Electronic Prescription Records System Workgroup

Draft Recommendations Subgroup

DRAFT RECOMMENDATIONS

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) requires the Maryland Health Care Commission (MHCC) to convene interested stakeholders (workgroup) to assess the benefits and feasibility of developing an electronic system (or statewide repository) of non-controlled dangerous substances (non-CDS). Findings and recommendations will be reported to the Governor and General Assembly on or before January 1, 2020.

APPROACH

Key themes and conceptual ideas have emerged from workgroup deliberations and will be used to formulate informal draft recommendations for the study requirements in law. Note: Key themes take into consideration concepts identified in the discussion items/grids document (Version 7); the relevant discussion item/grid number are included in parenthesis. This document is a working draft and subject to change. Items within aim to balance different perspectives and should not be viewed as representing consensus among the workgroup.

Table A: Technical Infrastructure
Study Requirements in law: 1. Whether the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP), is capable of including a patient's prescription medication history (Grid 1) 2. Enhancements to CRISP required to ensure the exchange is able to continue to meet other State mandates, including operating an effective Prescription Drug Monitoring Program (PDMP) (Grid 2) 3. Potential for development or use of systems other than CRISP for access to patients' prescription medication history (Grid 6)
Key Themes: 1. CRISP is capable of supporting non-CDS data and could leverage existing PDMP infrastructure; some enhancements would be needed 2. A phased in implementation plan that may include pilot projects 3. Consider other vendors in addition to CRISP to support non-CDS; explore collaboration opportunities 4. Ensure appropriate security controls are in place to safeguard patient protected health information (PHI) 5. CDS and non-CDS should be separated in viewing mode
Draft Recommendation: 1.
Rationale:

Table B: Providers, Dispensers, and Consumers
Study Requirements in law: 1. 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 (Grids 3 & 4) 2. Resources required to ensure health care practitioners and prescription drug dispensers can maximize the benefit of using the system to improve patient care (Grid 3) 3. Scope of prescription medication information that should be collected in the system, including any specific exemptions (Grid 5) 4. Scope of health care providers that would report prescription medication information in the system, including any specific exemptions (Grid 5)
Key Themes: 1. Reporting and accessing non-CDS data should be built into prescriber and dispenser workflows 2. Implications of incomplete data; impact from exempting publically funded clinics, nursing homes, and institutional pharmacies 3. Consumer education is paramount at the point of care delivery if opt-out is permitted 4. Enable dispensers to access/view prescription medication information for their patients
Draft Recommendation: 1.
Rationale:

Table C: Privacy and Security
Study Requirements in law: 1. Privacy protections required for the system, including the ability of consumers to choose not to share prescription data, to ensure the prescription data is used in a manner that is compliant with State and federal privacy requirements, including 42 U.S.C. § 290dd–2 and 42 C.F.R Part 2 (Grids 7A and 7B) 2. Standards for prohibiting the use of the data in the system by a person or an entity other than a health care practitioner, including any exceptions for the use of data with identifying information removed for bona fide research (Grids 8A and 8B) 3. Feasibility of ensuring that the data in the system is used only by health care practitioners to coordinate the care and treatment of patients (Grid 4)
Key Themes: 1. Rely on existing federal and State privacy laws and regulations 2. Develop oversight regulations in alignment with appropriate PDMP and HIE regulations for consumer education, breach reporting, auditing, and misuse of data 3. Balance the need for patient safety with patient privacy through an opt-out approach 4. Need to assess appropriate uses of prescription data by payers
Draft Recommendation: 1.
Rationale:

Table D: Governance and Funding
Study Requirements in law: 1. Cost to the State to develop and maintain an electronic prescription medication system and the cost to prescribers to access the system (No Grid)
Key Themes: 1. Non-CDS dispenser reporting requires a mandate 2. State agency oversight should not be included under the existing PDMP program 3. Need to identify a sustainable funding source; preliminary rough estimates include infrastructure technical startup costs of approximately $850K and ongoing technical maintenance cost of about $450K
Draft Recommendation: 1.
Rationale:

Table E: Other
Discussion Item(s):
Key Themes: 1.
Draft Recommendation: 1.
Rationale: