

Imaging Panda - Sr. Patient Access Manager at ACADIA Pharmaceuticals

Interview conducted on March 07, 2023

Topics

Patient Access, Specialty Medication, Insurance Coverage, Patient Education, Communication, Reimbursement, Provider Outreach, Process Efficiency

Summary

In a conversation between a Tegos Client and a Senior Patient Access Manager at ACADIA Pharmaceuticals, the challenges and frustrations of the steps involved in starting therapy are discussed. The manager explains the role of an FRM and their typical schedule, which involves reviewing cases, making outreach calls, and meeting with customers live to educate about their services. The conversation covers steps one to seven, highlighting the importance of maintaining communication with providers and families, establishing a relationship and workflow with sales colleagues, and having a clear patient journey map to track progress. The manager emphasizes the challenges of dealing with territorial issues, skepticism from providers, and lack of clarity in the process, and stresses the importance of having a good system to document progress and avoid frustration.

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.

Q: What are your current top 3 goals/focuses in your current role?

A: My main focuses are 1) patient initiation - our drug is a limited distribution drug, and as a result, we provide hub services for patients and providers, one metric we track is arrived prescriptions. 2) Education, making sure providers know how Medicare Part D works related to understanding authorizations and appeals. And 3) continuing and maintaining sales relationships.

Q: What is the job title of your boss/the person right above you in your org? (e.g., Directly reporting to the VP of Market Access)

A: I report to a Director of Patient Support Services.

Q: What are the job titles of the people you manage/your direct reports? (e.g. Regional Account Manager)

A: I have no direct reports, I do run a project team but they are Senior Access Managers.

Tegos Client

Hi. Thanks for speaking with me. Today, I want to understand the role of an FRM and understand how FRMs basically help patients get on therapy. Before we get too deep into it, I just would love a real quick overview. Can you just briefly describe your current role in your day-to-day?

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Sr. Patient Access Manager at ACADIA Pharmaceuticals

Sure. I'm a senior patient access manager with Acadia Pharmaceuticals. I've been on the Patient Support Services side of things since 2007 with four different companies, both internal and as a field-based person. On a day-to-day basis, it depends on the product.

But the current product I work with it is primarily following up with providers' offices regarding Medicare coverage for Parkinson's medication, helping educate regarding the rare appeal that we run into, but primarily it's helping shepherd patients and caregivers on to therapy when they've already got a lot going on with Parkinson's and psychosis. So it's pretty well rounded.

It's everything from the payer side to working with the caregivers on occasion. Whether it's communicating with the doctor's office or we can't get them find up for co-pay assistance because of regulatory reasons, but we can educate about it. So that's another aspect. We do have a hub as well that processes all of our treatment forms because we are specialty distribution medication. So we work with our hub partners who do most of the primary outreach and we're here to catch all the things that go sideways.

Tegus Client

Let's say I was going to shadow you for a day. Can you explain what your typical schedule looks like the last couple of years?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean so it depends on the week. This week I am splitting my time between working from home and then I'll be in the field, Thursday and Friday. So in our role of my company, our travel is really based on our discretion and how we determine the needs are in our various territories.

I cover most of Texas, so that's a lot of ground to cover, I will be on the road all the time. And so we're encouraged to strike a balance between desk work and fieldwork. Nobody is really monitoring that, but obviously, the proof is in the pudding and work getting done.

So a day like today, I wake up, do my thing, open up, I keep a spreadsheet for all of the cases by quarter in my territory. Review any changes through our CRM and through our pharmacy fill feed to determine if patients have gone active or if there have been meaningful conversations with them with our hub partner.

And then I plan outreach calls based on that daily research, whether it's to follow up with a specific provider's office. So it's a mixed part outreach to providers, pharmacies, and then getting on the road and meeting with customers live to educate about our services, but also sometimes that serves. Like on Thursday, I'll probably go to four or five providers' offices in Texas and a couple of other places to meet with the medical staff for our particular providers and to review patient cases to make sure that we're on track.

In this instance, like I have one provider who have been fairly active this quarter. And as a result, there are a sizable number of patient cases that are being worked at the same time. So I want to meet with the nurse, to make sure that we're on track for prior authorizations for all of them that patients are engaged, et cetera. So it's a mix between live accounts and just making phone calls and doing research.

Tegus Client

Got it. So you start your day, you open your laptop and kind of first thing is you're essentially just looking through your list. And then is that you're going through the portals of the hub in the pharmacy? Or are you making calls to them?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I review all the notes that exist first, and we have a messaging system in our CRM, so I have a question for the care coordinator. I can just send a question over and they typically respond within 10 to 15 minutes. So I just kind of move through them, and I get notifications when they responded.

In an old system, when we work with a different hub partner, phone calls were much more important because we had no means of communicating otherwise, whereas we switched up partners last year and their

database is just much more robust, which allows us greater visibility into the nitty-gritty of each case.

Tegus Client

And is your whole day essentially protected time where you just get to work? Are you, whether it's grooming for your list, calling and outreaching to your customers? Or are you also in a bunch of meetings internally and having a double work time?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes. I mean, thankfully, not nearly as many meetings as my boss. But this is my only scheduled call today, which is an extremely unusual thing for my calendar. But, no, I sit on a couple of committees. I'm a field trainer as well. So I do project management with marketing materials with the company. So I tried to do a couple of different things. But yes, we can't avoid meetings. We have a standing call over Friday. My working group, we meet.

We were meeting two days a week for 30 minutes for the past year, probably. We're dialing that back right now just because we're focusing on case pull-through a little bit more. But yes, you do have to juggle between corporate schedule meetings as well as team meetings. But for the most part, our calendars, our work schedule is designed to maximize our ability to follow up on patient cases. The other factor is myself included, but almost, I don't live in my geography. So if I need to go see somebody, I need to fly there. And that factors in as well. So flight time can interrupt pull through time as well.

Tegus Client

Got it. And so how many internal meetings are you in a week?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Oh, gosh. And I think this will change organization to organization and COVID certainly changed a lot for everybody as far as that's concerned. They're far more than there used to be. I'd say anywhere between three to seven meetings a week, probably.

Tegus Client

Got it. And then how many external meetings kind of with clients and customers are you scheduling or do you have in a week on average?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Well, those I schedule myself. So, they're part of my regular workflow. So it just depends on the volume. This week, I'll have live meetings between 5% to 7%, then that's just between Thursday and Friday, but phone calls probably 15, 16. It just depends. Not every call is successful either.

Tegus Client

So switching gears, what you'll see on this document is we try to outline the steps for someone like an FRM to really undersea their steps for starting a patient on their specialty medication. Obviously, they're working very closely with the clinic.

And so what I want to go through is just go through this table from step one maybe to step eight if we have the time. And I'm just going to go to the question better at the top of the gray box. When you think about just the steps in step one, which account to directly assist or determine where to collect information or determine account's procedures for setting up an account, what makes like this step or part of it challenging inconvenient or frustrating?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

First would be, is it an open or closed health care system. If they're closed to reps, the chances are though not impossible, also similarly tight with reimbursement folk. So are they willing to see and speak with you. Normally, somebody is willing to speak with you, but not always willing to meet with you, depending on the health care system. I'm thinking in places like Minnesota versus Texas where it's like a Wild West and pretty

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much everybody. Whereas in Minnesota you simply can't. You can't just like go in and even schedule things.

Other things, it could just be the practice regulations regarding working with industry. Again, and this is a theme that will come up through a lot of the different examples, but the relationship between sales of an office with a sales colleague and the relationship with the FRM or patient access person, he has very different relationships.

And so I have found historically in the past six years that I've been in the field, greater access than some of my sales colleagues because I'm there to help solve the problem and not to sell them anything. So they've already acted for the patient. And so then there's something that gets in the way, and I'm there to help solve that problem for them or help them solve the problem. So as far as determining where to collect information about the case, it just depends.

If you have a hub, if they're using a form, how much information did we receive as an organization upfront from the provider regarding the patient. Is this a blind prescription where it's just going to a general pharmacy. We know that it exists, but we have no greater detail than that. That's fairly difficult. So narrowing down with the provider's office, what the situation. And some companies operate that way. I have historically worked with organizations where we have full transparency so long as our hub services are being utilized.

Tegus Client

And yes, going back again through step one, what makes this step slower time-consuming?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Step one should not be slower time-consuming if the relationship of the sales colleague is already established with the provider's office. That relationship should precede any interaction that we have with that practice. So the only thing that could make it slower time consuming is if there was missing information on the original submission, there is not a consistent contact person at the office or practice. Those would be the items that would slow it down. But typically, this is not the step that takes the most time.

Tegus Client

And what makes or what causes this step one to be unpredictable, unstable or go off track?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Office churn. So if there's a large physician group, staff turnover is one of the main things, which can directly attach who to contact at the account, especially the sales colleague doesn't have unfettered access there. They may not know who the contact person is. Also if they have very strict policies as far as like scheduling, that could derail but primarily, it's a matter of meeting them when they're not in clinic hours or in between patient roamings and stuff like that. So those will be the things.

Tegus Client

Got it. So just to clarify, you were saying one is just as turnover because you don't even know who you're supposed to be working with and don't direct line anymore. And then was the second one you were saying not knowing when they're actually going to be available because they're in between just by working with patients and there are other things.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes, they work their internal workflow. Sort of understanding how they work and being able to meet with them when they have time. And I say that because it's a matter of respecting their time, and they, this is also about building future relationships with them every interaction is. So respecting their time and providing value will increase as opportunities in the future.

Tegus Client

And what aspects of step one are wasteful or contribute to lower output?

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Sr. Patient Access Manager at ACADIA Pharmaceuticals

Simply blindly calling and leaving multiple messages, it's just never a good idea. Pestering, that's wasteful and also damaging to the relationship. But those are the only things I could think of. Is like over, there's over communication and then there's over communication and that would be, the latter of the two is annoying them.

Tegus Client

Then moving on to step two, gather information on patient's case from vendors, payer's coverage for patient, and information about the case from account's staff. What makes the step two are parts of a challenging, inconvenient or frustrating?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Again, this goes back to how much information did we receive upfront. Did we get the patient's caregiver information or their power of attorney information? Do we need to communicate with them? Was there insurance information provided along with the prescription that we received or the treatment? Does our hub have the ability to process that and accurately determine what their coverage is?

And then if there's churn at the office, like somebody in the office, if you leave just a voice for a random person, are you going to get the information you need to say, proceed with the prior authorization or help educate them on a prior authorization. So those are the main things.

But I would say it's all about information upfront is the main one. So a patient's submission, having all the stuff you need demographics, contact people, insurance and then an office contact are the vital components for a smooth part. And if even one of those bits are missing, it can definitely derail things a little bit.

Tegus Client

And what makes step to slower time consuming?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

It could be, and this goes back to the first one, but staff motivation to respond to request for information, the ability of where their willingness to respond to missing information for submission. If there isn't a single person who is the champion or owner in the office that you work with, sometimes finding out who will find it's more the case of long-term care, but who is the person who's going to be responsible for pulling things through internally there.

Tegus Client

And what caused the step two to be unpredictable, unstable or go off track?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Incomplete or inaccurate insurance information is one of them. Sometimes the doctor's office only has their medical insurance. And so finding out how, in my case, a prescription, I'm not sure what the therapy is on your side, but finding out who's actually going to be covering the prescription could be different than, like, say, their medical coverage.

Especially for Medicare population or sometimes patients at multiple insurances, they've only reported one, but also the prior authorization process. If, say, a pharmacy is the one responsible for sending that information to the provider's office, did they get it? Did they not or do they just cover my meds? Like where in the system is it going to be moving from point A to point B. And if that isn't a clear map or at least if they don't have their process down for it, that can significantly derail it.

Tegus Client

And are you saying, just to clarify on the SP side, are you saying it's not understanding like what part of the workflow that SP is going to own? Like for example, are they going to assess with prior auth or not? Is that what you mean?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes. There's that and then say they are participating in that process. Like for my product, the specialty pharmacies we network with they own the authorization communication side of things as far as getting the PA information to a provider. And they fax it over, but there was never a phone conversation to expect that fax.

Well, who knows if the medical even got it at that point in time, that information regarding that patient. It could have been one fax amongst hundreds that they received that date and maybe didn't end up in their system. So tightening up that type of communication, which is also something that we do.

Tegus Client

And what aspects of step two are wasteful or contribute to lower output?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Gosh. I mean wasteful, from a time perspective, it's knowing when to move on to the next case is the best way to put it and then return back and not. It's been wheels while things are still going on as an account if things remain unclear. Best to move on to a case that's going to move forward and then return to this one that's causing issues at a later time and even just to get a better perspective on what may be occurring. But again, devoting too much time trying to babysit it unless it really needs to be babysat.

We don't need to hold all the hands like we need to be able to trust the folks who are doing the work to do the steps. Like, an example, I was working with a provider to do a prior authorization, and she sent it to me two days later. Because that's when it fit in her schedule was when they complete it. I pestered her about it, that would have provided ill-will. So it's wasteful for me to call her twice a day to follow up on that, when I know that's just going to do it and she did.

Tegus Client

Got it. So moving on to step three, examine barriers to starting therapy, examine options for overcoming barriers to therapy, and prepare supporting materials to share with the account. What makes step three or parts of it challenging inconvenient or frustrating?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

How much communication does the patient have from the provider regarding starting a new therapy? So it's all about setting expectations, particularly, with the specialty product and depending on the disease state, what's the pill burden for the patient already?

Where, are they experiencing therapeutic fatigue just from having so many things that they need to do to maintain status quo? And is this one more item amongst the items that they need to manage? So how the provider's office educates the patient and caregiver before they leave about what to expect and also the reasons why they're starting this thing. And so they know who's going to be contacting them.

And then the other barriers are cost, obviously. From a patient perspective, the cost is never the true cost depending on what type of co-pay assistance exists for a given thing, but you and I are well versed in the nuances of how the system works, but your average patient and caregiver is not.

And so the sticker shock of things can sometimes derail it. We see that. They hear from a pharmacy and before the co-pay assistance conversation even begins, they decide not going to bother with this thing. Because they're afraid that if they start, they won't be able to afford it down the road. So education and assurances as far as access and that's the larger access issue, will, if they start, are they going to be able to stay on it if it's working for them. I think that's the main one.

Tegus Client

And what makes step three slower time consuming?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

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Well unresponsiveness of patients or caregivers to outreach attempts to start therapy. If one phone call amongst many phone calls they're probably getting to help them move along, if there's not a caregiver or another party involved in the patient's care, that can be a significant time consumption issue because you're dealing with the patient who's already experiencing the issue at hand, whatever it happens to be, but then they're doing it on their own.

If they're doing it on their own, especially depending on what the disease state is, they just may not, they're not going to be quick about it necessarily or they may find themselves confused about the process. So having a caregiver or another family member involved is extremely important because you can find circles otherwise.

Tegus Client

And when you said unresponsiveness, did you mean unresponsiveness by the patient and the caregiver? Or do you mean unresponsiveness from the clinic?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

From the patient and caregivers because at this point in time, the barrier to starting therapy we're making an assumption that this is the patient's perspective. Their things are lined up such that they're able to access it. And now it's a matter of moving from accessibility to actually taking drug.

Tegus Client

And what causes step three to be unpredictable, unstable or go off track?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Any number of things could be the patient's health where they recently hospitalized. Does the patient have another comorbidity that takes precedence over the therapy that we're working with. So say, they're on cancer treatments, and that's the primary concern. So there may be less likely to, what we're working with is not as important as what the, the other thing they're working with through their prior patient priorities. Unpredictability could be changes in coverage.

Now this only typically happens during specific times of year, but it is something that does occur, particularly with Medicare Part D, if somebody fails to pay their premium, say, and then all of a sudden, they lose coverage for the remainder of the year. So typically, the health or coverage would be the things that would be unpredictable. Did they move? Did they go into long-term care? So I mean, there are a number of different things that can affect it.

Tegus Client

And what aspects of step three are wasteful or contribute to lower output on kind of your side?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Making assumptions about where the patient is. So like you say, I think this is all going smoothly. That's great. But you were making the assumption that they have or they will very shortly. And then one of those unpredictable things occurs and you're not keeping track of it, that's the real because you're not backtracking to like figure out the situation instead of maintaining reasonable, consistent communication with the provider and the family.

So I think that's where waste is sort of back-end waste. You've already done all the work upfront and you make an assumption, but then something derails it. you're unaware of the derailment and now you're going back and redoing all the work again to try to figure it out when maintaining communication may have prevented that. Yes, that's the main one.

Tegus Client

Then let's move on to step four, decide how to overcome the barriers to therapy, confirm sales rep know their account will be contacted, confirm that consent is on record for contacting account. What makes step four or parts of it challenging, inconvenient or frustrating?

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Sr. Patient Access Manager at ACADIA Pharmaceuticals

Well, every organization is different. And I'm blessed presently to be in an organization where I work very closely and well with my sales colleagues. There can sometimes be territorial issues between selling and reimbursement, especially in field-based areas because the account is primarily the accountant sales colleague.

So establishing a relationship and workflow with the sales colleague is essential. And that can be something if it's not accomplished upfront, especially working with the sales colleague to have them introduce you to their accounts, and get on the same page about priorities, understanding though that we do very different jobs and that we are not there to generate demand or anything like that, but they are to solve problems.

And once sales colleagues get there, the communication can flow, but just maintaining, we want to be respectful of the fact that they are the key account holders, we are, but we are also there to help with the success of their relationship, too. So I think that can get a bit dicey, and it varies personnel to personality.

Tegus Client

And what can make step four slow or time-consuming for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

If a sales colleague is pushing back about being able to reach out, if they're being too sensitive about the information or wanting you to, not wanting you to go and follow up with a customer, and then also consent I'm reading that is, I'm not sure, if we're meaning HIPAA consent the ability to work with the provider or the patient.

The thing that can be something if we don't have that from the provider's office, then obviously, it makes a follow-up very difficult. But in the context of consent from our sales colleague, these are things that should be hashed out with the initial building of the relationships that we have with them. It should be an assumption that we are going to be communicating with providers. So what kind of, establishing the cadence of that communication and how much we need to share with our sales colleagues is important.

Tegus Client

And when we talk about overcoming the barriers, that just means how you think about creating the strategies to actually overcome whatever barriers the clinic or the patients.

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Yes. I mean, in that respect, something that I do with my colleagues, we have calls every other week basically where we talk about accounts and we started, and we've been working together for years now. So there's a difference between people starting off fresh and having some tendered experience with each other, but having a cadence where we're in agreement about how to proceed and how to approach an account.

Tegus Client

So just finishing up step four, what causes step four to be unpredictable, unstable or go off track for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

If there is a vacancy in a sales territory for a new hire backfilling what was previously known relationship having to reestablish that kind of trust. Skepticism on the part of the provider's office or the physicians group about our ability to support their patients. So lack of an established relationship with them or clear defining understanding of the FRM role in supporting them and their patients in the process. And this is just an example.

Say the previous sales colleague who left or whatever didn't have a solid relationship with them. That vestige in sort of hangover from a bad experience before. And from a field reimbursement perspective, we have to have the emotional intelligence to be able to navigate all of that because we are fundamentally there to help them with the patients that they actually want on therapy, like we don't get involved unless there's intention

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on their part.

Tegus Client

And what aspects of step four can be wasteful or contribute to lower output for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Oh, wasteful is like if we're stepping on our colleagues' toes or vice versa, not communicating well that can frustrate the process. Again, having a clear lines of approach regarding an account with our colleagues is extremely important. So any time that is not the case, the process can become wasteful.

Also, it depends on how we set expectations with the customer. If we're, if one party is saying one thing and I'm saying another regarding about the services we offer, frustration then can lead to the dragging of feet and nonpriority because again it goes back to that earlier statement that this is a matter of respecting fundamentally their time, the office time as well as the patient. So before even communicating having a clear approach is always the best idea.

Tegus Client

Moving on to step five then, contact the account to share strategies for overcoming barriers, share supporting materials for overcoming barriers with account, inform vendors about interactions with the account, and inform sales rep about the interactions with their account. What makes step five part a bit challenging, inconvenient or frustrating for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean it took me two years with one health care system for them to realize that I didn't need to be on the same cycle of in-person meetings with their staff as a salesperson would be so that now I can go in pretty much as need be, follow-up on patient cases, but that took a long time to get there just because of assumptions and also just big systems sometimes are that way.

But motivation on the part of staff to work with you. I mean, obviously, some offices treat their employees really well and others don't treat them so great and some pay okay and others don't. And these are all factors that come into play when we're working with them, especially depending on the priority level of the therapy in the scope of the things they're working on. So it's not like a top priority, how do we make it that? But it can be through pulling things through can be burdensome.

Tegus Client

And what makes step five slower time-consuming free?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Well, so one of the things that if there's not a good and this goes to the sharing supporting materials for overcoming barriers and all the things. I mean, anything having to do with collating, gathering, sharing patient information and while doing so compliantly, having systems in place that allow the best flow of information is great, but that's not often or always the case.

So sometimes it's the systems of what, the constraints of HIPAA compliance, which are not bad constraints. They're good ones, but not every, like we have the ability to do secure e-mail with providers if they opt into it, but not every single one does. So that means calling them, leaving a message, saying I'm sending a fax, can you send, fax me back, and it becomes this longer protracted issue when there is a technological solution, but it's just a matter of getting somebody on board to do it compliantly that way. And also depending on the depth of the hub and the services provided, investment in better processes pay dividends in the end, but it's not always easy to make that argument early on in an organization.

Tegus Client

And what can or what makes step five to be unpredictable, unstable or go off track for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Not having a singular office champion or contact person to work with to pull things through that significantly can make things unpredictable, especially, if there's only limited interactions with them. And then from a vendor perspective, the data that we get from a pharmacy or something. If they don't have HIPAA from the patients, that can make a black hole of information on that side. It's basically wherever there's lack of clarity in the process or lack of ownership in helping it come to a resolution. That's where it gets creating.

Tegus Client

What aspects of step five are wasteful or contribute to lower output for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

There are, and this is not my present situation, but I have worked in an organization before where this was the case where there was just a call cadence that you had to do. That has nothing to do with the specifics of the patient case or the provider.

But you're expecting to do x number of activities a week instead of intelligently approaching the cases as they exist in real time and trying to resolve them. So just both metrics can be one like just checking boxes. So that definitely in the name of measuring productivity definitely detracts from things.

Tegus Client

Moving on to step six, verify the account understands how to overcome the barriers, and track the account's process in overcoming barriers. What makes step six or parts of it challenging, inconvenient or frustrating for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Again, this goes back to having a consistent contact person, but also if expectations with the office were set up that we say we deliver the world, somebody can walk in so we do everything for you and then come to find out like I can't put pen to paper for a provider's office when it comes to an authorization. That's still something that they have to do.

But I can talk them through it and help them with that process. But if they already have it in their mind that the world has been, the world is always fair or even from a cost perspective, like it's going to cost your patient, nothing. If somebody ever says those are the words that stick with them. So message management, like marketing, like what is our messaging being consistent? If it's not consistent upfront then it can be really frustrating to bring somebody back on board with the process to overcome barriers for their patients.

Tegus Client

And what aspects of step six can be slower, time-consuming in your role?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Well, this goes more to the tracking of the account like the progress of a thing. It just depends on the number of hands that are in the pot, but if there isn't a clear patient journey that's identified or a way to track it on our end as a manufacturer with our hub services or with our pharmacy partners, we don't know that CVS called the office and then I call the office and they get angry because I call it that they just heard from CVS. So sort of transparency about the patient journey map is really, really important when that's not there. It can be extremely time consuming to like get things back on track and to figure out who needs to do what.

Tegus Client

And just to clarify, are you saying having a clear patient journey for yourself? Or are you saying having a clear patient journey for the staff?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

For our organization, for myself and for the staff. So it's all of the above.

Tegus Client

And then what can make step six to be unpredictable, unstable or go off-track for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Similar to some of the answers before, if there's a change in coverage, if there's change in staff, if the patient is, their situation at home changes regarding whether they're at home or in a facility or a clinic or long-term care. But, anything that's going to be a hiccup as far as how things have been going before.

Tegus Client

And what aspects of step six are wasteful or can contribute to lower output for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

So again, this goes back to the patient journey portion of it, but because none of them are ever perfect. Like there are always going to be hiccups. There's always going to be variability, but a basic overview or process that's understood and that we can help. So I view an FRM role as the shepherding of cases more than it is by pushing them through things like pull-through is shepherding and they're managing a lot of different parts. But if the patient journey isn't understood or communicated well, then that everything becomes wasteful.

Because it's duplicative of efforts, they generate frustration on the part of the provider and the patient's office, provider's office and the patient and caregiver and so clearly upfront about the process and what to expect. Even if it doesn't go perfectly, is essential. And when that isn't there, it's almost all of the activity. Everything is wasteful if the patient gets frustrated and never starts in my mind.

Tegus Client

Then moving on, in step seven, move on to next strategy if initial strategy doesn't work, what makes this step challenging, inconvenient, frustrating for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

I mean sometimes it's not knowing what the next strategy is. And so one should have in their perfect world, a couple of different options. But if it falls outside of the normal process, it can just be figuring out what the next step actually is, especially when it feels like there's an apparent wall that insurmountable.

Tegus Client

And what makes this step slower, time-consuming for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

Well, by default, it is time consuming because it's already after the first attempt has been made or the first approach. And so it is re-strategizing, which means circling back with colleagues and facility and office and that may not be wasteful at all. It could not to appreciate the question. It could all be very good and become fruitful, but it does take time to then figure out. And then I think about this more particularly in my interactions with long-term care cases that I've worked with when there are multiple players and lots of things can happen, and you could have one person at the facility.

Do you see an order that the provider never happened. And so you've got to then like refigure out how to get that DON or whomever on board because they're thinking about a different bottom line that has anyway, if that all goes back to communication, but it's consuming because it is now beyond what is the normal situation.

Tegus Client

And what aspects of this step are wasteful or can contribute to lower output for you?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

In this instance, I just imagine, depending on the nature of a hub and how they work their workflow goes or

even a pharmacy sometimes continuing to do the same thing that wasn't working before over and over again, becomes wasteful. And so failing to regroup and re-strategize, which means it could mean throwing out all the baby out with the bathwater from before and just approaching the problem with a fresh perspective, failing to do that can lead to a lot of wasted time and effort and increase frustration.

Tegus Client

What makes this step or parts of it challenging or frustrating free?

Sr. Patient Access Manager at ACADIA Pharmaceuticals

So anecdotally, having, it depends. You need to have a good system in which to do that. And I've seen a lot of variation in the past 15 years in my career where we've had robust CRMs that we can store notes and things like that, are easy to use, easy to access. And then with the previous vendor of my present company that we worked with their database went bad. It's like they switched their internal systems, and we had almost zero visibility and became responsible for tracking everything analogically on a spreadsheet, which we all still do for purposes of understanding our own territories, but it was extremely vital at that point in time because we lost insight into everything.

So the ability, or basically having a good and one that's easy to use and that people are trained to use well and appropriately, that transitions between hub services and field-based reimbursement specialists as well as some type of feed from a pharmacy that helps us understand if things got filled and if there's a hiccup on that side.

But even on the back end of that, on a pharmacy perspective, we need, we have specialty pharmacy liaisons from our team that have calls with CVS and Accredo weekly, et cetera. But it's hard to, systems are important and the ability to document progress in a non-analogical fashion, so something like we'll update a system, they enter in. I enter notes and I can upload documents. Things like that are extremely helpful. And when they're not there, it's frustrating.

Tegus Client

Awesome. Well, thank you so much. Enjoy the rest of your day.

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