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## CONFERENCE ABSTRACT

# Implementation of interprofessional pharmaceutical care initiatives: lessons learned from successful bottom-up initiatives in primary care

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**Background:** Although there is evidence that interprofessional, person-centred, integrated care is important for optimising pharmaceutical care of older persons with polypharmacy, this way of working is often not implemented in practice. Identification and description of successful initiatives between physicians, pharmacists and nurses, their context and implementation strategies are important to close this know-do gap.

**Objective:** The aim of this study was to identify common characteristics of successful interprofessional initiatives and factors influencing the implementation of these initiatives.

**Methods:** A qualitative, explorative design with in-depth semi-structured interviews was used. Flemish primary healthcare professionals and patients aged over 75, involved in successful initiatives for interprofessional pharmaceutical care of older persons with polypharmacy, were included. Inductive analysis was conducted to identify main topics.

**Results:** Several interprofessional initiatives, successfully implemented in primary healthcare, were explored. Fifteen healthcare professionals and four patients involved in these initiatives were interviewed. In all initiatives the healthcare professionals had interprofessional consultations about older persons with polypharmacy. Five common characteristics could be identified in these initiatives: a) bottom-up design with voluntary participation of healthcare professionals, b) team made decisions, c) the presence of a project coordinator d) consultation with older persons and e) the availability of supporting documents. The interaction between the characteristics of the initiatives and the context had an important impact on the implementation. These context factors were positioned under a) the micro context – including personal characteristics of healthcare professionals and interprofessional relations, b) the meso context - including a culture of cooperation, scale and available time, and c) the macro context, including the political context and ICT possibilities. Implementation strategies, actions to enhance the adoption of the initiatives, were identified and corresponded with three themes: communication and influence, coordination of different stakeholders, and incentives or disincentives.

**Discussion:** Raising the visibility of these success stories will inspire healthcare professionals, providers of interprofessional education and policymakers to facilitate interprofessional pharmaceutical care. Since patients seemed to have limited interest in collaboration strategies of their healthcare professionals, more in-depth research to explore patients' expectations is suggested.