

Community Pharmacists' Strategies in Greece: An Assessment of the Policy Environment and the Mapping of Key Players

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Abstract

The aim of the study was to form and assess the pharmacists' strategies in Greece, by analyzing the policy environment and identifying the role of the key players-stakeholders. For collecting and organizing important information about the pharmacists' policy, the *PolicyMaker's* computerized version of political mapping was used, serving as a database for assessments of the policy's content, the major players, the power and policy positions of key players, the interests of different players, and the networks and coalitions that connect the players. As the research findings show, the initially expected impact of the pharmacists' policy proved to be very optimistic in most of the implemented strategies, as the majority of the strategies have worsened or minimized their success ratio throughout the time in study. Concluding, either the initially set strategies were at the wrong direction or the actions taken to implement them were inappropriate. Moreover, one can suggest that the shifting ability in both the position and the power of the most key players were over-estimated, while they under-estimated the impact of troika-constitutions meddling in the pharmaceutical policymaking and in the health sector cost-containment measures imposing.

Keywords

Community Pharmacy, Stakeholder Mapping, Pharmaceutical Policy, Health Sector, Greece

1. Introduction

In 2012 the recession of the Greek economy was well deeper than initially expected. For the years 2009-2012

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aggregate, GDP contracted by 20%. At the same time, government consumption continued to fall and investment shrank for the fourth consecutive year. The unemployment rate increased by 15 percentage points to almost 24% [1] [2]. The economic crisis had a dramatic impact in social life, since the reduction and/or lack of income causes losses in welfare and sets large sections of the population in poverty [3].

As the Greek healthcare system is characterized by a large number of regulatory bodies, several ministries shared responsibilities concerning the pharmaceutical policy (the Ministry of Health, the Ministry of Development, the Ministry of Labour and Social Security, the Ministry of Finance, etc.). The above system apart from being very difficult to monitor it was not efficient. Hence, since May 2010 under the MoU all health-related activities were brought under one ministry; the Ministry of Health in order to rationalise licensing, pricing and reimbursement systems for medicines. In this way, the supply side cost containment measures is expected to be reinforced [4].

Public pharmaceutical expenditure followed an upward trend until 2009 reaching the € billion or 2% of GDP, in line with developments in overall health expenditure and GDP. However, in 2010-2011 it fell sharply by 22% to reach €3.98 billion in 2011, €2.88 billion or 1.4% of GDP in 2012, €2.44 billion in 2013 and €2 billion or 1% of GDP in 2014 [2] [5]-[7].

The cumulative decrease of € billion in (net) public pharmaceutical expenditure in the period 2009/2014 resulted from reforms in the pharmaceutical market (changes in the pricing system, increases in rebates to social security funds, reduction in regulated wholesale and retail margins, reduction in the VAT rates, etc.) [6]-[8].

The Pharmacy Landscape in Greece

The supply of pharmaceutical products in Greece is defined by the pharmaceutical companies that are active in the sector (engaging in the manufacturing or marketing areas) and the distribution chain. More analytically, medicinal products with the exception of those distributed through hospitals, for which no wholesaler intervenes, follow this course: pharmaceutical company—wholesaler—pharmacy. The population density of pharmacies in Greece is the highest among EU Member States, with a ratio of one (1) pharmacy per 1028 inhabitants, compared with the EU-27 average of one (1) pharmacy per 3300 inhabitants (the total number of pharmacies in Greece is over 11.000) [9].

Today in Greece more than 14,000 pharmacists are employed, with the vast majority of those >80% working in independent-community pharmacies. More than 60% of pharmacists are women, while the central tendency in the age distribution is between 55 to 65 years that is very close to the retirement age. Regarding the structure of pharmacies, they are small sized stores which hardly exceed 50 m². The legal retail mark-up by pharmacies to the wholesale price is currently set to 35% for medicines that are not reimbursed by Social Security Funds (SSFs), 32.4% for medicines reimbursed by SSFs with a wholesale price of up to €200, 16% for drugs under Law 3816 (having a special wholesale price of up to €200 and a fixed amount of €30 along with a regressive percentage of 8%, 7% and 6% for drugs with a wholesale or special wholesale price of €201 - €500, €501 - €1000 and €1001+, respectively), plus VAT at a rate of 6.5%. Based on the composition of consumption (products with a wholesale price of <€200 have a market share of 91%) and taking into account the pharmacy discounts and rebates, the average profit margin of pharmacies is estimated at about 19% [5]. In summary, along with other countries such as Spain and Italy, pharmacies in Greece follow by the so-called “*Mediterranean*” model in contradiction to the “*North European*” model prevalent in countries of central and northern Europe. Practically this means scattered, many in number, small in size pharmacies in which works only one pharmacist (the owner—the one with the authorization to establish the pharmacy) versus low dispersion, few in number, large in size pharmacies where many pharmacists are working.

Implementation of reforms in pharmaceutical sector has progressed substantially from 2010 and today stands hopefully in the end of a long road. The most remarkable interventions significantly affecting the pharmacy sector refer to the [10] [11]:

- 1) Implementation of the claw back mechanism (through Ministerial decree) it was set the new-claw back threshold for 2013 (€2.4 bn for outpatient pharmaceutical);
- 2) New pricing mechanism for medicines (with the new price bulletin the authorities expect a further reduction in prices);
- 3) Prescription by active substance—Compulsory lowest-priced medicines substitution (since the beginning of 2012, the authorities mandated the substitution of prescribed medicines by the lowest-priced of the same ac-

tive substance in the reference category by pharmacies);

4) Increasing the use of generic medicines (the authorities took further measures to ensure that the target of 60% of the volume of medicines used is made up of generics with a price below that of similar branded products and off-patent medicines, will be accomplished);

5) Reduction of profit margins for medicines (the pharmacies' profit margin was readjusted with the aim of reducing the overall profit margin to no more than 15%, including the most expensive drugs);

6) Prescription budget for each doctor (a prescription budget for each doctor and a target on the average cost of prescription per patient);

7) Regulatory restrictions (deregulation measures as licensing or membership of a professional body, of the professional monopoly, requirements regarding ownership and operating requirements, restrictions on horizontal and vertical integration, etc.);

8) Consolidation in EOPYY (the consolidation of all existing health insurance Funds in a single universal social health insurance organisation—EOPYY); and

9) Electronic prescription (electronic prescription constitutes more than 90% of all prescriptions and can provide real-time information for continuous monitoring and assessment of prescription behavior and pharmaceutical spending by the EOPYY and the Ministry of Health). These measures (and many others) have significantly affected the economic and business sustainability of pharmacies in Greece.

The aim of this study was to form and assess the pharmacists' strategies in Greece, by analyzing the policy environment and identifying the role of the key players-stakeholders. The study also presents the opportunities and obstacles of the community pharmacies and identifies the consequences and impact of the policy formation.

2. Materials and Methods

2.1. Study Design

A list of the main key players-stakeholders (ministries, national & regional pharmacy professional bodies, health professional bodies, universities and research institutes, health insurance funds, the pharmaceutical industry, wholesale drugstores, pharmacy chains, citizens-patients-consumers, the media & press and, finally, political parties) in the pharmacists' policymaking was obtained. The knowledge to identify the key players-stakeholders was created by experts in the field of pharmaceutical policy, by literature review, our previous research expertise in the field and from the opinions of the pharmacists themselves [12]-[16].

For all the above stakeholders, contact details were obtained and a preliminary contact (via email or phone) was performed, in order to identify their willingness and interest to participate in the research. For those accepted to participate, structure interviews were performed or filled questionnaires were obtained [see [Appendix 4](#)], based on the *PolicyMaker* method for collecting and organizing important information about a policy [17]-[19]. For those who didn't accept to participate or didn't answer to our invitation, their views and roles were identified through their acts and their opinions publicly expressed in media, conferences and professional bodies.

2.2. Data Analysis

PolicyMaker's computerized version of political mapping enhances the flexibility of this method for application to diverse policy environments. *PolicyMaker* serves as a database for assessments of the policy's content, the major players, the power and policy positions of key players, the interests of different players, and the networks and coalitions that connect the players. The *Feasibility Algorithm* is used to calculate the indices of support and opposition shown in the *Feasibility Graph*. The *Feasibility Algorithm* is a mathematical formula involving players' positions and power. The algorithm is applied to each player included in the analysis, producing a value that is added to the appropriate index (support, non-mobilized, or opposition), to create the *Feasibility Graph*. When the *Feasibility Graph—Future* is generated, the program averages the strategy impacts for each player and determines the combined impact. The *Feasibility Algorithm* is then applied to that impact, resulting in a feasibility value for each player. This value is then added to the appropriate index (for support, non-mobilized, or opposition). The three indices are then shown on the *Future Feasibility Graph*. The model embodied in the feasibility algorithm inevitably simplifies reality. However, the multiple uncertainties and informed guesses involved in calculating the *Feasibility Graph* should not be forgotten [17].

In sum, the research method used is intended to help policymakers manage the processes of reform and promote strategic programming as well as strategic thinking [20].

The methodology used, guides the researcher through five analytical steps for assessing the pharmacists’ policymaking (Figure 1).

All the participants signed the informed consent section and their anonymity and the confidentiality of the questionnaire content was ensured.

3. Results

In the first section of the questionnaire, pharmacists defined the strategic goals of their policymaking. The goals are presented in Table 1, along with the proposed achievement mechanism.

The key players-stakeholders in the pharmacy policymaking are presented in Table 2.

For every stakeholder its initial (backdated to December 31, 2011):

- territorial Level (*national or regional*),
- Sector (*Governmental, Non-governmental, Political, Media, Commercial, Private, Social*)
- Position (*High Support, Medium Support, Non-Mobilized, Medium Opposition, High Opposition*) and
- Power (*Low, Medium, High*) is also identified.



Figure 1. The five steps of analysis.

Taking in consideration the stakeholders' initial position (backdated to December 31, 2011) from **Table 2**, a *Current Position Map* was constructed (**Figure 2**).

As it is shown in the graphical presentation of the stakeholders' initial position, there is a medium to high opposition from the Governmental sector and the media, a neutral position from the other stakeholders of the

Table 1. Policy content.

Goal	Mechanism
Acceptance by the society	Personality Multi-faceted service of patients
Satisfactory working conditions (working hours, etc.)	Through professional body-union Through Pharmaceutical Association
Increase of the role of scientific-professional unions	Pharmacists' general assemblies
Maintenance—Increase of the profit margins	Through professional body-union, Co-operation (pharmacy chains)
Maintenance of exclusiveness in the provision of pharmaceutical—para-pharmaceutical products	Strikes Professional Unions-Bodies
Maintenance of the existing competition regime	Pharmaceutical Association, professional body-union
Upgrade of the scientific role-position	Lifelong learning, Laboratory Work
Upgrade of the social role-position	Multi-faceted service of patients Advertising, Modernization of pharmacies

Table 2. Player table.

Player name	Level	Sector	Position	Power
Citizens-Patients-Customers	National	Private	Medium Support	Medium
Health Insurance Funds	National	Social	Medium Opposition	High
Hellenic Pharmaceutical Association	National	Non-Governmental	Medium Support	Medium
Media and Press	National	Media	High Opposition	Medium
Medical Association—Doctors	National	Non-Governmental	Non-Mobilized	Medium
Ministry of Development & Competitiveness	National	Governmental	Medium Opposition	High
Ministry of Employment and Social Protection	National	Governmental	Medium Opposition	High
Ministry of Finance	National	Governmental	High Opposition	High
Ministry of Health	National	Governmental	Medium Opposition	High
Pharmaceutical Industries	National	Commercial	Non-Mobilized	Medium
Pharmacy Chains	National	Commercial	Non-Mobilized	Medium
Political Parties	National	Political	Non-Mobilized	Medium
Universities	National	Non-Governmental	Non-Mobilized	Low
Wholesale Drugstores	National	Commercial	Medium Support	Medium
Regional Pharmaceutical Association	Regional	Local Non-Governmental	High Support	Medium

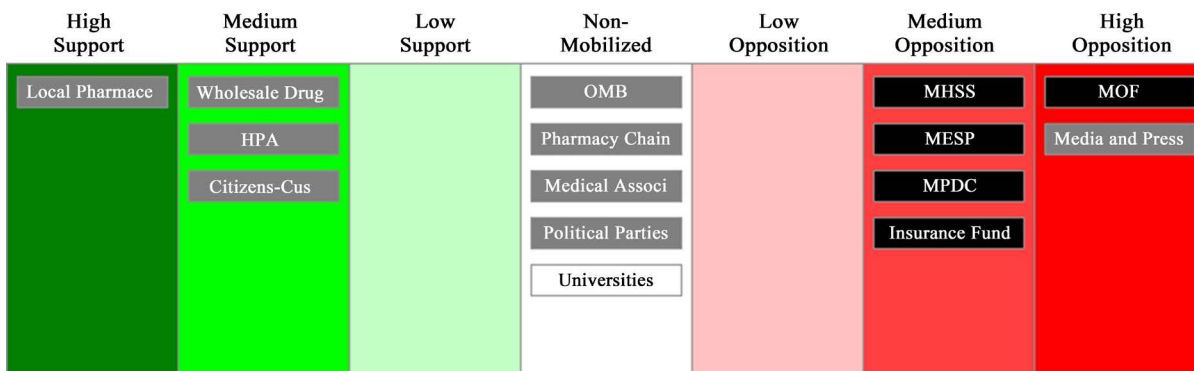


Figure 2. Current position map.

pharmaceutical supply chain and some medium to high support from its professional bodies and—the most promising—the citizens-patients-customers. A more comprehensive graphical presentation of the key players’ initial position, but also of the homogeneity of their interests and their grouping is being presented in the Coalition Map in **Figure 3**.

In the Greek community pharmacy environment we discern several opportunities, which should not be unleashed, but also many obstacles that have to cope with (**Table 3**).

The community pharmacies’ general strategies were therefore analyzed and connected to certain actions, thoroughly specialized and customized to address each key player position and power [**Appendix 1**].

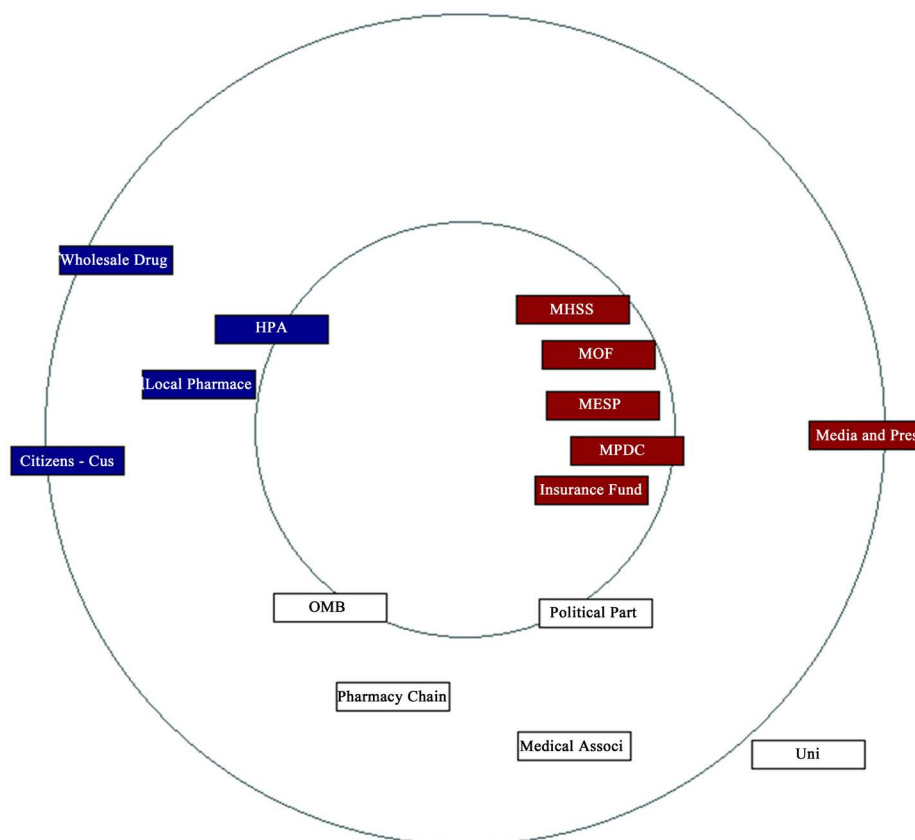


Figure 3. Coalition map.

Table 3. Opportunities and obstacles.

Player name	Opportunity	Obstacle
Citizens-Patients-Customers	Patient-centered approach of the profession	Political and economic circumstances
Hellenic Pharmaceutical Association	Object enlargement Provision of health services	Expansion of working hours, Entry of non-pharmacists in the profession, Increase of the delinquency
Pharmaceutical Industries	-	Large reduction in profits, Political and economic circumstances
Pharmacy Chains	The economic circumstances encourage the pharmacy chains to flourish	-
Regional Pharmaceutical Association	Provision of health services	Expansion of working schedule, Entry of non-pharmacists in the profession, Increase of the delinquency
Universities	Upgrade of the scientific role of pharmacists	Restriction of the scientific role of pharmacists
Wholesale Drugstores	Increase on sales of para-pharmaceutical products	-

The expected impact of the pharmacists’ general strategies, analyzed by each certain strategy and key player is presented in [Appendix 2]. The impact is considered as the shift in each player’s initial position and power, assuming that pharmacists’ certain actions as in [Appendix 1], will have a positive impact on key players’ future position and a modification in their power of intervention, so as to develop a more friendly policy environment.

Taking in consideration the stakeholders’ initial position from Table 2, a Future Position Map was constructed, expressing the shifts in the key players’ position (Figure 4).

As it is shown, in this graphical presentation, the pharmacists expected a significant positive shift in the future positions for all key players. More specifically, the Pharmacy sector expected the Government entities to mild their initial high opposite position to medium or low opposition, while non-mobilized positions of other key players to modified to low support and the majority of the pharmaceutical sector players to move to medium or high support. At the same time the pharmacy sector actions were expected to reduce the high power of intervention of the opposition players, while enhancing the power of the supporting players, as presented above in [Appendix 2].

We finally assessed in two given distinct time moments (December31, 2012 and June 30, 2013) the success of the pharmacy sector strategy implementation, concerning the degree in which it succeeded in accomplishing the expected impact. The results are presented in [Appendix 3], from where it is obvious that the initially expected impact proved to be very optimistic in the most of the implemented strategies. It’s worth noting that in the majority of the strategies have worsened or minimized their success ratio throughout the time in study.

4. Discussion

Community pharmacies traditionally have been acting as primary care service points, significantly contributing to the health of citizens not only in Greece, but worldwide [21]-[30].

With the first stormy clouds over the health (and specially over the pharmaceutical) sector, due to initial austerity measures under the Economic Adjustment Programme for Greece [31], community pharmacies turn to their National and Regional professional bodies, in order to preserve their scientific, financial and business interests. Though the reforms to modernize the health care sector were rather general in the MoU, its later in the 2010 reviews, unveiled the severe interventions to the pharmaceutical sector, with significant impact to the community pharmacies as well. Along with the Second Economic Adjustment Programme for Greece [2] and the Medium-Term Fiscal Strategy 2013-2016 [7], the reforms in the Greek health System seem to focus mainly to the pharmaceutical supply chain (from production to community pharmacies) inducing heavy losses to their revenues and profits [6] [8] [32]. Also, the government’s drastic measures due to the obligation of the deregulation in the community pharmacies’ market, worsen the state of tension in the market [33]-[35]. All these, set in question the feasibility of the community pharmacies in Greece, so the formation of a strategic plan for the community pharmacies was therefore required [36]. The strategic goals set under the pressure of reaction to the initial reforms, could be seen as realistic, comprehensive and in accordance to the vision and mission of other

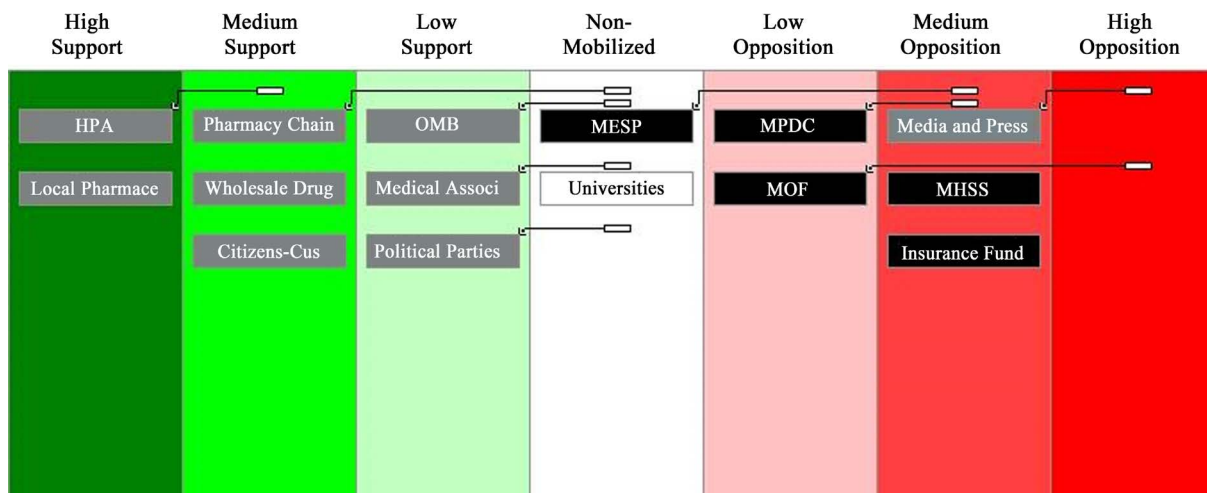


Figure 4. Future position map—all strategies.

European community pharmacists' professional bodies, scientific publications and the PGEU [9] [24] [25] [37]-[50].

But, as the research findings show, either the initially set strategies were at the wrong direction or the actions taken to implement them were inappropriate. Moreover, one can suggest that the shifting ability in either the position or the power of the most key players were over-estimated.

Similar misguided and unsuccessfully developed strategic plans, were also implemented before and in many other countries as well, but never with such a deviance from the initial goals and in such a limited time period [50]-[56].

5. Conclusion

Concluding, on one hand, the community pharmacists proved not to have the ability and the experience to evaluate the current economic and health care environment, while on the other hand, they under-estimated the impact of troika meddling in the pharmaceutical policymaking and in the health sector cost-containment measures imposing.

Competing Interests

The authors declare that they have no competing interests.

Authors' Contributions

AV: Designed the study, the study questionnaire, supervised the analysis and provided comments on the manuscript.

LS: Analyzed literature and participated in the data analysis.

GP: Made major contributions to the background and discussion section and provided comments on the manuscript.

All authors revised the manuscript critically for important intellectual content and approved the final version.

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Abbreviations

MoU: Memorandum of Understanding; SSFs: Social Security Funds; HPA: Hellenic Pharmaceutical Association; OMB: Pharmaceutical Industries; MHSS: Ministry of Health and Social Solidarity; MESP: Ministry of Employment and Social Protection; MPDC: Ministry of Development & Competitiveness; MOF: Ministry of Finance.

Appendix 1. Strategy Table

Player	Strategy and Actions
Citizens-Patients-Customers, Media and Press	Hire a professional public relations firm to monitor the opposition or to design a negative public relations campaign directed against the opposition.: Feed the press with negative information relating to the government actions and simultaneously positive news for the Pharmacies' issue
Citizens-Patients-Customers, Media and Press, Political Parties	Invoke "Crisis" to Justify Policy: Organize a media campaign to create a sense of public "crisis" regarding access to and costs of pharmaceutical products, in order to justify major policy aims and override opposition.
Citizens-Patients-Customers, Political Parties	Use symbols to Increase public support of the policy: Organizing a media campaign or finding sympathetic victims.
Health Insurance Funds	Get Support from Single Payer Proponents: Persuade single-payer proponents that the policy is the best plan they could hope to achieve.
Hellenic Pharmaceutical Association, Regional Pharmaceutical Association, Citizens-Patients-Customers	Persuade supporters to strengthen their position: Reminding of the promised benefits compared to other policies.
Ministry of Health, Ministry of Finance, Ministry of Employment and Social Protection, Ministry of Development & Competitiveness, Health Insurance Funds	Compromise on Coverage: Compromise on the definition of universal coverage, in order to win support from some critics of the reform effort.
Ministry of Health, Ministry of Finance, Ministry of Employment and Social Protection, Ministry of Development & Competitiveness, Health Insurance Funds	Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.: Regular meetings with government officials
Ministry of Health, Ministry of Finance, Ministry of Employment and Social Protection, Ministry of Development & Competitiveness, Health Insurance Funds	Reduce the strength of coalitions of opposing groups or individuals, by fostering internal tensions or by winning over a key member.: Appoint their differences in financial and other interests
Ministry of Health, Ministry of Finance, Ministry of Employment and Social Protection, Ministry of Development & Competitiveness, Health Insurance Funds, Media and Press	Undermine the legitimacy of the opposition, by connecting them to negative social values through negative publicity.: Limited access to pharmaceutical products
Universities	Persuade non-mobilized to take a position of support, by adding desired goals and mechanisms to the policy: Provide information and evidence, including technical and political information.
Wholesale Drugstores, Citizens-Patients-Customers, Pharmaceutical Industries, Pharmacy Chains, Medical Association—Doctors	Persuade non-mobilized groups to take a supporting position: Providing incentives, removing objections, or adding desired policy elements.
Wholesale Drugstores, Hellenic Pharmaceutical Association, Regional Pharmaceutical Association, Pharmaceutical Industries, Pharmacy Chains, Medical Association—Doctors, Universities	Strengthen Public Relations: Involve representatives in the working group process to draft the reform policy.
Wholesale Drugstores, Pharmaceutical Industries, Pharmacy Chains, Medical Association—Doctors	Reduce the intensity of their opposition.: Provide compensation for real and perceived harms

Appendix 2. Strategy Impacts

Strategy	Player name	Current Position	Future Position	Current Power	Future Power
Compromise on Coverage	Ministry of Health	Medium Opposition	Non-Mobilized	High	High
Compromise on Coverage	Ministry of Finance	High Opposition	Medium Support	High	High
Compromise on Coverage	Ministry of Employment and Social Protection	Medium Opposition	Low Support	High	Medium
Compromise on Coverage	Ministry of Development & Competitiveness	Medium Opposition	Non-Mobilized	High	Medium
Compromise on Coverage	Health Insurance Funds	Medium Opposition	Medium Support	High	High
Get Support from Single Payer Proponents	Health Insurance Funds	Medium Opposition	Medium Opposition	High	High
Hire a professional public relations firm to monitor the opposition or to design a negative public relations campaign directed against the opposition.	Citizens-Patients-Customers	Medium Support	High Support	Medium	Medium
Hire a professional public relations firm to monitor the opposition or to design a negative public relations campaign directed against the opposition.	Media and Press	High Opposition	Low Opposition	Medium	Medium
Invoke “Crisis” to Justify Policy	Citizens-Patients-Customers	Medium Support	Medium Opposition	Medium	Medium
Invoke “Crisis” to Justify Policy	Media and Press	High Opposition	High Opposition	Medium	Medium
Invoke “Crisis” to Justify Policy	Political Parties	Non-Mobilized	Low Opposition	Medium	Medium
Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.	Ministry of Health	Medium Opposition	Medium Opposition	High	High
Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.	Ministry of Finance	Medium Opposition	Medium Opposition	High	High
Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.	Ministry of Employment and Social Protection	Medium Opposition	Low Opposition	High	Medium
Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.	Ministry of Development & Competitiveness	Medium Opposition	Medium Opposition	High	High
Meet with opponents to seek common goals or mechanisms, and thereby reduce the intensity of their opposition.	Health Insurance Funds	Medium Opposition	High Opposition	High	High
Persuade non-mobilized groups to take a supporting position	Wholesale Drugstores	Medium Support	Medium Support	Medium	Medium

Appendix 3. Strategy Impacts

Strategy	Expected Impact	Success (%) 31/12/2011	Success (%) 31/12/2012	Success (%) 30/06/2013
Highlight (emphasize) their differences in financial and other interests	Health Insurance Funds: (No position or change)	25	25	0
Highlight (emphasize) their differences in financial and other interests	Ministry of Development & Competitiveness: (No position or change)	50	25	25
Highlight (emphasize) their differences in financial and other interests	Ministry of Employment and Social Protection: Position weakened to Low Opposition and strengthened to High	50	25	25
Highlight (emphasize) their differences in financial and other interests	Ministry of Finance: Position weakened to Medium Opposition	50	25	25
Highlight (emphasize) their differences in financial and other interests	Ministry of Health: (No position or change)	50	25	25
Compromise on the definition of universal coverage, in order to win support from some critics of the reform effort.	Health Insurance Funds: Position weakened to Medium Support	50	25	25
Compromise on the definition of universal coverage, in order to win support from some critics of the reform effort.	Ministry of Development & Competitiveness: Position weakened to Non-Mobilized and strengthened to Medium	50	25	25
Compromise on the definition of universal coverage, in order to win support from some critics of the reform effort.	Ministry of Employment and Social Protection: Position weakened to Low Support and strengthened to Medium	50	25	25
Compromise on the definition of universal coverage, in order to win support from some critics of the reform effort.	Ministry of Finance: Position weakened to Medium Support	75	50	25
Compromise on the definition of universal coverage, in order to win support from some critics of the reform effort.	Ministry of Health: Position weakened to Non-Mobilized	75	50	50
Feed the press with negative information relating to the government actions and simultaneously positive news for the Pharmacies' issue	Citizens-Patients-Customers: Position weakened to High Support	100	75	50
Feed the press with negative information relating to the government actions and simultaneously positive news for the Pharmacies' issue	Media and Press: Position weakened to Low Opposition	50	50	50
Involve representatives in the working group process to draft the reform policy	Hellenic Pharmaceutical Association: Position weakened to High Support and weakened to Low	50	25	25
Involve representatives in the working group process to draft the reform policy	Medical Association—Doctors: (No position or change)	25	0	0
Involve representatives in the working group process to draft the reform policy	Pharmaceutical Industries: Position weakened to Medium Support and weakened to Low	50	25	25
Involve representatives in the working group process to draft the reform policy	Pharmacy Chains: Position weakened to Medium Support	75	50	50
Involve representatives in the working group process to draft the reform policy	Regional Pharmaceutical Association: weakened to Low	75	75	75
Involve representatives in the working group process to draft the reform policy	Universities: (No position or change)	25	25	25

Continued

Involve representatives in the working group process to draft the reform policy	Wholesale Drugstores: (No position or change)	25	0	0
Limited access to pharmaceutical products	Health Insurance Funds: Position strengthened to High Opposition	50	50	25
Limited access to pharmaceutical products	Media and Press: Position weakened to Medium Opposition	25	25	25
Limited access to pharmaceutical products	Ministry of Development & Competitiveness: Position weakened to Non-Mobilized	50	50	25
Limited access to pharmaceutical products	Ministry of Employment and Social Protection: Position weakened to Non-Mobilized and strengthened to Medium	50	50	25
Limited access to pharmaceutical products	Ministry of Finance: (No position or change)	50	50	25
Limited access to pharmaceutical products	Ministry of Health: Position strengthened to High Opposition	50	50	25
Organize a media campaign to create a sense of public “crisis” regarding access to and costs of pharmaceutical products, in order to justify major policy aims and override opposition.	Citizens-Patients-Customers: Position strengthened to Medium Opposition	100	75	75
Organize a media campaign to create a sense of public “crisis” regarding access to and costs of pharmaceutical products, in order to justify major policy aims and override opposition.	Media and Press: (No position or change)	50	25	25
Organize a media campaign to create a sense of public “crisis” regarding access to and costs of pharmaceutical products, in order to justify major policy aims and override opposition.	Political Parties: Position strengthened to Low Opposition	50	25	25
Organizing a media campaign or finding sympathetic victims	Citizens-Patients-Customers: (No position or change)	75	50	50
Organizing a media campaign or finding sympathetic victims	Political Parties: Position weakened to Medium Support	50	25	25
Persuade single-payer proponents that the policy is the best plan they could hope to achieve	Health Insurance Funds: (No position or change)	50	25	25
Provide compensation for real and perceived harms	Medical Association—Doctors: Position weakened to Low Support	25	0	0
Provide compensation for real and perceived harms	Pharmaceutical Industries: Position weakened to Low Support	50	25	0
Provide compensation for real and perceived harms	Pharmacy Chains: Position weakened to Medium Support and strengthened to High	50	25	25
Provide compensation for real and perceived harms	Wholesale Drugstores: (No position or change)	50	25	0
Provide information and evidence, including technical and political information.	Universities: (No position or change)	75	50	50
Providing incentives, removing objections, or adding desired policy elements.	Citizens-Patients-Customers: (No position or change)	50	50	50

Continued

Providing incentives, removing objections, or adding desired policy elements.	Medical Association—Doctors: Position weakened to Low Support	25	25	0
Providing incentives, removing objections, or adding desired policy elements.	Pharmaceutical Industries: Position weakened to Low Support	50	25	25
Providing incentives, removing objections, or adding desired policy elements.	Pharmacy Chains: Position weakened to Low Support and strengthened to High	75	50	50
Providing incentives, removing objections, or adding desired policy elements.	Wholesale Drugstores: (No position or change)	50	25	25
Regular meetings with government officials	Health Insurance Funds: Position strengthened to High Opposition	50	25	25
Regular meetings with government officials	Ministry of Development & Competitiveness: (No position or change)	75	50	25
Regular meetings with government officials	Ministry of Employment and Social Protection: Position weakened to Low Opposition and strengthened to Medium	50	25	25
Regular meetings with government officials	Ministry of Finance: Position weakened to Medium Opposition	75	50	25
Regular meetings with government officials	Ministry of Health: (No position or change)	75	50	25
Reminding of the promised benefits compared to other policies	Citizens-Patients-Customers: Position weakened to High Support	75	75	75
Reminding of the promised benefits compared to other policies	Hellenic Pharmaceutical Association: Position weakened to High Support and weakened to Low	100	100	100
Reminding of the promised benefits compared to other policies	Regional Pharmaceutical Association: weakened to Low	100	75	75

Appendix 4. Research Questionnaire

1) To your opinion, what are the main goals associated with the community pharmacists’ implementation policy and define the priority for each of them (check the appropriate cell).

Goals	Priority		
	<i>Low</i>	<i>Medium</i>	<i>High</i>

2) What are the mechanisms that the community pharmacists' implementation policy (must) use to achieve the above mentioned goals? (Note, each mechanism must refer to a certain goal).

	<i>Mechanism</i>	<i>Goal</i>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

3) Please, identify all the players that might be affected by or might affect the community pharmacists' implementation policy, and assess their position on the policy (check the appropriate cell).

<i>Stakeholders</i>	Qualitative assessment of the strength of a player's support or opposition				
	<i>high supporter</i>	<i>Medium supporter</i>	<i>Non-mobilized</i>	<i>medium opponent</i>	<i>high opponent</i>

4) Please, estimate how much power each particular player has over the outcome of the community pharmacists’ implementation policy debate (check the appropriate cell).

Stakeholders	Qualitative assessment of a player’s power over the outcome		
	<i>Low</i>	<i>Medium</i>	<i>High</i>

5) Please, fill in the Interests Table below by estimating each player’s level of interest in certain types of interest fields, concerning the community pharmacists’ implementation policy debate (use L (Low), M (Medium) or H (High)).

Stakeholders	Qualitative assessment of a player’s interest on various Fields						
	<i>Financial</i>	<i>Political</i>	<i>Personal</i>	<i>Scientific</i>	<i>professional</i>	<i>Moral</i>	

6) Please, identify the Strengths of the community pharmacists' Sector (up to 5 Strengths).

1)	
2)	
3)	
4)	
5)	

7) Please, identify the Weaknesses of the community pharmacists' Sector (up to 5 Weaknesses).

1)	
2)	
3)	
4)	
5)	

8) Please, identify and assess transitions that may present opportunities (Opportunities) to enhance the political feasibility of the community pharmacists' implementation policy (up to 5 Opportunities).

1)	
2)	
3)	
4)	
5)	

9) Please, identify and assess transitions that may create significant obstacles (Threats) to enhance the political feasibility of the community pharmacists' implementation policy (up to 5 Threats).

1)	
2)	
3)	
4)	
5)	