

## Background

- As the most accessible healthcare professionals, pharmacists can quickly address patient concerns via telehealth, particularly **texting**.
- St. Vincent de Paul Charitable Pharmacy – Cincinnati (SVDPCP) has helped nearly **12,000** underserved patients by providing over **1 million** free medications and on-site clinical and primary care services valued at \$5 million per year.
- Prior surveys revealed patients had difficulty reaching pharmacy team members by phone only. In 2024, SVDPCP implemented a texting program to improve communication and patient outcomes.

### SMART Goal:

Increase text efficiency using:

- ✓ Workflow Integration
- ✓ Tracking
- ✓ Training

### Primary Drivers:

1. Technology
2. Staff
3. Patients

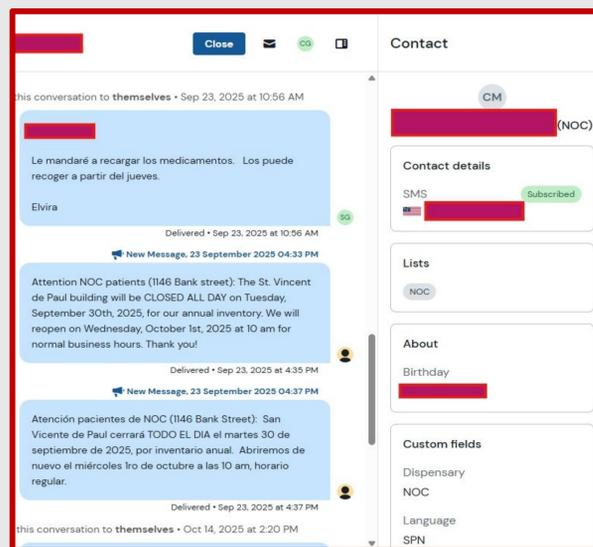
### Secondary Drivers:

1. Upgraded Platform
2. Metrics
3. Feedback

## Methods

Our texting program underwent numerous quality improvement cycles, resulting in changes like:

- Streamlined training by creating a how-to guide for adding new contacts
- Improved triage using the platform's "Assign" function
- Raising further program awareness via Patient Advocates



## Results

Figure 1. Quality Measures\*

	Q1	Q2	Q3
AHAT12 (Texting Resources Provided)	89%	75%	80%
AHAT13 (Completed Telehealth Visits)	71%	76%	70%
AHAT17a (A1C In-Person Only)	74%	85%	78%
AHAT17b (A1C w/ Telehealth)	78%	84%	89%
AHAT19a (SA In-Person Only)	95%	91%	91%
AHAT19b (SA w/ Telehealth)	95%	93%	94%

Outcomes were assessed using QS1, our pharmacy processing system (Fig. 1).

\*AHAT12: Preparation Resources Provided to Access Telehealth Appointment; AHAT13 Completed Telehealth Visits; AHAT17a Blood Glucose Control (BGC) for Diabetes Patients with In-Person Visits Only, AHAT17b Blood Glucose Control (BGC) for Diabetes Patients with At Least One Hybrid/Telehealth Visit; AHAT19a Statin Adherence (SA) for Patients Prescribed Statins with In-Person Only Visits; AHAT19b: Statin Adherence (SA) for Patients Prescribed Statins with At Least One Hybrid/Telehealth Visit

## Patient Voices



## Key Challenges & Lessons Learned

### Challenges

1. Lack of an internal IT support system
2. Variations in staff training needs

### Lessons

1. Platform should be periodically modified to fit SVDPCP's changing needs
2. Importance of regular opportunities for feedback
3. Less anecdotal evidence of poor response time reported post-rollout

## Conclusions

- ✓ SVDPCP patients are more likely to utilize texting services to communicate with pharmacy staff
- ✓ Telehealth appointments can have a positive impact on A1C and statin adherence

## Future Directions

- In addition to dispensary-related tasks such as requesting refills, the program will add clinical tasks and collect data such as home blood glucose and blood pressure readings.
- We aim to continue expanding utilization of this texting program to further lower A1C and blood pressure.
- The 2025 Annual Survey results identified further room for improvement with our texting program (Fig. 2).

Figure 2. 2025 Annual Patient Survey Results

Question	How likely are you to text the pharmacy when you need to communicate with us?				
Answer	1 – Not Likely	2	3	4	5 – Very Likely
Results	13 (3%)	3 (0.7%)	13 (3%)	29 (7%)	271 (69%)