

The Impact of Digital Intervention Programs on Improving Medication Adherence Among Chronic Disease Patients in Urban Areas

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ABSTRACT

Purpose: This study aimed to evaluate the impact of a digital health intervention on medication adherence among chronic disease patients in an urban setting, addressing behavioral, technological, and systemic factors that influence adherence.

Subjects and Methods: A mixed-methods approach was used, combining quantitative analysis of adherence levels before and after implementation of the digital tool with qualitative insights gathered through interviews with 20 patients and 10 healthcare providers.

Results: Quantitative results demonstrated significant improvements in adherence levels, with significant increases in patient adherence over three months. Qualitative findings revealed key barriers, including forgetfulness, limited access to technology, and lack of integration with electronic health records.

Conclusions: These findings highlight the need for a holistic strategy that combines inclusive design, caregiver support, and system-level integration to optimize the effectiveness of digital health interventions. This study provides valuable insights to improve the scalability and equity of digital solutions for chronic disease management.

INTRODUCTION

The increasing prevalence of chronic diseases such as diabetes, hypertension, and cardiovascular conditions presents a significant challenge for healthcare systems worldwide. In urban areas, where fast-paced lifestyles often lead to sedentary behaviors, unhealthy diets, and high stress levels, managing chronic conditions becomes even more complex. For patients with chronic diseases, consistent medication adherence is critical. It not only helps in managing symptoms but also prevents complications that could otherwise lead to hospitalization or worse outcomes. However, non-adherence remains a pervasive problem, with rates as high as 50% globally. This failure to take medications as prescribed significantly increases healthcare costs and undermines efforts to improve public health outcomes (Herd & Moynihan, 2020).

Digital health technologies have emerged as innovative solutions to tackle this issue by supporting medication adherence. These tools range from simple mobile applications providing reminders to sophisticated systems like wearable devices and electronic pill monitors. For example, apps such as Medisafe and Mango Health offer features that include medication tracking, dosage

reminders, and even gamified elements to encourage adherence. These solutions are particularly relevant in urban areas, where smartphone penetration is high, and individuals are accustomed to engaging with digital platforms for various daily tasks (Paiva et al., 2021).

Electronic devices like smart pill bottles such as AdhereTech take adherence management a step further by sending real-time notifications to both patients and their caregivers when doses are missed. Such devices also allow healthcare providers to track patient compliance remotely, enabling timely interventions when non-adherence is detected. By addressing practical barriers to adherence, such as forgetfulness or lack of routine, these interventions demonstrate a measurable improvement in health outcomes (Murali & Lonergan, 2020; Mahmood et al., 2023).

Urban environments provide fertile ground for implementing these technologies, given the widespread availability of internet connectivity and tech-savvy populations. However, challenges remain in ensuring equitable access and sustained engagement. Not all patients possess the digital literacy required to navigate these technologies effectively, and privacy concerns about sharing personal health data often discourage users from adopting such tools. Additionally, according to Gruet et al. (2022) while short-term improvements in adherence are well-documented, the long-term effectiveness of digital interventions requires further investigation, as varying levels of user engagement and technological barriers often impact outcomes.

The COVID-19 pandemic highlighted the critical role of digital health solutions in maintaining continuity of care during times of limited physical access to healthcare services. Telemedicine platforms and remote monitoring tools allowed healthcare providers to manage chronic disease patients effectively, emphasizing the scalability and potential of these technologies. Rubbio et al. (2020) explain that the success of digital interventions during this period demonstrated their capacity to not only improve medication adherence but also foster patient autonomy and resilience in managing their health.

Despite their promise, digital intervention programs must be carefully tailored to address user-specific needs, particularly for chronic disease patients in urban areas. Effective design involves integrating user feedback to ensure that tools are intuitive and accessible. Health literacy initiatives, alongside robust privacy safeguards, can further enhance user trust and adoption rates. This study contributes to this discourse by exploring both the quantitative and qualitative impact of digital intervention programs on medication adherence. It measures adherence improvements through statistical analysis while capturing patient and provider perspectives through interviews, offering a holistic understanding of the efficacy and challenges of these programs.

Ultimately, the findings aim to inform healthcare providers, policymakers, and technology developers on best practices for integrating digital tools into routine care. By bridging technological innovation with practical healthcare delivery, this research seeks to enhance medication adherence, improve patient outcomes, and reduce the overall burden of chronic diseases in urban settings. Such insights are crucial in shaping future strategies that can maximize the potential of digital health interventions to create more resilient and patient-centered healthcare systems.

The Problem of the Study

Chronic diseases such as diabetes, hypertension, and cardiovascular conditions present an escalating health challenge in urban areas, driven by lifestyle factors like stress, sedentary habits, and poor nutrition. Medication adherence, vital for effective disease management, remains significantly low, with nearly 50% of patients failing to follow prescribed regimens. This non-adherence results in preventable hospitalizations, increased healthcare costs, and compromised patient outcomes, placing immense strain on healthcare systems, particularly in urbanized settings. Digital health interventions, including mobile apps, wearable technologies, and electronic monitoring systems, offer promising solutions by enhancing adherence through reminders, education, and real-time feedback. These technologies are particularly applicable in urban contexts due to widespread smartphone use and internet connectivity. However,

significant challenges persist, including digital literacy barriers, user engagement, privacy concerns, and questions about the long-term effectiveness of these interventions. Furthermore, the hectic nature of urban life, with its stress and competing priorities, complicates consistent engagement with digital tools. This study examines the impact of digital health interventions on medication adherence among urban chronic disease patients using a mixed-methods approach. It aims to quantify adherence improvements while exploring patient and provider perspectives to identify practical barriers and facilitators. By addressing these gaps, the research seeks to provide actionable insights for developing effective, patient-centered digital health solutions that can integrate seamlessly into urban healthcare systems.

Literature Review and Previous Studies

Medication adherence remains a global challenge, especially for individuals managing chronic diseases such as diabetes, hypertension, and cardiovascular conditions. Non-adherence has been linked to increased hospitalization rates, higher healthcare costs, and poor health outcomes (Holbrook et al., 2021). Studies reveal that the reasons for non-adherence are multifaceted, ranging from forgetfulness, misunderstanding of medication regimens, and adverse side effects to psychological barriers and low health literacy (Kvarnström et al., 2021; Horvat et al., 2024). The urban context adds another layer of complexity, as the fast-paced environment and competing priorities often exacerbate these issues (Nguyen et al., 2019).

Digital health technologies have emerged as innovative solutions to improve medication adherence. These interventions, which include mobile health (mHealth) applications, smart devices, and telemedicine platforms, provide tools for reminders, education, and feedback to encourage adherence. For example, studies on applications like Medisafe and Mango Health highlight their ability to enhance adherence through automated alerts and gamified engagement strategies (Choudhury et al., 2022; Kumar et al., 2023). Similarly, smart pill dispensers and electronic pill bottles, such as AdhereTech, demonstrate success in reducing missed doses by sending notifications to patients and caregivers (Sittig & Singh, 2020).

A systematic review by Farmer et al. (2016) found that digital interventions significantly improved adherence rates, particularly when combined with personalized feedback and provider interaction. However, the review also noted challenges such as limited user engagement over time and disparities in access due to digital literacy gaps. Reinforce the potential of digital tools but stress the importance of tailoring interventions to individual needs and preferences.

Urban areas, characterized by higher smartphone penetration and internet connectivity, provide a conducive environment for implementing digital interventions. Research by Rohde et al. (2022) during the COVID-19 pandemic demonstrated the scalability of telemedicine and digital tools in managing chronic diseases remotely. These findings align with earlier work by Basu et al. (2018), which highlighted the utility of mobile health platforms in urban settings, where patients are more likely to engage with technology due to familiarity and convenience.

Despite these advantages, urban-specific barriers such as stress, time constraints, and competing responsibilities can impact the sustained use of digital health interventions. Nguyen et al. (2019) found that patients in urban areas often struggle to integrate digital tools into their daily routines, emphasizing the need for user-friendly and contextually relevant solutions. Furthermore, privacy concerns regarding the storage and sharing of health data remain a significant deterrent for many urban users (Venkatesh et al., 2022).

Although numerous studies emphasize the short-term efficacy of digital health interventions in enhancing medication adherence, their long-term effectiveness remains underexplored. Many investigations have centered on specific technologies, such as mobile apps or smart devices, without fully considering the broader healthcare ecosystem. This oversight includes crucial elements like the dynamics of patient-provider relationships, organizational workflows, and system-level barriers that impact sustained adoption and use (Choudhury et al., 2022; Zullig et al., 2021). Furthermore, much of the research has been conducted in high-income settings, where resources, infrastructure, and digital literacy are more readily available. This focus leaves

significant gaps in understanding the adaptability and scalability of these interventions in low-resource urban environments, which may face unique challenges like uneven access to technology, language barriers, and socio-economic constraints (Nguyen et al., 2019). Addressing these gaps requires a comprehensive approach that examines not only the quantitative improvements in adherence but also the contextual factors that influence user engagement, equity, and trust in digital solutions. This study aims to fill these gaps by evaluating digital health tools in diverse urban populations and offering insights into how they can be optimized for broader and more equitable application.

METHODOLOGY

This study employed a mixed-methods approach to evaluate the impact of digital interventions on medication adherence among chronic disease patients in urban areas comprehensively. This methodology combined quantitative measures to assess the interventions' effectiveness and qualitative insights to contextualize user experiences and challenges.

For the quantitative component, a quasi-experimental design with pre- and post-intervention assessments was utilized. Participants were recruited from urban healthcare facilities, focusing on individuals with chronic conditions such as diabetes, hypertension, and cardiovascular diseases. Eligibility criteria included being an adult, owning a smartphone, and being prescribed a long-term medication regimen. Baseline medication adherence levels were assessed using the Morisky Medication Adherence Scale (MMAS-8), a validated tool. The digital interventions implemented included mobile apps, electronic reminders, and pill monitoring systems. Adherence levels were measured again three months post-intervention to evaluate changes. Statistical tools such as paired t-tests and regression analysis were applied to assess the impact of the interventions and to explore relationships between demographic factors, such as age and educational background, and adherence outcomes.

The qualitative component aimed to provide deeper insights into participant experiences, barriers, and facilitators of using digital interventions. Semi-structured interviews were conducted with 20 participants purposefully selected from the quantitative cohort to represent diverse demographics and adherence results. Focus group discussions were held to gather collective perspectives on usability, effectiveness, and suggestions for improvement. Additionally, interviews with 10 healthcare providers explored their views on integrating these tools into their practice and the challenges faced. Thematic analysis, supported by NVivo software, was used to identify recurring patterns and significant themes from the qualitative data.

Ethical considerations were prioritized throughout the study. Approval was obtained from the institutional review board, and informed consent was secured from all participants. Confidentiality was maintained by anonymizing data, and participants were allowed to withdraw from the study at any time without any repercussions. The integration of quantitative and qualitative findings provided a holistic understanding of the digital interventions' impact. Quantitative results revealed the extent of adherence improvement, while qualitative insights shed light on contextual factors such as usability challenges, perceived effectiveness, and areas for enhancement. This comprehensive approach ensured that the study not only measured the outcomes of the interventions but also identified practical recommendations for improving digital health solutions for urban chronic disease patients.

RESULTS AND DISCUSSION

Table 1. Demographic Characteristics of Participants

Variable	N (%)	Mean ± SD
Total Participants	200 (100%)	
Age (years)		52.6 ± 12.3
Gender		
- Male	80 (40%)	
- Female	120 (60%)	

Education Level		
- High School or Less	60 (30%)	
- College Degree	100 (50%)	
- Postgraduate Degree	40 (20%)	
Chronic Condition		
- Diabetes	90 (45%)	
- Hypertension	60 (30%)	
- Cardiovascular Disease	50 (25%)	

The sample consisted of 200 participants, with a mean age of 52.6 years. Females constituted 60% of the sample. Most participants (50%) had a college degree, and the majority reported diabetes as their primary chronic condition (45%).

Table 2. Medication Adherence Scores Pre- and Post-Intervention

Time Point	Mean \pm SD	% Adherent Participants (MMAS-8 Score ≥ 6)
Pre-Intervention	4.2 \pm 1.5	45%
Post-Intervention	6.8 \pm 1.2	80%
Mean Change	+2.6 \pm 0.7	

The study revealed a significant improvement in medication adherence among participants following the implementation of the digital health intervention. Quantitative results demonstrated that mean adherence scores increased from 4.2 in the pre-intervention phase to 6.8 post-intervention, reflecting a measurable enhancement in patients' commitment to their prescribed medication regimens. Additionally, the proportion of participants classified as adherent rose markedly from 45% to 80%, underscoring the effectiveness of the intervention in fostering better adherence behaviors. This improvement highlights the capacity of digital tools, such as reminders and medication tracking features, to address common barriers like forgetfulness and lack of structured routines. These findings align with prior studies that emphasize the utility of technology-driven solutions in promoting medication compliance (Choudhry et al., 2017; Zullig et al., 2018). However, the study also points to the importance of addressing contextual factors, such as usability and access, to sustain these improvements across diverse patient populations. The results advocate for the broader integration of digital health interventions into chronic disease management strategies to enhance adherence and overall patient outcomes.

Table 3. Correlation Between Age and Medication Adherence Improvement

Variable	r-value	p-value
Age (years) vs. Adherence Improvement	-0.25	0.01

The analysis revealed a weak but statistically significant negative correlation ($r = -0.25$, $p = 0.01$) between age and improvement in medication adherence. This suggests that younger participants benefited slightly more from the digital health intervention compared to older individuals. The findings imply that younger participants, possibly due to higher familiarity and comfort with digital technology, were better able to engage with features like medication reminders, notifications, and progress tracking tools. In contrast, older individuals might face challenges related to digital literacy, usability, or physical impairments that hinder effective interaction with such tools (van der Kleij et al., 2019; Viswanath et al., 2020).

This correlation highlights the importance of designing interventions that are inclusive and tailored to address age-specific needs. For instance, features like simplified interfaces, larger text sizes, or audio prompts might enhance usability for older users. Additionally, providing comprehensive training or support systems for older adults could mitigate barriers and ensure equitable benefits across age groups. The results align with prior studies indicating that digital interventions often yield varying outcomes based on demographic factors, emphasizing the need for a nuanced approach in technology design and implementation (Kim et al., 2022). Ultimately,

addressing these disparities is critical for maximizing the impact and reach of digital health interventions in diverse populations.

Table 4. Participant Feedback on Digital Interventions (Qualitative Summary)

Theme	Frequency (N)	Example Quote
Ease of Use	150	"The app reminders were straightforward and reliable."
Technical Challenges	30	"I found it hard to navigate the settings initially."
Increased Awareness	120	"I became more consistent with my medication schedule."
Privacy Concerns	20	"I was worried about sharing personal health data."

The interpretation of the findings highlights that the majority of participants found the digital health interventions user-friendly and effective in improving medication adherence. Features such as automated reminders, medication tracking, and progress notifications were widely appreciated for helping participants stay consistent with their treatment regimens. These results underscore the potential of well-designed digital tools to address common adherence barriers like forgetfulness and lack of routine, aligning with prior research that emphasizes the role of intuitive interfaces in increasing patient engagement.

However, a minority of participants faced technical difficulties, such as navigating app functionalities or dealing with unreliable connectivity, which limited their ability to fully utilize the intervention. These challenges point to the importance of robust technical support and the need for apps to function effectively in low-resource settings. Additionally, some participants expressed concerns about data privacy, fearing potential misuse of sensitive health information. This concern highlights the need for developers to incorporate stringent data security measures and transparently communicate privacy policies, as recommended by Viswanath et al. (2020).

These findings suggest that while digital health tools have great potential, their success relies heavily on inclusive design, addressing technical barriers, and ensuring trust through secure handling of patient data. By tackling these issues, digital interventions can become more universally accessible and impactful, paving the way for improved health outcomes across diverse populations.

Table 5. One-Way ANOVA - Effect of Education Level on Medication Adherence Improvement

Education Level	N	Mean Improvement (MMAS-8 Score)	Std. Deviation	F-value	p-value
High School or Less	60	2.1	0.8		
College Degree	100	2.7	0.6	5.84	0.003
Postgraduate Degree	40	3.0	0.5		

The ANOVA results revealed a significant relationship between education level and improvements in medication adherence scores ($F = 5.84$, $p = 0.003$), suggesting that participants' educational backgrounds played a pivotal role in their engagement with the digital health intervention. Post-hoc analysis, such as Tukey's test, further clarified these findings by indicating that participants with a postgraduate degree experienced significantly greater adherence improvement compared to those with only a high school education or less. This disparity may be attributed to higher levels of health literacy and familiarity with technology among individuals with advanced education, enabling them to navigate digital tools more effectively and apply the information to their medication routines (Viswanath et al., 2020).

Conversely, individuals with lower education levels may face challenges in understanding the app's functionalities or interpreting health-related messages, which could limit the effectiveness of the intervention for this group. This aligns with previous studies emphasizing that health literacy and digital literacy are critical determinants of the success of technology-based interventions (Baker-Smith et al., 2021). The results highlight the need for interventions to be tailored to diverse educational backgrounds by incorporating user-friendly interfaces, simplified instructions, and multilingual support to ensure equitable outcomes.

By addressing these disparities, future digital health interventions can become more inclusive and effective, bridging the gap between educational levels and enabling all patients, regardless of their background, to benefit equally from advancements in health technology. These findings also call for more integrative strategies, such as pairing digital tools with educational workshops or healthcare provider support, to enhance engagement and adherence across varied demographic groups.

Table 6. Two-Way ANOVA - Interaction of Age and Intervention Type on Medication Adherence Improvement

Source of Variation	Sum of Squares	df	Mean Square	F-value	p-value
Age Group (Young/Old)	4.23	1	4.23	6.12	0.014
Intervention Type	5.67	1	5.67	8.21	0.005
Age x Intervention Type	2.12	1	2.12	3.07	0.082
Error	135.20	196	0.69		
Total	147.22	199			

The two-way ANOVA results indicated that both age group and intervention type significantly influenced improvements in medication adherence, as evidenced by the main effects of age group ($F = 6.12$, $p = 0.014$) and intervention type ($F = 8.21$, $p = 0.005$). These findings suggest that adherence outcomes vary across different age groups and types of interventions, reinforcing the importance of tailoring digital health solutions to address specific demographic and contextual needs. Younger participants may have shown greater responsiveness to technology-driven interventions due to higher digital literacy, whereas older adults might benefit more from simpler interfaces or combined human support strategies (van der Kleij et al., 2019; Viswanath et al., 2020).

Interestingly, the interaction effect between age and intervention type was not statistically significant ($F = 3.07$, $p = 0.082$), indicating that the efficacy of intervention types on medication adherence was consistent across age groups. This suggests that while age may influence overall adherence outcomes, it does not fundamentally alter how different intervention types perform. These results emphasize the versatility of well-designed digital health tools that can provide comparable benefits across various age demographics when appropriately adapted.

These findings align with existing literature highlighting the role of demographic factors in shaping health outcomes but also suggest that universal design principles in digital health can achieve broad applicability. Future efforts should focus on refining interventions to address specific usability challenges faced by older adults while ensuring that technological advancements continue to support engagement and adherence across diverse populations. These insights contribute to a deeper understanding of how digital health interventions can bridge demographic divides and optimize chronic disease management.

Table 7. Repeated Measures ANOVA - Adherence Improvement Over Time

Time Point	Mean Adherence Score	Std. Deviation	F-value	p-value
Pre-Intervention	4.2	1.5		
Post-Intervention (1 Month)	5.8	1.2		
Post-Intervention (3 Months)	6.8	1.2	45.67	<0.001

The repeated measures ANOVA results demonstrated a significant effect of time on medication adherence ($F = 45.67$, $p < 0.001$), indicating that the digital intervention significantly improved adherence over the study period. Post-hoc analyses further clarified this pattern, showing marked improvements in adherence scores from the pre-intervention phase to one month after the intervention and from the one-month mark to three months post-intervention. These findings suggest that the positive impact of the digital intervention not only occurred quickly but was sustained over time, highlighting its potential as a long-term solution for chronic disease management.

The progressive improvement in adherence scores underscores the intervention's ability to instill consistent medication-taking behaviors. Features such as regular reminders, progress tracking, and personalized notifications likely played a critical role in reinforcing adherence, as evidenced by similar outcomes in previous studies on digital health tools. Furthermore, the sustained improvement over three months suggests that the intervention facilitated the formation of new habits, consistent with behavioral theories like the Health Belief Model, which emphasizes the importance of perceived benefits and cues to action in influencing health behaviors (Rosenstock, 1974).

These results align with existing literature but also extend it by demonstrating the long-term viability of such interventions in diverse urban populations. Unlike earlier studies that often focused on short-term outcomes, this research provides evidence of enduring benefits, making a strong case for integrating digital interventions into routine healthcare for chronic disease patients. However, future studies should explore whether these improvements plateau or further increase over longer durations to better understand the long-term dynamics of adherence behavior. By maintaining simplicity, user engagement, and system integration, digital tools can continue to empower patients in managing their conditions effectively.

Table 8. Themes and Subthemes from Qualitative Data Analysis

Theme	Subthemes	Frequency (N)	Example Quotes
Improved Medication Adherence	1. Increased Awareness of Importance	25	"The reminders helped me realize how important it is to stick to my schedule."
	2. Establishment of Routine	20	"I now take my medication at the same time every day because the app helps me stay consistent."
Usability of Digital Tools	1. Ease of Use	30	"The app is user-friendly, and I didn't face any issues navigating it."
	2. Technical Issues	15	"Sometimes the notifications didn't show up, which made me forget to take my medicine."
Patient Challenges	1. Forgetfulness Despite Reminders	10	"Even with reminders, I occasionally forget because I get busy with work."
	2. Access to Technology	8	"Not everyone in my community can afford a smartphone or has stable internet access to use these tools effectively."
Healthcare Providers' Perspectives	1. Enhanced Patient Communication	18	"The tool allowed me to track their adherence better and helped me provide more tailored advice."
	2. Limited Integration with Systems	12	"It would be great if these tools could directly link to our health records system for better monitoring."

The study's results, drawn from a mixed-methods approach, provide a rich understanding of how digital health interventions influence medication adherence among chronic disease patients in urban areas. Quantitative data showcased statistically significant improvements in adherence over time. For example, adherence scores measured via the Morisky Medication Adherence Scale (MMAS-8) improved from a mean of 4.2 pre-intervention to 5.8 after one month and further increased to 6.8 after three months. These results, confirmed by ANOVA tests ($F = 40.5$, $p < 0.001$), demonstrate the effectiveness of the interventions in creating sustained adherence improvements. These findings are critical for validating the overall utility of digital interventions in healthcare.

Qualitative data added depth and nuance to these statistical outcomes. Participants shared how the intervention tools not only increased their awareness of medication adherence's importance but also fostered new habits. Many noted that app reminders became integral to their daily lives, helping to normalize consistent medication use. However, some participants identified limitations. Forgetfulness persisted in certain cases despite reminders, suggesting that additional

strategies such as caregiver involvement or wearable technology might be needed for broader effectiveness. Furthermore, barriers such as limited access to smartphones and stable internet connections were noted, highlighting inequities in technology availability that could hinder the reach of digital health programs.

Healthcare providers corroborated these insights, emphasizing how the tools enabled more effective communication and monitoring of patients' adherence patterns. By analyzing adherence data, providers tailored their advice to better support patients, enhancing the overall quality of care. Yet, they also reported frustrations with the lack of integration between these digital platforms and existing electronic health record (EHR) systems, which limited their utility in clinical practice. Providers advocated for seamless integration, which could make the tools more powerful and efficient for patient management.

Taken together, the findings reveal that while digital health interventions hold significant promise, they are not without challenges. Their effectiveness hinges on technological reliability, user accessibility, and integration into broader healthcare systems. These insights provide a foundation for refining these tools to maximize their impact, ensuring they address barriers and expand their reach to underserved populations. This comprehensive analysis highlights the potential of digital health solutions to transform chronic disease management, provided their implementation is inclusive and user-centered.

Discussion

Addressing the Gaps in Existing Literature

Previous research has consistently emphasized the efficacy of digital health tools in improving medication adherence. Studies have shown that reminders, notifications, and other digital prompts can significantly enhance adherence rates by providing structured guidance to patients (Turakhia et al., 2021). However, these interventions are often assessed through a narrow lens, focusing primarily on clinical outcomes without exploring the complex behavioral, technological, and systemic challenges that influence their success. For example, Glasgow et al. (2021) highlighted the potential of reminder systems to prompt medication use but did not address why adherence gaps persist despite such systems being in place.

This study bridges this gap by employing a mixed-methods approach that incorporates both quantitative and qualitative data. Quantitative findings highlighted measurable improvements in adherence over time, while qualitative insights offered a deeper understanding of the barriers patients face, such as forgetfulness and technological accessibility issues. Moreover, the persistence of adherence challenges, despite digital prompts, underscores the need for multifaceted solutions that extend beyond technology alone, as also suggested by Murray et al. (2018).

The study further addressed a critical gap related to the usability and accessibility of digital tools. Much of the existing literature focuses on younger, tech-savvy populations, often overlooking older adults and economically disadvantaged groups who may struggle with technology (van der Kleij et al., 2019; Viswanath et al., 2020). This research revealed that while the simplicity of app design facilitated adoption among diverse populations, barriers such as smartphone affordability and unreliable internet access limited the tools' effectiveness. These findings build upon discussions in the literature about the digital divide and its implications for healthcare equity (Viswanath et al., 2020). Addressing these inequities is crucial for ensuring the scalability and inclusivity of digital health interventions.

Contrasting Results with Existing Studies

The study's inclusion of healthcare provider perspectives represents a departure from the majority of digital health research, which predominantly focuses on patient-centered metrics. While previous studies emphasize engagement rates and patient satisfaction (Benyam et al., 2021), this research revealed systemic inefficiencies that limit the broader adoption of digital tools. For instance, providers highlighted the lack of integration between digital health tools and electronic health record (EHR) systems as a significant barrier. This systemic issue not only

increased administrative burdens but also undermined the potential for real-time data sharing and coordinated care.

By addressing these systemic barriers, the study advances existing knowledge and aligns with the recommendations of Krick et al. (2019), who advocated for policy-level interventions to integrate digital solutions seamlessly into healthcare systems. Additionally, the findings highlight the need for interprofessional collaboration to design digital tools that address both patient needs and provider workflows. This contrasts with studies that often treat digital health tools as standalone solutions without considering their operational context within healthcare systems.

Practical Implications and Recommendations

The study's findings underscore the importance of a holistic approach to digital health interventions. Behavioral barriers, such as forgetfulness, require complementary strategies, such as caregiver involvement or the integration of wearable devices to provide real-time adherence feedback.

Furthermore, addressing technological and socioeconomic barriers is critical for bridging the digital divide. Providing low-cost or subsidized smartphones, developing offline app functionality, and improving digital literacy are practical steps to enhance accessibility. These recommendations are supported by Viswanath et al. (2020), who highlighted the importance of addressing healthcare inequities through targeted interventions. At a systemic level, integrating digital health tools with EHR systems is essential for optimizing their utility in clinical settings. This would not only streamline data sharing but also enhance provider-patient communication and improve overall care quality. Such integration efforts should be guided by robust policy frameworks and interprofessional collaboration. Future research should focus on longitudinal studies to evaluate the long-term impact of these interventions and explore additional solutions for overcoming behavioral, technological, and systemic challenges.

CONCLUSION

This study highlights the transformative potential of digital health interventions in improving medication adherence among urban chronic disease patients, addressing both behavioral and systemic challenges. Through a mixed-methods approach, it confirmed the effectiveness of digital tools, showcasing their ability to improve adherence rates over time, and extended the existing literature by identifying persistent barriers, such as forgetfulness and lack of electronic health record (EHR) integration. Unlike previous studies that focus on younger, tech-savvy populations, this research incorporated diverse demographic groups and healthcare providers, revealing the importance of creating accessible, simple, and affordable technological solutions. The study also highlighted systemic inefficiencies, particularly the interoperability challenges between digital tools and healthcare infrastructures, advocating for integrated solutions. By addressing these gaps, the findings emphasize the necessity of a multifaceted approach that combines technological, behavioral, and systemic interventions, contributing to a deeper understanding of how digital health tools can enhance equity, sustainability, and long-term success in chronic disease management.

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