

Interview with Guido Hoogewijs, General Manager, The Belgian General Pharmaceutical Association (APB)

08.10.2012

Let us begin by getting an overview of APB's functions & objectives and your role within the association as General Manager?

The Belgian Association of Pharmacists is a federation of professional associations that defends and supports community pharmacists that operate independent pharmacies. We represent our members' interests on a national level with regard to economic, political and scientific matters. We support, develop and promote the community pharmacist's added value to the benefit of his patient's health.

Recently APB has been successful in advocating for a renewed remuneration system that decouples the pharmacist's income from the prices of products. That is, based on the older system, pharmacies were remunerated as a function of the prices of the drugs sold. Naturally, this does not make any sense since pharmacists should not be incentivised to provide the most expensive drug to the patient. Instead they should be encouraged to provide the best quality products and counseling.

Following six years of negotiations with government authorities, we have successfully helped introduce the new model in April 2010. Now, 80% of pharmacist's remuneration is independent of the price of the products sold. It is a revolutionary milestone, not only in Belgium, but also in Europe since we are the first nation to have introduced such a model.

APB also seeks to support its members by developing a range of tools to support them in their daily practice. One such tool includes a scientific database, Delphicare, which manages information pertaining to medicinal and healthcare products which is updated on a monthly basis.

Another vital tool that we make available relates to the quality of all in-pharmacy activities. Since beginning of this year the pharmacists have to maintain a quality manual in which they must document the quality of their pharmaceutical acts. This web based tool called MyQualityAssistant helps them achieve that.

Moreover, we are in the process of developing a shared patient record similar to the one available in France for instance. This will serve to increase the efficiency of pharmacists practice. For instance, if a patient for one reason or other (e.g. vacation) visits a pharmacy other than his usual 'home pharmacy', the pharmacist will be able to look up the patient's pharmaceutical file and examine possible interactions that may arise from taking different drugs. Needless to say, this is a colossal project, which is gracefully financed by the pharmacists themselves. Our ultimate goal is to share patient records with hospitals, physicians and pharmacists in order to have a smooth transition from inpatient to outpatient, for example.

Ensuring quality control is one of the central services that APB offers its members. That said, although counterfeit drugs are not as prevalent here as in developing countries, it is still a serious issue. Can you describe the measures or initiatives APB has implemented to ensure patient safety?

In Belgium, the community pharmacists have developed two initiatives to check the intrinsic pharmaceutical quality of medicines. On a national level, the Medicines Control Laboratory (located at APB and financed by all the Belgian pharmacies) organises a global systematized market surveillance to filter out substandard product batches and to centrally manage product recalls. On pharmacy level, an authentication system, based on scanning a unique barcode on the packaging of (reimbursed) medicines and matching it with a control data base, should protect pharmacists from unknowingly dispensing counterfeit products to their patients. The authentication system was introduced in late 2006 and is currently an essential tool in the routine practice of over 2600 community pharmacies (>50%) benefiting also from a series of value added auxiliary services (e.g. warning pop-ups) provided by the technological infrastructure for authentication. The Belgian authentication system is fully compatible with the principles of the EU Falsified Medicines Directive and it is sufficiently flexible to be adaptable to the requirements of the Delegated Acts following their publication. It is also fully adaptable to the European Medicines Verification model proposed by EFPIA and jointly supported by the European organisations of pharmacists, wholesalers and research-based industry.

Along with quality control, APB offers scientific tools as well as registration and legal support to its members. In this respect, what are the main scientific and legal issues facing Belgian pharmacists that you wish to address as the head of APB?

One of the main obstacles these days is administration overload. Pharmacists are supposed to spend time on counselling patients or providing pharmaceutical care. Naturally, this is a time consuming process and pharmacists are unfortunately overwhelmed with a clerical and administrative burden, which keeps them from focusing their attention on patients.

Similarly, as a result of certain government cost containment measures regarding antibiotics and antimycotics, pharmacists are now obliged to deliver the cheapest products as indicated on a list which is often updated as prices vary. Therefore, pharmacists are obliged to check the list at each dispensation act and continuously check and adapt their inventory. Our pharmacists tell us that, unfortunately, they spend more time with their computer than with their patients. This is an example of inefficient and unproductive cost containment measures that have seemingly been drafted overnight without seeking the inputs of the stakeholders in the field.

Belgium is among a few countries that limit the sale of OTC drugs to pharmacies. In your opinion, what are the main advantages and drawbacks of such structures to stakeholders?

Perhaps the most important advantage derived from such a structure is related to the relationships pharmacists have with their clients or patients. More specifically, pharmacists are trained professionals who are often aware of the mix of medications people are taking. Therefore, pharmacists determine whether there are any potential risks stemming from drug interactions or be it with prescription drugs, OTCs or even food supplements.

Another advantage is that Belgium benefits from a dense network of (small to medium sized) pharmacies across the country. Patients, and especially elderly patients, need not travel long distances to visit a pharmacy. In fact, anyone in Belgium would be hard pressed not to find a pharmacy directly in their vicinity. This easy access to pharmaceutical care does not stimulate overconsumption but rather contributes to adequate and rational use of medicines which in addition are of optimal pharmaceutical quality.

On the topic of sales channels, newpharma.be is among the pioneer online pharmacies. Is this a modernisation strategy lead by traditional pharmacists and how has this affect your members?

Overall, I would say that this is a relatively new concept in Belgium. Nevertheless, this trend was started by some commercial pharmacists that decided to make use of the internet in order to increase their reach and sales. It is as simple as that.

In my opinion, I believe that there should always at least be a registered pharmacy behind the website and not a kitchen or a make shift lab in Kuala Lumpur, for instance. Today, people tend to buy Viagra and even anti-cancer medicines on the internet because of their appealing prices and increased convenience. Needless to say, this stimulates the prevalence of counterfeit drugs which I am sure we have all been exposed to in the junk mail inbox folders of our emails. I always advise the public that buying CDs and books on the internet is not killing anybody since you can visually verify its contents. Medicines on the other hand are an entirely different story as the naked eye can not tell you what substances are embedded within. So, don't surf with your health and never buy medicines through the internet.

Across the world, there is an increasing trend towards consolidation – justified by, for instance economies of scale, among others. Is this a trend we can expect to observe in the Belgian pharmacist market?

Surely, with a market of approximately 5000 pharmacies, there is room for consolidation, to some extent.

That is, in every town across the country today, patients can easily and conveniently locate a pharmacy nearby which should be applauded from a healthcare and social perspective. Economically however, this might not be sustainable since it has been the case recently that smaller pharmacies are struggling to survive. Figures show us that every year an average of 40 pharmacies are taken out of business.

With regard to distribution, do you have independent distributors here that deal with every single pharmacy?

Overall, in Belgium there is a relatively consolidated network of large distributors that cater to pharmacists. If am not mistake, there were about 75 distributors across the country a number of years ago, but more recently, this number has been reduced to around 15 today.

In conclusion, where would you like to take APB in the next 2 to 3 years?

As general manager I'm very much focused on the operational aspects of our organisation. I consider it to be my top priority to prepare the organisation for the future. During the last few years we made a lot of progress with the modernization, diversification and professionalization of our association. The challenges of the future are such that organisational renewal needs to be a sustainable effort. Also, recruiting top professionals to be able to match the professional standards of the other stakeholders we are confronted with has its price. As 80 % of our activities are funded by the independent pharmacists, our financial model becomes very challenging. Nonetheless, we are optimistic with regards to achieving our goals and perpetuating and outlining the value added services that pharmacists provide.

[See more interviews](#)
