Electronic Prescription Records System Workgroup
Technology Subgroup

October 17, 2018

Meeting Summary

Key discussion items include:

- The Maryland Health Care Commission (MHCC) explained the purpose of the Technology Subgroup (subgroup) and its charge to explore a technical infrastructure for non-CDS data that is vendor neutral and does not require use of existing Prescription Drug Monitoring Program (PDMP) technology.

- Representation from the State-Designated Health Information Exchange (HIE) provided information on current technology used to collect data on controlled dangerous substances (CDS), highlighting aspects related to data quality checks, use of standards (NCPDP[1] and ASAP[2]), and patient matching.

- Participants discussed current NCPDP standards[3] including SCRIPT (electronic prescribing) and Telecommunication (eligibility, benefit, and claims transactions). The Telecommunication standard has the ability to capture cash payments, which is estimated to be about five to eight percent of all prescriptions dispensed. A new NCPDP Dispensed Medication Reporting Standard (reporting standard) is under development and expected to become nationally accredited in 2019 and available to pharmacies in 2021. This new standard will facilitate standardized one-way reporting to an HIE or other entity; it will not make data available through electronic health record systems like the SCRIPT and Telecommunication standards.

- There was general consensus among the subgroup that force of law/regulation would enable adoption of the reporting standard and ensure prioritization among vendors in the industry. It was mentioned that pharmacies would need at least one year to implement, and how education will be key in communicating value in using the new standard.

- Representation from SureScripts mentioned that more than ~70 percent of Maryland NPIs actively use their solution to request and receive medication history data.

- Consideration of cost to pharmacies was discussed, noting that oftentimes, absent funding, fees are indirectly passed onto customers through vendor maintenance or other fees. A physician noted concerns about creating a false sense of security if the medication record is incomplete, and going by processed date (when data is transmitted to the pharmacy) as opposed to dispensed date (when a prescription is picked up at the pharmacy).

- *Upcoming Meetings: The subgroup will convene again virtually on Tuesday, October 30, 2018 from 2:30pm to 4:00pm EDT. For more information, refer to the workgroup's* *webpage.*

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[1] National Council for Prescription Drug Programs.

[2] American Society for Automation in Pharmacy.

[3] NCPDP standards are developed to ensure consistency and facilitate electronic exchange of information regarding pharmacy services and prescription drug data.