

POSTER ABSTRACT

Developing the Care-Test toolbox for Engaging Patients to Reduce their Risk of Developing Diabetes and Cardiovascular Diseases

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Introduction

Our aging population and changes in societal behaviour are resulting in a steady increase in chronic diseases, that could be partially addressed by applying new strategies of disease prevention and early detection. Care-Test is a pilot project that offers a diabetes and cardiovascular disease risk evaluation and participative education services to Brussels residents at community pharmacies. We aim to identify the stakeholders' needs and the factors for a successful implementation in order to develop tools and recommendations for adequate patient-education, enhancing the patient empowerment and collaborative practices amongst patients and pharmacists in the context of the evaluation programme.

Methods

A mixed method consisting of focus-groups and telephone interviews was used to gather the input of pharmacists and patients within Brussels Capital Region. Interviews and focus-groups were recorded and transcribed verbatim. Qualitative data were analyzed using a thematic analysis.

Results

17 pharmacists and 13 patients were interviewed between February and May 2020. Pharmacists shared that the most important factors for a successful implementation would be the personal motivation of the pharmacists, campaigns to increase the visibility of the programme and electronic tools to facilitate the organization within the pharmacies. The key factors for patient's adoption of the programme would be their own perceived risks for diabetes and cardiovascular disease and a high accessibility assured by a quick and free-of-charge service. However, pharmacists raised concerns about time and manpower constraints while patients shared concerns about privacy and data confidentiality. Many ideas on materials for patients with low health-literacy were also provided to ensure the efficiency of the counselling. A combination of visually attractive tools should be considered to fit the various patients' profiles and languages.

Discussion

Pharmacists role is evolving along with the ever-changing healthcare system, resulting in the need for an enhanced role in prevention. Moreover, additional training in patient education and motivational techniques and tools could help pharmacists in their new role of providing tailored

lifestyle advices for risks factors management, which improves patient empowerment and self-management.

Conclusion

This study outlines factors that may influence engagement and participation in a diabetes and cardiovascular risk evaluation programme in community pharmacy. The results were used to develop a set of tools to raise awareness and enable adequate patient-education, and a partnership relation between patients and pharmacists within the programme.

Lessons learned

Several profiles of pharmacists and patients exist, and different types of tools should be developed to fit each individual preference. The pharmacists' and patients' concerns should be taken into consideration by providing strategies such as service-by-appointment and reassurance about data confidentiality to guarantee a successful implementation.

Limitations

Only pharmacists and patients were interviewed in this study. Additional research on general practitioners' perceptions and needs would be of added value for future analysis.

Suggestions for future research

A pilot implementation study is being conducted in parallel with the risk evaluation programme to assess the pharmacists' and patients' experience and refine the patient education tools. However, inclusion of all the primary care givers could be beneficial in order to achieve goal-oriented care.