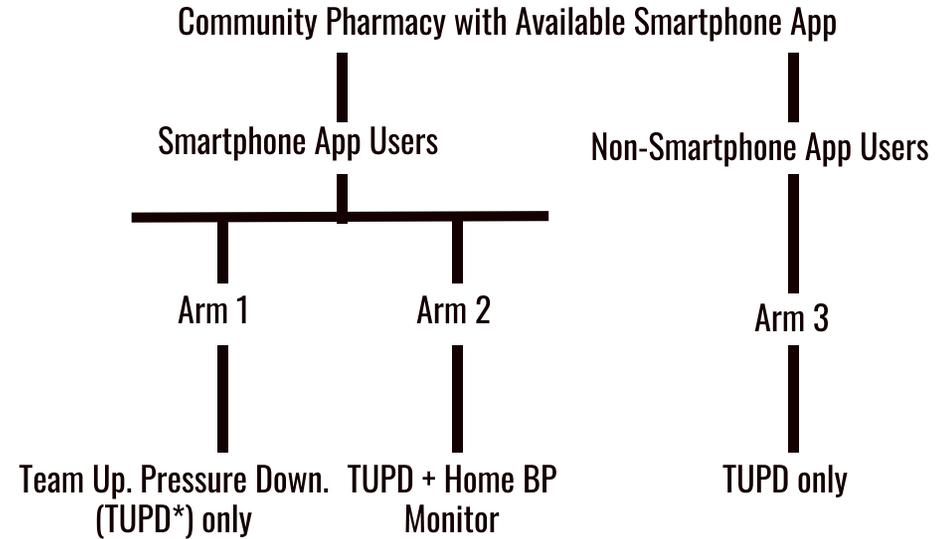




Montana Pharmacy Smartphone App Project Y4-5 Blood Pressure Control and Cholesterol Management

**18 Completing Pharmacies,
570 Participants,
3 Project Arms**

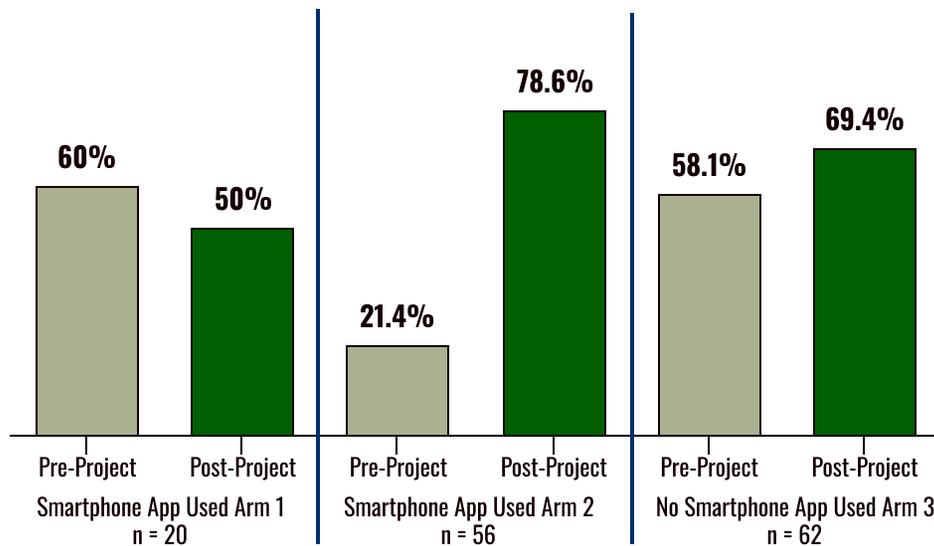


*TUPD includes consults and educational materials.

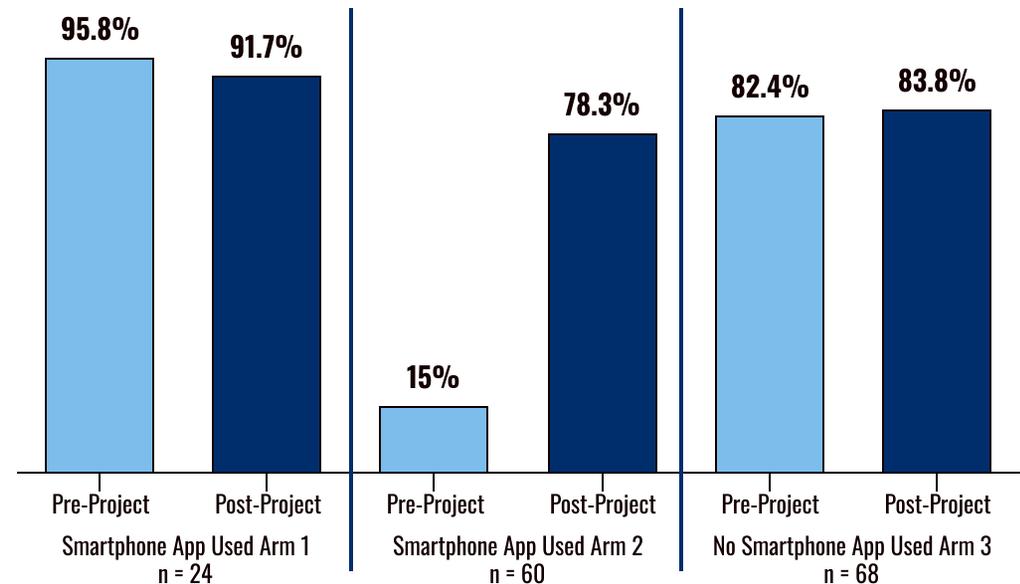
Aggregate (Y4 to Y5) Percent of Patients BP Medication Adherent*
(proportion of days covered $\geq 80\%$), by Project Arm, **Pre-/Post**-project

Aggregate (Y4 to Y5) Percent Patients With BP Controlled*
($<140/90$ mmHg), by Project Arm, **Pre-/Post**-project

*among participants providing pre-/post-BP values



*among participants providing pre-/post-BP adherence values

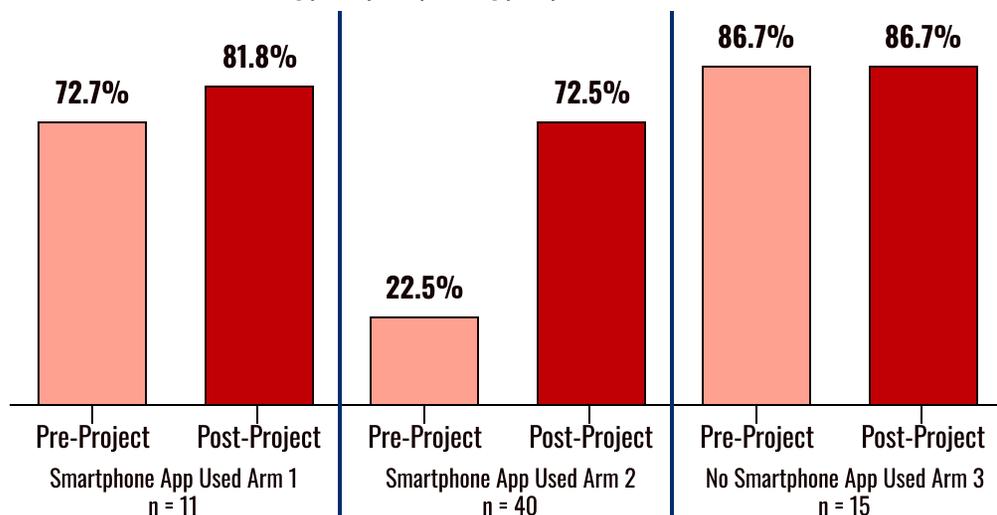


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Aggregate (Y4 to Y5) Percent of Patients Cholesterol Medication Adherent* (proportion of days covered \geq 80%) by Project Arm, Pre/Post-project

*among participants providing pre-/post-cholesterol adherence values



Year 1-5 (N=18 pharmacies)

App Feedback:



- App use helped with communication during COVID-19 closures.
- Of 13 pharmacies asked, 12 were very likely or likely to continue to promote app use (not asked in Year 4).
- Patients with a good app really enjoyed using it and appreciated the functionality for medication management, refill reminders, and communication with pharmacists.
- Some pharmacies and patients found their apps hard to use, hard to update, and clunky.
- RxLocal is the most commonly used app in participating pharmacies.

Project Successes:



- App use had a positive impact on adherence and BP/cholesterol control.
- Pharmacists shared examples of successes with medication management that positively impacted patient health.
- Pharmacists appreciated being seen as an important part of patients' healthcare teams because of this project.
- Pharmacists shared stories of connecting with patients emotionally, emphasizing the positive impacts pharmacist can have.

Limitations of Information and Analysis:

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



Barriers:



- COVID-19-related disruptions. Pharmacies adapted workflows.
- Post-COVID-19 staff turnover.
- For some patients and pharmacists, the app was cumbersome, and some pharmacists focused on enhancing in-person patient care, especially in smaller, more rural pharmacies.
- Time constraints for both patients (regular BP checks and reporting to pharmacists) and pharmacists (incorporating extended interactions into busy workflows).
- Recruiting patients appropriate for the project requirements or willing to stay with the project for the duration.

Facilitators:



- Patients were responsive to education and counseling and felt more empowered to take care of their health.
- The project happened at perfect time [during the pandemic] to help patients feel cared for and connected to their healthcare.
- Pharmacy staff worked to improve and strengthen their teamwork.
- Access to materials and equipment provided by Montana Cardiovascular Health Program.
- Having an in-house pharmacy processing system to identify drug classes and adherence rates for those classes.

Lessons Learned:



- White-coat hypertension can be reduced with regular in-house BP checks.
- Both patients and pharmacists benefit from more mutual interaction.
- Most patients are willing to accept pharmacist-provided healthcare.
- Pharmacists can play a much bigger role in improving patient health than they realize with some additional interventions.
- App use can be very beneficial for many patients.
- It's important for pharmacists to be approachable for their patients.
- Helping patients focus on the parts of their health they can control is empowering and positive.

Practices to Continue:



- Keep monitoring non-adherent patients and will continue their expanded role of education and counseling.
- Maintain improved patient relationships via good communication.
- Keep up with on-site BP checks and education.
- Patients will be 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.

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 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.