



16. REFERENCE PHARMACIST (PROPORTION OF PATIENTS) (QC-7)

16.1. Documentation sheet

Description	Proportion of patients with a reference pharmacist
Calculation	Numerator: Number of patients with billing code 758192 or 758214 Denominator: Number of patients
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 databases
Technical definitions	<ul style="list-style-type: none">• Individuals with a billing code 758192 (start) or 758214 (annual fee) benefit 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.
Limitations	Short time series since the service has been introduced in October 2017.
International comparability	None
Dimension	Patient centredness, continuity of care
Related indicators	performance
Keywords	Reference pharmacist, medication scheme, pharmaceutical care



16.2. 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, 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.

The proportion of individuals entitled to the status chronic illness (“Chronic patients”) that has a reference pharmacist is low, but increasing (Table 29):

from 15% in 2017 to 28.5% in 2019. In the general population (without status chronic illness), this proportion is lower (3.7% in 2017 and 7.3% in 2019), as expected.

Table 29 – Proportion of individuals with a reference pharmacist per year

Year	Chronic patients		Non-chronic patients		Total	
2017	184542	15.01	236963	2.34	421505	3.71
2018	283841	22.71	360185	3.54	644026	5.64
2019	374232	28.52	466673	4.59	840905	7.32

Source: IMA – AIM

Similar results have been obtained in a study published by a sickness fund³ based on its members (19.4% of the Belgian insured population): 29.8% of the patients targeted by the service (at least one medication with 160 DDD and 4 other active substances within 12 months) had a reference pharmacist in 2020.

The mean age at initiation is 68 years old (Standard Deviation (SD)=14) and the median 70 years old. Patients in Brussels are younger (mean=66; SD=15; median=66) than in Wallonia (mean=67; SD=14; median=68) and Flanders (mean=69; SD=14; median=70). Individuals entitled to the status chronic illness are older at the time of initiation (mean=70; SD=14; median=71) than other individuals (mean=67; SD=14; median=68). There are more women (57%) than men at the initiation (Table 30).



Table 30 – Reference pharmacist: gender at initiation

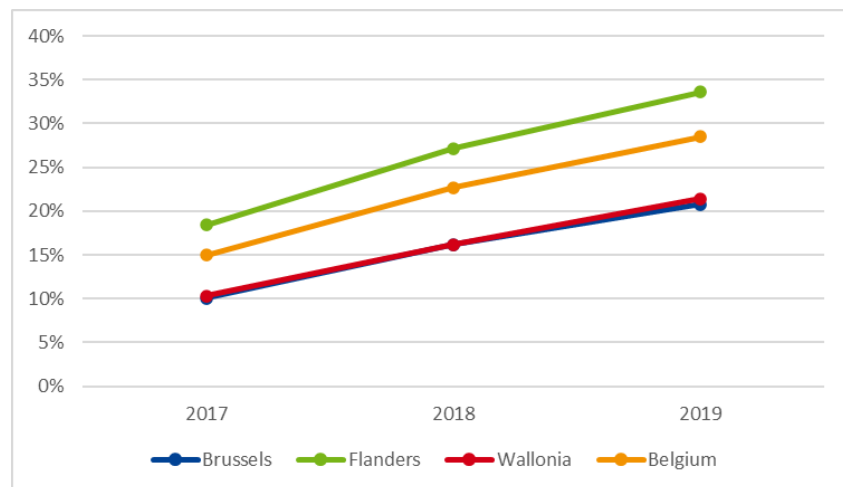
Gender	Entitled to the chronic illness status?	2017		2018		2019	
		Count	Percentage	Count	Percentage	Count	Percentage
men	yes	79 158	42.89%	121 291	42.73%	159 617	42.65%
	no	100 504	42.85%	152 800	43.04%	196 237	42.93%
women	yes	105 384	57.11%	162 550	57.27%	214 615	57.35%
	no	134 047	57.15%	202 225	56.96%	260 839	57.07%
unknown		2 412	0.57%	5 160	0.80%	9 597	1.14%
total		421 505	100.00%	644 026	100.00%	840 905	100.00%

Source: IMA – AIM

When looking at the progression per region (from 2017 to 2019), there is a rise in the proportion of persons with the chronic illness status, Flanders has a higher rate than Brussels and Wallonia (Figure 44).

When looking at the district level in 2019, the situation is not different: there is a higher proportion of persons with the chronic illness status who have a reference pharmacist in the Flemish districts than in the Walloon districts or in Brussels (Figure 45).

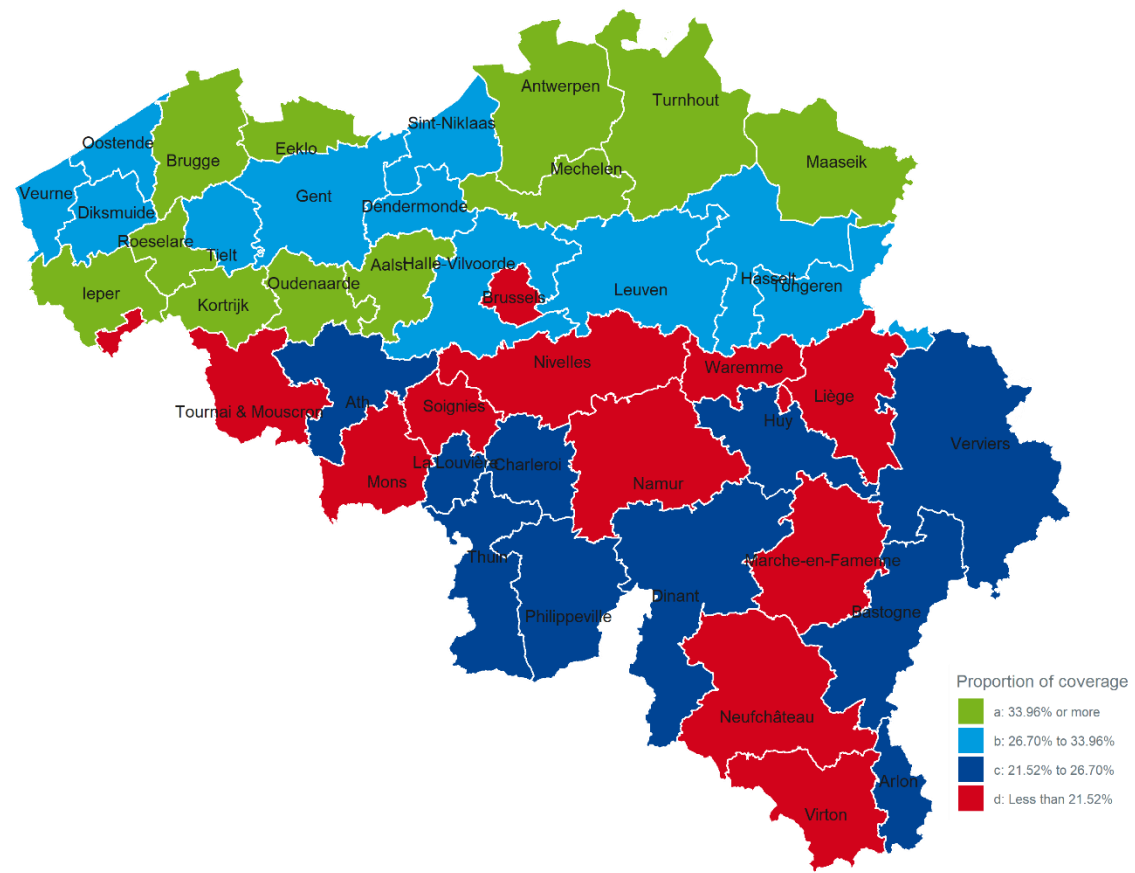
Figure 44 – Proportion of persons with the chronic illness status with a reference pharmacist by region (2017-2019)



Source: IMA – AIM



Figure 45 – Proportion of persons with the chronic illness status with a reference pharmacist by district (2019)



Source: IMA – AIM



The proportion of persons with a reference pharmacist who are entitled to the preferential reimbursement (*intervention majorée / verhoogde tegemoetkoming*) is 28.28% for the 2018-2019⁴. The uptake might be improved by letting the persons entitled to this service know (e.g. by mail). This is currently in operation in a pilot project for integrated care in West-Flanders (the letter is sent by the medical advisor from the sickness funds)⁵.

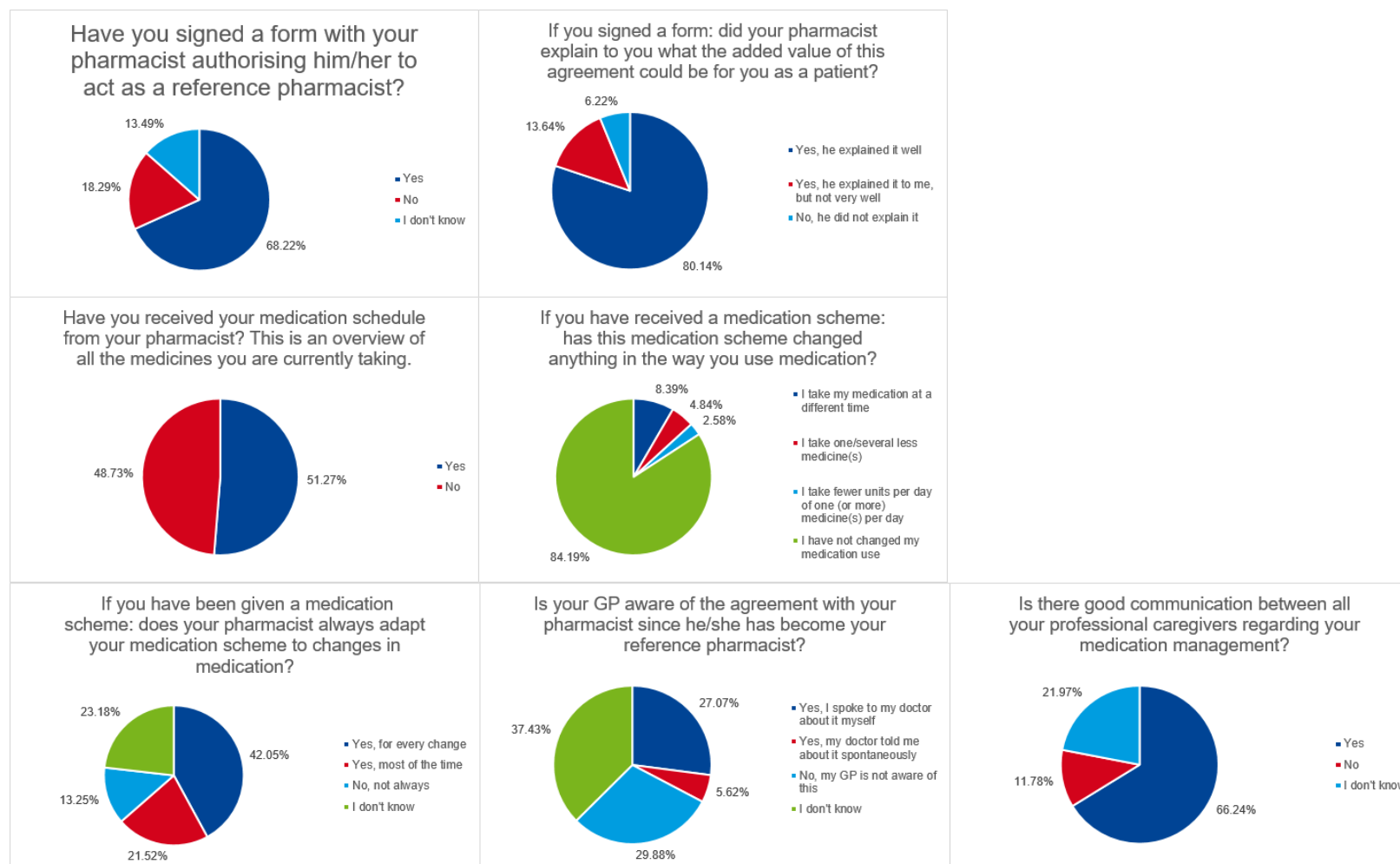
The observatory of chronic illness has conducted a survey where 2400 patients with a reference pharmacist were sent a questionnaire in February 2020.⁵ Results (n=645) show that:

- 68% of the surveyed persons had signed a form with their pharmacist authorising him/her to act as a reference pharmacist, 18% had not, and 13% could not remember
- Of those having signed the form, 80% thought that the benefit had been clearly explained, 14% not so clearly, and 6% have not received an explanation
- 51% have received their medication scheme, 49% have not
- For those having received the medication scheme, 84% thought that it has not change their consumption of medication, 8% that they change their timing habits, 5% that they consumed less medication (at least one less), 3% that their consumption (in units) has decreased
- For those having a medication scheme, 42% thought their reference pharmacist always adapted their medication scheme, 22% that he/she adapted it most of the time, 13% that he/she adapted not always, and 23% did not know
- 27% of surveyed persons have told their GP, 6% had their GP tell them, 30% thought that their GP was not aware of them having a reference pharmacist, and 37% did not know
- 66% of surveyed persons think that there is good communication between all healthcare professionals concerning their medication management, 12% thought the opposite, and 22% did not know

⁵ <https://www.integreo.be/fr/pres-de-chez-vous/de-koepel-region-cotiere>



Figure 46 – Survey on reference pharmacist (2020)



Source: Observatory of chronic illness (RIZIV – INAMI)



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 29% of persons with a chronic illness status having one reference pharmacist at the end of 2019 (57% of them women)
- A 2020 survey among a sample of patients with a reference pharmacist shows that 51% of the surveyed persons received a medication scheme, 80% received a good explanation when applying, 84% have not changed the way they take their medication after receiving their medication scheme, 33% know that their GP is aware of them having a reference pharmacist, 66% think that there is good communication between all their healthcare practitioners concerning their medication management
- 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. MLOZ, [Le recours au remboursement de la prestation de pharmacien de référence chez les membres des Mutualités Libres en 2020](#), 2021
4. RIZIV – INAMI, [Variations de pratiques médicales – Fonction pharmacien.ne de référence](#)
5. RIZIV – INAMI, [Rapport de l'Observatoire des maladies chroniques relatif au pharmacien de référence](#), 2021