Electronic Prescription Records System Workgroup

November 8, 2018

Meeting Summary

Key discussion items include:

- The workgroup reviewed a preliminary listing (version 1) of key themes and conceptual ideas as a first phase in framing informal draft recommendations. The listing was developed based on workgroup discussions from previous meetings, including information gathered in the discussion items/grids document. Discussions highlighted essential elements to be considered in building out the supporting rationale for each key theme.
- There was general consensus about key theme 1 (*electronic access to a more complete medication history is necessary to improve quality of care*) as it relates to the purpose of the study (the "WHY"). Workgroup members mentioned the need to define access (by whom and when) and balance patient safety with patient privacy, as well as opportunities to explore other loopholes in medication reconciliation and potential solutions (e.g., awareness of medications discontinued by providers, medication history correction functionality, etc.).
- Discussion of key theme 2 (*legislating non-CDS reporting, as opposed to voluntary reporting, is required to ensure consistent reporting by dispenser, use of industry standards, and in managing program costs*) brought to light the utility of a vendor neutral approach to encourage competition and support multiple use cases for non-CDS. It was noted that more discussion about patient consent and confidentiality was needed to explore potential exemptions for reporting with emphasis that exemptions are not prematurely predefined (e.g., based on convenience rather than patient safety).
- Key theme 3 (*use a phased in implementation approach for non-CDS reporting by dispensers based on drug classifications, provider types, pharmacy size etc. with voluntary reporting permitted during ramp up phase*) considered options to test the business case through incremental reporting and access to the non-CDS repository. This could include pilot projects with certain provider/pharmacy types or by county (by drug classification was not recommended). It was reiterated that full data submission is preferred and easiest for pharmacies. Implications of incomplete data during the ramp up phase and flexibility for late adopters due to limited resources (e.g., Local Health Departments) were identified.
- Discussion of key theme 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*) highlighted various means to leverage existing market solutions to collect and expose non-CDS data without burdening the existing PDMP infrastructure.
- *Upcoming Meeting: The workgroup will convene again at MHCC offices on Thursday, December 6, 2018 from 2:00pm to 4:00pm EST. Refer to the workgroup web page for meeting dates and times through March 2019.*