
POSTER ABSTRACT

Interprofessional collaboration between general practitioners and community pharmacists to promote the safe and responsible use of direct oral anticoagulants.

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Introduction: Direct oral anticoagulants (DOAC) are important assets in the prevention and treatment of thrombo-embolic disease due to the unrivalled combination of ease of use, safety and effectiveness compared to other antithrombotic treatments. However, many drug related problems appear while prescribing and/or dispensing DOAC. Different indications exist and different dosages are available. Moreover, dosage adjustments need to be done in several cases and DOAC are often involved in drug-drug interactions.

Policy Context And Objective: In 2017, the Royal Association of Pharmacists in Antwerpen (KAVA) and Domus Medica have developed a quality improving program (QIP) in the context of Medical-Pharmaceutical Concertation (MPC). MPC is an initiative from the National Institute for Health & Disability Insurance (NIHDI) in Belgium to promote the rational prescribing and dispensing of medication and the safe use of medication in general. The NIHDI provides financial incentives to general practitioners (GP) and community pharmacists (CP) to organize local MPC-projects, based on a QIP. A local MPC-project starts with a 'kick-off meeting', to make agreements of the rational use of medication. Most of the time, different cases are discussed in small interprofessional groups. After this meeting, the agreements are subsequently implemented into practice and can be evaluated with quality indicators.

This specific QIP focusses on three challenges: (1) prescribing and dispensing of the correct dose, in function of all patients characteristics, (2) correctly dealing with possible drug-drug interactions, and (3) peri-operative management and switch between DOAC and other anticoagulants. Additionally, this QIP focusses on recent changes in DOAC therapy.

Target Population: MPC targets the general practitioner and community pharmacist with mutual patients on DOAC-therapy.

Highlights: The Royal Association of Pharmacists in Antwerpen (KAVA) and the GP organization Domus Medica strongly believe in this initiative. Currently 20 local MPC-projects based on this QIP have been organized in which 173 CP and 236 GP participated.

Topics that were mostly involved in the local MPC-project were

- The importance of the correct dosage regimen (discussed in 95% of the projects, n = 19);

- Handling drug-drug interactions (80% - n = 16);
- Perioperative management and switch between vitamin K antagonists and DOAC (60% - n = 12).

Different conclusions were made during these MPC-projects. Most decisions handled about the communication between the pharmacist and general practitioner, the need of shared data and the role of the pharmacist in checking dosage regimens and drug-drug interactions.

All participants stated that DOAC treatment is still challenging because of the different dosage regimens and possible drug-drug interactions, therefore good collaboration between pharmacists and general practitioners is crucial.

Conclusion: MPC is an initiative from the NIHDl in Belgium to promote the rational prescribing and dispensing of medication and the safe use of medication in general. KAVA and Domus Medica have developed a quality improving program, specifically targeted on DOAC. Currently, 20 local MPC-projects have been organized. Further research is necessary to analyze the impact of the MPC-project.