

CONSUMERS' AND PHARMACISTS' VIEW ON COMMUNITY PHARMACY SERVICES IN THE REPUBLIC OF MOLDOVA

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Abstract

Community pharmacy services are the core element of Good Pharmacy Practice; on other hand, professional pharmaceutical services provided by community pharmacies may become a means for competition between them and it may be the alternative that can increase the importance of pharmacies to customers, healthcare and society. The aim of this study is to determine and appreciate the demand and the offer of pharmaceutical services in community pharmacies in the Republic of Moldova. The study has shown a great demand for pharmaceutical services among the population of the Republic of Moldova. There are different "target groups" for different community pharmacy services. On other hand, community pharmacists are still product-oriented and don't offer patient-oriented pharmaceutical services on a regular base. There is a big gap between expected and provided information about medicines. There are no major barriers in implementing pharmaceutical services, but pharmacists are not very optimistic about this.

Rezumat

Serviciile farmaceutice sunt elementul de bază al Regulilor de Bună Practică Farmaceutică. În același timp, serviciile profesionale prestate de farmaciile comunitare pot deveni un instrument de competiție între ele, ceea ce duce la creșterea importanței farmaciei pentru pacienți, sistemul de sănătate și societate. S-a evaluat cererea și oferta pentru serviciile farmaceutice în Republica Moldova. Rezultatul cercetării a demonstrat că există o necesitate sporită de servicii farmaceutice la nivelul populației țării, cele mai solicitate fiind: serviciul informațional ($59,5\% \pm 1,24\%$) și promovarea modului sănătos de viață ($53,6 \pm 1,26\%$). Există diferite „grupuri-țintă” pentru diferite servicii. Pe de altă parte, farmaciștii sunt încă orientați spre produs și nu oferă în mod regulat servicii personalizate. Există o diferență mare între informațiile privind medicamentele ce sunt așteptate de pacienți și cele care sunt oferite de farmaciști, astfel, $65,5 \pm 1,2\%$ din pacienți doresc informații privind efectele adverse posibile, pe când numai $30,7 \pm 2,54\%$ din farmaciști oferă aceste informații. Nu există bariere majore în implementarea serviciilor farmaceutice în Republica Moldova, însă numai un sfert din farmaciști consideră că serviciile farmaceutice pot fi prestate în activitatea lor zilnică.

Keywords: community pharmacy services, Good Pharmacy Practice, consumers.

Introduction

The role of community pharmacists in society has been underlined by most of pharmaceutical professional organizations [8,10,18,19], as well as by the World Health Organization [22]. The pharmacist was defined as a communicator, a quality drug supplier, a trainer and supervisor, a collaborator and a health promoter. The International Pharmaceutical Federation (FIP) has adopted Good Pharmacy Practice (GPP) standards, which have to be implemented into the daily practice of pharmacists worldwide [8]. Good Pharmacy Practice standards are based on the pharmaceutical care given by pharmacists. The guidelines recommend that national standards are set for: the promotion of health, the supply of medicines, medical devices, patient self care, and improving prescribing and medicine use by pharmacists' activities. All practicing pharmacists are obliged to ensure that the service they provide to every patient is of appropriate quality. Good pharmacy practice is a means of clarifying and meeting that obligation. [8] Pharmaceutical services represent the core element of Good Pharmacy Practice and the last one can be implemented only through qualitative pharmacy services offered to community.

On other hand, professional pharmaceutical services provided by community pharmacies may become a means for competition between them and it may be the alternative that can increase the importance of pharmacies to customers, healthcare and society [2].

The aim of this study is to determine and appreciate the demand and the offer of pharmaceutical services in community pharmacies in the Republic of Moldova.

The total population of the Republic is 3,567,500 inhabitants from which 2,708,400 aged 18 and above. More than a half of the population is living in rural areas (58.3%). There are 1891 community pharmacies and their outlets in Moldova. The density of community pharmacies is very high (one per 1886 inhabitants), and it is less than in neighborhood countries (e.g. Ukraine – 2561, Romania – 3384 inhabitants per pharmacy). Only personnel pharmacy qualified: pharmacists and pharmacists-laborants are allowed to dispense medicines. The total number of specialists is about 3000, about 2500 of them are working in community pharmacies.

Materials and methods

The findings and discussions presented in this paper are based on the data collected from a study on pharmacists' and consumers' perception and attitudes to community pharmacy services. The study was conducted in the Republic of Moldova from April to July 2009.

To assess the demand for pharmaceutical services, a questionnaire including 15 indicators and 9 explanatory variables was used. Random sampling was done and population with an age above 18 years was included in the study. The interviewer approached people at their homes, institutions (schools & colleges) and work places (offices & shops) with the survey form. In introducing the questionnaire to prospective respondents, it was emphasized that the survey was designed to tap actual experience of pharmacy. Although the survey has been designed for self completion, the interviewer offered to complete the survey form with the participant if this was desired. The questionnaire took about 15 minutes to complete. They were statistically analyzed *via* chi-square coefficient, using SPSS 10.5 software, p value < 0.05 was considered significant.

After analyzing the consumers' opinion, the survey for pharmacists was prepared. The qualitative data was obtained from two focus groups ($n=50$) of community pharmacists, who attended the continuous education courses. The obtained data has been processed and a structured questionnaire for self-completion was compiled. It included 12 questions about the quality and quantity of information provided to consumers, services offered, such as health promotion, blood pressure measurement, smoking cessation etc., services which can be implemented, possible barriers as well as domains to improve and 9 explanatory variables.

Results and discussion

Consumers' survey:

A total number of 1564 valid questionnaires from consumers were received. The demographic characteristics of respondents are shown in Table I.

Table I

Demographic characteristic of consumers' respondents

Characteristic	n	%
Gender		
Female	1067	68.2
Male	497	31.8
Age		
<20	229	14.6
21-30	507	32.4
31-40	301	19.2
41-50	251	16.0
51-60	157	10.0
>60	119	7.6
Marital status		
Married	863	55.2
Single	576	36.8
Divorced	74	4.7
Widow (widower)	51	3.3
Size of household		
Alone	275	17.6
More than 1 member per family	1289	82.4
Education		
Secondary school	521	33.3
College	429	27.4
University	614	39.3
Occupation		
Employed	871	55.7
Unemployed	175	11.2
On sick leave or maternity leave	55	3.5
Retired	124	7.9
Student	339	21.7
Area of residence		
City	709	45.3
Town	596	38.1
Rural area	259	16.6
Use of medicines		
Regular	666	42.6
Occasional	815	52.1
Non-user	83	5.3

Where: n – number of consumers

Half of the consumers ($47.6 \pm 1.26\%$) are visiting pharmacy at least once per month and mostly the same pharmacy ($67.5 \pm 1.18\%$). The

permanent visitors are rather women than men ($\chi^2=50.98$, DF=1, $p<0.001$, where DF – degrees of freedom), elder persons than younger ($\chi^2=17.53$, DF=5, $p<0.01$), married than single ($\chi^2=13.97$, DF=3, $p<0.01$), living in rural area ($\chi^2=7.74$, DF=2, $p<0.05$) and being active consumers of medicines ($\chi^2=16.95$, DF=2, $p<0.001$). The main criteria when choosing a pharmacy are: location ($46.7\pm1.26\%$), assortment of medicines ($45.8\pm1.26\%$) and good prices ($40.9\pm1.24\%$). Only $9.8\pm0.75\%$ is visiting a pharmacy because of the pharmacist.

Concerning the services they will use, if offered in community pharmacy, the consumers demand is as shown in Table II.

The most requested services are information and health promotion. But, in different groups of population there are other preferences concerning the needed services.

Table II
Intention to use pharmaceutical services if they were provided by pharmacists

	Certainly (%)	Probably (%)	No intention (%)	No opinion (%)
informational service	59.5	24.5	5.4	10.5
health promotion	53.6	30.2	5.6	10.5
home delivery	43.9	29.4	11.6	15.1
blood pressure measurement	48.0	33.1	8.8	10.2
blood cholesterol testing	42.0	32.5	12.5	13.0
medication support	40.0	33.2	11.0	15.8
blood glucose testing	39.8	31.8	13.4	15.0
simple blood and urine tests	31.8	27.7	21.2	19.4
weight management	28.2	27.4	26.2	18.2
smoking cessation	28.1	19.9	30.6	21.5

Informational service

Consumers ($90.0\pm0.76\%$) consider that pharmacists have to provide compulsory drug information ($63.8\pm1.22\%$), when dispensing medicines and it more information should be offered ($66.2\pm1.20\%$) than it is offered today. This information should include: way of use ($67.8\pm1.18\%$), side effects ($65.5\pm1.20\%$), indications ($62.5\pm1.22\%$), and interactions with other medicines, alcohol, and food ($58.8\pm1.24\%$).

Informational support is more important for women ($\chi^2=10.73$, DF=3, $p<0.05$) with university degree ($\chi^2=31.74$, DF=6, $p<0.001$) living in urban areas ($\chi^2=56.12$, DF=6, $p<0.001$) with several adults in their families ($\chi^2=15.32$, DF=3, $p<0.01$) being occasional medicines' consumers ($\chi^2=32.38$, DF=6, $p<0.001$).

Health promotion

More than half of the respondents ($53.6 \pm 1.26\%$) would use the health promotion service, if offered in pharmacies. More interested in it are women ($\chi^2=9.57$, $DF=3$, $p<0.05$) with a high level of education ($\chi^2=13.43$, $DF=6$, $p<0.05$).

Home delivery

Home delivery of medicines would certainly be used by $43.9 \pm 1.25\%$ of the respondents. This is more necessary for highly educated ($\chi^2=14.57$, $DF=6$, $p<0.05$) women ($\chi^2=9.43$, $DF=3$, $p<0.05$) 30-40 years old ($\chi^2=25.54$, $DF=15$, $p<0.05$) living in urban areas ($\chi^2=39.11.43$, $DF=6$, $p<0.001$) being occasional medicines' consumers ($\chi^2=33.17$, $DF=6$, $p<0.001$).

Blood pressure measurement and blood cholesterol testing

$61.78 \pm 1.18\%$ of the persons older than 50 years old would certainly use the blood pressure measurement service ($\chi^2=42.97$, $DF=15$, $p<0.001$) and blood cholesterol testing ($\chi^2=57.47$, $DF=15$, $p<0.001$), most of them are occasional medicines' users ($\chi^2=25.05$, $DF=6$, $p<0.001$).

Medication support

This medication support service is more important for rural inhabitants ($\chi^2=12.91$, $DF=6$, $p<0.05$), being occasional medicines' users ($\chi^2=37.82$, $DF=6$, $p<0.001$).

Blood glucose level testing

Women have greater awareness about their blood glucose level than men ($\chi^2=10.45$, $DF=3$, $p<0.05$). $52.87 \pm 1.26\%$ of the respondents older than 50 years old ($\chi^2=35.88$, $DF=15$, $p<0.01$), would certainly use the mentioned service, most of them living in urban areas ($\chi^2=18.99$, $DF=6$, $p<0.01$) being active or occasional drug users ($\chi^2=32.63$, $DF=6$, $p<0.001$).

Simple blood and urine tests

Rural inhabitants need this service more than those living in urban areas ($\chi^2=14.65$, $DF=6$, $p<0.05$). Most of them are older than 60 years old ($\chi^2=25.54$, $DF=15$, $p<0.05$) and retired persons ($\chi^2=28.21$, $DF=12$, $p<0.01$), being occasional medicines' users ($\chi^2=15.83$, $DF=6$, $p<0.05$).

Weight management

Weight management service would certainly be used by every third woman, while only one fifth of men would do it ($\chi^2=8.72$, $DF=3$, $p<0.05$). Women with at least one child are more determined to loose weight with the help of their pharmacist ($\chi^2=19.67$, $DF=9$, $p<0.05$).

Smoking cessation

Every third man is ready to quit smoking through pharmacy service and every forth woman younger than 30 years ($\chi^2=29.31$, $DF=15$, $p<0.05$), most of them being students or employed persons ($\chi^2=23.75$, $DF=12$, $p<0.05$) (table III).

Table III
Intention to use pharmaceutical services depending on demographic characteristics

		Health promotion	Blood pressure measurement	Blood cholesterol measurement	Blood glucose measurement	simple blood and urine tests	Smoking cessation	Weight management	Home delivery	Medication support	Informational service
Gender	χ^2	9.57	7.33	6.53	10.46	2.62	8.83	8.72	9.43	2.94	10.74
	DF	3	3	3	3	3	3	3	3	3	3
	p	0.023	0.062	0.088	0.015	0.453	0.032	0.033	0.024	0.401	0.013
Age	χ^2	17.67	42.97	57.48	35.89	22.54	29.31	17.21	25.55	18.79	13.78
	DF	15	15	15	15	15	15	15	15	15	15
	p	0.280	0.000	0.000	0.002	0.043	0.015	0.306	0.043	0.223	0.542
Marital status	χ^2	4.05	23.60	32.60	26.09	12.32	15.50	6.11	9.27	2.01	9.61
	DF	9	9	9	9	9	9	9	9	9	9
	p	0.908	0.005	0.000	0.002	0.196	0.078	0.729	0.413	0.991	0.383
Size of household	χ^2	1.20	3.29	9.67	8.98	5.59	2.02	3.42	3.68	6.26	15.33
	DF	3	3	3	3	3	3	3	3	3	3
	p	0.751	0.349	0.022	0.030	0.133	0.566	0.331	0.298	0.099	0.002
Number of adults	χ^2	14.69	10.43	11.44	10.34	15.30	8.57	13.56	6.75	14.77	23.95
	DF	9	9	9	9	9	9	9	9	9	9
	p	0.100	0.280	0.247	0.324	0.083	0.477	0.139	0.662	0.097	0.004
Number of children	χ^2	14.86	7.01	12.11	3.23	5.94	9.86	19.68	9.26	8.55	13.45
	DF	9	9	9	9	9	9	9	9	9	9
	p	0.095	0.635	0.207	0.954	0.746	0.361	0.020	0.413	0.480	0.143
Education	χ^2	13.43	13.87	3.12	5.01	9.97	9.08	4.03	14.57	12.37	31.75
	DF	6	6	6	6	6	6	6	6	6	6
	P	0.037	0.031	0.793	0.543	0.126	0.169	0.673	0.024	0.054	0.000
Occupation	χ^2	10.53	12.70	29.52	28.82	28.21	23.76	13.39	15.64	7.39	19.76
	DF	12	12	12	12	12	12	12	12	12	12
	p	0.570	0.391	0.003	0.004	0.005	0.022	0.341	0.209	0.830	0.075
Area of residence	χ^2	8.27	8.36	12.15	18.99	14.65	9.29	4.72	39.11	12.91	56.13
	DF	6	6	6	6	6	6	6	6	6	6
	p	0.219	0.273	0.059	0.004	0.023	0.158	0.581	0.000	0.044	0.000
Use of medicines	χ^2	7.32	23.72	25.05	32.64	15.83	10.24	16.84	33.18	37.83	32.38
	DF	6	6	6	6	6	6	6	6	6	6
	p	0.290	0.001	0.000	0.000	0.015	0.115	0.010	0.000	0.000	0.000

Community pharmacists' survey:

The questionnaires were distributed to 400 randomly selected community pharmacists from 42 administration units, a number 329 of valid questionnaires have been returned (response rate = 82.3%).

The demographic characteristics of the respondents are shown in Table IV.

Table IV
Demographic characteristics of questioned pharmacists

Characteristic	n*	%
Gender		
Female	308	93.6
Male	21	6.4
Age		
Age range	22-74	
Mean age	40.9+-0.65	
22-30	80	24.3
31-40	83	25.2
41-50	97	29.5
>50	69	21.0
Practice experience (years)		
<5	75	22.8
6-10	35	10.6
11-20	158	48.0
>20	61	18.5
Education		
College degree	115	35.0
University degree	214	65.0
Qualification category		
Don't have	110	33.4
Second	50	15.2
First	90	27.4
Superior	79	24.0
Practice in "chain" pharmacy		
Yes	212	64.4
No	117	35.6

*n – number of pharmacists questioned

Pharmacists have been interviewed about services they offer to the consumers and their frequency (Table V).

Table V
Frequency of provided services

Services offered	Permanently (%)	Occasionally (%)	Rare (%)	Not offered (%)
informational service	59.6	21.0	4.6	14.9
health promotion	57.4	24.6	6.1	11.9
blood pressure measurement	33.1	36.8	12.2	17.9
medication support	29.5	30.1	12.8	27.7
smoking cessation	22.8	28.0	14.0	35.3
weight management	13.4	30.4	20.1	36.2
home delivery	5.5	14.3	16.1	64.1
blood glucose testing	0.6	0.6	2.7	96.0
blood cholesterol testing	0	0	0	100.0
simple blood and urine tests	0	0	0	100.0

Some differences in provision of services have been determined, regarding different demographic and education characteristics of pharmacists. Thus, offered services depend on age, practice experience, education, qualification degree, events participation and professional journals subscription of pharmacists, as shown in table VI.

Table VI
Dependence between provided services and demographic characteristics of pharmacists

		Health promotion	Blood pressure measurement	Smoking cessation	Weight management	Home delivery	Medication support	Informational service
Age	χ^2	7.04	36.04	7.72	10.88	26.57	19.56	5.39
	DF	6	6	6	6	6	6	6
	p	0.317	0.000	0.259	0.092	0.000	0.003	0.495
Experience	χ^2	4.24	29.04	1.53	15.02	29.83	11.52	10.16
	DF	6	6	6	6	6	6	6
	p	0.644	0.000	0.958	0.020	0.000	0.074	0.118
Education	χ^2	1.68	8.73	5.13	6.35	0.88	10.26	0.88
	DF	2	2	2	2	2	2	2
	p	0.431	0.013	0.077	0.042	0.643	0.006	0.641
Qualification	χ^2	5.92	7.14	4.67	5.31	16.71	7.48	4.31
	DF	6	6	6	6	6	6	6
	p	0.432	0.308	0.586	0.505	0.010	0.278	0.634
Type of pharmacy	χ^2	3.10	31.16	1.06	4.83	8.07	0.539	11.83
	DF	2	2	2	2	2	2	2
	p	0.212	0.000	0.901	0.089	0.018	0.764	0.003
Events participation	χ^2	1.73	17.30	1.06	1.49	7.88	0.802	6.10
	DF	4	4	4	4	4	4	4
	p	0.785	0.002	0.901	0.829	0.096	0.938	0.191
Journals subscription	χ^2	0.318	2.12	6.78	0.475	0.12	2.74	1.55
	DF	2	2	2	2	2	2	2
	p	0.853	0.347	0.034	0.789	0.943	0.253	0.459

In focus-groups discussions it was determined what pharmacists understand by the term “service provision”. Most of the respondents, call “service” some general advices about drugs, health issues, when asked by consumers and not on pharmacists’ initiative.

One of the goals of the study was to determine what kind of information the pharmacists provide when dispensing drugs. Almost all pharmacists (90.58±1.61%) tell patients about the mode of administration of dispensed drugs; more than half of the pharmacists permanently provide information about indications (60.79±2.69%), storage of medicines in home conditions (55.93±2.74%) and duration of therapy (52.84±2.75%). Information about the mechanism of action (18.84±2.16%), possible side effects (30.7±2.54%), whom to address when side effects occur (26.44±2.43%), as well as drug-drug interactions (18.54±2.14%) and drug-food and drug-alcohol interactions (44.38±2.74%) are not provided so often in community pharmacies in Moldova. It was demonstrated that different

age groups of pharmacists have different awareness about the needed information. Thus, older pharmacists usually provide more information about indications than their younger colleagues (table VII).

Table VII

Drug information provided by different age groups of pharmacists

Drug information offered	Frequency	Age of pharmacists				χ^2	p
		<30	31-40	41-50	>51		
Indications	Permanently (%)	58.8	57.8	63.9	62.3	22.05	<0.001
	Occasionally (%)	35.0	39.8	24.7	17.4		
	Not offered (%)	6.2	2.4	11.3	20.3		
Mechanism of action	Permanently (%)	17.5	6.0	22.7	30.4	20.05	<0.01
	Occasionally (%)	70.0	80.7	60.8	50.7		
	Not offered (%)	12.5	13.3	16.5	18.8		
Mode of administration	Permanently (%)	87.5	89.2	90.7	95.7	6.04	>0.05
	Occasionally (%)	10.0	9.6	6.2	1.5		
	Not offered (%)	2.5	1.2	3.1	2.9		
Duration of administration	Permanently (%)	50.0	49.4	47.4	68.1	23.03	<0.001
	Occasionally (%)	36.3	47.0	38.1	14.5		
	Not offered (%)	13.8	3.6	14.1	17.4		
Storage at home	Permanently (%)	45.0	47.0	62.9	69.6	15.78	<0.05
	Occasionally (%)	45.0	48.2	32.0	24.6		
	Not offered (%)	10.0	4.8	5.1	5.8		
Possible side effects	Permanently (%)	20.0	21.7	40.2	40.7	16.45	<0.05
	Occasionally (%)	72.5	68.7	50.5	49.3		
	Not offered (%)	7.5	9.6	9.3	10.1		
Whom to address when side effects appear	Permanently (%)	17.5	27.7	26.8	34.8	7.02	>0.05
	Occasionally (%)	65.0	59.0	54.6	47.8		
	Not offered (%)	17.5	13.3	18.7	17.4		
Drug-drug interactions	Permanently (%)	15.0	9.7	20.6	30.4	13.30	<0.05
	Occasionally (%)	68.8	78.3	67.0	55.1		
	Not offered (%)	16.2	12.0	12.4	14.5		
Drug-food and drug-alcohol interactions	Permanently (%)	33.8	42.2	46.4	56.5	14.15	<0.05
	Occasionally (%)	60.0	55.4	44.3	34.8		
	Not offered (%)	6.3	2.4	9.3	8.7		

62.0±2.68% of the pharmacists have no supplementary education concerning pharmaceutical services. Only 18.2±2.13% of the pharmacists permanently participates in professional events, such as conferences, symposia and every fifth pharmacist has a subscription for a pharmacy periodical.

Responding pharmacists are not very optimistic about the possibility to implement community pharmacy services. Their options are shown in Figure 1.

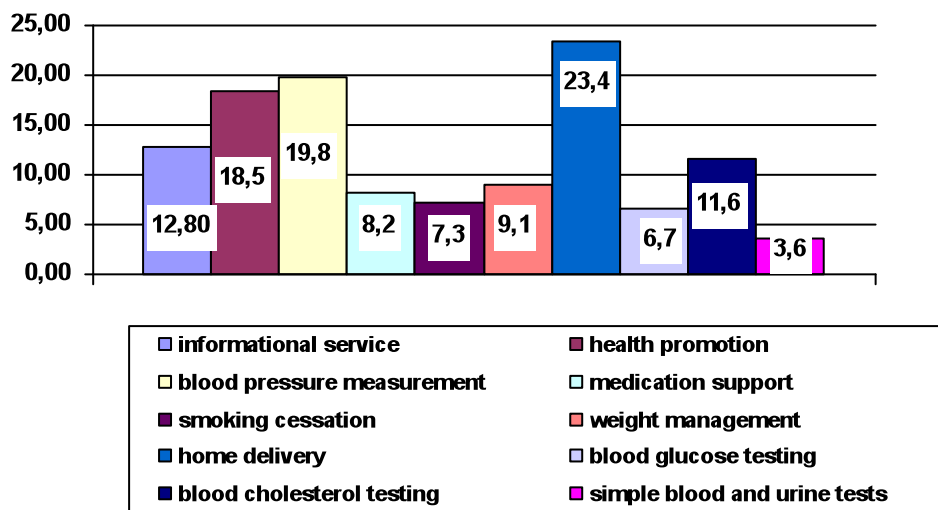


Figure 1

Pharmacists' opinion about the possibility to implement pharmaceutical services.

The most feasible services are considered home delivery ($23.4 \pm 2.33\%$) and blood pressure measurement ($18.5 \pm 2.14\%$), as well as health promotion ($12.8 \pm 1.84\%$).

$74.8 \pm 2.39\%$ consider that pharmacists should not be paid for provided services. Those who consider that pharmaceutical services must be paid for, mention screening services, where special equipment is needed.

One of the ways to implement quality pharmaceutical services is to introduce the patient medical profile card in pharmacy practice. There are no such cards in the Republic of Moldova at the moment. Pharmacists have been asked about this idea; most of them ($69.3 \pm 2.54\%$) positively accepted the idea of patient medical profile card.

Most of the pharmacists consider that the main barriers in implementing new pharmacy services are the lack of pharmacist's time ($52.6 \pm 2.75\%$) and the lack of patients' time ($48.3 \pm 2.75\%$). Other possible barriers can be the lack of resources ($29.5 \pm 2.51\%$) and of knowledge ($24.3 \pm 2.36\%$). Only one pharmacist from ten considers that there is no profitability in introducing new services.

This population-based study has shown a great need of more extended patient-oriented pharmaceutical services than offered today. Population seems to have a positive attitude towards community pharmacies and is ready to use services, if provided. There are different target groups for different pharmaceutical services: thus, screening services are more needed by the older population, but home delivery is important for the

younger and more active population, who usually is very busy. Women are more aware about health promotion and weight management and they need more information about medicines than men. Rural inhabitants need more integrated services, because pharmacy is sometimes the only healthcare provider in rural areas.

The pharmacists' survey has shown that pharmacists are still very "product-oriented". They don't assume the real definition of "patient-oriented community pharmacy services". Despite of the fact that most of the pharmacists mention that they provide drug information and promote health, these are the most requested services by the population. There is a big gap between the informational support offered by pharmacists and what patients expect to receive. Thus pharmacist provide more "product" information: mode of use, storage, duration of treatment, but patients want more "personal" information: side effects, interactions, etc. Older pharmacists offer requested information more frequently than their younger colleagues, but they are more reserved about service providing, such as blood pressure measurement, weight management, home delivery etc. Those pharmacists, who participate more often in different professional events and have pharmacy periodicals' subscription, usually have greater awareness about qualitative service provision.

There are no major barriers in implementing new services; the lack of pharmacist and patient time can be solved by better service organization and motivation of customers and personnel regarding the need of service.

Conclusions

The study has shown a great demand for pharmaceutical services among the population of the Republic of Moldova. There are different "target groups" for different community pharmacy services. On the other hand, community pharmacists are still product-oriented and don't offer patient-oriented pharmaceutical services on a regular base. There is a big gap between the expected and provided information about medicines. There are no major barriers in implementing pharmaceutical services, but pharmacists are not very optimistic about this.

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