

Montana Pharmacy Smartphone App Project Y1-4 Blood Pressure Control and Cholesterol Management

Note: Aggregated data represent both smartphone-using and non-smartphone-using patients.

Project Purpose: To determine whether use of pharmacy smartphone apps help patients achieve blood pressure (BP) and cholesterol (Chol) medication adherence and BP control.

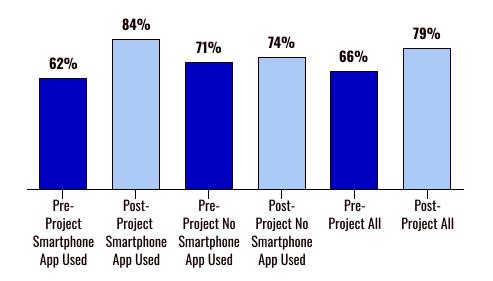
Participation Requirements:

- Pharmacy smartphone app available
- Community pharmacy

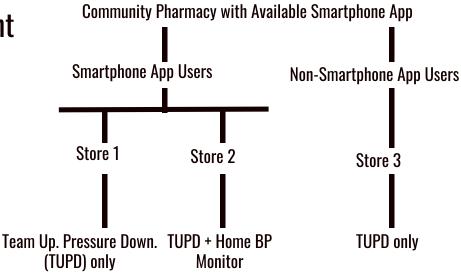
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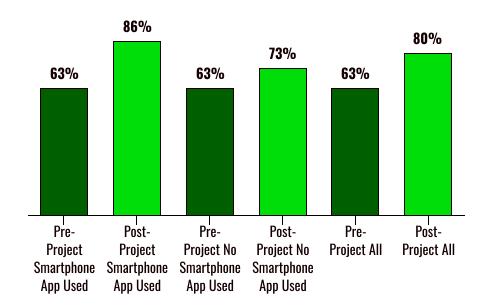
Y1 to Y4 BP Med Adherence (proportion of days covered \geq 80%), by Smartphone App Use, Pre-/Post-intervention



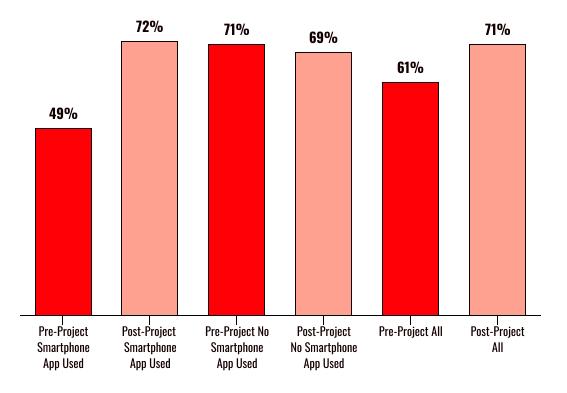
14 Completing Pharmacies, 462 Participants, 3 Project Arms



Y1 to Y4 Chol Med Adherence (proportion of days covered \geq 80%) by Smartphone App Use, Pre/Post-intervention



Aggregate Percent of All Patients with BP Controlled, Pre-/Post-intervention



App Feedback:



- Helped with communication during COVID-19 closures (Year 2) and with patients generally, aside from the pandemic (Year 1).
- Patients with a good app really enjoyed using it and appreciated the functionality.
- Some pharmacies and patients found their apps hard to use, hard to update, and clunky.



Limitations of Information and Analysis:

• Two stores didn't complete the project due to other priorities.



COVID-19 Impacts:

- Patients more willing to talk about and find ways to manage their health proactively.
- Traffic into pharmacy lobby decreased and stayed low in some places, with the drive-thru getting more traffic.

Lessons Learned:

- White-coat hypertension reduced with regular in-house BP checks.
- · Patients found new value in pharmacist relationships.
- · Improved and strengthened pharmacist teamwork.
- App use encouraged some patients to use other health apps.
- It's important for pharmacists to be approachable for their patients.
- Most patients are willing to accept pharmacist-provided healthcare.
- Refocusing conversations with patients on the parts of their health they
 can control is empowering and positive.

Barriers:



- COVID-19-related closures and slow-downs, but pharmacies adapted.
- Some app-related issues (see left).
- Patients often cited time constraints keeping them from getting regular BP checks.
- · Patient indifference in some cases.

Facilitators:



- Patients were responsive to education and counseling.
- Project happened at perfect time [during the pandemic] to help patients feel cared for and connected to healthcare.
- Pharmacists strengthened their teamwork.
- Pharmacies used info packets with prescriptions as reminders to educate patients.
- Pharmacy processing system to identify drug classes and adherence rates for those classes.

Practices to Continue:



- · Keep monitoring non-adherent patients.
- Keep doing BPs on white-coat hypertensive patients.
- Maintain improved patient relationships via good communication.
- Keep up with on-site BP checks and education.
- · Patients invited to keep sending BP readings to pharmacist.
- Encourage regular app use to self-manage health.
- Establish relationships to empower patients to take control over the parts of their health that they can.

Successes:

- Pharmacies shared examples of successes with medication management that positively impacted patient health.
- Some shared stories of connecting with patients emotionally, emphasizing the positive impacts pharmacist can have.

Footnotes

Items sent to project sites, depending on store criteria (see algorithm): My Blood Pressure Journals; Medication Tracker wallet cards; Medication Reminder Tear pad; Pocket Discussion Guides and pad Drug Adherence Work-Up (DRAW) tool (for pharmacists); Pharmacy Million Hearts Team Up. Pressure Down (TUPD) Poster and TUPD Poster and TUPD Postcards. Also sent: "Fat and Cholesterol" brochures from Academy of Nutrition and Dietetics; "Manage Cholesterol: The Basics" brochures; Quit Line brochures; "In Brief: Your Guide to Lowering Your Blood Pressure with DASH" brochures; seven-day pillboxes. Store 2 only: Omron BP cuffs; Extra-Large LifeSource cuffs.