Improving quality of care in Belgium: exploration of opportunities and bariers

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Background In Belgium, there is not much known about the level of quality delivered in the community pharmacies. This has created a situation in which the value of a pharmacy is unknown to patients, healthcare professionals and government.
Purpose The PHARCQADIS study has a dual-purpose design. First we want to gather information concerning the ideas and beliefs of Belgian pharmacists surrounding quality in pharmaceutical care. Second we wanted to create a measuring instrument to visualize the quality of pharmaceutical care in a number of situations known to cause drug-related problems. In this first phase we focus on the ideas and beliefs surrounding quality.
Method The set-up consisted of an interview with Belgian community pharmacists. These interviews were set up in a semi-structured form focusing on three aspects of quality of care in local pharmacies, namely: 1. ?What is quality of ca re?? 2. ?How can quality of care be observed?? 3. ?How can quality of care be improved??. For these interviews, participa ts were selected by convenience sampling.
Findings We conducted 20 interviews with Flemish community pharmacists. Participating pharmacists had a mean age of 42 years and were mostly employed as the managing pharmacist of a local community pharmacy with regular patients (i.e. the most common type of pharmacy in Belgium). When asked what quality is to them, the participants defined four overarching categories in which they wanted to excel: medication schedules, dispensing of medication, follow-up of chronic patients and multidisciplinary communication. In each of these categories they saw opportunities for improvement, but three important barriers kept returning: lack of time, lack of consultation structures and limited IT-support. Pharmacists perceived time constraints as the most important reason why they couldn?t deliver the quality they w nted. Further in the interviews it became clear that there is a great need for official structures to improve quality of care, both with regard to measurement as to peer consultation. Most pharmacists understood the need for benchmarking in order to improve quality, but resistance could be felt when talking about sharing and publishing data non-anonymously.
Conclusion Although quality is very important for Belgian pharmacists, they can?t deliver the level of quality they wo uld want to. Due to lack of time, consultation structures and IT-support it?s very hard for them to accompany their pa tients in the full trajectory of the treatment. This creates a situation in which the pharmacist is possibly undervalued by the patient, other healthcare professionals and the government.