

Good Pharmaceutical Practices in Belgian primary care pharmacies Part 2

Prof. Patrick Herné
University of Liège
Belgium



Pharmaceutical record

- Contains at least identity of the patient, address, age, family doctor, insured status, drugs chronologically dispensed over the past 12 month period
- Should contain more: patient's pathology, allergies, life habits etc.: all what can be useful for improve the compliance to the treatment and its efficacy.
- All medicines dispensed on basis of a medical prescription are registered in the computer if the pharmacy, to the name of the patient
- All dispensed OTC drugs and health products should be registered in this computer
- Should also contain a summary of any previous intervention of the pharmacist
- Useful, only when the patient is loyal to his pharmacist, what is not mandatory and not always possible.



Pharmaceutical record : Why ?

- To manage treatments prescribed by more than one physicians or practitioners (physician, dentist...)
- To improve conselling of OTC drugs
- To detect interactions between drugs (or other health products)
- To improve the compliance of the patient
- To detect and avoid unuseful duplication of drugs
- To detect misuse or abuse of drugs



Example of what can be found in an extensive pharmaceutical record

- Identity of the patient : DUPONT Marie
- Birthdate: February 8, 1948
- Address : rue de la Gare, 25, Clermont
- Phone number : 025 25.25.25
- Insured: yes – Insurance number:
- Family Doctor : Dr. MARTIN André Phone: 025 26.26.26
- Physiotherapist : LOUIS Jacques Phone: 025.28.28.28
- Contacts : daughter : Dupont-Legrand Françoise Phone: 025 29.29.29
- Health background :
 - Stomach ulcer (2008-2009) : Pantoprazole, antacids
 - Arthritis: piroxicam lyophilized tablets (till 2018)



(Cont.)

- Current health conditions : rheumatoid arthritis
- Allergies et hypersensibilités : allergique to quinolones
- Spécific circumstances
- - difficulties at handling small tablets, or at extracting a tablet from a blister pack
- Current treatment :
 - Ibuprofen 400mg tablets, 3 daily (since 2018)
 -
- Pharmaceutical interventions:
 - Feb. 1, 2018: discussion with Dr. Martin about the poor compliance of Mrs. Dupont, due to difficulties to handle small and friable tablets of piroxicam. Treatment moved to Ibuprofen 400 mg coated tablets (in bottles instead blister packs)



Shared pharmaceutical record

- Sharing of all the drugs prescribed for a patient between different pharmacies
- The name of the consulted physicians and of the other pharmacies involved in the treatment are not shared
- Only with the patient's consent, and through his electronic identity card
- By means of a « Pharmaceutical Care Data Hub », which is an authentic source for storage on dispensed medications
- free of charge for the patient, access to the data requires a minimal fee for the pharmacists



Shared pharmaceutical record: why ?

- To have a clear and complete view of the whole treatment of a patient who attends more than one pharmacy
- To improve the treatment of the patients
 - By integrating the treatments established by different physicians
 - By detecting interactions between drugs or duplicates prescribed by these physicians
 - By counseling in full knowledge of the facts
- To detect and counter drug abuse or misuse



Reference pharmacist and medication review

- Earlier discussed by Prof. Van Hees



Handwritten, computer and and electronic prescriptions

- “Traditional” handwritten prescriptions on paper (essentially during consultations at the patient’s home)
- Prescription on paper, written by computer (during medical office consultation)
- Electronical prescriptions (recip-e): since 2017
 - Using his personal computer, le physician writes the order for the patient
 - This order is sent to a central server and stored on it
 - the physician gives to the patient a « proof of order » on paper (with barcode)
 - Le patient chooses a pharmacy and gives this proof to the pharmacist
 - Using the bar code, the pharmacist gets access to the server, and to the order of the physician
 - Theoretically mandatory for all physicians, but many exceptions in the pratice
 - In the future, bar code will be replaced by the unique identification number on the patient (on his identity card).



Other computer tools and shared data

- **e-health platform** (initiated by the Health Authorities): offers various basic services which can be used by healthcare actors to develop applications or create and share « authentic sources ». Among them:
 - **MyCareNet**: platform that allows care providers to exchange (search or give) informations with mutual societies about all aspects of the insured status of patients
 - **Recip-e**: electronical prescription - see above
 - **Vitalink**: platform whereby care providers can exchange between them medical data about a patient: data about vaccination, allergies and other risk factors, past and present diseases, medication... At an experimental stage only in the dutch speaking part of Belgium – will probably be extended to the whole country
 - **Réseau de Santé Wallon** (Walloon Health Net): exchange of computerized health documents (medical examination results of reports, mails ...) between doctors (in and outside hospitals) – not yet accessible to pharmacists.



Professional associations

- Two kinds of primary care pharmacies in Belgium
 - Independent pharmacies : 75 %
 - Cooperative pharmacies: 25 %
- All pharmacies join a professional association
 - Belgian Pharmaceutical Association (APB) for the independent ones
 - Office of Belgian Cooperative Pharmacies (OPHACO) for the others
- Role of the professional associations in terms of good pharmaceutical practices
 - To discuss with the authorities in order to define minimal requirements and main lines of implementation
 - To help the pharmacists to fulfil these requirements: template of quality manual, harmonization of the quality in all the pharmacies, formation in self-evaluation, control of trade and compounding drugs, formation on reference pharmacist...



Continuing training

- Mandatory for all pharmacists employed in primary care pharmacies (regardless of their age, experience of working time)
- At least 20 hours a year
- 2 major fields
 - Pharmacotherapy and knowledge of drugs and health products
 - Pharmaceutical careBut also G.P.P., compounding, legislation ...
- Trainers or training companies must be accredited
- Each proposed training also has to be previously accepted (by members of the professional associations and of the universities)
- 2 *major* training companies:
 - S.S.P.F (Scientific society of the french-speaking pharmacists)
 - I.P.S.A.: equivalent for dutch-speaking pharmacists



What does the S.S.P.F. do ?

- Evening training, half-day and day-training for pharmacists throughout the french speaking part of Belgium
 - Examples of lectures (evening training) in 2018:
 - Antiarrhythmic drugs
 - Oral drugs with modified released dosage
 - Practical tasks of the reference pharmacist
 - How to handle buccal and oropharyngeal complaints in primary care pharmacies
 - Examples of half-day training (2018)
 - Pharmaceutical advices related to medical probes, stoma and infusions



- Examples of day-training (2018)
 - Medication schedule in the current practice
 - Micronutrients in primary care
- Day-training for assistants:
 - Example in 2018: diabetes mellitus: theoretical and practical aspects adapted to primary care pharmacy
- E-learning for pharmacists
 - Example: therapeutic compliance and communication in primary care pharmacy; drugs interactions in the elderly



- Trainings mainly chosen and provided by university teachers
- Directly applicable to pharmacist's everyday practice
- Handbooks writing for pharmacists: how handle the first dispensing of a drug, in case of certain pathologies...
- Low-cost for the pharmacists, because subsidised by the authorities
- Free of charge for final-year degree students