

Transcript

August 12, 2025, 8:59PM

BM **Borumand, Simon M (HCA)** 2:27

Hello everyone for those that have joined, we're just waiting for the advisory group members to join as well, but it looks like we have a growing crowd of attendees. And then we have some of the HCA staff online as well.

NF **Neuenschwander, Mike F (HCA)** 6:14

Yeah, it looks like we got Jim on.
How's it going, Jim?

JF **Jim Freeburg** 6:23

I wonder why this meeting's on the hottest day of the month.
Like, do we have it outside? Maybe at least.

NF **Neuenschwander, Mike F (HCA)** 6:32

Yeah, we can go do it.
Uh, host it at a water park.
OK.
I think we're just waiting on some more of the advisor group members here.
It sounded like Dario was maybe having some technical difficulties.

BM **Borumand, Simon M (HCA)** 6:53

Yeah, I just sent over another e-mail with the link.
Hopefully that that works.

DM **Dharia McGrew** 6:59

Hi sorry I figured it out.

BM **Borumand, Simon M (HCA)** 7:04

Hi, Doris.

DM Dharia McGrew 7:04
No. Hey, no my my error I think appreciate that.

BM Borumand, Simon M (HCA) 7:04
Sorry about that.

DM Dharia McGrew 7:09
Can you hear me?

BM Borumand, Simon M (HCA) 7:11
Yep.

DM Dharia McGrew 7:12
OK.
Sorry, just could not find the right link.

NF Neuenschwander, Mike F (HCA) 7:45
And give it just a couple more minutes. OK, we got.
Tim.
And who else will be waiting on here?

BM Borumand, Simon M (HCA) 8:07
OK.
I think we have 4 out of five, the advisory group members and 1:00.
Laura Berry mentioned that she could not make this meeting, and so I think we can go ahead and get started. Mike, if you'd like and I'll share the agenda again.

NF Neuenschwander, Mike F (HCA) 8:22
Perfect.
Great. Thank you very much.
OK.
Yeah. Appreciate everyone's time coming out here and and meeting today.
We had a good board meeting here last month where we selected a number of drugs for drug review and so now we're working on moving into the next steps.

And.

So one of the things we wanted to do.

We'll circle back with our advisory group here and talk about some of those next steps and.

Where we're going from there and just kind of give everyone an update on on some of the things that we're working on and feedback feedback specifically from the advisory groups in terms of you know how they're going to work with us as we're moving through the drug review.

In the next steps, so as most people know.

We've been following the meetings. We did pick four drugs here during our July board meeting.

And we're gonna prioritize two first, as we're, you know, this is gonna be our first round of drug reviews. And so working on those. And then as we have time or if we have time.

Working on the other two on the end, once we've got some of our processes down a little bit more and things are streamlined.

So Enbrel and standby are first two drugs that we're gonna be working on.

And so additionally, as part of the advisory group, one of the things we're gonna be doing is then per legislation expanding the advisory group with some specialists who are related to you know have have some sort of interest or specialty related to those two specific drugs.

And so. So yeah, that's kind of where we're at and where we're going. And so Simon? Will will go into our our next thing.

We're gonna be talking about is a little bit more about the recruiting for it.

Those Members, then after that, Marina's gonna chat about, you know, the some of the patient surveys and forms that we've been working on. And then finally, we'll kinda wrap up with discussing how the advisory group will will work on and contribute to the affordability review. So we.

Do have you know a few things on our agenda? But I don't imagine us needing to take the full 2 hours unless some people just really, really want to.

So I'm I'm happy with, you know, if we if we.

Top can say all we need to say and figure out our next steps. You know we can wrap up early.

So any questions on that before we kind of get kicked off into the the main part of the agenda?

OK, great.

Well, so Simon, do you wanna talk a little bit more about the Advisory Board and and kind of next steps with that?

BM **Borumand, Simon M (HCA)** 11:19

Yeah, I'd be happy to.

Hey everyone.

So if if you recall from when we had started recruiting for the advisory group that that Advisory Board that year on, we had discussed there being a core advisory group which is stable and you know they have a certain term, but they'll oversee multiple affordability reviews and then.

Having a supplemental advisory group with our patients, patient advocates or providers that are specific to the.

Or the illnesses of those drugs treat.

And So what we've done is we've opened up the application for a supplemental advisory group for the first two drugs, ENBREL and ZATANDI. And so far we've received 3.

Two from clinicians and one from a patient.

Or applications roll in and then.

From there, evaluate and and communicate out to those folks if they can select it or not. Really the the selection is making sure that there are no problems of interest and not sure if my camera.

Is being odd for. For those who can see, but it's kind of flashing on my end, so I'm gonna turn it off quickly just to make sure it's smooth.

But anyways.

Then we'll we'll reach out. Oh, yeah.

JF **Jim Freeburg** 12:48

Simon, sorry to interrupt.

Can you repeat?

You were cutting a little bit. Can you say there was a patient or a patient advocate who had applied?

BM **Borumand, Simon M (HCA)** 12:57

Yep, it's someone who has been living with rheumatoid arthritis and then is also involved with kind of an an arthritis patients advocacy group.

JF **Jim Freeburg** 13:08
And.

BM **Borumand, Simon M (HCA)** 13:09
So it's. Oh, good.

JF **Jim Freeburg** 13:10
And and they're living in Washington.

BM **Borumand, Simon M (HCA)** 13:12
Yes.

JF **Jim Freeburg** 13:13
Great.

BM **Borumand, Simon M (HCA)** 13:14
And then.

The the other two are are clinicians, an oncologist who's also the medical director of the of a cancer care unit and then a clinical oncology pharmacist.

And so as I mentioned, you take the next two weeks, see if more applications roll in. If not, you know three plus you know one or two additional if they come would be a great size for for supplemental advisory group and we'll have them slot into these meet.

As well and then work with you all to determine exactly how do you wanna use their expertise or their experiences to to inform your thinking and whatever output you give to the board.

DM **Dharia McGrew** 14:00

And can you say again how other than the the mailing list mail that went out, are there other ways that you've circulated this yet?

BM **Borumand, Simon M (HCA)** 14:10

Yep, so.

DM **Dharia McGrew** 14:10

The application.

BM **Borumand, Simon M (HCA)** 14:12

So as you mentioned that the mailing list is posted on the website and then we reach out to.

You all as well as the the PDAB board to have you circulate with your networks. We reached out to.

Other states that that we work with with to portal.

And then we've just asked folks, anyone in their network to to share with them as well.

DM **Dharia McGrew** 14:41

Have you considered reaching out to the medical societies in Washington?

BM **Borumand, Simon M (HCA)** 14:48

That's that's a great idea.

I'll I'll add that to our to our our outreach and and genuinely any any ideas that you have shoot em my way and then we'll send them to them 'cause really is is wide and then as we can pass the better.

NF **Neuenschwander, Mike F (HCA)** 15:03

Great, Tim.

TL **Tim Lynch** 15:06

Yes, Simon, I also might suggest the Washington State Pharmacy Association.

Jenny Arnold as a good point of contact to see if there's people within the pharmacy room that would want to participate as well as clinicians.

BM **Borumand, Simon M (HCA)** 15:24

Great. I'll. I'll research them as well.

Any other thoughts or questions?

Great. It's not. I can pass along to Marina to discuss next steps around the patient advocate surveys.

And right now also if you want me to keep talking about her or if you want me to, to, to talk around that as well, just let me know.

SM **Suzuki, Marina (HCA)** 16:08

Here on a mission.

Spare my screen here. Let's see.

Is that coming up on your end?

BM **Borumand, Simon M (HCA)** 16:23

Yes.

SM **Suzuki, Marina (HCA)** 16:24

OK, great.

NF **Neuenschwander, Mike F (HCA)** 16:24

I could see.

SM **Suzuki, Marina (HCA)** 16:26

I.

I believe you all the board advisory group members received a copy from Simon by e-mail.

But I just want to go over what kind of questions we are hoping to include on the, on the surveys. And just as a overview.

So we have two surveys that will go out, one is.

Targeting the patients and.

And the caretakers?

So that's one and another survey is for the medical experts.

So it's gonna be two separate surveys.

So the questions languages are kind of similar, but totally.

Similar concept, but the questions that are not exactly the same just because they're just different audience. And let's look at the patient survey first.

So this is the one.

And it's on a Word document right now, because when we build into our survey platform, we will have some kind of logics going on in the background.

So depending on how patients answer on the earlier questions, some questions may or may not appear. If it's not relevant for that particular respondent.

So that's why I'm just using a Word document so that you get to see all the questions.

That we'll get into the survey, perhaps form.

But anyway, the first one is just gonna be the cover page, thanking them for participating.

And the first block of questions going to be about patient demographics, just asking their contact information to make sure you know it's going to be just one submission per patient and also asking whether they're a patient or a caregiver.

And what kind of conditions they have in case a selected drug?

Have a multiple indications and I think that's gonna be the case here. And then whether they're living in Washington or not, if they're living in Washington, what is your zip code?

And whether they have any conflict of interest or not.

And kind of household income information.

And then the insurance information as well.

So these are gonna be all.

Demographic question.

And then the next block is gonna be about that you. Yeah. Utilization of the medications.

So the first question is of course to have that they ever used the drug under review, yes. No.

And also we'll be asking if they've ever used any other medications to treat the same condition. Yes. No.

And it's just a historical information.

How long they've been using it?

So this is asking more about their past and current medication use to treat whatever the indication the drug is approved for or used for off label readings as well.

And then the meat of the survey is here on the cost.

So the cost questions asking if they have any difficulty in terms of affording the medication.

And we'll ask.

Pretty much a similar questions for the drug selected for for the affordability review and also some of the therapeutic alternatives here.

And for the drug under review specifically, you'll be asking more detailed questions in terms of have they ever picked it up. So after the doctor's prescribed it?

Did they pick it up or not?

Or they could be delayed.

Picking up if they can't afford it.

Or maybe they're skipping a dose or taking a reduced dose or mount.

And then more numerical responses.

These are the questions out of project cost.

And what would be the affordable budget?

So these are the questions, just trying to get more numerical information.

And.

Then.

Kind of similar set of questions for patients not taking the exact drug that's selected for the affordability review, but for potential therapeutic alternatives to see if they're similar or not.

And then.

We'll be asking about their coupon use as well as the patient assistant program.

Program. So these are the questions we are hoping to ask. And then the survey will end with the free comment question.

So this is gonna be like open, you know, text box that they can comment whatever they wanna share with the board members.

So. So this is kind of structure of the survey.

And I think.

I'm still doing collecting feedback from individual board members, so it's possible that we'll have more edits or.

But I don't think it's gonna be very different before we post this for our public comment so that we get to receive feedback from.

The public as well.

But if our advisory group members have any.

Specific suggestions. Recommendations. I'd love to hear.

And if you have like a bunch of recommendations or suggestions are written.

Feedback is helpful for me to go through the edit, so if you can send it to Simon.

That would be most helpful.

And should I stop here, Mike, and get some feedback if they have any burning suggestions or recommendations at this point?

Or do you want me to go to the expert survey as well?

What? What do you think?

NF **Neuenschwander, Mike F (HCA)** 23:08

Yeah, I'd say, you know, if there's if there's some thoughts or comments, I dare got her hand up.

You know 'cause, we provided the survey beforehand it to give you a chance to look at it a little bit.

So, you know, we're not just hitting everything cold Turkey here. And then as you know, Marina was saying, you know, we're we're still gathering feedback from the board members. So we wanted to make sure you know, you guys had a chance to, to, to take a look.

And and give any input should you, you know have something that you think would be important.

And you know, we're working trying to get towards brevity. I think that was, you know, some of the things that you know, for example, Hong mentioned during our last board meeting is we want to keep it as short and concise as possible, but also still gather all of.

The data that we're looking for as well.

So we're trying to balance a couple different things.

So with that, Daria, I'll, I'll let you chat. And if anyone else has some thoughts or comments we can, we can discuss it.

Otherwise, we can move on and and check out the others.

Content as well.

DM **Dharia McGrew** 24:12

Yes. Thanks so much.

I want to say contradictory things and I know these two things are going to contradict each other, but want to echo the previous comments from the last meeting that it still is quite long and that patients and providers you know may not have the time or the Inc.

To answer such long questions.

So any more further trimming down would be good.

That being said, I think there's things missing.

And the first being more that gets to insurance hurdles.

You know what other committees hear from patients when they have public comments is a lot of people talking about insurance denials like I had to fight to get on this drug. I didn't take it because my doctor prescribed it and the insurance company, you know, wouldn't cover.

It or they made me do stuff.

Therapy. I had to jump through XY and Z.

Hurdles. And so I think that it would be good.

To somehow parse that out or include that you know you have, you have a lot of questions that say because of cost because of cost, but none of them say you know something about because of insurance company.

And that is going to be a lot of what a lot of what patients are experiencing. It may be cost because of co-pays and Co insurance, but it may be.

They couldn't get the drug they needed or they were delayed in getting the drug they needed because of insurance policies and turns design.

Next, I appreciate the questions differentiating between.

Coupons, copay, coupons, and patient assistance programs.

They are hard for patients to know the difference between. I think you've you've done a good job of explaining what a patient assistance program but might need.

More clarity and coupons there are, you know, for example, patients get directed to websites or you know programs where they can buy a drug directly at a discount.

In which case then they're not buying it through their insurance, they're buying it in a negotiated price. That's not a coupon.

So they might think they got a coupon for the drug, but actually they're using good RX or, you know, a website like that.

So that may muddle some of the data there.

But that is very that's very weedy.

That's a very weedy thing to parse out, but I do appreciate the differentiation of the two.

And then, yeah, my final comment was gonna be about the public comment period for this.

So appreciate you for both of these.

Confirming that do you have an estimated timing for when you will post these publicly and seek comment from patient groups and provider groups and patients?

NF **Neuenschwander, Mike F (HCA)** 27:13

Yeah. So in terms of time frame, you know, we're again trying to wrap up our our internal review.

So we have one on ones with the board members. You know we've had some of them who have been out on leave.

So, you know, trying to trying to get their feedback while you know they're they're out and abroad and stuff like that is, you know, balancing that.

So in terms of exactly when we're gonna post them, not sure.

Also wanna make sure we give you know.

The advisory group some time if if you all have some specific feedback, you know obviously the the sooner we can get that you know the easier it is to incorporate it with the other edits that we're trying to make. And and Daria, I think these were some good.

Good things that you brought up as well.

So I you know, appreciate you know those points and insights.

So don't have specific timelines on that right now, but looking to do it sooner rather than later.

I guess.

OK. Any other? Oh, Yep, Marianne.

SM **Suzuki, Marina (HCA)** 28:17

And I stick up.

Oh, I'm sorry. I'm jump.

Yeah, jumping in.

But another area we need some help with. The advisory group members is to kind of thinking about how to reach to the patient.

So we'll be posting the survey once it's finalized to our website.

But I believe we we also wanna do some more active reach out to make sure that patients know that survey is gonna be going on for the, for the ability review.

So if you have any contacts or suggestions on how to reach patients of interest, that would be really helpful.

Yeah.

OK so.

Any additional comments or?

JF

Jim Freeburg 29:11

Can I offer some thoughts on on this and I'm I'm curious if we can get a little bit of information about how these drugs are typically acquired by patients to help inform this.

For example, I know we're not doing cabometix right now, but.

A well, even, I guess, extenda, if it's an episodic drug.

That the cancer docs are going to be working with.

It's typically probably a different sort of experience for the patient than something like Enbrel that's ongoing.

Maybe actually kind of comes and fits and starts over the course of your condition, meaning you might switch between different drugs depending on side effects, and that might inform a little bit more whether or not like the coupon is most commonly used or the patient assistance program or.

Some other something because I I would echo the comments that this is really.

Long and kinda unlikely, I think to get a critical mass of data to be useful in its entirety.

So that's kind of one just general thought and then also.

I don't think there's a question in here about premiums and I know that it's in here.

It's like, how much is it?

But whether or not you have trouble affording those, because obviously there's kind of a baked in piece of that and that kind of gets me wondering if if part of the shortening.

Of this, if there could be a question over all of do you have trouble paying for your health care?

And if you we can.

Capture that data that helps us understand, is it premiums?

Is it copay?

Is it insurance, et cetera.

SM

Suzuki, Marina (HCA) 30:58

Yes. Yeah, I'm sorry. I forgot to mention. But yeah, we are asking about the monthly health insurance premium under the patient demographic lock.

JF **Jim Freeburg** 31:08
Right. But but not not the question.

SM **Suzuki, Marina (HCA)** 31:09
So.

JF **Jim Freeburg** 31:10
Do you have trouble paying the premium?

SM **Suzuki, Marina (HCA)** 31:13
Oh, I see. I see. OK.
So according the health insurance in general, then.

JF **Jim Freeburg** 31:21
Yeah.

NF **Neuenschwander, Mike F (HCA)** 31:29
Great. Thank you, Tim.

TL **Tim Lynch** 31:33
Yeah, I agree with the comments that have been made. I think the IT is a fairly long survey.
What are we doing to?
To get those that are visually or hearing impaired to respond to this survey 'cause it's.
It's it's gonna be a survey that's gonna require that's. Are we providing any access related options for folks?

NF **Neuenschwander, Mike F (HCA)** 32:07
I think that's something Marina we can chat about with the with the group that you know helps us put together the survey.
I'm not sure what what they are.

SM **Suzuki, Marina (HCA)** 32:17

Yeah. For the agency has the survey.

Yeah. So the agency has a survey team.

And we have to ask the assistance in terms of the making this into their platform.

So the HCA goes through that specific.

I guess the Department of Division to get all the survey approved for anything that goes externally and I'm not sure what type of assistance it's gonna be available, but oh, I see Ryan is rating.

Its hand. Maybe he has information.

PR **Pistoresi, Ryan (HCA)** 32:51

Yeah, I do have a little more information.

So yeah. So anything that we as an agency put out does go through an accessibility review.

So you know it is tested on different types of screen readers for different types of people who have impaired or may have other types of accessibility issues.

So there is that review that is done.

That is through our comms team, but I don't know all of the specific details about what they do, how they do it and and to that point, how this may be different when it appears online. I just know that that is a step that goes through before we.

Do post things to our website and if you do want more information we can reach out to the team that does that and get some information that we can then share with you.

TL **Tim Lynch** 33:34

It may be along those same lines.

Just in terms of.

What's the?

Breeding age competency that this 'cause I'm looking at some of the questions that talks about gross net income.

And you know, some of our patients may not, you know, be able to to work through that, just send a survey tool.

So is there gonna be some assistance provided to people if they have questions on completing the survey?

PR **Pistoresi, Ryan (HCA)** 34:15

Then I'm not entirely sure about.

I do know that there is, you know, kind of a assessment on the reading level, but I don't know what the requirements are around, like if it has to be at like a 6th grade reading level or you know, something like that.

I think it depends on the types of documents that the agency produces.

So if it's like a you know, patient guide that is going out to our Apple health population, I know that that has to be at a certain reading level and some of the other documents that we write for, let's say.

Uniform medical plan may be different, so that is I think something we would need to research and also get back to you on.

SM **Suzuki, Marina (HCA)** 34:55

Yeah. And we also tried to define some of the tricky things in the question itself as well.

Like you mentioned, the gross income or the net income, we tried to put some definitions of what they are within the question to help.

But yeah.

Patients have any, you know, additional questions.

I mean they they can always contact us by the agency e-mail.

But I'm just wondering if the ServiceNow team can offer any additional support or not.

That's something that we have to ask the agency. What kind of help we can get.

And thank you for all the comments and feedback. And I agree that if we can make the survey shorter, that would be great.

NF **Neuenschwander, Mike F (HCA)** 35:37

Yeah.

SM **Suzuki, Marina (HCA)** 35:48

And that's why I'm meeting the board members one-on-one to see which questions are.

Essential. So while operation all the you know adding more questions about it may or may not be added just because.

You have to keep the survey sucking.

We just have to boil it down to what's really necessary or not for board members to

vote on, but the affordability of the drugs.
So we'll we'll see on the length of the survey, yeah.

NF **Neuenschwander, Mike F (HCA)** 36:20

Yeah.

And if you guys have recommendations on, you know, questions or things that you think you know could be taken out, you know by all means please, please send those to us. And so we can we can use that in our deliberations as we're as we're working on this.

And the other thing is too is I think.

This is these surveys are are kind of gonna be living documents. So you know, you know, this is not the one final end all be all survey. So you know as we're you know moving through and developing the drug reviews in the program.

You know, we can refine things and and see what works versus what you know, maybe didn't work and and you know every go round get a little bit better. So. So yeah, again really what you have specific feedback have things that you would recommend for us in terms.

Of in addition to what you've just shared.

Definitely looking forward to hearing back so we can try and.

Finalize these surveys here.

In the next couple of weeks, so by the end of the month have something you know that that we're posting and we can get comments on so.

OK. Marina, did you have any other things to take us through here? OK.

SM **Suzuki, Marina (HCA)** 37:39

Yeah.

Yeah, I I think we can move on to the expert survey.

It's kind of similar idea here, but this is just targeting the medical field experts.

But the structure is very similar.

It's starting about the demographic questions in terms of where do they practice? Do you provide care for patients in Washington?

What is your credentials?

That kind of questions, the first in the first block and then.

Yeah. The practice that in questions are the primary practicing in outpatient primary care versus specialty care coordinator.

And what type of patients they usually see in terms of the insurance coverage?

3-4 TB covered NDTs Nos.

Or those other questions kind of asking about their background.

And the media's here for the for the ability question.

Have you ever recommended the drug?

Yes, no and any hesitancy recommending it due to the financial burden.

And we'll be asking some questions on the alternatives as well.

And then.

Very similar idea.

What is a the person judge patients like not taking the medication or having some difficulty adherence?

So it just phrased in a different way, but it's asking customer concept to the patient survey here.

Oh, and actually we tried to input in the questions regarding the insurance coverage or some administrative burden in terms of step therapy or prior authorization.

But the board members mentioned they know these are pretty high in those administrative burden.

Step therapy or prior oath.

So we don't need to remove this question because they know it's high.

So it's just one way to make the survey shorter and then the coupon use and patient assistant program use.

So these are again similar questions to the patients, but it's just different.

Tweak targeting the medical experts.

And then.

The last one is again.

It's going to be a free comment question to get their input.

So I think the structure overall it's quite similar to the patient survey.

It's just phrase a bit differently for the medical experts.

And Tim, I see that you have a hand raised.

TL **Tim Lynch** 40:38

Yeah. And maybe just under practice setting it.

I think it key access point for these drugs is through specialty pharmacies and I don't know it it's got a outpatient clinic outpatient specialty clinic acute care hospital, it doesn't have.

Pharmacy.

And then under the insurance portion.

It might be good to clarify if we're considering.

Medicare Advantage plans as part of Medicare or under the commercial insurance?

Or just call them out separately.

SM **Suzuki, Marina (HCA)** 41:21

OK. And I also see a hand from Daria.

DM **Dharia McGrew** 41:28

Thank. Thank you.

Just to add on to the previous point about insurance type, particularly for the patient insurance, it's probably good to say, Medicaid, Apple care, you know, because a lot of patients don't know that they're on Medicaid.

And then my other question was right where you are.

Where you start, you start the survey with the condition the condition.

And then move to the reviewed medication.

Is the condition.

Gonna be a drop down box filled in. I forget by.

By staff or?

Is there?

How will that?

How will doctors know what you're talking about?

Because there could be a lot of conditions for one drug.

SM **Suzuki, Marina (HCA)** 42:14

Oh yeah, yeah.

So. So this one is kind of general, generally formatted for whatever the medications the board is gonna what's gonna be selecting, but it will be filled in with the applicable conditions or indications for the drug that's going for individually, yeah.

DM **Dharia McGrew** 42:31

Right. But.

Right. But some drugs being reviewed have many conditions that they're approved for.

SM Suzuki, Marina (HCA) 42:39

Yeah. So you might say for indications approved for drug XYZ or just depending on how if it along the list or short list, yeah.

DM Dharia McGrew 42:51

Thank you.

SM Suzuki, Marina (HCA) 42:55

Yes, Tim.

TL Tim Lynch 42:58

Under practice, setting at least 340 B, what's the basis of that question for the survey?

What are we?

What are we trying to get from that?

SM Suzuki, Marina (HCA) 43:08

I believe I forgot it's AI.

Think it's a Maryland? They have a separate survey for providers practicing in the 340 B setting because it's just a patient population is quite different and it's kind of same thing with how the drugs are covered.

But we are not doing 2 separate surveys, so we are just trying to do some group analysis.

By asking this question.

TL Tim Lynch 43:42

So what's what are we gonna do with that information, I guess.

SM Suzuki, Marina (HCA) 43:52

So we can just act the patient, I guess, say the other thing at one of the affordability questions.

And let's say they put some certain percentage of patients not starting the medication and then we can try to figure out whether it's higher in the city of ODB entities or not.

DM Dharia McGrew 44:25

On that, on that point, if you're going to be asking if the provider is in a 340B. Entity location. Then consider asking them whether they provide the drug at a sliding scale for uninsured patients.

SM Suzuki, Marina (HCA) 45:00

OK. And any additional? Suggestions.

Questions, and I think we need help also on the distributing the survey here or the brainstorming we are hoping to get some mailing list from the licensing boards. But if you have any additional creative way to outreach to the clinicians.

TL Tim Lynch 45:11

If.

SM Suzuki, Marina (HCA) 45:32

That will be some area that we need help to make sure that they are aware that survey.

It's going on and we need their input.

TL Tim Lynch 45:46

Just one final comment on the 340B. If we're gonna ask about 340 B, it can only be a 340. It can only access 340B through a hospital outpatient eligible hospital outpatient department.

Which goes to the practice setting question, which really speaks to just acute care hospital which lesser an outpatient. They're not gonna be subject to 340 B and then the outpatient primary clinic outpatient specialty clinic.

Generally wouldn't be HOPD, so I would just maybe add an additional category of hospital outpatient department if we're trying to get more clarity on the 340 B and if there's a, if they don't check that, but they check 340 B, then there's a disconnect between EI.

For 340B.

SM Suzuki, Marina (HCA) 46:38

OK.

That's helpful.

I just don't know what kind of logics we can build into this.

But yeah, we'll.

See if we can go from logic to make sure that the response is kind of making sense with different questions.

DM **Dharia McGrew** 46:57

But I they could be at a primary care clinic and be 340 B as well.

SM **Suzuki, Marina (HCA)** 47:02

Right.

TL **Tim Lynch** 47:03

No, no they can't.

Not unless.

They're not.

Unless they are a hospital and eligible outpatient department of the hospital, they can't be in a primary care clinic unless they're registered.

DM **Dharia McGrew** 47:12

OK.

FQHC I mean.

TL **Tim Lynch** 47:16

That's true. I think that's where, OK.

DM **Dharia McGrew** 47:18

I mean, I was.

I was considering an FQHC under primary care clinic, but maybe that needs to be if you're going, yeah.

TL **Tim Lynch** 47:23

I think.

I think you're right.

Sorry there.

There's a lot of ambiguity in 340B status, so.

SM **Suzuki, Marina (HCA)** 47:27

Yes. Yeah, that could be the primary care too.

TL **Tim Lynch** 47:33

And maybe it's out.

Yeah, FKHC needs to be a a category under.

Practice setting.

SM **Suzuki, Marina (HCA)** 47:48

OK, I think.

This this is everything I wanted to cover and wanna go over with you.

But again, if you have any specific like way to ask questions or suggestions that we can incorporate, that'd be helpful.

So please e-mail.

Simon and she'll pass the suggestions to me so that we that'd be helpful.

If you could do that.

All right, Mike.

I think that's it from my end.

NF **Neuenschwander, Mike F (HCA)** 48:28

Great.

OK.

Well, then that takes us here kind of to our last piece of what we were gonna chat about here today, so.

As we're putting together these patient surveys, we're also finalizing the the forms that we've been working on for the past couple of months and getting ready to send those out.

And so. So basically we're gonna be collecting data three different ways.

We're gonna be pulling our own data from, like apcd or FDB.

To you know, to to gather the information.

That we can gather. We'll be sending out these patient surveys and working to get that feedback as well as in sending out the forms to the manufacturers PV, Miss

wholesalers to get that information as well.

So once we send all that out and start collecting the information here over the next month, you know, then we'll have all that. We'll start putting it together into a report. And then so the the next big question is.

Then I guess and I'm just kind of, we're putting it out here brainstorming so that, you know, I don't have any firm answers or or you know, you know, definitive battle plan but looking for ways that the advisory group.

Would would like to participate to look at this information where they think you know input from your level and your perspective would be best.

So just kind of opening that up and and we don't have to come out with all the answers here today.

But just something to think about and then we can we can discuss a little bit more here, upcoming advisory group meetings especially as we start getting new people on board.

But I guess you know, having never done a drug review here in Washington before. And you know, every state does their, you know, drug reviews a little bit differently in pdab world I guess.

How how do you?

Where do you and when do you feel like would be key points that you would like to give input?

As we go throughout this data collection and and compiling it for the actual drug review process.

And just kind of opening it up for thoughts again. Don't, don't need all the answers today, but but something to think about.

DM Dharia McGrew 50:51

I have a thought.

NF Neuenschwander, Mike F (HCA) 50:51

Daria.

DM Dharia McGrew 50:53

I don't know if when you're asking about like where in the process.

Do you plan to create?

A.

An outline framework of what?

A report might look like and then kind of fill in for each drug.

That's the way that Oregon has done it, and it could be useful to receive input on the framework first on.

How you plan to arrange the the report.

In general.

NF **Neuenschwander, Mike F (HCA)** 51:25

Yeah, and. And Marina's already started putting that together. You know, based on, you know, what other states have done. And you know, this general framework has been kind of informing, you know, the the information that we're looking for.

So. So yeah, and and I wouldn't say it's polished, but Marina thoughts in terms of that.

SM **Suzuki, Marina (HCA)** 51:52

Yeah. So we'll just follow the outline that was presented earlier.

It's just data is coming in from different stakeholders. So just depending on the order we receive the the ordering of the climate change, but the content is there, it's just filling in each section based on the input from the stakeholder and we have to of course verify and.

May have to Polish.

And may have to adjust the language to make sure.

It's appropriate for the board members and the public.

But yeah, I think we'll just follow the outline that we went over earlier because the stakeholder information, templates and everything that's based on that.

DM **Dharia McGrew** 52:41

Sorry the.

We're talking about like the actual.

Review report we already saw a framework.

I'm not remembering that.

Are you talking about the stakeholder input?

NF **Neuenschwander, Mike F (HCA)** 52:56

So earlier on in Marina, correct me if I miss anything here, but we know early on we'd

ask the board members, you know, what's the kind of information that you would like to see?

And so, you know, we we use that to to help build the rest of this of OK. So in order to get this set of data points that they want, here's the things that we're gonna have to look for and we can we can definitely share that again.

Again, with the advisor group.

DM Dharia McGrew 53:25

Thanks.

NF Neuenschwander, Mike F (HCA) 53:29

Marina, does that sound OK?

SM Suzuki, Marina (HCA) 53:32

Yes, thank you.

NF Neuenschwander, Mike F (HCA) 53:35

OK.

Jim.

JF Jim Freeburg 53:40

I I know there's other information that's being collected for the affordability review, but the RCWS also state that the information is collected by the board, is confidential and so it's not available to the Advisory Board.

Is that correct?

NF Neuenschwander, Mike F (HCA) 53:58

I would need to.

Go and look at like the specifics 'cause it the the confidential information that we received so that so the way we defined information and again we were working on this confidentiality stuff like over a year ago.

So I'm a little dusty on exactly what falls were, but anything that was like publicly available or that could be found publicly. Yeah. You know, via like a subscription to, you know, FTB or things like that. We weren't defined.

Mean is confidential if I remember how we worded that, but that, you know any

confidential manufacturer data that is sent, you know that that will be kept within you know like the the you know the closed board sessions and I can't remember exactly what the limitations were on.

With the advisory group, so it's not open to the, you know, the confidential information definitely isn't open to the general public.

But I would need to go back and double check in terms of.

Of how the advisory group fits into that. So I I can't give you a definitive answer on that right off the top of my head.

JF **Jim Freeburg** 55:09

OK.

That's fine.

That'd just be helpful, I think for the future when we're in the midst of the affordability review a little further.

SM **Suzuki, Marina (HCA)** 55:16

Believe any confidential appropriatory information submitted by the manufacturers or any stakeholders will be only discussed in the closed session during the board meeting.

So I don't think they're going to be available to the advisory group members. Being that said, any information that's open to the public will be.

Open to everyone.

So. So those are the information that we can discuss.

With the advisory group members but but not not the confidential information.

NF **Neuenschwander, Mike F (HCA)** 55:56

Great. Yeah.

Thanks Marina.

And we'll, we'll triple check on all of that. Just to just to make sure we cross our T's and dot our IS so.

OK.

Any other thoughts?

And so just just general things that I was thinking here off the top of my head is is as we get.

Data in for each of these different sets of data collection.

Is, you know, maybe coming and having advisory group meetings where it's like, OK. Let's talk about the survey results and let's talk about the the form, you know, the data that we collected from the manufacturers and the forms where let's talk about, you know, there's the general overall.

You know.

Data that we're pulling internally.

So I think there you know we can have kind of group sessions where we discuss that, get feedback thoughts on in terms of you know recommendations that the advisory group may have related to specific sets of data as the board is looking at the report and making Dec.

And again, I'm just brainstorming here, so I'm not saying, you know, this is the only way or this is, you know.

This is just a possibility, so open open to feedback and.

Again, how the advisor group thinks they would like to to participate and look at this, but that was kind of just some initial thoughts off the top of my head is.

You know, getting feedbacks or having feedback sessions on each of these sources of data.

As we're working them into the the drug report.

So.

And Ronnie, did you have any questions, comments.

RH **Ronnie Shure (he/him) HCFA-WA** 57:35

Well, I can't raise my hand. That function is not allowed.

On my particular link, but I I think that these are important questions.

NF **Neuenschwander, Mike F (HCA)** 57:43

OK.

RH **Ronnie Shure (he/him) HCFA-WA** 57:48

And.

I I think we do have or. I would like to see the healthcare authority do a further outreach to attract more patients, more providers.

I we've talked.

About some possible anecdotal.

Or or or minor ways of doing it.

I don't have any brilliant ideas, but it seems like we should be that trying to do it and finalize it in a shorter period of time is this is like not going to pull in the candidates that we really want the providers or patients or.

Advocacy groups.

Oops, I think we need to stretch it out a little bit and I don't know how to reach out to people. Tim mentioned going to specialty pharmacies, but so many patients get their medicines directly from their provider.

Daria mentioned the importance or or the questions about pricing. I think patients are totally confused about.

Whether it's the actual cost of the medication or insurance.

Payments, and I think there's, I think it's a difficult for a patient to join into this conversation easily. I don't.

I don't know what the answers are for finding more patients, but it seems to me that both.

Providers and we need the healthcare authority, should be doing more, should have find a way to do research or to reach out to more providers.

To specialists, to more patients and to patient advocacy groups. I think many of us or some of us have contacts with advocacy groups, but.

I think this might be too short of a timeline.

NF **Neuenschwander, Mike F (HCA)** 59:54

Well, and we still in terms of time like you know, I'm the hope is that we can.

Finish up. You know, our internal feedback of the surveys here in the next couple weeks, but that doesn't mean we're sending them out or requiring patient response by then.

So we still have time and that they'll they'll definitely be opportunities. We we have more runway in terms of being able to.

To do that outreach and and wait for patient response.

So I I think we we still have.

Some wiggle room in terms of being able to to make those contacts.

That being said, you know just chatting with other states as well, even even with a a decent amount of time, you know it, you know, surveys the best of conditions are are hard to get people to fill out and then especially trying to find.

Specialty.

A specific population in outreach to them and get them to fill out the surveys is

difficult. So.

Either way, I think it's it's gonna be a challenge. And again, I think this is gonna be kind of a a living learning process that hopefully will continue to get better and better as we go.

But but yeah, I I definitely agree with you, Ronnie, you know?

Need needing to make sure we cast as wide of a net as possible.

Possible and give give people the opportunity to to do that, reach back to us.

RH **Ronnie Shure (he/him) HCFA-WA** 1:01:30

So So what is the milestone for two weeks that you address for two weeks?

NF **Neuenschwander, Mike F (HCA)** 1:01:36

So wanting all the internal review here and feedback so that way we can post it to the web and and put it out there.

And allow for public comment as well.

RH **Ronnie Shure (he/him) HCFA-WA** 1:01:47

I guess I was a little confused by your saying that there are so many people.

We've had two providers and one patient apply, so this not the timeline is not.

NF **Neuenschwander, Mike F (HCA)** 1:01:56

Oh, that's that's maybe that's for the advisory group position.

So we're also doing outreach to get specialists to be on the advisory group to, you know, to add additional members, you know, related to these specific drugs that we're in the review of.

RH **Ronnie Shure (he/him) HCFA-WA** 1:02:12

Yeah.

NF **Neuenschwander, Mike F (HCA)** 1:02:12

So yeah.

So yeah, so that's where we've been doing that outreach.

And we were soliciting feedback of other ways to to find additional members for the advisory group. But the survey is a separate topic.

Which I I I thought it was what you were talking about was finding ways to to reach out to those patients to get them to respond to the survey.

RH **Ronnie Shure (he/him) HCFA-WA** 1:02:36

And it was.

NF **Neuenschwander, Mike F (HCA)** 1:02:37

OK, OK.

Yeah. So we we got a bunch of things going on at the same time.

We're we're busy.

OK, great.

Any other thoughts or comments on just kind of the the general path forward then?

OK.

Well, I appreciate everyone's time.

So unless there's anything else from the wider group, that's kind of all I had on my agenda for today.

OK.

So I think just thank you everyone for coming out here.

Uh, we got done about an hour early, which I know I always like ending meetings a little earlier if if the opportunity arises.

So again, thank you for for your participation and thank you everyone else who wasn't part of the advisory group for listening in.

And yeah, we'll keep you posted. Like I mentioned, we got a lot of a lot of things going on expanding the advisory group, sending out forms to manufacturers, outlines for the drug review.

Patient surveys.

We're we're.

Doing a lot. Oh, Daria.

DM **Dharia McGrew** 1:03:57

Sorry, think that just reminded me of my other question.

Do you plan on recirculating the updated manufacturer data request form?

NF **Neuenschwander, Mike F (HCA)** 1:04:00

Oh yeah.

Yeah, we're gonna post that here once we get it finalized to the website.

DM **Dharia McGrew** 1:04:12

OK.

Thank you.

NF **Neuenschwander, Mike F (HCA)** 1:04:15

OK, OK.

Well, then everyone have a fantastic rest of your Tuesday and again, always feel free to reach out if you have any specific questions.

Thank you so much.

RH **Ronnie Shure (he/him) HCFA-WA** 1:04:25

Thank you.

DM **Dharia McGrew** 1:04:26

Thanks.

SM **Suzuki, Marina (HCA)** 1:04:28

Thank you.

□ stopped transcription