CONFERENCE ABSTRACT

What role do professional management organizations play in the implementation of Medical-Pharmaceutical Concertation in Belgium?

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Silas Rydant[1,2], Sara Desmaele[1,5], Nilgün Kizilmese[1,4], Anneleen Robberechts[1,2], Linde Van Cauwenberghe[1,6], Gert Merckx[3]

1: Meduplace, Royal Assocation of Pharmacists Antwerpen (KAVA), Antwerpen, Belgium
2: Department of Pharmaceutical Sciences, Antwerpen, Belgium
3: Domus Medica, Antwerpen, Belgium
4: Hospital Pharmacy, UZ Brussel, Brussels, Belgium
5: Erasmus Hogeschool Brussel (EHB), Brussels, Belgium
6: Pharmacy Claeys-Decraene, Zottegem, Oost-Vlaanderen, Belgium

Introduction: Inadequate use of medication (e.g. over-under-or misuse, interactions, wrong dosing…) can lead to potential clinical dangerous situations. Therefore, the risk need to be mitigated.

In 2015, the National Institute for Health & Disability Insurance (NIHDI) of Belgium has created a legal and financial framework (Medical-Pharmaceutical Concertation (MPC) to promote and facilitate local concertation between general practitioners (GP) and community pharmacists (CP). The focus lies on the rational prescribing and dispensing of medication and the safe use of medication in general and therefore facilitates integrated care.

MPC consists of two parts: supporting 'quality improving programs (QIP)' and 'local MPC-projects'. QIP's are developed by universities, educational/scientific organizations and professional associations and provides a script and educational support (PowerPoints, leaflets…). A local MPC-project is based upon a QIP and should be organized by at least one GP and one CP from the same neighborhood. It starts with a 'kick-off meeting', to make arrangements on the rational use of medication. Most of the time, different cases are discussed in small interprofessional groups. After this meeting, the arrangements are subsequently implemented into practice and can be evaluated with quality indicators. A financial incentive of € 2500 is foreseen bij the NIDHI for every local MPC-project.

Policy Context And Objective: The Royal Association of Pharmacists in Antwerpen (KAVA) and the GP organization Domus Medica strongly believe in this initiative. They take joint initiatives to promote the implementation of MPC with their members.

(1) development of QIP

(2) facilitate the organisation (logistics, administration…) of local MPC-projects for their members

(3) organisation of educational sessions on how to organize local MPC-projects (train-the-trainers)

(4) communicate widely (website, articles, video's…)

Target Population: MPC targets the GP and CP with mutual patients with a chronic disease.

Highlights: Currently;

• 13 supporting QIP's have been developed (heart failure, medication review type III, gout, pharmacovigilance, lipid management, osteoporosis, oral anticoagulation, chronic kidney disease, diabetes type II, TNF-inhibitors, opioids, antibiotics, vaccination);

• > 50 train-the-trainer sessions have been organized

• > 700 GP and CP have been trained in the last four years ;

• 195 local MPC-projects have been organized, based on a QIP from KAVA and Domus Medica;

• chronic kidney disease and oral anticoagulation are the two most popular themes;

• a website www.medischfarmaceutischoverleg.be have been developed with all information and educational materials

• two new QIP (asthma & antidepressants) are submitted

Conclusion: A MPC is a promising service to support evidence-based medication use through collaboration between GP and CP. The MPC has already led to the organization of multiple multidisciplinary meetings with shared experience and quality networking between GP and CP. KAVA and Domus Medica are two professional organizations that work together succesfully to stimulate the further implementation of MPC and will continue to do this.