MHC | MARYLAND HEALTH CARE COMMISSION

Electronic Prescription Records System – Assessment and Report

WORKGROUP DISCUSSION ITEMS

The Maryland Health Care Commission (MHCC) is tasked with convening a workgroup of interested stakeholders to conduct a health information technology policy study that assesses the benefits and feasibility of developing an electronic system (or statewide repository) for health care providers to access patient prescription medication history.[1] The following items are intended to guide discussions by topic categories and the development of workgroup recommendations:

Topic Categories: *T* = Technology | *P* = Policy | *C* = Cost | *O* = Other[2]
Note: Discussion items with an asterisk (*) are required in law

1. (***T***) Capability of the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP) to make available patient prescription medication history*

Availability, process integrity, and operating effectiveness of the CRISP system to make available non-CDS data	
BENEFITS *All acute care hospitals connected* *Infrastructure in place to support PDMP*	**BARRIERS** *Provider/pharmacy preferences* *Workflow - too many clicks/alerts*
SOLUTIONS *Enhance value of the PDMP* *Inform implementation based on lessons learned from Nebraska*	**CHALLENGES** *Competition* *Funding*

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[1] Required by House Bill 115, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report*, passed during the 2018 legislative session (Chapter 435). For more information, visit: mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hit_electronic_prescription.aspx.
[2] Other matters not prescriptive in law but identified as a topic of interest by MHCC or stakeholders.

2. (*T/C*) Required enhancements to the State-Designated HIE to ensure it can continue meeting other State mandates, including operating an effective Prescription Drug Monitoring Program (or PDMP)*

Enhancing CRISP to support new and existing State mandates	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

3. (*T/C*) 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*

Resource impact of mandated reporting	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

4. (***P/T***) Feasibility of ensuring data in the system is used only by health care practitioners to coordinate the care and treatment of patients*

Existing system requirements – access, use, and disclosure	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

5. (***P/T***) Scope of health care providers that would report prescription medication information in the system, including any specific exemptions*

Exclusion of certain providers from reporting non-CDS data	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

6. (***P/T/C***) Potential for development or use of systems other than CRISP for access to patients' prescription medication history*

An open-source technology approach for vendors to connect to the PDMP	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

7. (***P***) Scope of prescription medication information that should be collected in the system, including any specific exemptions*

Exclusion of certain non-CDS data	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

8. (***T/P/C***) Privacy protections required for the system, including the ability of consumers to choose not to share prescription data and ensure the prescription data is used in a manner that is compliant with State and federal privacy requirements, including 42 31 U.S.C. § 290dd–2 and 42 C.F.R Part 2*

Existing State and federal privacy protections	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

Consumers' control on who can access their non-CDS data	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

9. (***P***) Standards for prohibiting use of the data in the system by a person or an entity other than a health care practitioner, including any exceptions for use of data with identifying information removed for bona fide research*

Limiting use of non-CDS data to treatment, payment, and health care operations	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

Use of non-CDS data for research purposes	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

10. (*C*) Cost to the State to develop and maintain an electronic system and cost to prescribers to access the system*

Ongoing State funding for development and maintenance	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

User access fees	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

11. (**C**) Resources required to ensure that health care practitioners and prescription drug dispensers can maximize the benefit of using the system to improve patient care*

An expanded approach to user education and awareness about the benefits of using non-CDS data to assist clinical decision making	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

12. (**O/P**) Impact on providers when patients are inappropriately treated due to incomplete medication history, including but not limited to malpractice, licensing boards, payer agreements, health care costs, etc.

An impact report on the current state comparing Maryland to the nation	
BENEFITS	**BARRIERS**
SOLUTIONS	**CHALLENGES**

13. (***O/P***) Leading consumer fears for making available prescription medication history to treating providers

Consumer understanding about the value of electronic access to their complete medication history in care delivery	
BENEFITS	**BARRIERS**
SOLUTIONS	**IMPLEMENTATION**