

1.1. Reference pharmacist (QC-7)

1.1.1. Documentation sheet

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|------------------------------------|--|
| Description | People with a reference pharmacist (% of people who should have a referral pharmacist) |
| Calculation | Numerator: Number of patients with billing code 758192 or 758214 Denominator: Number of patients going to a public pharmacy who have been prescribed at least 5 different active substances in a year, with 160 DDDs or more within the last 12 months for at least one of them |
| Rationale | Since 01/10/2017, a “reference pharmacist” service was introduced for patients with a chronic disease (FR/NL) ¹ ; it consists of: <ul style="list-style-type: none">- Register pharmaceutical delivered in the pharmaceutical (electronic) file- Deliver a medication scheme for the patient- Make sure other care practitioners have access to the patients' medication scheme² This indicator measures the uptake of the service among chronic patients and non-chronic patients. |
| Data source | IMA – AIM |
| Technical definitions | <ul style="list-style-type: none">• Individuals with a billing code 758192 (start) or 758214 (annual fee) benefitting from a reference pharmacist for the current calendar year• Individuals entitled to the status chronic illness: entitlement is observed through IMA – AIM <i>status chronic illness</i> variables pp3015 (financial criterion), pp3016 (lump sum for chronic disease) or pp3017 (rare disease). If the value for one of these 3 variables is equal to 1 (start) or 2 (extension), the individual has an entitlement. |
| International comparability | None |
| Limitations | None |
| Dimension | Continuity of care, person centredness |
| Related indicators | None |

1.1.2. Results

The reference pharmacist service is reimbursed by RIZIV – INAMI for the following patients:

- Going to a public pharmacy, excluding patients in homes for the elderly (MRPA – ROB) or nursing homes (MRS – RVT)
- Who have been prescribed at least 5 different active substances in a year, with 160 DDDs or more within the last 12 months for at least one of them.

Among these patients (= “target patients”), 4 subgroups are given priority:

- Individuals entitled to the status chronic illness with a global medical record (GMR)
- Patients enrolled in a diabetes pre-pathway and receiving education from the reference pharmacist or a pharmacist working in the same public pharmacy as the reference pharmacist

- Patient with polypharmacy (taking at least 5 chronic medications within a year)
- Patients who require or express a specific need for follow-up pharmaceutical care based on particular pathologies or physiological conditions, (potential) iatrogenic risks, (suspected) non-adherence to medication, or a need for specific support for social reasons.

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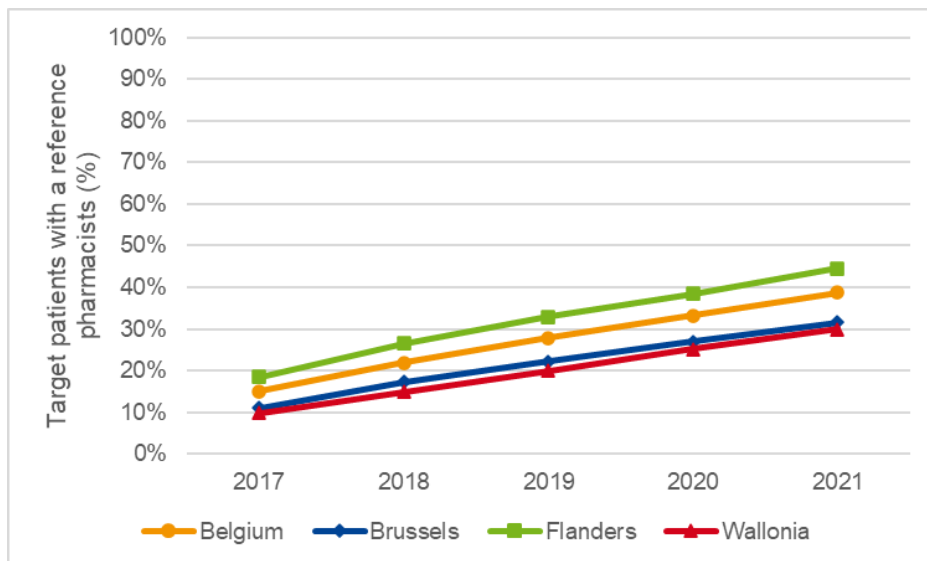
The proportion of target patients that has a reference pharmacist has risen from 15.0% in 2017 to 38.7% in 2021 (Figure 1). For target patients with the status chronic illness (“chronic patients”) who have a reference pharmacist, the proportion is low, but increasing (Table 1): from 19.1% in 2017 to 46.6% in 2021. In the target population without status chronic illness, this proportion is lower (12.8% in 2017 and 32.9% in 2021).

Table 1 – Patients (chronic vs non-chronic) entitled to reimbursed reference pharmacist services who have a reference pharmacist

| Year | All patients | | | | Chronic patients | | | | Non-chronic patients | | | |
|------|--------------|----------|----------|----------|------------------|----------|----------|----------|----------------------|----------|----------|----------|
| | Belgium | Flanders | Wallonia | Brussels | Belgium | Flanders | Wallonia | Brussels | Belgium | Flanders | Wallonia | Brussels |
| 2017 | 15.0% | 18.5% | 9.8% | 11.0% | 19.1% | 23.5% | 12.8% | 13.5% | 12.8% | 15.9% | 8.3% | 9.5% |
| 2018 | 22.0% | 26.6% | 14.9% | 17.3% | 28.3% | 34.0% | 19.6% | 21.3% | 18.5% | 22.4% | 12.4% | 14.8% |
| 2019 | 27.9% | 33.0% | 20.0% | 22.3% | 34.9% | 41.4% | 25.6% | 27.1% | 23.6% | 28.0% | 16.4% | 19.0% |
| 2020 | 33.2% | 38.4% | 25.1% | 26.9% | 39.7% | 46.2% | 30.8% | 31.6% | 29.0% | 33.8% | 21.2% | 23.4% |
| 2021 | 38.7% | 44.6% | 29.9% | 31.6% | 46.8% | 53.7% | 37.0% | 37.9% | 32.9% | 38.2% | 24.6% | 26.7% |

Source: IMA - AIM

Figure 1 – Proportion of patients entitled to reimbursed reference pharmacist services who have a reference pharmacist



Source: IMA – AIM

Analysis by demographic characteristics and socio-economic status

The mean age of patients with a reference pharmacist is 67.6 years and the median 68 (in 2022); 56.4% of them are women; the proportion of patients benefitting from increased reimbursement is 27.5%.⁴

Regional comparison

Flanders has a higher proportion (44.6% in 2021) than Brussels (31.6% in 2021) and Wallonia (29.9% in 2021). The trend is going up in all three regions.

Impact of COVID-19 pandemic

Unknown.

Key points

- Since October 2017, polymedicated patients can ask for a reference pharmacist, who will make sure that all medication is registered in the (electronic) pharmaceutical file, that the patient receives a pharmaceutical scheme and that other healthcare practitioners have access to the patient's medication scheme
- Uptake has been growing, with 38.7% of the polymedicated persons going to a public pharmacy having one reference pharmacist at the end of 2021 (56.4% of them women)
- Uptake could be improved by sending a letter to the eligible patients

References

1. [Convention entre les pharmaciens et les organismes assureurs de l'INAMI : Annexe IX : Description de la fonction « Pharmacien de référence » Avenant 37 : Pharmacien de référence](#)
2. Wuyts J. et al., Discharge report for the community pharmacist: Development and validation of a prototype, Research in Social and Administrative Pharmacy, Vol. 16, Issue2, Feb 2020, pages 168-177 <https://doi.org/10.1016/j.sapharm.2019.04.049>
3. RIZIV – INAMI, [Variations de pratiques médicales – Fonction pharmacien.ne de référence](#)