Electronic Prescription Records System – Assessment and Report

WORKGROUP DISCUSSION ITEMS

The Maryland Health Care Commission (MHCC) is tasked with convening a workgroup of interested stakeholders to conduct a health information technology policy study that assesses the benefits and feasibility of developing an electronic system (or statewide repository) for health care providers to access patient prescription medication history.¹ The following items are intended to guide discussions by topic categories and the development of workgroup recommendations:

**Topic Categories: T = Technology | P = Policy | C = Cost | O = Other**

*Note: Discussion items with an asterisk (*) are required in law*

1. (T) Capability of the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP) to make available patient prescription medication history*

2. (T/C) Required enhancements to the State-Designated HIE to ensure it can continue meeting other State mandates, including operating an effective Prescription Drug Monitoring Program (or PDMP)*

3. (T/C) Resources required for individual health care practitioners, health care facilities, prescription drug dispensers, and pharmacies to provide the information collected in a statewide repository of prescription medication information*

4. (P/T) Feasibility of ensuring data in the system is used only by health care practitioners to coordinate the care and treatment of patients*

5. (P/T) Scope of health care providers that would report prescription medication information in the system, including any specific exemptions*

6. (P/T/C) Potential for development or use of systems other than CRISP for access to patients’ prescription medication history*

7. (P) Scope of prescription medication information that should be collected in the system, including any specific exemptions*

8. (T/P/C) Privacy protections required for the system, including the ability of consumers to choose not to share prescription data and ensure the prescription data is used in a manner that is compliant with State and federal privacy requirements, including 42 31 U.S.C. § 290dd–2 and 42 C.F.R Part 2*


² Other matters not prescriptive in law but identified as a topic of interest by MHCC or stakeholders.
9. \(P\) Standards for prohibiting use of the data in the system by a person or an entity other than a health care practitioner, including any exceptions for use of data with identifying information removed for bona fide research*

10. \((C)\) Cost to the State to develop and maintain an electronic system and cost to prescribers to access the system*

11. \((C)\) Resources required to ensure that health care practitioners and prescription drug dispensers can maximize the benefit of using the system to improve patient care*

12. \((O/P)\) Impact on providers when patients are inappropriately treated due to incomplete medication history, including but not limited to malpractice, licensing boards, payer agreements, health care costs, etc.

13. \((O/P)\) Leading consumer fears for making available prescription medication history to treating providers

14. \((O/P)\) National activities related to increasing access to patient prescription medication history including means for patients to control which providers can view their data