Hadley Presents

Accessible Pharmacy

Presented by Ricky Enger

Ricky Enger: Welcome to Hadley Presents. I'm your host, Ricky Enger, inviting you to sit back, relax, and enjoy a conversation with the experts. In this episode, we discuss free services for managing your medication accessibly and independently. Our guest is CEO of Accessible Pharmacy, Andy Burnstein. Welcome to the show, Andy.

Andy Burnstein: Hey, Ricky, Thank you so much. I really appreciate it. I'm glad to be here.

Ricky Enger: Yeah. So glad to have you. If we had a Hadley frequently asked questions, the question of "How do I manage my medication? How do I figure out what's what as I'm losing my vision? Or if I'm totally blind, how do I do this in a way that works for me?" that question would be definitely in the top five, so I know this is going to be a really popular topic. So happy to have you here. Before we talk about what Accessible Pharmacy is and all of the cool things that it can do, why don't you just take a minute to introduce yourself and maybe talk a little bit about how Accessible Pharmacy started?

Andy Burnstein: I'm in Philadelphia. I actually live in University City right on the University of Pennsylvania's campus and our main distribution center is in suburban Philadelphia. I'll take a big step back. I'll tell you about Accessible Pharmacy and how we came into being. The punchline is Accessible Pharmacy Services for the Blind is a home delivery pharmacy service specializing in the blind and low-vision community. That's what we do. We're the only provider of its kind and we're the largest blind-owned healthcare company in the country.

Our background is, this goes back a few years ago, I was running a healthcare marketing firm and we were developing some solutions and some strategies to help our clients deal with just the general issues of accessibility. I had reached out to a friend of mine, who I met through Little League, our kids play ball together. I knew Alex because our kids play ball together. He was a nice guy, and he was blind. He still is blind. I was like, "Oh, I'll reach out to Alex. Maybe I can pick his brain a little bit. We're going to develop an advisory committee and maybe Alex can give me some insight into the consumer experience of a blind person." I didn't know too much about him other than he was a nice guy, and his kids were good ballplayers.

We met up for a cup of coffee and I found out that he's actually Dr. Alex Cohen and his story, he was diagnosed with retinitis pigmentosa in his late teens. By the time he graduated college, he had lost most of his eyesight. He ultimately went back, and he reinvented himself. He went back to school and ultimately earned a PhD in marketing with a specific focus on retail accessibility for the blind community. He wrote his doctoral dissertation on the accessibility of the top hundred retailers in America for the blind community, how accessible they were on the telephone, on their website, and at their physical locations. Here I am, thinking, "Oh, I'll hang out with Alex. We'll have a cup of coffee." Little did I know he's arguably one of the foremost experts in retail accessibility in the country.

That first meeting, that's when I was like, "Hey, we need to figure out, we should be doing some more things around this." Initially, we started doing some consulting. We weren't having too much success with consulting, and at a certain point, we were like, "Huh. I have some ideas; you have some ideas. I wonder if we could build our own business from the ground up, a pharmacy service that does nothing but specialize in the blind and low-vision community, and really take steps to help people who are blind or have low vision manage their medication, manage their diabetes, but more importantly, or equally as importantly, do it in a way that's welcoming, that reduces stress and anxiety, and really starts to show people living more independently and living with healthier outcomes."

That was the origin of our business. Then obviously, from that idea, we had to walk down the path of qualifying the idea, building a business plan, pulling in healthcare professionals because we're just businesspeople, we don't know too much about medication, pulled our whole business together, and we launched just at the beginning of the pandemic in April 2020. We've been very fortunate. We're growing nicely. We're now licensed in 31 states. About 20% of our employees are blind or low vision themselves. We're bringing on patients every day. We're learning every day and it's been incredible.

Ricky Enger: That is awesome. Starting a business during a pandemic is not for the faint of heart, certainly, so it's great to hear that things have gone so well and that you're continuing to grow. You have this business that is Accessible Pharmacy. The name really does say what it does, except I'm curious about one thing: When we say "accessibility," that can mean different things to each of us. For one person, accessibility of their medication may mean having a braille label on a bottle, and for somebody else, that braille label is equally as inaccessible as this tiny print, so what do you do to encompass all of those things and make sure that each individual has their medication in an accessible way?

Andy Burnstein: You've hit the nail on the head. That's exactly what it is. Everyone has an individual, unique experience. People come to blindness differently, people have different degrees of vision. There's also the types of insurance they have, their support network, how comfortable they are or not with technology. All of these things play a factor in assembling a collection of solutions for an individual that empowers them. To oversimplify it, we essentially have three spheres. We have accessible support, accessible packaging, and accessible labeling. When we have a conversation with a new patient and we identify what's the best way to support this patient, it happens through a conversation with the patient: What's the best way to package this medication so they can be managed properly and what's the best way to label this medication so that it can be understood in the best way? What's interesting is that everything we do in those spaces, it's all free. We make our money by charging insurance companies and getting reimbursed by insurance companies for medication. All these other things, it's all about figuring out what combination of these accessible solutions are the best for each individual patient.

Ricky Enger: That's excellent. Let's get some examples, then, of what a conversation might look like and what's available for support for packaging and for labeling.

Andy Burnstein: The easiest way for a patient to interact with us, we encourage this, is to pick up the phone and call. We want to have a phone-to-phone conversation with someone and really understand: What kind of medicine are you taking? What are your challenges? How are you currently managing it? Who else is in the home with you that can maybe help you or support you? What's your level of understanding of technology? We understand what's the best way to support that patient.

When it comes to packaging, we have a collection of different solutions. We have presorted disposable pill organizers, different sizes and shapes depending on the person's medication. Within it, we can sort prescription medication, vitamins, supplements, over-the-counter medication, to really remove the burden from the individual having to sort their meds. That's just one example. We also have presorted disposable pill packets. We have different sized and shaped bottles for people with mobility and dexterity issues. We explain to them the different options there and they can pick one.

Then we go into labeling. With labeling, we have a grade one braille printer. We also have a contracted braille printer. We have the ability to print medication labels with large fonts. We can do it in both Spanish and in English. We also work very closely with a company called ScripTalk, which is an incredible company. They've been around for a while. They actually make a sticker. It has a microchip in it. It's called an RFID sticker and we can adhere that sticker to any of our packaging and it essentially reads all the prescription information out loud to the individual. By the way, we can do a combination of all these things. We can put braille and the ScripTalk and a QR code and large font all in one package.

On top of that, the ways that we can communicate with people are, depending on the person's need, obviously, as I mentioned the telephone, but people can also interact with us online, email us. They can text us. We support a lot of our deaf-blind patients with texting. We're also the pharmacy partner of Be My Eyes. Be My Eyes is a great solution for blind users to connect with sighted volunteers, but there's also a section on there, it's called Specialized Help. Anyone, whether you're a patient of ours or not, if anyone has a question about identifying a pill or understanding a label or understanding a drug interaction, you can engage with us through Be My Eyes and we can support the patient. We also use Be My Eyes to help people look for small medical devices, so if someone buys a talking thermometer from us, for example, we can send them the thermometer, and then using Be My Eyes, we can train them how to use it.

Ricky Enger: That's excellent, or like a blood pressure cuff, or anything like that: "How do these things work?"

Andy Burnstein: Exactly.

Ricky Enger: Yeah, Be My Eyes is amazing, having that specialized help. Hadley is a partner as well. We love those guys and it's good to hear that you all are partnered with them, too. What really strikes me as you're talking about this is that it's been so well thought through in that everybody has different needs and you've done what you can to meet those needs and it really is a very customer-centric kind of thing where you're sitting down and talking with people, instead of saying, "Here's your options. You figure it out, just tell us what you want," there is actually that conversation. I think that's so important. For the people that are listening and saying, "This is what I've needed in my life for a while. What do I do? How do I get started?" basically, where can you operate and what's going on there? Are there concerns that patients need to have about the type of insurance they have, that sort of thing? What can you tell us about getting involved and getting started?

Andy Burnstein: Well, first of all, you touched on something that's really important, which is we're still learning. We learn every day from our patients, from groups that we partner with, from our employees, about ways to be more accessible, and about how to accommodate people's needs and challenges. Our hope is in 2022, we're even going to have more options and more solutions. I'll give you an example. We just started our first college internship program on Monday. We have a student who we met through Vision Services for the Blind and Visually Impaired in New York City. What's interesting is that his experience, he has a condition called North Carolina macular dystrophy. As a 20-year-old who embraces technology, the way that he identifies and interacts with technology or interacts with packaging and stuff is completely different than anything that I had ever experienced before. It's awesome. We're learning every day. That's one thing.

The second thing is we do accept all insurance. There's some situations that it's not perfect, but what we do as part of our conversation, when we start to speak with a patient for the first time, we have a 10-minute conversation and the conversation is we ask about their medication, we ask about their challenges, how they're currently managing it, we get an idea about, as I mentioned, their level of technology comfort, we get the contact information for their entire medical staff. For example, we'll reach out to their endocrinologist, we'll reach out to their cardiologist, their general practitioner. We'll introduce ourselves. We're trying to get some in-depth understanding about that patient's experience from the doctor's perspective. Then we have one of the pharmacists from our team reviews everything, we contact the insurance company, and then assuming everything is good to go, we then call the patient back. This usually takes a day or two.

Then we say, "All right, this is what we've learned," and we can make some recommendations. Quite often, we're able to say, "You know what? I don't know if you realize this or not, but those two meds that you're taking, the one that your cardiologist is prescribing, and the one that your general practitioner is prescribing, they're both safe to take together, but there's a good likelihood you're going to feel really nauseous when you take them," and the person's like, "Oh, my gosh, I didn't even realize. I've been so nauseous for the last six months. I didn't even think about that." We can make some recommendations about switching things and pull the doctors in to make sure that they're comfortable with it as well. Then assuming that the patient's like, "All right, I think I want to try this out for a few months to see if it's a good fit," we reach out to their existing pharmacy, we transfer the medical files over, and we start.

Ricky Enger: Just to clarify, this is home delivery rather than... and that actually takes a big burden sometimes off the patient because sometimes you have to go pick up the prescription and transportation is an issue. This is by mail, is that right?

Andy Burnstein: Correct. There's no charge for the delivery as well.

Ricky Enger: That's so good. We all take various medications or vitamin supplements, and it can be such a hassle to figure out, "How am I going to get there to get this?" and "Oh, no. I'm running out. What do I do?" Having a lot of this just managed in such a way that the discussion is happening between the doctor, the patient, and the pharmacist, really, very, very cool.

I know that you are licensed in some states and not licensed in others. That's on your website. What can you say about if somebody is in a state where you're not? Perhaps I shouldn't say "licensed," I suppose it's more of a partnership kind of thing, but if you're not available in their state yet, is there anything that a patient can do to be a part of that process, or to speed things up, or what would you recommend?

Andy Burnstein: We're currently licensed in 31 states, including Puerto Rico and Washington, D.C. It's a process. There's an application that we have to submit, an application fee that we have to submit. We've applied for licenses in every state. We're very fortunate, we haven't been rejected by any states. Unfortunately, because of the pandemic, some of the states that create the approval process for us to deliver controlled substances into the state, they haven't opened yet, some of the offices. In other states, they're remotely working. We're pretty confident that by the end of the year, we'll be able to deliver products nationally. We can ship right now vitamins and supplements and over-the-counter meds and small medical devices, but when it comes to things like insulin or prescription medication, until we have the approval from the state, we're just unfortunately not able to.

Ricky Enger: As things start opening up again, we should see things speed up a bit. I know that we've had people who have really struggled with their pharmacies getting accessible labeling, and it's just not happening because sometimes their pharmacy doesn't know, "What is this ScripTalk thing, even?" or "What do you mean you want me to mark this syringe in such a way? We don't understand how to do that," so sometimes just talking to someone who already gets it, who gets that they're accessibility challenges to work through, and who may already know the answers to some of the questions, that can be so helpful.

One last thing I wanted to ask about was we've talked a couple of times about small medical devices. What kinds of things do you offer? Would these be like thermometers or things in addition to that, like pulse oximeters, anything like that?

Andy Burnstein: Exactly, things like talking thermometers, talking glucose meters. We support some of the continuous glucose monitoring systems. We have talking scales, everything in that space. What we're able to do is, in some cases, if they require programming, we can preprogram it before we ship it to the patient. Then we also, once they get it, they can contact us through Be My Eyes and we train them on how to use it.

Ricky Enger: I know that people are kind of chomping at the bit, going, "All right, contact info. Come on, where do I find it?" Where can people go to find out a bit more about what you all do, whether it's online or just picking up the phone?

Andy Burnstein: The easiest way... That is, I'll start from the top. We have a website, it's a very screen-reader-friendly website called accessiblepharmacy.com and our contact information is on there, so if anyone has a problem remembering us, accessiblepharmacy.com is the easiest.

On top of that, there's three other ways that someone can reach out to us. We encourage the best way is through the telephone, old-school communication. We need to have a conversation to understand the patient before we work with the patient. Our phone number is (215) 799-9900.

The next way is for those of you that have an iPhone, if you ask Siri, you say, "Siri, call Accessible Pharmacy," Siri will say, "Do you mean Accessible Pharmacy in Fairless Hills, Pennsylvania?" that's us and it'll just patch you right through.

Finally, for those of you who are Be My Eyes users, in the Specialized Help section, you can find us there. We have someone on our end overseeing the Be My Eyes app to support patients between the hours of 10:00 and 4:00 Monday through Friday, but if someone needs help outside of those hours, you can just schedule an appointment, and someone will jump on.

Ricky Enger: Great. That's fantastic. This has been so informative and so helpful. Any last comments you want to make before we wrap things up so people can rush over to their phones and call you?

Andy Burnstein: We're part of this community. As I mentioned, we're the largest blind-owned healthcare company in the country. We want to continue to grow and support people. We need patients to do that, so if someone wants to try us out, there's no long-term commitment. You can try us for a few months. If at a certain point in the future, you're like, "Eh, you know what? I prefer my pharmacy," we'll call your doctors, we'll call the insurance company, and we'll transfer everything back. But we invite people to be part of our community. Email us, call us, give us suggestions, give us feedback, and join us. We are going to be hiring again in the fall, so as we expand into different markets, we'd love to connect with people to speak about employment opportunities as well.

Ricky Enger: Awesome. Thank you so much, Andy, for joining us and for sharing all of this information. You're doing wonderful things. I wish you all and your team the best of luck as you continue to grow.

Andy Burnstein: Hey, Ricky, thank you so much. This is great.

Ricky Enger: Got something to say? Share your thoughts about this episode of Hadley Presents, or make suggestions for future episodes. We'd love to hear from you. Send us an email at podcast@hadley.edu, that's P-O-D-C-A-S-T @ Hadley.edu or leave us a message at (847) 784-2870. Thanks for listening.