Electronic Prescription Records System Workgroup

WORKGROUP DISCUSSION ITEMS

TASK: 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 complete patient prescription medication history. This includes information on non-controlled dangerous substances in addition to CDS Schedule II-V drugs that is already made available through the Prescription Drug Monitoring Program (PDMP). Refer to the Workgroup Charter for more information.

DIRECTIONS: Discussion items that follow are in part, specified in law (Chapter 435)[1] and serve as a guide for workgroup deliberations and the development of recommendations. Discussion items have been simplified for the Workgroup's assessment and are intended to be thought-provoking and help narrow the focus on specific components of a statewide repository using information gathering grids. In general, terms in the grids have the following meaning:

Benefit: Value derived from producing or consuming a service

Barrier: A circumstance or obstacle (e.g. operational, economic, political, budgetary, etc.) that hinders or prevents progress

Solution: An idea aimed at solving a problem or managing a difficult or complex situation

Note: The discussion items and grids are not an exhaustive list and are a means to spur objective thinking about the feasibility of developing a statewide repository.

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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.

Discussion Item 3: 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

3A. *Investing new resources to expand reporting of non-CDS*	
BENEFITS *(VALUE ADD/PERCEIVED)* • Improved medication reconciliation (patient safety) and care coordination • Minor technical infrastructure investments, piggybacks off existing/established processes and user access to the PDMP • Minor training for clinicians as workflows exist for providers to consult the PDMP	**BARRIERS & CHALLENGES** *(OBSTACLES/POTENTIAL ISSUES)* • Identifying non-CDS only dispensers • Identifying challenges for pharmacy information management systems to report non-CDS data • Outreach and education to new users • Potential workflow challenges regarding expanded scope of reporting and standard to be used by dispensers
SOLUTIONS *(FOR INVESTING RESOURCES)* • Developing an online training program to address implementation and reporting, among other things for dispensers • A phased in implementation process • Mandate expanded reporting to avoid vendor fees to dispensers	
PARKING LOT	

Discussion Item 4: Feasibility of ensuring data in the system is used only by health care practitioners to coordinate the care and treatment of patients

4A. Existing system requirements – access, use, and disclosure

BENEFITS *(VALUE ADD/PERCEIVED)*	BARRIERS & CHALLENGES *(OBSTACLES/POTENTIAL ISSUES)*
- Manadatory registration and use of the PDMP - CDS prescribers and pharmacists in Maryland were required to register with the PDMP by July 1, 2017 (includes physicians, physician assistants, nurse practitioners, nurse midwives, dentists, podiatrists, and veterinarians)[2] - Beginning July 1, 2018, CDS prescribers must consult a patient's PDMP data before prescribing an opioid or benzodiazepine and every 90 days during the course of treatment with CDS; pharmacists must review a patient's PDMP data prior to dispensing any CDS drug if they reasonably believe the patient seeks the drug for non-medical use - Prescribers and pharmacists may delegate PDMP access to staff working in the same practice or facilityUsers requirements: - CRISP has: - Role-based access controls to prevent misuse and security violations - AI to track and monitor user access to patient records - Privacy and security audits conducted at least annually - Established governance structure in place - EHNAC accreditation and HITRUST certification	- Developing policies regarding access, use, and disclosure or non-CDS data - Modifying existing participation agreements

SOLUTIONS *(FOR MAINTAINING AND ENHANCING CURRENT PROCESSES)*
- Establish policies for non-CDS prescription data handling practices (e.g., data sharing)   - Expand user tracking of the PDMP

PARKING LOT

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[2] Other authorized users include law enforcement (with subpoena), health occupations licensing board (with administrative subpoena), MDH agencies (if there is an existing investigation), patients (for their own prescription history), other state PDMPs, and the PDMP Technical Advisory Committee. De-identified data may be made available for research, public education and reporting purposes.

Discussion Item 5: Scope of health care providers that would report prescription medication information in the system, including any specific exemptions

5A. *Exclusion of certain providers from reporting non-CDS data*	
BENEFITS *(VALUE ADD/PERCEIVED)* • Confidentiality protections for consumers (e.g., behavioral health) • Allay patient privacy concerns/need to adopt technology	**BARRIERS & CHALLENGES** *(OBSTACLES/POTENTIAL ISSUES)* • Determining which providers are exempt from reporting non-CDS data • Incomplete data could decrease utility of the repository • Impact of limited information available to treating providers • Places a burden on providers to engage patients to identify a complete list of medications • Potential impact on patients
SOLUTIONS *(FOR DETERMINING PROVIDERS THAT SHOULD BE EXCLUDED)* • Phased approach to implementation • Engage stakeholders in establishing non-CDS reporting criteria	
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Discussion Item 6: Scope of prescription medication information that should be collected in the system, including any specific exemptions

6A. *Exclusion of certain non-CDS data*	
BENEFITS *(VALUE ADD/PERCEIVED)* • Confidentiality protections for consumers (e.g., behavioral health) • Allay patient privacy concerns/need to adopt technology	**BARRIERS & CHALLENGES** *(OBSTACLES/POTENTIAL ISSUES)* • Determining types of non-CDS data that should be excluded • Responsibility to apply filters (dispenser or CRISP) • Incomplete data could decrease utility of the repository • Impact of limited information available to treating providers • Places a burden on providers to engage patients to identify a complete list of medications • Potential impact on patients
SOLUTIONS *(FOR DETERMINING NON-CDS DATA THAT SHOULD BE EXCLUDED)* • Phased approach to implementation • Engage stakeholders in establishing non-CDS reporting criteria	
PARKING LOT	