

From: Susan Israel
Sent: Monday, April 19, 2021 10:10 AM
To: Pete Robinson
Subject: Regarding the MRPC/BPMH Report

To Peter Robinson,

These are comments on the MRPC/BPMH. Thank you very much for this opportunity for my comments to be put on the record now. Susan Israel, MD

If patients will be able to opt-out completely from their medications being made part of the Best Possible Medication History database, then please forgive my comments. I have read that there will be patient engagement and some reference to consent. I hope the consent mentioned does not mean that when a patient engages in treatment, just by virtue of that alone, they have consented to their providers entering their drug information, along with their diagnoses into the BPMH database. This may have come to be allowed by the HIPAA rules of which most patients are not aware. Many still believe that they have a right to consent to all those who can see their medical data. When patient engagement occurs, will all of the entities who have access to the BPMH be listed for patients to know about or will patients just be assured that HIPAA will be followed by all involved?

The BPMH system was designed with the ideal in mind for patient care which would include all of the stakeholders involved in medication delivery. However, it would seem that the plan is a disaster for patient privacy given all those involved and the possible subsequent problems with security and hacking. At the least, a specific patient consent (beyond accepting treatment) must be obtained from each patient before a BPMH database is created on them in the first place.

Confidentiality, meaning many can see your records as long as they follow HIPAA, is not privacy. Besides the direct providers, many will have access to the database such as pharmacy benefit managers representing the insurers, private medication processing companies, OHS oversight staff I presume, pharmacists, and loads of pharmacy and medical technicians I presume. All these people may have access to one's whole lifetime medication history with all of one's diagnoses, which almost would amount to seeing the complete electronic medical record of the patient. Patient records are mostly accessed by the providers themselves within systems that they directly control and audit. Would the BPMH database be audited for every entry and noted for later notification to the patient?

The BPMH as planned will increase the amount of information which all of these entities now have. Thus, with its listing of a complete medication history and diagnoses, if you were treated with an antibiotic for a sexually transmitted disease as a teenager, that would be there for all of the above to see even if you now are a married mother of two. And what if a pharmacy tech or PBM happened to be a friend of your family?

Another problem with the BPMH: Would the patient's psychiatric medication automatically be included with the rest of the medication list. Or would these medications receive the special handling required of such "Sensitive" data?

Also, there does not seem to be a provision to protect the privacy of a medication paid out of pocket which now does not go to the PBMs, but these medications would be part of the BPMH accessed by PBMs and others besides providers?

One solution would be to have three types of database options to choose from (besides none): a complete list as planned, a list of one's current medications with diagnoses, and a list of one's current medications without diagnoses.