In a perfect world, we would not think that discrimina- tion against groups on the basis of skin color, age, disability, national origin, socioeconomic status, or geographic location would exist in any setting, especially in health care. Unfortunately, it does exist in all sectors of our society. Discrimination is not the sole contributor to health disparities among various socio-economic groups. Other factors including cost and access to health care, and as a result of health care providers and members of certain racial and ethnic groups contribute to the disparities among different groups.

The State of Maryland health disparities addressed racial and ethnic differences which are critical to the elimination of health disparities among all socio-economic groups. The factors that impact health disparities are sociological and economic factors and to some extent, the law that was enacted in 2004. Discrimination was an initiative to eliminate minority health disparities following legislation passed by the Maryland General Assembly. Studies have not yet measured that the major factors that influenced the legal changes were discussed at the conference. It is the responsibility of all stakeholders to address health disparities and eliminate them. In the past, we have talked about the importance of reducing racial and ethnic disparities, but in this situation, we have to be realistic and acknowledge that documented unac- cording racial and ethnic groups contribute to the disparities among various socio-economic groups. Other factors including cost and access to health care, and as a result of health care providers and members of certain racial and ethnic groups contribute to the disparities among different groups.

In a perfect world, we would not think that discrimina- tion against groups on the basis of skin color, age, disability, national origin, socioeconomic status, or geographic location would exist in any setting, especially in health care. Unfortunately, it does exist in all sectors of our society. Discrimination is not the sole contributor to health disparities among various socio-economic groups. Other factors including cost and access to health care, and as a result of health care providers and members of certain racial and ethnic groups contribute to the disparities among different groups.

In a perfect world, we would not think that discrimina- tion against groups on the basis of skin color, age, disability, national origin, socioeconomic status, or geographic location would exist in any setting, especially in health care. Unfortunately, it does exist in all sectors of our society. Discrimination is not the sole contributor to health disparities among various socio-economic groups. Other factors including cost and access to health care, and as a result of health care providers and members of certain racial and ethnic groups contribute to the disparities among different groups.

In a perfect world, we would not think that discrimina- tion against groups on the basis of skin color, age, disability, national origin, socioeconomic status, or geographic location would exist in any setting, especially in health care. Unfortunately, it does exist in all sectors of our society. Discrimination is not the sole contributor to health disparities among various socio-economic groups. Other factors including cost and access to health care, and as a result of health care providers and members of certain racial and ethnic groups contribute to the disparities among different groups.

In a perfect world, we would not think that discrimina- tion against groups on the basis of skin color, age, disability, national origin, socioeconomic status, or geographic location would exist in any setting, especially in health care. Unfortunately, it does exist in all sectors of our society. Discrimination is not the sole contributor to health disparities among various socio-economic groups. Other factors including cost and access to health care, and as a result of health care providers and members of certain racial and ethnic groups contribute to the disparities among different groups.
Maryland Electronic Prescribing Information Exchange

New technologies create opportunities for greater efficiency in almost every industry, including health care. Computer technology can replace the current paper-based prescribing method with an electronic prescribing method. The advancements in electronically filling prescriptions, including the use of output devices which can integrate with the pharmacy's record keeping systems, document verification mechanisms, and other components, have been observed since the early days of pharmacy. The end result is greater patient safety and well being of the pharmacist.

The benefits of e-prescribing are many. About 70% of the 3.5 billion prescriptions written annually in the U.S. are electronically transmitted, and up to 14% of all prescriptions are written by a pharmacist (see: http://www.deadiversion.usdoj.gov/faq/general.htm#rx_change for more information).

A. After consultation with the prescribing practitioner, the pharmacist is permitted to add or change the dosage information (see: http://www.deadiversion.usdoj.gov/faq/general.htm#rx_change for more information).

Q. Is it acceptable for a provider to give the patient a prescription with a signature that was written by hand to the pharmacist? The pharmacist is required to verify the signature with the prescriber and document on the form, the date, drug strength, drug quantity, directions for use, and the signature. The pharmacist should be aware that a hand written prescription can be changed by a pharmacist?

A. After consultation with the prescribing practitioner, the pharmacist is permitted to add or change the dosage information. A handwritten prescription is no longer a written prescription and must have the handwritten pen to paper signature of the pharmacist. Pharmacists should verify with their prescriber any prescription received from a patient with an electronic signature.

Q. Is it acceptable for a provider to give the patient a prescription that is not in writing? A prescription can be verified with the prescriber and documented on the form, drug strength, drug quantity, directions for use, and the signature.

A. After consultation with the prescribing practitioner, the pharmacist is permitted to add or change the dosage information.

Q. Can a pharmacist fill prescriptions based solely on a patient's diagnosis?

A. A pharmacist may fill a prescription based on the pharmacist's professional judgment that the prescription is appropriate for the patient. If there is no diagnosis, the pharmacist cannot fill the prescription.

A. After consultation with the prescribing practitioner, the pharmacist is permitted to add or change the dosage information. E-prescribing creates opportunities for greater efficiency in almost every industry, including health care. Computer technology can replace the current paper-based prescribing method with an electronic prescribing method. The advancements in electronically filling prescriptions, including the use of output devices which can integrate with the pharmacy's record keeping systems, document verification mechanisms, and other components, have been observed since the early days of pharmacy. The end result is greater patient safety and well being of the pharmacist.

The benefits of e-prescribing are many. About 70% of the 3.5 billion prescriptions written annually in the U.S. are electronically transmitted, and up to 14% of all prescriptions are written by a pharmacist (see: http://www.deadiversion.usdoj.gov/faq/general.htm#rx_change for more information).

A. After consultation with the prescribing practitioner, the pharmacist is permitted to add or change the dosage information. E-prescribing creates opportunities for greater efficiency in almost every industry, including health care. Computer technology can replace the current paper-based prescribing method with an electronic prescribing method. The advancements in electronically filling prescriptions, including the use of output devices which can integrate with the pharmacy's record keeping systems, document verification mechanisms, and other components, have been observed since the early days of pharmacy. The end result is greater patient safety and well being of the pharmacist.

The benefits of e-prescribing are many. About 70% of the 3.5 billion prescriptions written annually in the U.S. are electronically transmitted, and up to 14% of all prescriptions are written by a pharmacist (see: http://www.deadiversion.usdoj.gov/faq/general.htm#rx_change for more information).