

---

## POSTER ABSTRACT

# Optimization of the (pharmacotherapeutic) treatment and care of the diabetes type 2 patient in Belgium through multidisciplinary collaboration between general practitioner and community pharmacist

23<sup>rd</sup> International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Nilgün Kizilmese<sup>1</sup>, Silas Rydant<sup>1,2</sup>, Gert Merckx<sup>3</sup>

1: Meduplace, Koninklijke Apothekersvereniging van Antwerpen (KAVA), 9000 Gent, Belgium

2: Department Pharmaceutical Sciences, UAntwerpen, 9000 Gent, Belgium

3: Domus Medica, 9000 Gent, Belgium

---

**Introduction:** Diabetes type 2 is a chronic condition that can lead to devastating micro-and/or macrovascular complications in the long term when not treated properly. This causes decreased health-related quality of life and an increased risk for morbidity and mortality. Despite safe and effective drugs, there are major challenges in the treatment of diabetes type 2: (1) medication adherence, (2) optimizing pharmacotherapy, (3) non-pharmacotherapy related care (e.g.; eyecare, cardiovascular risk, footcare...). It is clear that the care for these patients can no longer be treated monodisciplinary and that it requires a level of care from the community pharmacists (CP) that goes beyond usual dispensing. The added value of a multidisciplinary collaboration between the CP and general practitioners (GP) lies in a combination of knowledge and competences and joint responsibility.

**Policy Context And Objective:** In 2018, 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 Belgian Government for Health Insurance (RIZIV) to promote the rational prescribing and dispensing of medication and the safe use of medication in general and provides financial incentives to GP and 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 five modules:** (1) the pathogenesis of different forms of diabetes, diagnosis, complications and non-pharmacological treatment, (2) Guidelines / medication groups - Treatment of comorbidities and reimbursement criteria, (3) case studies of different patient with heart failure, renal insufficiency, overweight, (4) Care pathways and adherence to therapy, and (5) the safe use of antidiabetics during Ramadan for a specific population.

**Target Population:** MPC targets the GP and CP with mutual diabetes type 2 patients.

Highlights: KAVA and Domus Medica strongly believe in this initiative. Currently 17 local MPC-projects have been organized in which 102 CP and 122 GP participated. The 4 most important topics of these MPC-projects are:

- lifestyle intervention, comorbidities and pharmacotherapy
- Overview and objective of care pathways and organizing good use medication (GGG) interview by CP & feedback to GP
- Adherence

**Conclusion:** A MPC is a promising service to support evidence-based practice for optimizing treatment of diabetes patients through constructive collaboration between GP and CP. There was a particular need for good information about the treatment options for diabetes, comorbidities and lifestyle. A second point of attention was the care pathways, which are clearly insufficiently known, let alone implemented. There is certainly a strong will in the local MFO projects to work on compliance, as evidenced by the many indicators around the GGG. Unfortunately, we have no insight into whether these have been effectively worked out in practice and further research is necessary to analyze the impact.

**References:**

1 MFO-RIZIV

2 medischfarmaceutischoverleg.be