



## **Electronic Prescription Records System Workgroup**

### **KEY THEMES AND CONCEPTUAL IDEAS FOR CONSIDERATION**

#### **BACKGROUND**

House Bill 115, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report* was passed during the 2018 legislative session. The law (Chapter 435) required the Maryland Health Care Commission (MHCC) to convene interested stakeholders (workgroup) to conduct a feasibility study as it relates to developing an electronic system (or statewide repository) for non-controlled dangerous substances (non-CDS) dispensed in Maryland.

#### **DIRECTIONS**

Reflecting on workgroup discussions to date, including information gathered in the discussion items/grids document, identify key themes and conceptual ideas that should be considered in developing informal draft recommendations. The following is not an exhaustive list and serves as a working document for framing key elements of draft recommendations. The relevant discussion item/grid number(s) are included in parenthesis.

#### **KEY THEMES/CONCEPTUAL IDEAS**

1. Electronic access to a more complete medication record is necessary to improve quality of care (medication reconciliation and care coordination) (Grid 3A)
2. Legislating non-CDS reporting (as opposed to a voluntary approach) is required to ensure consistent reporting by dispenser, use of industry standards, and in managing program costs (Grid 2A)
3. Use a phased-in implementation approach for non-CDS reporting by dispensers based on select drug classifications, provider types, pharmacy size, etc. with voluntary reporting permitted during a ramp up phase (Grids 1A, 2A, 3A, 5A)
4. Utilize a vendor neutral reporting technical infrastructure that encourages competition and supports multiple use cases in a non-CDS State reporting requirement, and if appropriate, leverage existing PDMP technology to support vendor neutral reporting of non-CDS (Grids 1A, 3A, 4A, 6A)
5. Engage dispensers and prescribers in initiatives aimed at building consumer awareness about the value in enabling treating providers to have a complete electronic medication list available at the point of care (Grids 2A, 3A, 7B)