Olivia (00:00):

All right, we are going to go ahead and get started. Hello everyone and welcome. We are very pleased to have you for this month's addition of our pharmacy access office hour. Today, we are going to be discussing, creating a patient assistance program for your community health center.

Brandon Jones (00:16):

All right. Thank you, Olivia. Welcome everyone. Happy holidays to everyone. I hope you're getting ready and prepared for your family time, safe family time coming very soon. Welcome again to today's pharmacy access office hours. Focus topic is a repurposing and revisiting of the creating a patient access program. You may remember we've presented on this topic back in earlier this year in February, so we wanted to make sure or we revisit this given some recent inquiries around the same topic. Next slide, please. All right. As always, we are to avoid any advocacy related discussions during this office hours because of the federal funding that we have allotted. And a new item that we have to be aware of is we will not be allowed to provide any live 340B content.

Brandon Jones (01:11):

Any live responding to questions via Q&A with 340B or specific related items, we are not going to be able to do that via the call office hours moving forward and this is effective the 22nd of November, the biggest, no longer allowing funding to support that. Putting that out there. So if you have any questions related to 340B, please hold those. And what I will do is I will have Olivia push out some instructions that we receive from BPIC regarding how you can appropriately ask those questions. And it basically follows you through the BPIC team and the HRSA team. I know a huge change. I know, unfortunately, when I would have that live discussion like we normally do around 340B specific topics, but you'll see some instructions push via email later on. Okay. Next slide, please. All right.

Brandon Jones (02:05):

Very short agenda. Again, welcome everyone. If you're still chiming in, welcome to today's office hours, again, repurposing the topic on creating a patient access program and our speaker [inaudible 00:02:19] Tim. Tim Mallett is going provide us some review of this topic and then what have some Q&A at the tail end and feel free to pose any questions in the chat or the QA tab. There's a Q&A tab within our session player. Feel free to throw those questions in there, and we'll try to get responses to you as quickly as possible. All right, next slide. I think we're going to hand things over to Tim. All right, Tim, fire away.

Tim Mallet (02:48):

Thanks so much, Brandon. I do appreciate all of you being here today and listening in on this topic. As Brandon mentioned, this was something that we presented earlier in the year, but there's been so much going on with the manufacturers. There's changes that have occurred with patient assistance and often and more of a need, and especially this time of year it seems, we've got more folks who simply can't afford the medication. We thought it might be good to revisit this. Before I get into the program, I do want to throw out a request to all of you. My contact and Brandon's contact will be at the end of the slides, but pass on some ideas for office hours. Since we can no longer discuss 340B on office hours, we need some ideas because most of the things that we do combine operations and 340B.

Tim Mallet (03:46):

Going forward, we need some ideas in order to avoid violating the BPIC requirement. Let's go ahead and get started with the presentation. As most of you know, patient assistant programs can be very, very key to health centers. There are health centers that do more through their patient assistance than they do through their in-house pharmacy. I was shocked to find that out, but in fact, because of their population, that's how it work. Patient assistant programs or PAPs, I'll use those today interchangeably today, really help to provide free medication to patients who are uninsured or underinsured. And other ways they can be used is to help folks who do have insurance, but simply can't afford those copays. All of the PAP programs are based initially on financial need. And then also it's going to vary with medical insurance. Many of the programs, if you are on a federal program, you can't access their PAP. And it also revolves around medical necessity. Next slide, please.

Tim Mallet (04:57):

I know establishing a PAP program can be difficult and it's time consuming. It It requires, probably not a full FTE, but it's going to require a portion of somebody's time. And so getting the resources necessary to get this running can be quite challenging. First and foremost, finding that dedicated staff member to operate this, and also making sure that you've established a really good relationship with your medical department. It's a two way street with the medical department. We need to get signatures from them, for these applications. They need to know that we're available to help their patients and refer their patients to us. It's a two way street. While there are hurdles to be jumped in getting a program established, there's also some real upside to it. And one of them is in cost savings that the patients will see.

Tim Mallet (06:01):

We know that patients will see improved outcomes through adherence and compliance when and only when they have access to their medications. If we have patients that are taking their insulin every other day because they can't afford it, but we can get them a 90 day supply from the manufacturer, that could have a huge outcome difference in their lives. And in financially with the health center. You may see your HEDIS scores improve. There's some actual hard dollars that can come back to your health center based off of a PAP. We'll also discuss copay assistance cards. And these are for usually commercially insured patients. These can also have a direct financial impact on your pharmacy, where maybe somebody has a high copay and your secondary bill, your EPPAP or your sliding fee program, that money actually just is lost.

Tim Mallet (07:01):

It's kind of just written off. If they have $100 copay, you apply your EPPAP or sliding fee, it comes down to five. That's great for the patient, but there's a $95 deficit there. With a copay assistance card that's covered. So we'll talk just a bit more about that as well in further slides. Next slide. I mentioned, the first and foremost is finding that person to operate this program. Those of you who are a pharmacist, let me tell you upfront, I do not believe that this is a pharmacist job. There are other things that your unique skillset needs to be dedicated to, but I know at my health center, we had to take one of our star technicians and help put them in this role.

Tim Mallet (07:51):

One of the things you need to think about for the person is do they work well independent? Are they self motivated? Will they be well organized and have a lot of attention to detail? Those are really key in this program. It does help to have someone that's knowledgeable about drugs and billing so that, again,

would kind of lean toward a pharmacy tech and also understanding the manufacturers and different insurances.

Tim Mallet (08:19):

I can tell you in some health centers where they don't have an inhouse pharmacy, or may not have a tech available, MAs have been very, very good at operating in this program. There are folks even from financial departments that have had to operate this for health centers that don't have access to these other folks. But one of the last attributes that I feel is super important is that they need to be a truly compassionate and dedicated person because this population is often difficult to work with. We have to ask them for financial information. Sometimes they simply don't have it. We have to get into more of their personal lives and get addresses and things like that. Combining someone that works well independently and has a passion for our patient population is where you're going to find that best person. They can learn the rest of it, the drugs, the billing, the manufacturers, they need those two attributes, especially. Next slide, please.

Tim Mallet (09:31):

We've decided we're going to move forward with this program. We need to put it together in a policy or procedure so that we've got a documented way of how we're going to implement it. Now, at my pharmacy, we have one set of policy and procedures that we use just for 340B. Then we have our pharmacy operation P and Ps. I think that the patient assistance program is going to fall directly into that pharmacy operations one. We need to outline, what types of services will we provide? Are we going to limit it to 20 drugs? Are we going to limit it to just uninsured patients? These are decisions that you'll need to make. And as I talked through this, realize you can write a PMP and you can adjust it. You can change it a month later as you start getting into your program. Sketch an outline and then realize you may be changing that because your processes are going to change as the whole program evolves.

Tim Mallet (10:35):

Within the P and P, outline how you're going to identify patients. Will you only do patients who come directly referred from the provider. Will you take patients that just kind of walk in and say, I can't afford my med, how can you help me? You'll need to make that determination. You'll figure out how are you going to gather the information? When we first started, my lead tech sat across from the patient in a small, very, very small room we had for this, and typed into the computer their information while she interviewed them. I'll also share online later some forms that folks have used as an intake form. There's different ways of how you'll gather that, but then another real key, and this is kind of the key to a good ongoing program is how are you going to track everything? Document that in your P and Ps as well. How will you track when you submitted it? When it came back, when did the patient pick it up? When's it time for reviewing that? That you all want include. Next slide, please.

Tim Mallet (11:50):

I mentioned tracking and how important that is. The tracking can be done in a variety of ways. There is low tech, low cost, by using an Excel spreadsheet. And trust me, a lot of health centers just track on Excel spreadsheets. There are certain things that you'll want to include on that. We'll get into that in further slides, but there's also web-based patient assistance software. I'll review those in a further slide as well, but they do cost money. I don't think any of them are free, but I think that these are really valuable tools and you can justify utilizing your 340B savings to purchase and help you more streamline

this process. Let's go ahead and take a look at the next slide. Well, this is how you would kind of set up your Excel tracking sheet. There's things that you need to include.

Tim Mallet (12:51):

Some of these are going to be very, very basic like the patient name, their demographic information. I included diagnostic codes because some of the PAP forms do request those. So as you're gathering information, it'd be good to get that either out of your EMR or directly from your providers, the drug manufacturer. And then you've got this whole section of dates, which I mentioned previously that are so important. You need to know, when did the patient complete the form? When did you get it back from the provider with the signature on it? When was it sent to the manufacturer? When did the drugs come back and real important, how do we set up kind of a particular column that will tell us we received this December 15th, the patient picked it up on December 16th. Realistically on February 16th, we're going to want to start the process of getting another 90 days in for that patient.

Tim Mallet (13:52):

And so to have this column that you can quickly scan and see, okay, here's three patients that in the next two weeks we need to do renewals on, that's really valuable in order to keep up on everything. This program is wonderful, but it doesn't do any good if the patients aren't getting these medications on that regular basis, that they couldn't afford them first place. Once those medications come in, I think it's helpful to include the medication name, NDC and the lot and expiration date, just in case there's a recall or other questions may come up about that. Next slide, Olivia.

Tim Mallet (14:33):

I mentioned that there's a variety of ways of gathering information. As I said, my lead tech, she sat down and just typed it in. That was the easiest way for her to do this. Others use a standard intake or application form. And one of the things, I believe it was David and Virginia used down in Central Virginia Health Center was an authorization form. And what this did is it authorized the health center to fill out this paperwork, but it also authorized them to sign for them so that they didn't have to call the patient back in to get a signature once all the paperwork was completed. I've got a copy of that to show at the end of the presentation. And I believe I have one that they were willing to share with us that I'll post on a lot later. I believe I'll also have a stock reference letter.

Tim Mallet (15:30):

Oftentimes if patients have no proof of income, you need to submit something into PAPs. This letter basically would just explain that the patient may be is homeless, or they have no income. They're looking for their uninsured living at their grandmother's house, whatever it could be, this at least be a template that you could work off of because they aren't going to accept the application without something as far as income. Next one, please.

Tim Mallet (16:05):

How is the day kind of work for a PAP coordinator? It really is going to work like most of our days work, we start off reviewing our communication from the day before, from overnight. We're going to phone messages. We're going to look at our emails. If your health center has a messaging system, a provider may have sent you an IM on somebody that they want to get into your program. It's real important, once your program is up and running that you'd kind of promote it, and let your staff know that it's available, what patients qualify for this and how you can help.

Tim Mallet (16:43):

That'll be just self perpetuating. Again, I wouldn't do this right at the beginning until you get all of your procedures in order and you're very comfortable with your processes. But at some point it might be good. Maybe even once a year at a all staff meeting, ask for five or 10 minutes just to explain what the pharmacy is doing to patient assistance and how the providers or the MAH nurses can get ahold of you when they have patients that need you. After going through the communications, you want to go to that spreadsheet and see, okay, where are we on the applications?

Tim Mallet (17:25):

And you can see, you may see date wise, a bunch of them are stalled at the providers. So it might be wise to run up to that provider and say, "Hey, I have four patient assistant forms that are waiting for your signature, could you get those signed for me so I can move on." You may see that you've got two or three folks that within the next few weeks are going to be time for reorder. So you may need to print out a paper work and start that process. And then there'll be ongoing things. You'll have new patients come in, or you'll have applications in process that you'll need to continue to work on.

Tim Mallet (18:00):

That's kind of how I visualize it. And as I remembered Sue doing all of this work, that's how her day worked. Now, the beauty of this is, you aren't going to have this person usually on a daily basis having to spend half a day just doing patient assistance. There will be days that they may spend half a day, but as I remember, Sue used to go in whenever she had free time, things were caught up. She just jumped in and work for 15 or 20 minutes on patient systems. Realize that it can be done in between other activities. Next slide, please.

Tim Mallet (18:39):

I also mentioned that there is software available, and just ahead of time, all of the light green sections in here are actual links. When you get the slides, you can actually click on those and go in and take a look at these softwares. They can be a little bit pricey. And as I said, though, this really I think is a justifiable price, and it does look good to know that we're savings our 340B savings from our pharmacies, whether they're contractor or inhouse pharmacies, to helping these uninsured patients. I can't think of any better way to use this. And so it also looks good when you put together your one page impact statement or your use of 340B in your health center. That funding the patient assistance program for uninsured patients to get free meds was one of the ways she used 340B. I remember when I first put this program together, I reached out and I asked folks to get back with me and let me know if they did use software.

Tim Mallet (19:52):

Derek Peel from Kansas let me know about one through WebPAP. Suzanne Stewart uses the PAP tracker through NeedyMeds. Andrew Gonzalez and Ann [inaudible 00:20:05] uses the MedData and David Christian and Virginia Robinson, I spent some time with, to discuss Virginia Healthcare Foundation and their program called the pharmacy connection. While it's entitled Virginia Healthcare Foundation, it is a nonprofit organization. They have a variety of services they offer, but one of them is an excellent, excellent pharmacy PAP program. And this is one of those that there is an upfront cost, but the work that they do, I was able to sit through a demo of it is amazing, and it truly would simplify and streamline your program. I'm not pushing one of these over any of the others, but this was the one I had the most experience with. If you had specific questions, feel free to reach out to any of these folks about the programs that they use. Next slide.

Tim Mallet (21:01):

Here's a couple of other sites I can't really vouch for them. I tried to find out about fee for this Product-Atlas, but I did never heard back when I originally did this. And then there was one called Drug Assistant, which is a PAP program. You can look into these, but those on the first were the ones I felt I really had health centers that were using and could support. Next, please. Beyond just the standard patient assistance programs, there are other monies out there available for folks in need. There's foundations, there's other organizations that will help patients do these applications. Understand that some of these may charge a fee to the patient. This is where a patient gets online and says, I need [inaudible 00:21:56] and somebody will pop up and say, we can help get this for you, but they'll charge them $50 to do the application and track things.

Tim Mallet (22:05):

Just be aware, not all of these are necessarily free. And so patients may come to you with questions about them, just be aware of that. RXAssist, NeedyMeds, is a very good program. It includes both patient assistance and copay assistance and coupons as well. I do have, I think some examples from NeedyMeds on the next few slides. The medicine assistance tool also provides some good resources. HealthWell Foundation is kind of unique. They are a nonprofit organization. They actually will help with premiums, copays, and deductibles. There are a lot of things that are involved in that, but link into that, take a look, see what they have to offer. I can tell you about a year and a half or so ago my father was on a med that was going to be over $10,000 month. It wasn't going to be covered by his Medicare.

Tim Mallet (23:08):

We searched and searched, and we finally did find someone that was going to be willing to help him. It took a lot of time and effort and my whole family from my mom to my wife and myself, all medically knowledgeable, but we worked for good six months before we could find something. I didn't know about HealthWell Foundation at the time. Just take good luck. They aren't going to be able to help every patient, but I thought it was a good resource. Another company is Patient Services, Inc. As I mentioned earlier, some of these that I've listed do require an upfront fee to do these kinds of applications. That's one of the reasons I think it is so beneficial that within your health center, even if you don't have a pharmacy, even if you're really small, find someone that can get knowledgeable about these programs and assist these patients so they're not paying these to somebody else. Next slide, please.

Tim Mallet (24:11):

Just briefly, I wanted to bring up the topic of discount cards versus copay assistance cards. I know in numerous conversations, hallway conversations at conferences or in sessions at conferences, even here on office hours, we've discussed how discount cards really aren't a great deal. They may help the patient, but the person that gets hurt is the pharmacy. GoodRx comes out ahead. They get their piece of the pie, but we end up often losing money that we spent and that's even using 340B purchase medications. I have really strayed away from the discount cards because I couldn't justify it. If I had a patient that was adamant about using one, I would send them to one of the big chain stores because they could afford to lose the money.

Tim Mallet (25:07):

I felt that we really couldn't. More often than not, patients that were looking at using these cards, qualified for our EPAP sliding P type program. And that's where I would steer them. Copay assistance cards on the other hand are phenomenal vehicles for helping folks that have high copays or have very

expensive medications. I can give you an example. While I'm not a health center patient, one of my sons is on a very expensive medication. It's $5,000 a month. My insurance covers $4,500 of that, but I have a $500 copay for that medication. The company that he works with, the medication is from has a copay assistance. The pay all the $5 which is just phenomenally. We're so blessed to have that, but the pharmacy gets that $495, they aren't losing out on that. It's being paid through the manufacturer. Definitely, definitely look into the copay assistance cards.

Tim Mallet (26:14):

I love it when I have commercial patients that I can use those with. Take a look at some of the sites that were on our previous slide for that, and NeedyMeds especially. If we look at the next slide here, I took an example out NeedyMeds for Xereita. This is a little bit dated but I'm sure it's still kind of similar. And the reason I threw this up is that the top one is for patients with commercial insurance. And they can get their meds for no more than $10 a month. This is a wonderful deal. The one below actually said it's for eligible commercial or for commercial or government insured. Now, I tried to get more information, but I couldn't because to get through the process I had to put in financial info and everything else. But it sounds to me like perhaps if you've got a Medicare patient with very high deductible plans, they may qualify for the second one. And so you're not going to be totally excluded for folks that aren't on commercial insurance. This again, it's just one of the examples. Next slide, please.

Tim Mallet (27:31):

Well, this hopefully has been helpful in running through a variety of ways that you can establish a PAP program, how to track it, how to get patients and staff involved. It really is beneficial to both the health center and to the patients. They'll get the patients who'll get the medications they need. And it's really hard to comply to a medication regimen and clean adherent if you can't afford it. These programs help eliminate that barrier and with improved compliance, we'll see improved outcomes for that. We'll also as a pharmacy, if we can get copay assistance cards for our insured patients that steers us away from using our EPPAP or sliding fee and will allow us to provide patients 90 day supplies even through these different programs. One thing I did want you to know, at my health center, whenever we did an application for someone, we did charge them a minimum administration fee of $5.

Tim Mallet (28:40):

It cost us I think two or $3 per form, $5 is our minimum charge. We felt that that was very, very reasonable because there is an awful lot of work involved in getting all filled out and getting sent in and everything else. But at least the patient did have some skin in the game at the $5 per app. You can decide, you could charge a little bit more if you feel that the process is more involved or you have expenses you need to cover. But I did want you to know that at least personally, I feel that that's the reasonable cost for one of our patients to pay to get this product. One more slide, please.

Tim Mallet (29:27):

I did want to thank Virginia Robinson and David Christian from Central Virginia Health Center. They had a very good program and that's who I learned about the pharmacy program that the Virginia nonprofit have offered. And then Anna and Leslie from Christ Health Center helped me with some information on tracking and some other things. I just wanted to give a shout out to them and thank them. The next page is a example of this consent and release form. I really like this. I wish we'd had something like this because it would've simplified our lives. And I love signature authorization idea. I believe that's my final

slide and I have not been able to follow the things in the chat or the Q&A. I'll let Brandon throw those out if he's been able to.

Brandon Jones (30:26):

Sure. Thank you Tim. And I think great kind of overview and that review of that really relevant topic. There are actually only two kind of questions. I know one was just around the recording of the day's session. Yes, I see Olivia answer that, yes. Today's recording, as all of our sessions, will be recorded and available. You should get an email from Olivia following today's call. There are two couple questions and there's some hands raised too. I'll get to those too. There's a couple questions. One, so I should preface it is not 340B related, but 340B is mentioned. The questions are, FQHC is required to provide a sliding fee for contract pharmacies and they state that we only charge the 340B price of the drug plus a small pharmacy dispensing fee for all uninsured, underinsured that qualify for the benefit, not necessarily tracking property line.

Tim Mallet (31:21):

Can I answer that?

Brandon Jones (31:22):

Sure.

Tim Mallet (31:23):

Okay. The require, this was what actually, we've been talking with some attorneys and others. Ideally we want to have discounted medications, affordable medications available to eligible patients at contract pharmacies. Especially if you don't have an inhouse. The pricing that you've mentioned, that makes sense. That's how most health centers I'm aware of do this at a contract pharmacy. The other thing is you are not mandated to have it available at every contract pharmacy. It's impossible because some of the contract pharmacies simply won't do a discount program for your patients. It'd be impossible to require them to do it if their policy is no. Ideally, find out geographically, maybe you can find two or three that will at least give somebody access to the discounted medications in your primary geographic locations for those folks.

Brandon Jones (32:27):

Okay. Thanks Tim.

Tim Mallet (32:28):

But no, you don't have to have it for every single contract pharmacy and yes, the way that you're doing it is like most health centers that I've spoken to, that's how they offer it.

Brandon Jones (32:40):

Great. Thanks Tim. Hey Olivia, I see [Ed Heinz 00:32:44] hand. I'm going to let Ed, if you'd like to ask your question, feel free. I think Olivia can unmute you.

Olivia (32:51):

Yeah. Ed, you should be able to unmute yourself now. Feel free to chime in.

Edd Heinz (32:56):

Am I unmuted now?

Brandon Jones (32:56):

There we go.

Olivia (32:58):

Yes. We can hear you.

Edd Heinz (32:59):

Hey, thanks for the topic and the seminar. I appreciate it. I do a lot of work with patient assistance for our folks. And do you have any tips or tricks in terms of trying to find consistency amongst those that you speak with at the manufacturers. A case, we had a case where we were asked for additional information on a patient and one person told us we needed it. And then we just coincidentally realized, oh wow, it got approved, when we went to send all this documentation that we had gathered. Do you have any suggestions on that?

Tim Mallet (33:37):

Unfortunately, no. I don't have a list of the patient assistance folks at the different manufacturers. And I have to tell you, thinking of manufacturing, in a previous life, I worked at Lilly and folks in those positions rotate constantly. I can say that's one of the reasons I like some of the automated programs is that they stay up to date on what's actually required for these applications and perhaps they would have those contacts directly, but I'm not aware of an actual listing like that. There could be one out there, but I'm not aware of it. I'm sorry.

Edd Heinz (34:19):

Thank you.

Brandon Jones (34:22):

Tim, another question that came through was from Susan says, do you have any suggestions for patient assistance for health centers who do not have in-house pharmacies?

Tim Mallet (34:33):

Yeah. I tried to allude to that a little bit. I can tell you just a regular doctors office often will work through and do patient assistance for their patients. That's often done by the MA or the nurse. Very likely in a regular doctor's office, they don't have the percentage of uninsured or needy patients that we do. If you're in a health center that doesn't have access, doesn't have a pharmacy, doesn't have pharmacy tax, I would look into finding a really competent and compassionate MA that could potentially start up this program. Perhaps one of your nurses, I know at least at my health center our nurses are really stretched thin. But you could even find somebody in the finance department, I guess, that could just do the paperwork. You know generally our finance people are very task oriented and they're going to do a very good job of tracking, which I've mentioned is so important.

Tim Mallet (35:39):

I would not choose to simply say, well, we don't have a pharmacy. We're not going to do PAP. You've just got to do a little searching and find that right person that can take that on. And I know for all of us, and this is hard, we're all stretched so thin. There's not a health center, period, that isn't stretched thin. Today I'm up in the Pacific Northwest and I've been with two health centers in the last two days. And they're both large health centers, but all of them are talking about their difficulty in finding help. I do realize people are stretched, but this is a program that is so important to ensuring that our patients get well and stay well. It's one thing to be diagnosed and prescribed, but if a patient can't afford the medication, we've just hit a brick wall. Search out that person with that personality of being kind and compassionate and at the same time being meticulous and task-oriented.

Brandon Jones (36:46):

Great. Thanks Tim. One other question came from Linda Gutieres. How long does it take to get the medication once a PAP application is sent?

Tim Mallet (36:57):

Wow, it's a good question. I know it can really vary. the initial application I think could take anywhere from a month to two months, but often the renewals, those can go very quickly. And I'm trying to recall, there are some that you may be able to renew online or with a phone call, but I do know that the renewals go quickly, but that's why I said you want to look about a month ahead of time to begin that renewal process for the patient.

Brandon Jones (37:29):

Great. Those are all the questions from the Q&A. I see some things may have popped up in chat so give me one second I'm going to scroll through. I think [Eldor 00:37:38] mentioned or ask the question, do you have a toolkit for starting PAP programs?

Tim Mallet (37:46):

We don't really have a toolkit. Really, just this presentation. I will attach some forms that the two health centers were willing to share with me so that you can look at what they use.

Brandon Jones (37:59):

Okay. [inaudible 00:38:00] just ask, I'm going through the chat you guys. So feel free to fill some context. It says, what if you don't have an approval from Novo Nordisk for PAP and you try to call them, you stay on for hours, how can you cut the situation down? I don't know if you want to just mention that.

Tim Mallet (38:20):

I can mention, but I have no solution for that, unfortunately, I just don't. And I know how frustrating that is. I can tell you that was one of the reasons that Sue at my pharmacy, we got her a portable Bluetooth headset that would connect with our phones in the system so she could get on hold and start working with patients and doing her other jobs while she was on.

Brandon Jones (38:46):

Got you. I see April just made a comment in the Q&A basically saying application status takes four to six weeks. She called companies around two weeks in to check on the application status and this usually speeds up the application process. Thank you April. Let's see here make sure there's no other questions

in the chat. Just this other additional comments about that point there. Thank you. Thank you all for your questions you submitted and Tim, certainly for the great presentation and recapping on this really important program. I know a lot of health centers are looking at that and trying to kind of refine their programs too. Great presentation. To wrap things up, we're going to give you several more minutes back to your date, but to wrap things up, as Tim mentioned, if you have topics certainly with the change in 340B, that we can talk online, certainly have topics, please shoot those Tim and Is way so you just saw our email on that slide.

Brandon Jones (39:54):

Most of you should have our emails already, but feel free to shoot any ideas that you have or topics that you'd like us to focus on for our upcoming office hours. FYI February's office hours we will cancel due to the PNI. There's a overlap with the last day of PNI. So we're going to have to cancel February, but the others should be moving forward with all our other months. If you have any topics, feel free to shoot those our way and I just want to make sure scan of the Q&A just one more time. Just additional comments, all right. Okay. Thank you all. Please follow us. You see our slide there. Please follow us on all the social platforms. We're there.

Brandon Jones (40:39):

Those are great ways to get additional information from NACHC Organization wide. We'll push out messages for you on those platforms. And of course you all mostly are on our novel pod community. That's also another way for us to get information out. Reminder, at the end of today's call, Olivia will get out the information of the recording information as well as some evaluation links for you to submit those evaluation responses. All right, we're going to give you about what's that 16 more minutes to your day. And again, happy holidays to everyone. Please stay safe as you're staying home, or as you're going to visit family. We want to be able to see everyone next year in 2022. All right. Take care. Thank you. And thank you, Tim.

Tim Mallet (41:23):

Bye everyone.

Brandon Jones (41:24):

All right. Good bye.