SPA Podcast – The Past, Present and Future of Prior Authorization with Shanta Zurock

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Speakers

Denise Balch, Shanta Zurock

Denise Balch

My name is Denise Balch, I am the Project Manager for the Simplify Prior Authorization (SPA) initiative and the President of Connex Health, and I'd like to welcome you today to the Simplify Prior Authorization podcast series, where we speak with subject matter experts on prior authorization for specialty drugs. Today, I'd like to welcome my guest Shanta Zurock, who's the Director of Reimbursement at Innomar Strategies. Prior to Innomar, Shanta was a senior professional in the pharmaceutical environment. She is an experienced clinical pharmacist, she's also been in the position of an insurance drug plan manager, and pharmaceutical market access professional. She has an extensive knowledge of the healthcare insurance and drug environment in Canada, and I'd like to thank you for joining us today, Shanta. I'm looking forward to our discussion on prior authorization.

Shanta Zurock

Thanks, Denise, I'm happy to be here today.

Denise Balch

Perhaps you can tell us a little bit about your current role and how you came to move through the pharmaceutical and insurance and pharmacy community to your role now in reimbursement at Innomar.

Shanta Zurock

Absolutely, so I'll start at the beginning and move forward this time. I had my Bachelor of Commerce from the University of Alberta way, way back, and during my career in, it was actually a career in retail management, I had witnessed and was privy to the pharmacy environment that existed at the time within my stores and I thought, you know what, that would be a great job and a great career for me, so I think I'm just going to, you know, take a stab and see what happens and apply to school to go be a pharmacist. I had no idea what I was getting myself into at that point in time. I had just had my second child, and we up and moved within the space of a month from Williams Lake, British Columbia to Edmonton, Alberta, so that I could go to pharmacy school. I

graduated in 2007 from the University of Alberta and started right away as a clinical pharmacist, and then very quickly became a pharmacy manager. I had seen a job posting for Alberta Blue Cross and I thought, well, that looks like a really interesting and amazing position to sort of further my knowledge and you know, the usual kind of feelings when you've been in a job for a while and you're looking for something new and a new challenge. I moved to Alberta Blue Cross and spent a number of years there as a drug benefit manager. That's when I had exposure to a lot of the great folks that were in the pharmaceutical manufacturing world, so I would take meetings and have discussions and drug reviews with all of the pharmaceutical partners out there, so when a position became available at Lilly in terms of the field access, and market access role, I jumped at the chance again, it looked like it was going to be a great position. Again, I could further my knowledge and further my experience in the market. I was there for about six years, and then I saw the posting for the director of reimbursement at Innomar Strategies, and it's a really unique and challenging role. I sit in the enterprise area of Innomar Strategies, so using all of my prior knowledge in all of the different areas. My team helps on the program side, so where the patient support programs (PSPs) are, bringing together best practices in reimbursement and best practices in dealing with our payer partners, and all of the stakeholders in the various environments. I've been there for about 18 months now.

Denise Balch
Wow. That's fascinating, because you and I have known each other for a while, Shanta. I think I first met you when you were at Alberta Blue Cross, but I had no idea that you had such an interesting route to get into pharmacy.

Shanta Zurock
My second life, as I call it.

Denise Balch
It gives you a really interesting perspective, and particularly having a background with insurers as well as the pharmaceutical industry and being a clinical pharmacist and having that understanding of how retail works. We want to focus, obviously, on prior authorization, as I said in my introductions, and I know that Innomar is an expert in that area, that's really their business - that and specialty pharmacy. How have you seen prior authorization programs evolve over the last 15 years or so? Because even though you haven't been with Innomar that long, obviously, in each of the roles that you've been in, you've had some exposure to prior authorization. Perhaps you could talk to us about how that has evolved over the last 15 years or so.

Shanta Zurock

Yeah, absolutely. My first exposure to prior authorization would have been way back when I was dispensing in community pharmacy, and really the number of drugs that had to have any sort of criteria or any sort of prior medications or required information from physicians was a really small list at that point in time. It was managed, for the most part, through the physician's office because the volume was low, maybe it was a one off, these drugs weren't prescribed to a high volume of patients. We would see it every now and then in the pharmacy, a claim would come through and you would see a denial reason and a special authorization required. At that stage, it was in the back of everybody's mind. It wasn't in the forefront, again, because it was something that was really, at that point in time, quite rare. The drugs, of course, depending on the drugs at that time, there were some very complex molecules, but really it was more for simple molecules. They were more for larger patient populations that were going to be using these drugs. One of the first iterations of special authorization that we saw was called step therapy, where the only criteria was to have to have tried a couple of prior medications. They were usually less expensive, they usually had more clinical information and more robust evidence behind them at that point in time. If I go back, this would have been in the second generation diabetes medications, you would have seen this in the overactive bladder space, so again, high volume of patients and really simple criteria. As the number of specialty drugs increased in the marketplace, and the number of people who had diseases that the specialty medications could treat increased, you had not just an expansion of the number of drugs, but also an expansion of the indications. The prior authorization forms became more complex, because the criteria needed for these medications, and the checks and balances needed for these medications also became more complex, you had this perfect storm of increasing complexity of the medications, increasing number of patients on the drugs, and increasing number of people needed within the payers to do these assessments. So all of this has really made it to the environment that we see today where it's sort of naturally grown. We never could have predicted 15 years ago that this is where we would be today, and that leads to some of the challenges that we see in the environment.

Denise Balch

Absolutely. I think at one point, it's probably not anymore because it's off patent, but when my daughter was younger, there was even step therapy involved with something like Zithromax, which is antibiotics. If the old, sort of cheapo antibiotic didn't work, then you were escalated to something like Zithromax, so I think like you said it's expanded over the years. We have heard about some of the challenges associated with prior authorization from other podcast guests. The 2020 white paper that I was involved in developing, that was released on prior authorization as well, and it identified some of the challenges that are associated with it. What about the

challenges that you see today? We're a few years on from that now, so I think probably some things have stayed the same, and some things may have developed, but from your perspective, what do you see?

Shanta Zurock

I think if we look at the whole patient special authorization journey, and just how complex that journey has become for the patient, and along with what I just said in the previous response in terms of the complexity of the criteria, the complexity of the drugs, making sure that some of these medications require prior lab tests to be done before people can be put on the medication, they require testing that might have to be done. There are certain forms and everything that have to be filled out even before you get to the special authorization form, just again, because of where these medications are, in terms of the treatment journey for patients. The treatment journey itself can be quite complex, if we look at the oncology journey for some of these medications and where they fit in the treatment paradigm, that also adds to all of these pieces to make it very, very complex, but if you take it back to the patient and the physician, and having that initial conversation of 'you need this medication, this is the best medication for you right now at this point in time for whatever your disease state is'. How do I get from there to having medication either in hand, or is it in vain, or is it going to be a subcutaneous, and all of those questions along the journey, the special authorization has tried to keep up with addressing all these. That's one of the key things, the patient doesn't know where to start, and when you're taking it from the perspective of the payer developing the special authorization form, they house them all in the same place. From their perspective, it's clear, but from a patient's perspective, if they have never gone there before, they don't know where to start that journey. I think it's the same with some of the physicians, and I think that's where the PSPs are bridging this gap of knowledge, and are working, especially with the physicians in the very, very first place is that when you get a patient in, this is where you direct them to go. This is how we're going to take them through this journey. I think that's really helped in terms of making sure that these patients get on medication, because if the patient goes through and doesn't even know where to start, they may never get on the medication, they may just simply drop out of the system and never get the help that they require, so I think that some of the challenges that you addressed in the 2020 white paper, they still exist. It's dealing with these challenges, and how do we simplify that journey when there are so many complex pieces, and so many different things that need to align in order to get a patient from getting his or her diagnosis all the way to getting the drug?

Denise Balch

Yeah, I hear you, and patient support programs play a key role, and also in the oncology space, the drug access navigators play a very similar role and work very closely with physicians, and they are publicly funded roles as well. I would tend to agree that based on what I've seen, rather than better clarity, it's probably more complicated than it was in 2020, because we know that the majority of drugs that are in the pipeline are specialty drugs, so they're going to end up in this process as well. I would agree with you, it's not just patients, but we've heard from physicians as well, and plan advisors, too, that end up getting caught up in the process, you know, if there's a problem with a claim, or if there are difficulties that the patient needs help in understanding.

Shanta Zurock

Yes, and all these stakeholders have different objectives, they have different ways of looking at this. Even within the private payer space, we lump all the private payers together, and they're not all the same, they all are very different companies, they have different objectives, different goals, different philosophies, and that's reflected in how they have set up their drug management departments for their clients. It's even the same with the public payers. We lump public payers together, but each of the public payers in Canada has a different patient population that they serve, and they have different objectives when it comes to the prior authorization or special authorizations.

Denise Balch

Well, one of the things that the Simplify Prior Authorization (SPA) initiative has done, in addition to podcasts like this, blogs and some webinars, is to help put some clarity around prior authorization for those people that need it. One thing that we developed was in January 2023, we launched a new website that's available to all stakeholders that provides information on prior authorization, talks about the claims process from the perspective of each of the different stakeholders, and provides some additional resources. It's also where we house our past podcasts and things like that, and that is at simplify prior [auth] dot CA (simplifypriorauth.ca). In your experience, how valuable is that kind of information, whether it's on the SPA website or somewhere else, but how valuable is this additional information for stakeholders?

Shanta Zurock

I think the information is really valuable for stakeholders. Any verified source of information that you can look to and know that the information is valid, has been validated, and is up to date, is extremely valuable. Having a one stop shop for something like that, it can make a big difference, especially for somebody who's on the front line and is looking for the high level information to perhaps answer a question from another stakeholder group, or is looking simply for a form for somewhere, or deciding which website of the multitude of websites that some of the payers have, the question is which is the one that they need to go to. Having those pieces of information and being the one stop shop, I think is really, really valuable.

Denise Balch

That's a good point. Thank you for that, and it's nice to know that all our work wasn't wasted! One of the things that I'm really pleased that we did is we added an additional resources page, and that page has links, not only to most of the insurers in Canada, so that whatever insurer people are insured with, they can go to the Simplify Prior Authorization (SPA) website, particularly if they have, say, benefits with their spouse as well as through their own plan, they can find the links to those insurers. There's also a fair number of patient groups' sites, and links to some other websites that can provide assistance, not just to patients, but also to physicians as well. We've tried as much as possible to give stakeholders a 101 on prior authorization so that they can find the information they need. All of our contact information is also there, so if they do need any additional information, they can always reach out to us. As I mentioned earlier, it has been almost three years since the original white paper. We did launch the prior authorization website, the new, expanded version of it in January 2023. In addition to promoting that website so that everybody knows about it and has access to it, we've also been working on some other things this year, and we also have some other things planned for 2024. One of the things that we've looked at doing and we've started to work on, is to develop guidelines on best practices for the prior authorization journey. Ideally, this would include a collaboration from different stakeholders, so our working group does have representation from a number of different stakeholder groups within the prior authorization journey. We'd like to get buy in from all stakeholders, so that's going to be an ongoing process as the guidelines are developed, because they're meant to be, literally, guidelines. We recognize, however, that it's challenging to get all stakeholders on the same page with putting these guidelines together. What do you think are some of the challenges - and perhaps even some of the solutions - of working with stakeholders to get agreement on these guidelines?

Shanta Zurock

I think one of the largest challenges is not the lack of wanting to participate, but finding the time in the day, and the focus to participate. It's the age old question - that's great, but who's going to do it? I think that all of our stakeholders in this entire special or prior authorization environment, have a vested interest in making the process better for the patient. The question is how do we do that? How do we approach this given the magnitude of some of the challenges, which may be different depending on what area you're looking at. If I take it from the PSP perspective, one of the largest challenges we have is really starting that reimbursement journey with the patient and getting in touch with whoever their payer is, because on the private side, there so many different types of plan designs that are out there, and whether the patient even has this drug that's on their formulary, whether they have a preferred pharmacy network in place when the prescription needs to go to pharmacy. All those pieces of information that we want to try and gather, they're not available right away for the patient, so our suggestion is, of course, just make that information available to the patient. It's not that easy because you are looking at making system changes. You're looking at tying into different databases when you're developing digital apps and everything on the private side. The public side is much easier because you know what the plan design is, although some of the public payers have a multitude of different programs available, and that in itself can be a challenge, but for the most part, it's transparent and clear what a 'plan design', to use that term, on the public side, looks like. You know what is covered and you know how it is covered, because it's the same for everybody, whereas sometimes on the private side, you don't have that. It isn't that they don't want to provide that to their patient, it is more about how to get there. Sometimes the solution sounds easy but, you know, death by administration is a real thing, because when you start laying out and mapping how to address some of these challenges, it's a big, big lift.

Denise Balch

Yeah, I would definitely say I agree with you, and one of the things I always say is that the solution is not the problem, it's how we get there. I think that's the case with most things in life, I always think of it that way, it's like, I'm going to fix this, I'm just not sure how yet, so I think your point is well taken, there are a lot of stakeholders involved. It is more complex than the public system where you have a single payer in each province on the public side, whereas here, you've got multiple payers across the country with multiple plan designs and provisions and practices in place, so I totally get it, Well, we're going to work very hard to engage stakeholders so that we develop guidelines that the payers and other stakeholders want to ascribe to, so that they say, you know what, this is great, we actually now have expectations laid out, and we know where we should be, you know. Hopefully we'll get there, and we're going to work hard to ensure that we do.

One of the other things that we're looking at, and we'll have some webinars and blog posts on this, but one of the areas that we're looking at doing quite a bit of work on in 2024, is to actually have a quantitative survey of prior authorization stakeholders. That first 2020 white paper was very much a qualitative research report, so we talked to a lot of people, a lot of different stakeholders. We asked very similar questions, but we didn't really have a quantitative survey. We'd like to have more qualitative information too, but we'd like to take a first crack at it with a quantitative survey. What do you think we should be looking to get out of this kind of a survey, or what do you think are some of the tangible outcomes or other things we should be looking for?

Shanta Zurock

I think that survey is going to be a great way to expose and challenge our understanding of special authorization. With this survey, you're going to be able to find where the real pain points are, and you're going to see them then across all stakeholders, not just one stakeholder, so that, referring to the previous question, that's going to really help define where changes are needed. A lot of these special authorization programs and how they are administered and everything else, they've exploded within this environment of specialty drugs, and the intent was not to create the administrative web that is in place today. I don't believe that was anybody's intent in the first place, but it's sort of where we've ended up, so I think by doing the survey and asking the right questions, both on the quantitative and the qualitative, it's going to expose that from different stakeholders, and you're going to be able to then say, okay, this is a pain point across multiple stakeholders, here's why it's a pain point for each of these stakeholders, and now, how are we going to address it? I'm not saying that there's going to be a simple solution, there's not going to be, but at least there'll be a recognition that we all share certain pain points. On the other side, if there's a key piece that's an absolute requirement from say, the payer standpoint, and the rest of the stakeholders say that they don't understand why the information is required, if the payer explains why that is necessary, then we can modify on the other side in order to comply with that. I think there are also going to be things exposed through the survey, the need-to-have's versus the nice-to-have's, and a better understanding of why some of this information is being asked for in the first place. I think there's a real lack of understanding from all stakeholders why some of this information is needed, and almost 100% of the time, the information is required for a reason.

Denise Balch

Absolutely, and I think you hit on a really good point, and I was just thinking about it as you said it, which is that it's going to create a better understanding between stakeholders. I think right now, we've talked a lot about what insurance companies need to do or what payers need to do, and how it would be better for everybody else if payers just did this or that. I think what we can do, and what we're trying to do, is to say, okay, let's not point fingers at any one stakeholder in the process, let's just say overall, how do we make this a better process for everybody? We know that insurers don't want higher administrative costs, they don't want more complications, but that's what they've ended up with, as you said, over the last 15 years or so, since special or prior authorization has developed. It's very cumbersome at their end, too, and other stakeholders are also trying to work through that process. I think it will create a better understanding and hopefully identify some additional solutions that will help improve the experience for everybody and slim down the administration. Well, we've had a good conversation about quite a number of the issues in prior authorization and some of the opportunities. One of the things that we've been talking about for a long time, really since the paper came out, and I've had ongoing discussions with stakeholders right across the industry, anybody who's affected by prior authorization, about the opportunity to move to a first, and ultimately a second generation electronic prior authorization (ePA) process. By that I really mean a system where a claim form can be completed electronically without moving paper around, where any records can be virtually attached through a physician's electronic medical records (EMR), and that signatures can be collected electronically. Then through an application programming interface (API), which is basically like the electronic bus that goes between one piece of software and another, the insurers actually will be able to accept claims submissions electronically to reduce some of the time delays that are really just due to moving paper around to different people physically. What I'd like to discuss, in closing, are some of the aspects of ePA with you and what your thoughts are. What do you think some of the benefits are of ePA, and I'm talking really first generation ePA. We can talk about second generation in a minute, but really, we're just talking about a transactional process to improve the administration of moving paper around.

Shanta Zurock

I think if we take it from the perspective of the payer being the ultimate receiver of the information, the more complete, the more standardized, and the easier it is from their perspective to assess the information that comes in, the more efficient they're going to be on their side. If you take that and then put it back to the people who need to put the information on the form, whether it be the patient, whether it be the prescriber, or the PSP on behalf of either the patient or the prescriber, if you're going into a live portal or one centralized place to add this information,

or better yet, that information is being gathered from the various databases to populate in one place, that in itself is going to provide the ultimate end user, who is the payer at this point in time, a more complete record. Even if they received a complete record, hand written, if it's complete, that is 90% of the battle. The existing information either lives in the customer relationship management (CRM) system on the PSP side, or it lives in the EMR on the physician side, or maybe in the future it lives in the pharmacy system. If they can populate all of those pieces of information that the payer needs in one portal, if everybody could go in and work off of the same form, like a Google form where everybody's working on it at the same time, that is going to save administrative burden right then and there.

Denise Balch
I think it's worth clarifying, what we're talking about are e-signatures, so it's not that there aren't going to be any signatures.

Shanta Zurock
Absolutely.

Denise Balch
I think the other thing, to be really clear, because sometimes this gets misunderstood, is that we're not talking here about every insurance company using the same claim form for drug X. We recognize, and it's very loud and clear from payers, that their criteria is confidential, that company A and insurance company or payer B may have slightly different criteria or a different set of questions that they want to hear from physicians or patients. We're not talking about messing around [with this] or telling insurers or payers what their criteria is. It's [streamlining] a process. That's all we're really talking about through ePA.

Shanta Zurock
Exactly, and then if you can simplify and streamline the process, then there is less angst, and there are less challenges from those who are inputting that information, because it's not so much of an issue to input the information. It's not that they don't want to share that information, it's just the frustration of getting that information, sometimes, to where it needs to go. That first generation of ePA helps with that in whatever the form may be, whether it be a generic drug form, or a drug-specific or insurer-specific form.

Denise Balch
The other thing that I wanted to talk about, before we start talking about the provinces, is what I call second generation ePA. I know that there is some pickup on 'second generation ePA' with

some of the provinces, and in the United States (US), too. So maybe you could talk to me a little bit about what that is.

Shanta Zurock

Yes, so the payer, instead of still having to do a physical assessment, or a live assessment of even a completed special authorization form, and then driving that information into the adjudication engine that drives the pharmacy piece, what we're talking about with second generation ePA is automating those pieces. If you look at it in two stages, right now, on the public side, we've got the British Columbia (BC) Special Authority web portal, and you've also got the Special Authorization Digital Information Exchange (SADIE) in Ontario, both of those are engines that can produce a response. These are engines that, when you input the information, they validate it against the patient, they validate it against the drug, automatically. We haven't quite yet seen that on the private side with private insurers. Again, it's a system that you've got to build, and it's a system that's going to have to integrate all of these pieces of information. All of the pieces of information that we have been talking about that are coming from the EMR, and are coming from the CRM, all of this information would have to feed into an engine to validate and then make a decision based on an algorithm. That would be the second generation piece of it - looking at a patient's plan design, looking at their province, looking at coordination of benefits. It's a huge undertaking for that piece of it, and it's probably why we haven't seen this - which is the system that happens in the States right now, where they have the volumes and the numbers and the dollars to put behind the technology. It's not an easy lift to go from that first generation piece to the second generation piece. It is possible, absolutely, but it will require all stakeholders to participate in that, and to your question about the challenges and coming to the table with everybody on the same page, this will be one of those that it will take everybody's effort to make it a reality.

Denise Balch

With the second generation, we're not talking about every drug and every patient, are we? We're still talking about a relatively small portion, even once we get to that second generation ePA, recognizing that as an industry we still have to get to the first generation.

Shanta Zurock

Absolutely.

Denise Balch

Sometimes I think people aren't clear on what the different options are, or different methods of electronic prior authorization, because one is literally just a process, a submission process, moving that to electronic systems. The other one says, okay, let's not just move it electronically, let's add on an automated adjudication component for some drugs, for some patients. It might be, say,

step therapy, and if the boxes are ticked, and if it's the right patient with the right patient profile for a drug that's approved for the step therapy, then it goes through, potentially at the local pharmacy. At this point, however, we don't even have first generation ePA. Although, as you just mentioned, we do have it in BC, we have it in Ontario with SADIE - first generation and a little bit of second generation, I think. What is RAMQ (Régie de l'assurance maladie du Québec) doing in this regard?

Shanta Zurock

RAMQ has a portal, so all of the requests in Quebec for RAMQ have to go in through that portal. Now from my understanding, and somebody from RAMQ might be able to clarify, but from my understanding, it is very much satisfying that first generation, so it is just ensuring the completeness of the information. You have to fill in all the boxes, you have to complete all of those pieces of information. That's really where they have gone. My understanding is that there is not, as of yet, a piece of the second generation, they're just looking to have all of the requests come in through the portal.

Denise Balch

Interestingly, in September 2022 in the US, they passed legislation so that Medicare will be adjudicating through prior authorization or special authorization claims through an ePA engine. We've got some examples in the US, we've got some provinces here working on this. What do you think - how long is it going to take? To me, insurers have already come a long way, because we've got the software, we've got the systems that can handle ePA, now. They exist in Canada, we've got some homegrown solutions. From what I've heard, insurers think this is the right way to go. ePA is the right way to go. The number of drugs coming down the pipeline that are going to be PA (prior authorization) drugs is more than those which are not going to be PA. The administrative burden is going to increase, and we've seen some of the numbers on obesity medication that are very high, and it's going to be more challenging for them to handle it any other way, and more expensive, than through ePA. The question, then, is: when is that going to happen? What are you predicting in your crystal ball?

Shanta Zurock

You know, everybody loves the status quo. We are comfortable in the status quo, and even if the status quo is somewhat broken, it still functions. We talk about private payers sometimes as if they're one entity, and they are not. I think that all of the private payers out there, they have other lines of business that they're taking care of as well, and we sometimes forget that the drug benefit might not be their only focus at this point in time. I think it's going to be a prioritization exercise within their own companies as well and where the investment is going to be worth it. If you think

about the investment in this kind of technology that we're talking about, and what we envision in the second generation, that's a massive investment, and that investment may not pay off, even in administrative burden, for a long time. I think there are going to be some conversations that have to happen around what that looks like. Are there partnerships that perhaps may end up happening between the various stakeholders to develop this engine, whatever it looks like. Is there an agnostic solution out there? Are they going to be homegrown? Those conversations transcend even just a drug adjudication engine, they transcend things like the digital tools that both the public and private payers use, they're all different. The preference seems to be to develop your own. For me to look at my healthcare record in Alberta, it's a very different experience than if I was a patient in BC. It's two public health systems, I'm accessing the same information, but the way that I get into that information is very, very different. It's the same thing if I have coverage with one insurer, and then I change insurers, the process for how to access my information is different, because they've developed it with their own lens on that. I think that's going to be part of the challenge. It is a competitive space, and to convince people who are in a competitive space to sign on to the same platform, there may be challenges with that as well, so I would say we're still quite a number of years out from seeing a fully integrated, second generation solution.

Denise Balch
Yes, and I know that there are solutions out there, and hopefully a first generation ePA solution will be here within the next year or two, the first early adopters, because it will take time, I think. As you said, we've got a number of payers out there, and not everybody's going to adopt it all at once. So hopefully, we'll see those first payers adopting it in the next year or so, and go from there.

Shanta Zurock
Absolutely.

Denise Balch
Well, thanks very much for your time, Shanta. I very much appreciate your insights into this particular area. Is there a final thought that you'd like to leave with everybody before we close off?

Shanta Zurock
Thanks, Denise, this has been great. I think the final thought that I would like to leave is: all of the stakeholders - and I've been a stakeholder in different positions - really do have the patient's wellbeing at the center of what they are trying to do, and I think that is worth remembering as one stakeholder group experiences frustrations with other stakeholder groups, thinking that they're not understanding where the patient is coming from. Everybody is understanding and wants to

put the patient at the center of care from their perspective, and I think something that this project may help do is bring that to the forefront and show how we are all putting the patient at the center of care and how we can, perhaps, better align on helping the patient with their journey, especially with these really complex medications.

Denise Balch
Absolutely. Well, thanks once again, Shanta. I appreciate you being with us today, and look forward to catching up in the future.

Shanta Zurock
Thanks, Denise.