

Health Disparities

In a perfect world, we would not think that discrimination based on race, ethnicity, gender, sexual orientation, age, disability, mental health, 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 only contributor to health disparities among various socio-economic groups. Other factors including costs and access to health and services, as well as mistrust of health care providers by members of certain racial and ethnic groups contribute to the disparities among the health of members of various racial and ethnic groups. The State of Maryland health disparities along racial and ethnic lines were a top priority to be addressed beginning in 2004, when the Department of Health and Mental Hygiene launched an initiative to eliminate minority health disparities following legislative action by the Maryland General Assembly. Many are not aware that the new initiative, entitled the State Health Improvement Process (SHIP), revealed accountability measures that documented unacceptable racial and ethnic disparities in health, including:

- African American babies are three times more likely to die before their first birthday than white babies.
- Almost one in three nonelderly Hispanics did not have **health insurance** in Maryland in 2008 compared to less than one in ten whites.
- More than 75% of **HIV** infections are among African Americans.
- **Asthma hospitalizations** are three times more likely to occur among African Americans than whites. (<http://dhhm.maryland.gov/ship/disparities.html>)

Maryland's Health Occupation Boards began a partnership with the Office of Minority Health and Health Disparities (unit where the SHIP initiative is housed) to provide valuable training and other resources for dissemination to licensed health care practitioners serving Maryland patients. Below is new information received from the Office of Minority Health and Health Disparities, which will aid pharmacists and other health care providers in insuring that the above types of disparities may be eventually eliminated.

Workforce Diversity and Cultural Competency: Publications and Resources

Publications

The new Maryland Comprehensive Cancer Control Plan is available for download from <http://fha.maryland.gov/cancer/cancerplan/publications.cfm>. The cancer disparities section can be viewed at <http://fha.maryland.gov/cancer/cancerplan/plan2011/Chapter3CancerDisparities.pdf>

Netto G, et al. How Can Health Promotion Interventions Be Adapted for Minority Ethnic Communities? Five Principles for Guiding the Development of Behavioral Interventions. Health Promotion International, March 18, 2010, e-publication ahead of print.

U.S. House of Representatives Committees on Ways and Means, Energy and Commerce, and Education and Labor. Health Insurance Reform at a Glance: Strengthening the Nation's Health Workforce. March 20, 2010. Available online at: <http://docs.house.gov/energycommerce/WORKFORCE.pdf> - Document identifies new and expanded funding and training opportunities for the health workforce that will result from the health reform bill.

Lee S, et al. Barriers to Health Care Access in 13 Asian American Communities. American Journal of Health Behavior, January-February 2010, 34(1): 21-30. (Maryland-based study)

Merchant JL, Omary MB. Underrepresentation of Underrepresented Minorities in Academic Medicine: The Need to Enhance the Pipeline and the Pipe. Gastroenterology, January 2010, 138(1): 19-26, e1-3.

Hinton I, et al. The Educational Pipeline for Health Care Professionals: Understanding the Source of Racial Differences. Journal of Human Resources, Winter 2010, 45(1): 116-156.

For more information on health disparities, contact:

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Maryland Board of Pharmacy

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BOARD MEETINGS

The Pharmacy Board meetings are held the third Wednesday of each month and are open to the public from 9:30 a.m. - 12 noon at 4201 Patterson Avenue, Baltimore Maryland 21215.

The Board encourages all interested parties to attend the monthly Board Meetings.

2011 PUBLIC BOARD MEETINGS DATES

Third Wednesday of each month 9:30 am - 12:30 pm	October 19, 2011 December 21, 2011	November 16, 2011 January 21, 2012
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COMMITTEE MEETING DATES

Executive Committee Meetings	Licensing Committee Meetings
First Wednesday of each month	Second Wednesday of each month
Disciplinary Committee Meetings	Practice Committee Meetings
First Wednesday of each month	Fourth Wednesday of each month
Emergency Preparedness Committee Meetings	Public Relations Committee
Second Wednesday of each month 8:30 am-10:30 pm	Fourth Wednesday of each month

Fall 2011

Maryland Board of Pharmacy news

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The Mission of the Maryland Board of Pharmacy

is to protect Maryland consumers and to promote quality healthcare in the field of pharmacy through licensing pharmacists and registering pharmacy technicians, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

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From The Executive Director's Desk

LaVerne Naesea, Executive Director

The Board of Pharmacy is pleased to announce the appointment of its newly appointed Acute Care Hospital representative Dr. Stephanie Hammonds. Dr. Hammonds has yet to have attended her first meeting (as of the writing of this article), but the Board looks forward to her becoming a great addition to its membership!

The below articles are of such importance to the continuing practice of pharmacy and expansion of scope of practice that I am dedicating the remainder of my allotted space in order to encourage immunizing pharmacists to respond. The subject initiative will add to the limited body of knowledge being developed to support pharmacists as they become more engaged in the practice of immunizing Maryland patients.

ARE YOU REGISTERED TO IMMUNIZE?

Complete the University of Maryland School of Pharmacy Immunization Survey

Article Submitted By: Cherokee Layson-Wolf, PharmD, Associate Professor, University of Maryland, School of Pharmacy

The University of Maryland School Of Pharmacy is conducting a survey to characterize pharmacists' immunization practices.

The objectives of this survey are to:

- 1) Characterize the pharmacy sites and pharmacists that have implemented immunization programs in Maryland since the 2006 immunization season.

- 2) Identify barriers that pharmacists experience when trying to establish an immunization practice.

- 3) Identify common tools pharmacists use for continuing education for immunization practices.

All information will be kept confidential and will only be used for research purposes, and results will be reported in the aggregate. Your decision to complete this research survey will not impact your employment and will not be reported to your employer.

As an incentive to participate, pharmacists completing the survey will be offered the opportunity to enter into a raffle for one of two cash prizes (one \$100 cash prize or one \$50 cash prize). Instructions on how to enter the raffle will be provided to the participant after completing the survey. Participants will be notified by email if they have been selected for one of the cash prizes via raffle.

To access the survey, please visit: <http://www.surveymonkey.com/s/mdrphimmunizer>. If you have any questions about this survey, you can contact the principal investigator, Cherokee Layson-Wolf, with the contact information indicated below.

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Associate Professor of Pharmacy Practice
Department of Pharmacy
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Visit the Board online at <http://dhhm.maryland.gov/pharmacyboard> or email to mdbop@dhhm.state.md.us.

PRACTICE CORNER

Anna Jeffers, Legislations/Regulations Manager

ATTENTION PHARMACY PERMIT HOLDERS

Effective October 1, 2011, pursuant to SB770/HB460, a pharmacy may accept prescription drugs and medical supplies taken to the pharmacy for disposal only if the pharmacy is approved by the Board as a Repository for this purpose. This would affect those pharmacies that are participating in "Dispose My Meds," "Take Away," or any other disposal program. Please review COMAR 10.34.33 Prescription Drug Repository Program on page 115 of the 2010 Edition of Maryland Pharmacy Laws and the Board's website homepage link for the necessary forms. No fee is required with the application. Revised regulations that are compatible with the draft federal disposal regulations are in development.

FAQs

Q. What elements on a controlled dangerous prescription received from a patient can be changed by a pharmacist?

A. After consultation with the prescribing practitioner, the pharmacist is permitted to add or change the dosage form, drug strength, drug quantity, directions for use, and issue date. The pharmacist is permitted to make informational additions that are provided by the patient or bearer, such as the patient's address, and such additions should be verified with the prescriber and documented on the prescription. The pharmacist is never permitted to make changes to the patient's name, controlled substance prescribed (except for generic substitution permitted by state law) or the prescriber's signature (see: http://www.deadiversion.usdoj.gov/faq/general.htm#rx_change for more information).

Q. Can a pharmacist fill prescriptions faxed directly from a patient?

A. A pharmacy may not fill a prescription faxed to the pharmacy by the patient UNLESS the pharmacy receives the original prescription from the patient before dispensing.

Q. Is it true that prescriptions cannot be filled after being on file for 120 days, according to State law?

A. In accordance with Health Occupations Article, 12-503, Annotated Code of Maryland, the 120 day period is determined by the date the prescriber writes, or issues,

the prescription, not how long it has been on file at a pharmacy.

(a) *An authorized prescriber who issues a prescription shall indicate on the prescription the date of its issuance.*

(b) *Unless otherwise instructed by the authorized prescriber who issues the prescription, a pharmacist may not dispense any drug or device on a prescription presented more than 120 days after the date the prescription was issued.*

Q. Is it acceptable for a provider to give the patient a printed prescription with an electronic signature and not sign it by hand?

A. Once a prescription is handed to a patient, it is no longer an electronic prescription and must have the handwritten pen to paper signature of the prescriber. Pharmacists should verify with the prescriber any prescription received from a patient with an electronic signature.

Q. Is it true that renewals and extensions for conventional Schedule III prescription drugs are limited to a calendar year, and then there must be a face-to-face encounter in order for it to be re-prescribed?

A. Schedule III - V prescriptions may be refilled 5 times within 6 months. After 6 months the patient would have to obtain a new prescription. See the Code of Maryland Regulations (COMAR) 10.19.03.09. The prescriber's licensing board dictates whether or not there must be a face-to-face encounter with the prescriber in order for the drug to be re-prescribed.

Any person wishing to republish or reproduce the above FAQs, in whole or in part, or any material issued by the Board should contact the Board for prior consent. These FAQs are not intended to be legal advice. Although references to current laws and regulations may be included above, keep in mind that laws may change annually and regulations may be changed at any time. Further, the information provided is based on state pharmacy laws and regulations. Federal rules and state requirements that are not included under the Maryland Pharmacy Practice Act, however, may also apply. To insure that all current applicable laws have been considered, you may want to consult with your own legal counsel.

NEWSLETTER ALERT!

Thanks to all those who have sent in their e-mail addresses! This will be the LAST newsletter mailed to pharmacists and pharmacy technicians.

- **Beginning Winter 2011, newsletters will be mailed to Pharmacies and Wholesale Distributors only. Newsletters will continue to be available on-line at dhhm.maryland.gov/pharmacyboard.**
- **Those without email addresses may request hard copies. Please contact Janet Seeds at 410-764-5988 for these requests. Please continue to update your e-mail information by sending your name, license/registration number and e-mail address to jseeds@dhhm.state.md.us.**

Compliance Unit

MARYLAND ELECTRONIC PRESCRIBING INFORMATION EXCHANGE

New technologies create opportunities for greater efficiency in almost every industry, including health care. Computer technology can improve and simplify the paper-based prescribing method by replacing it with e-prescribing. The advancements in information technology assist in eliminating errors caused by misreading medication names, instructions, and other common occurrences during the prescription ordering process. The end result is greater patient safety and well-being of patients.

The benefits of e-prescribing are many. Only about 7% of the 3.52 billion prescriptions written annually in the U.S. are sent electronically, but an increase in e-prescribing could greatly reduce expenditures. A study by the Medical Group Management Association reveals that an average of \$19,444 a year is spent by pharmacy and physician practices simply making telephone calls relating to prescriptions. The Maryland Department of Health and Mental Hygiene (DHMH), 2010, stated that high administration costs associated with health care are greatly reduced by adopting electronic health information systems (www.statestat.maryland.gov/GDU/13HealthDeliveryPlan.pdf). According to DHMH, there is a greater capacity for more-comprehensive treatment by hospitals and physicians when patient information is gathered electronically.

MHCC certifies electronic health networks or electronic intermediaries that operate in Maryland under COMAR 10.25.07, *Electronic Health Network Certification*. MHCC partners with the Electronic Health Network Accreditation Commission, a national accreditation organization, to assure that networks meet industry best practice standards related to privacy and confidentiality, technical performance, business practices, physical and human resources, and security.

By 2012, the Governor's overall Strategic Goal is to establish a statewide health information exchange and a system that ensures the universal adoption and utilization of electronic health records that is the best in the nation (www.statestat.maryland.gov/DGU/13HealthDeliveryPlan.pdf). The three strategies defined by DHMH through MHCC are as follows:

1. construction of a statewide health information exchange;
2. spurring the adoption of electronic health records; and
3. maximizing available federal funding.

The Maryland Board of Pharmacy provides requirements for receipt of electronic submission of prescriptions under Code of Maryland Regulations (C.O.M.A.R.) 10.34.20.01 - .04 which are compatible with MHCC requirements. Board requirements are as follows.

.02 Requirements for Prescription Validity.

A. A valid prescription shall be:

- (1) Valid in the professional judgment of the pharmacist responsible for filling the prescription; and
- (2) Conveyed:
 - (a) In a manner that contains the handwritten, pen-to-paper signature of the prescriber;
 - (b) In a manner that is transmitted to the pharmacy electronically, provided that the prescription is:
 - (i) Transmitted via electronic intermediaries that are certified by the Maryland Health Care Commission;
 - (ii) Received by the permit holder's computer, facsimile machine, or other electronic device; and
 - (iii) Maintained by the permit holder in accordance with Regulation .03 of this chapter; or
- (c) In an oral manner where:
 - (i) Only a pharmacist may take an original oral prescription by a voice messaging system or by phone with the pharmacist reading back the prescription to the prescriber or the prescriber's agent; and
 - (ii) The pharmacist promptly reduces the oral prescription to writing.

B. The requirement of §A(2)(b)(i) of this regulation does not apply to prescriptions transmitted electronically within:

- (1) A closed system of a group model health maintenance organization as defined in Health-General Article, §19-713.6, Annotated Code of Maryland; or
- (2) Any other closed system that does not utilize an intermediary for transmission of prescriptions.

.03 Prescription Records.

The pharmacy permit holder shall maintain prescription records in a form that:

- A. Is readily and accurately retrievable;
- B. Is maintained for at least 5 years from the date of dispensing; and
- C. Protects the confidentiality and security of the prescription information.

.04 Controlled Dangerous Substances.

Transmission and dispensing of controlled dangerous substances shall be in accordance with applicable State and federal statutes and regulations.

DISCIPLINARY ACTIONS

Pharmacists	Lic. #	Status	Date
Tanya Lilliston	14166	Surrender	7/15/11
Irvin Silen	06184	Probation	7/20/11
Thomas Closson	14131	Summary Suspension	8/18/11
Pharmacist Technicians			
Tech Name	Reg. #	Status	Date
Erin Anthony	T03128	Revoked	6/15/11
Christina Hamilton	T07563	Summary Suspension	6/24/11
Elizabeth Brown	T05708	Summary Suspension	9/1/11
Establishment			
Name	Permit #	Sanction	Date
Boyd & Fulford	P00047	Fine \$500	6/15/11
Remedi Senior Care	PW0228	Fine \$1000	6/22/11

From The Executive Director's Desk

ATTENTION IMMUNIZING PHARMACISTS

Keith Childress, Immunization Registry Coordinator for the State Center for Immunizations, has issued the following advisement to the Board of Pharmacy related to the upcoming Maryland ImmuNet Immunization Registry requirements:

We [the State of Maryland Center for Immunization] are in the process of developing an electronic survey which we will need every participating Maryland pharmacy to fill out. Each individual site location in Maryland will need to fill out a survey so that we can appropriately set up ImmuNet accounts for the specific pharmacy locations. However, we do have the capacity to receive one single electronic data feed from pharmacy chains which can include data for all their individual

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site locations. We will be developing a webpage dedicated to the ImmuNet-Pharmacy project, which will contain all the information you will need moving forward. More information to follow.

Data requirements on the ImmuNet homepage are contained in the ImmuNet User Manual. The manual is within "forms" which can be accessed by clicking the forms tab selection at the top of the homepage, www.mdimmunet.org. A direct link to the Data Exchange section of the ImmuNet User Manual is included. See section 13.4 & 13.5 for the Patient Data Fields and Immunization Data Fields. Required fields are in Blue: https://www.mdimmunet.org/ir_docs/13_Data_Exchange_IMMUNET.pdf

Additional information will be provided on the Board's web site and/or in future newsletters as received.