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## CONFERENCE ABSTRACT

# Care-Test: A Risk Evaluation Programme to Detect Risks Factors of Diabetes and Cardiovascular Diseases at the Community Pharmacy

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### ***Introduction***

The increasing burden of chronic diseases threatens the sustainability of our current healthcare system. Traditionally, General Practitioners (GP) play a key role in the organization of integrated care. However, the Brussels context faces a pressing challenge arising from a significant shortage of GPs, thereby hindering an optimal disease prevention and early detection of chronic diseases.

### ***Description of Practice Change***

The Belgian Pharmaceutical Association (APB) developed a risk evaluation programme aiming to detect/identify risks factors for diabetes and cardiovascular diseases in Brussels community pharmacies. By providing a free multi-step screening, this programme intends to lower the threshold for risk evaluation allowing vulnerable patients who usually don't visit a GP to identify their risk factors and receive guidance through life-style change counselling and referral to a dietician and/or tobacco addiction specialist for risk factors management, or to a GP for further assessment if appropriate.

### ***Aim and Theory of Change***

Pharmacists are valuable actors in the primary healthcare system. By participating in a risk evaluation programme, pharmacists can take up a more active role in identifying, counselling, and referring patients with previously undiagnosed conditions.

### ***Targeted Population, Stakeholders and Timeline***

The programme was implemented in 22 pharmacies in the Brussel-Capital Region, offering the service to the Brussels residents from October 2020 to January 2021.

### ***Highlights***

265 eligible patients were screened, of which 220 patients (83%) consented to the usage of their data for scientific analysis. For diabetes risk evaluation, the outcome of the FINDRISC score defined the necessity of an HbA1c measurement to determine the risk profile. 46 high risk profile patients needed referral to a GP for a diagnostic follow-up. The remaining 174 patients received tailored lifestyle changes advices. The cardiovascular risk was assessed amongst 100 patients based on the possible presence of different risk factors, of which 5 were referred to a GP for diagnosis and medical follow-up.

### ***Comments on Sustainability***

Besides the evaluation programme, an implementation study is being conducted following the RE-AIM methodology to identify the necessary adjustments to facilitate the potential large scale-dissemination and long-term implementation in Belgium. Increasing awareness, adapting the legal framework, and keeping the service free of charge are some of the key factors identified for the sustainability of the programme.

### ***Comments Transfer-ability***

Observations from the implementation study indicated that this prevention programme can be integrated into most pharmacies.

### ***Conclusion***

There is an important need for early detection of risk factors for diabetes and cardiovascular diseases. Pharmacists can certainly play a role. However, more effort is needed to increase the referral efficiency and patient follow-up in the primary care setting.

### ***Discussion***

The overall patients and pharmacists' satisfaction with the programme were promising indicators for the project long-term sustainability. A cost-effectiveness study would be of added value to evaluate another dimension of the programme's sustainability.

### ***Lessons learned***

The use of an evaluation framework is fundamental to improve the adoption and implementation of any prevention programme. All efforts should be put in place to involve all stakeholders in order to achieve common goals through collaborative participation.