
CONFERENCE ABSTRACT**The ADEM project: implementation of 'Good medicines use conversation' for COPD-patients, embedded in multidisciplinary context.**

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COPD is a chronic, progressive disease, for which a multidisciplinary approach is crucial. Appropriate follow-up is crucial to improve the quality of life of COPD-patients and reduce associated healthcare costs.

A 'Good medicines use conversation' COPD is a pharmaceutical care intervention, conducted by the community pharmacist, consisting of a tailored-made education of the COPD-patient on the disease and its treatment. Scientific research (PHARMACOP-trial) has shown that this intervention significantly improves therapy adherence and inhalation technique and reduces exacerbation rates and associated hospitalizations.

The aim of the ADEM implementation project was to investigate the needs for a sustainable implementation of this intervention.

The ADEM project was conducted in Flemish-Brabant (Belgium), with the integrated care region 'Leuven Cares' as a separate entity.

All participating pharmacies (9 in region Flemish-Brabant and 8 in region 'Leuven Cares') received a support package consisting of: 1) a three-part online training about COPD and a visual COPD-atlas; 2) a population management-tool (a query to identify COPD-patients in the pharmacy, resulting in a list of COPD-patients with a 'score' per patient as an initial proxy for patient prioritization); and 3) local interdisciplinary meetings (LIM) to discuss and promote the intervention. Pharmacist of the region Caring Leuven additionally received individual care plans, providing an overview of the healthcare status of each COPD-patient, and an individual coaching session.

Semi-structured interviews were conducted with 8 participating pharmacists (4 region Flemish-Brabant, 4 region 'Leuven Cares'). Thematic analysis was performed.

All elements of the support package were positively evaluated by the participating pharmacists. The population management tool seemed to support pharmacists in planning, interpreting and prioritizing care for COPD-patients. A follow-up study is needed to further investigate the tool and to what extent population management contributes to a more qualitative and effective pharmaceutical care.

COVID-19, lack of personnel, lack of reimbursement and lack of time were identified as limiting factors for the implementation of the protocol-based COPD-intervention. Cooperation with the GP was indicated by the majority as minimal and insufficient. Therefore, LIM's were evaluated as very important to inform GP's about the pharmaceutical intervention and make local agreements about the multidisciplinary approach of COPD.

The findings of this study are in line with the available evidence on the implementation of new services in pharmacies. Many pharmacists have the intrinsic motivation to offer extended pharmaceutical care, but current practices often do not allow this. Population management appeared to be a major factor that can be used to facilitate the implementation. By considering the needs of the local population, pharmacists can work in a more targeted way and prioritize the pharmaceutical services they offer. Given the group of chronically ill people in Belgium is expected to grow in the coming years due to the increasing ageing of the population, there will be an increasing demand for specialized interventions and advice from the pharmacist. It is therefore necessary to provide a sufficient framework for these services, bearing in mind the needs of the local population and the requirement for a pragmatic approach in the pharmacy.