

Electronic Prescription Records System Workgroup Technology Subgroup

October 30, 2018

Meeting Summary

Key discussion items include:

- The meeting began with a presentation from the National Council for Prescription Drug Programs (NCPDP) (slides available [here](#)) with an overview of current NCPDP standards used in electronic prescribing (e-prescribing), medication history, and billing. A forthcoming dispensed medication reporting standard that is communication agnostic for systems and patients will facilitate reporting to a health information exchange (HIE) or other entity. Participants walked through a graphic depicting the e-prescribing process today capturing use and capabilities of the SCRIPT and Telecommunication standards¹ and how information can be reported to an HIE. Discussion also examined factors affecting adoption of standards, such as federal mandates (i.e., HIPAA² requires use of the Telecommunication standard and MMA³ requires use of the SCRIPT standard).
- Discussion of a vendor neutral infrastructure assessed opportunities to encourage competition and support multiple use cases for non-CDS; this included consideration of ways to leverage but not burden (with ten times more data) the existing PDMP infrastructure. Options for collecting non-CDS data included consideration of switches (i.e., other vendor intermediaries), such as electronic health record systems, HIEs, and electronic health networks (or clearinghouses). There was general consensus that pharmacies were the best source for reporting non-CDS, emphasizing preference to send data (both CDS and non-CDS) in one batch. This would help ensure more data was captured, including Medicaid, home health, nursing care, specialty, etc. Options for exposing data to end-users (e.g., physicians and pharmacies) includes pushing non-CDS data to the existing PDMP platform,⁴ and/or other innovative solutions already available on the market.
- Representation from Surescripts highlighted how their solution, along with other vendors offering similar services, can collect, aggregate, filter, and expose prescription data to providers, pharmacies, and payers. A potential concept of recognizing multiple vendors to collect and expose data in collaboration with the State-Designated HIE was recommended to enable a broader, more complete business model. Consideration of the financial model will need to be evaluated, including opportunities to incentivize vendors.
- *Upcoming Meeting: To be determined. Eva Lenoir will be in touch with next steps. You can also refer to the Electronic Prescription Records System Workgroup [web page](#).*

¹ See October 17, 2018 Technology Subgroup meeting summary for more information about these standards: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/electronic_prescription/EPRS_Meeting_Summary_20181017.pdf.

² Health Insurance Portability and Accountability Act of 1996.

³ Medicare Modernization Act of 2003.

⁴ Includes the CRISP Query Portal or in-context alerts within existing workflows/other systems.