assistance or financial assistance.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I think it's the likelihood. I mean time is much more flexible when it comes to people making decisions for themselves and you want to create space for that. Do they need to think about it? Is there more time? Can we have another conversation? That type of situation. But getting to an understanding is far more important, the likelihood.

Tegus Client

So the same step contacting the account to share strategies to help them overcome barriers. One of the other things I heard from you was it could be challenging to just build trust with an account.

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Sr. Patient Access Manager at ACADIA Pharmaceuticals

Sure. I think that's accurate. As part of the relationship that FRM is going to have is like how is predicated on the relationship the sales colleague already has, but then you have to build your whole own relationship. And we can't control for our sales colleagues relationship, often they're very good. But the nature of our relationship is different.

We're there to help pull things through and answer questions and do access related stuff and it could be regional, it could be practice related, but there can be an introductory period where the staff isn't really sure why you're there. So establishing camaraderie, but in my experience, it's more about establishing the efficiency of being able to help them and less about trying, we're not buttering them up for anything. We're there to actually work through a problem.

Tegus Client

In your eyes, what does it mean to actually build trust? Like what does that actually mean?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It means demonstrating that we've done exactly what we've done, and provided them resources to get their patients on product and explain when things are, if something is going like if there's an appeal needed or whatever the external reason, being transparent about that. And just setting expectations based on the reality of a given case and not overpromising, but really just working through the steps and partnering on the process with that patient and caregiver and with the provider for that patient or caregiver.

So I think it's about transparency. I mean it's typical stuff, transparency, honesty, but also just setting the steps and establishing like if it does this, then this is probably going to happen. If it goes this way, we're going to have to think about it this way. That kind of thing.

Tegus Client

I'm going to move on to the next one. So another challenge kind of related to this that I heard you say is that it can be challenging explaining a field reimbursement manager's role to an account. Is that like a real challenge in your eyes.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It is, initially, but once it's understood and once you have that relationship we just, and trust we just talked about, that obviously, that's a move. So that's like a one and done per either office or per champion. I wouldn't put it as a high priority.

Tegus Client

So now in the next step of actually sharing any supporting materials with your account to help them overcome the barriers. One of the things that I heard from you was that it can be challenging just understanding how much education their patient might need to start therapy. But we've also talked about you're not on clinical side. So I just want to understand how real of a challenge is this for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It's important for us to understand if the clinical reason is the reason a patient is starting or having an issue. And so it is important. But education also has to do with their coverage and cost. And so, it's a marriage of the two things, I think, which means a healthy relationship between our sales colleagues and also the staff. So if it ends up being a clinical issue, we can at least point them in the right direction.

But the whole education of a patient starting a therapy begins with this is the reason why we think you should be on this thing, and that's a provider conversation. That's truly a sales colleague conversation. We don't get involved in that at all. We can speak to very basic PI things if they arise, but we always have to point it back, if that's a concern to a medical conversation.

Tegus Client

So in this next step, you talked verifying that your account understands how to overcome the barriers and one of the things that I heard from you is that it can be challenging for a patient to understand the enrollment process for your therapy. Is that the real challenge that the patient doesn't understand the enrollment process?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I think it's part of it. do they understand the steps that are going to happen, who's going to be communicating with them after they leave the doctor's office. So it's less the first moment of enrollment, but more the subsequent activities that happened as a result of enrollment.

Tegus Client

So it's not just enrollment, but in your eyes, it's all of the steps that are involved to get a patient on, that will be involved to get the patient on to their therapy. Is that right?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes, and it's getting them comfortable. Are they comfortable with initiating these conversations? And then it will flow well from there if they are. But if they're not expecting them, then obviously, they're surprised to hear from somebody they weren't expecting to hear from.

Tegus Client

And just to clarify why do they also need to know like all of the people who are going to contact them.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I wouldn't say all the people, you will be hearing from a cadence like whatever the hub name is or the store. And the staff just to say, you can give them my card or whatever that's fine, maybe hearing from me, specifically. They don't need to know all the people, but they do need to know that they will be communicated with and the reason why. And we additionally, like most programs and ours included, actually provide materials that they receive in the mail once an enrollment is received. So we're doing something on our side, too, to let them know these are the steps to follow.

Tegus Client

So one of the things, again, within the same step of verifying the account, understand how to overcome the barriers. I heard from you that it can be challenging for even a prescriber to understand the amount of patient support that's offered by the manufacturer. Frankly, is that really a challenge in your role?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I guess frequency is the right word. I think sometimes they forget that we are providing a lot of back end support for their patients. So for them to understand that well is extremely important. Because sometimes they think, oh, why don't I just send prescription off to even one of our in-network pharmacies, but the pharmacy is not going to provide.

Like if a patient tells that pharmacy, we're not moving forward, and we don't have enrollment, it's basically dead in the water. And the reason could be something that the provider could address. So yes, it does. I think it is extremely important. I mean, obviously, we're not going to beat them over the head with it. But we want to make sure that we are here.

Tegus Client

No problem. Let's move on. So moving on to the next step, which is just tracking your accounts progress and overcoming their barriers. There, I'm going to start with this first one. One of the things I heard from you is that it's challenging for a patient to respond to outreach to move the case along. Is that really, do we capture that right? Is that a real challenge?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes. Sometimes, they see an 800 number, they see whatever and they just don't answer. Unresponsiveness, definitely, is an issue, at least sometimes it's in the first couple of weeks and sometimes we have to circle back with the provider's office and say, "Hey, we've been trying, can you also reach out to this person to let her know to contact us back." And sometimes we discover as a result of that, something regarding a patient case, that he was hospitalized. So there's an actual extrinsic reason why that happened?

Tegus Client

That makes sense. And what's the right term here? Is it move the case along? Or what do you, how would you phrase that?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

To proceed to next steps for filling the product or something like that or to starting therapy.

Tegus Client

So same step of tracking the account progress. One of the things that I heard from you is that it can be challenging if you spend too much time tracking a case, is that really a problem for someone like you as an FRM?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I don't think it's a present problem, but it can be a temptation like anything you can become obsessive about a case that just isn't moving forward. It's being stubborn. I mean the beauty of our role is that it's a very long, there are no easy wins, and there are no short-term wins. It's always an ongoing process.

And so we're not going to get the dopaminergic hit from like, "Yay, victory", but there can be those cases like they linger and it could become easy. And if you focus on something that isn't going to have a next step in the future, time is better spent moving on to one that will and you could take it back.

Tegus Client

So the same step of just tracking your account's progress and overcoming the barriers. One of the things that I heard from you is that it can be challenging just tracking all of your accounts in one place. Is that really a challenge in your eyes?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

That goes back to depending on the organization and the type of data systems that are in place. If there's a reasonable CRM than it is less of a problem. And obviously, it's quality in quality out, so people being trained to enter the information to a given case to track it appropriately. As mentioned, I also keep a spreadsheet. All my colleagues do as well, just to make sure we have something, if there's something missed, or we have a different conversation, we can keep track of that. But that's an organizational question.

Tegus Client

In your current role, do you feel like it's a challenge for you in your current place?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Oh, it's gotten so much better. It's really good right now, but we've worked with previous hub vendor in the past that had an extremely archaic system that we had very little insight into. And that was hard. Currently, our current vendor is pretty excellent.

Tegus Client

So another thing that I heard from you is that it can be challenging with clinics missing their prior auth results, especially if it is a fax from specialty pharmacy? Is that really a challenge that happens to you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

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Yes. Not necessarily the result of the initiation step when a pharmacy sends them the PA information. Sometimes they get the facts, sometimes they don't. And the pharmacy assumes it goes through. So then we have to follow up to determine, did they receive it? did they do it? Sometimes I never got anything.

Other offices are a lot more astute and they actually proactively use sites like CoverMyMeds, which is more ideal. But educating toward that is great, but we can't mandate that for providers. So we do have to circle back and the pharmacies at the end of the day, owns the PA process and at least communicating it. I do personally find that I have to insert myself several times a week to make sure that things are moving forward there.

Tegus Client

So let's talk about the step of storing the info for the next cycle of assistance. So if patient is going to be on the drug for some time. They may use assistance in the future needs assistance in the future. One of the things that I've heard from you is that maybe the challenge of not knowing when a patient's coverage changes. Is this really a challenge kind of in your role?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes. Actually, most of our patients are Medicare patients. So that makes it a little bit easier. We know they're going to have an annual change very likely. I mean even if they keep the same plan, we reverify every year. We use, between the pharmacy, CoverMyMeds and our hub figure out if we can track that information.

But it is a complication if somebody is transitioning between commercial insurance to Medicare. If they're waiting for Medicare eligibility to finalize. It's less a concern in my world just because most people don't drop their Part D coverage. But when I work with an orphan product and commercial coverage, that can happen all the time.

Tegus Client

Makes sense. Last one, I heard that it's sometimes challenging to store information about a case for future assistance. How real of a challenge is this for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It depends on the systems that are in use. Right now, we have a keep track.

Tegus Client

Perfect. Thank you so much. Have a safe night and have a great weekend.

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