

Online Supplement

Brief Report

Symptomatic Changes Associated With a Pharmacist-Led COPD Program

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Table 1. Associations between pharmacist interventions and CAT Score Improvement ≥ 2

Pharmacist Intervention, n (%)	CAT Score Improvement ≥ 2		P-value
	No (N=133)	Yes (N=193)	
Medication Changed - added, removed, or changed a dose of the medication.	70 (53.8%)	138 (71.9%)	0.001
Incorrect technique identified - found the patient to be using the inhaler incorrectly.	31 (23.3%)	31 (16.1%)	0.135
Incorrect adherence identified - found the patient to be nonadherent to a COPD Medication.	46 (34.6%)	71 (36.8%)	0.772
Service referral – referred patients to at least one service (such as telehealth, pulmonary clinic, COPD Class, etc.) to support COPD Management.	59 (45.4%)	92 (47.9%)	0.739
COPD Action Plan - completed a physical action plan indicating to the veteran what to do in the event of worsening symptoms.	89 (68.5%)	147 (76.6%)	0.138

Reported p-values are based on chi-square tests of independence assessing whether the proportion of those receiving each intervention significantly differed between those who experienced clinically meaningful improvement and those who did not, $\alpha = 0.05$.

Note: The COPD CARE note template captured medication changes of addition, removal, or dose change and incorrect adherence identification without specifying which medications were involved.

COPD=Chronic Obstructive Pulmonary Disease; CAT=COPD Assessment Test