



PMIX Operations Subcommittee

Date/time: Tuesday, September 14, 1-2p ET (12-1p CT, 11a-12p MT, 10-11a PT)

Meeting Link: [Microsoft Teams](#) **Dial-in:** 850-739-6261 **Meeting ID:** 951243620#

Conference Call Attendance

Affiliation:	Name:	Attendance:
State Representatives:		
California	Tina Farales	Y
Delaware	Jason Slavoski	N
Florida	Erika Marshall	N
Georgia	Vlad Schorstein	Y
Kentucky	Jean Hall	N
Maine	Jennifer Marlowe	Y
Missouri	Haley Alder	Y
Nebraska	Kevin Borchert	Y
New York	Alexandra Bontempo; Shirley Madewell	Y
Washington	Eric Grace	Y
Other:		
Appriss	Sheila Sullivan	N
BizTek	Denise Robertson	N
IJIS	Robert May, Ron Larsen	N
NABP	Danna Droz	N
NIC	Christie Frick	Y
OpiSafe	Colin Benjamin	N
Scriptulate	Neil Chatterlee, MD	N
Sherry Green & Associates	Sherry Green	Y
Tetrus	Sanjay Ungarala	N
Committee Support:		
CDC	Wes Sargent	N
ONC	Carmen Smiley	Y
PDMP TTAC	Patrick Knue, Jim Giglio, Don Vogt	Y

Conference Call Agenda/Minutes

➤ Roll Call

Quorum not established

➤ Approval of Minutes from 7-13-2021

Tabled until next meeting

➤ Patient Matching Workgroup

Kevin Borchert (NE) stated that the workgroup is developing a list of patient matching challenges and opportunities:

Challenges

- Lack of Control Data Quality (source level)
 - Quality of Pharmacy data submissions
 - Quality of Prescription Data
 - Provider matching and attribution
- Limited Data Elements
- State level policy re: data submissions vary
- Ability to address inconsistencies
- Technical capabilities to address data quality
 - Data submission process
 - Patient Matching process
- Assessment techniques related to data quality
- Differences in patient matching assessment and methodologies across states
- Cost of/funding for technology solutions
- Lack of transparency into proprietary solutions
- Availability of quality test data to measure
- Patient behavior
- Variations in search processes
- Handling of complex patient information, such as how do you handle hyphenated names

Opportunity

- Ability to measure patient matching methodology efficacy across multiple systems
- Create a synthetic dataset that would mimic the majority of PDMP fields *including* the errors/range of data quality issues in a typical PDMP but would be:
 - Open Source
 - Consist of entirely fictional data (thus de-identified)
- Desire and commitment of work groups like this one to address challenges
- Feedback mechanism in the search process/response to search
- Ability to identify the accuracy of the match/matches with the user

Consequence of Inaccurate Patient Matching

- Inaccurate risk assessment, stratification and scoring:
 - Failure to match patients
 - Inaccurately matching patients, which can result in providers ‘firing’ patients or other consequences
- Inaccurate public health analytics and reporting
- Inability to identify diversion and/or fraud
- Privacy Risk/inappropriate data exposure
- Provider complacency/lack of trust

➤ Subcommittee Goal #1: Identify Functionality for data sharing hubs

- ✓ Expand current schema to improve audit trails to track request to requestor and/or master account level (if delegate made request) – approved to send to PMIX Executive Committee
- ✓ Interoperability between hubs – discuss in more detail with technical and business people
- ✓ Robust data security of information – discuss with security expert
- ✓ Improve search capabilities of audit trail information - presentation on data elements

- *Provider repository (NE and ME)*

Method to validate a provider regardless of the ID type from the state (i.e., DEA, NPI, Board license number) and share compatible ID with partner state. Kevin Borchert (NE) stated that this is currently in place for many states. Jennifer Marlowe (ME) verified that Bamboo Health (formerly Appriss) has this in place currently. She added that she has asked Bamboo Health to develop functionality to cluster provider IDs when a provider has multiple DEA numbers.

Alexa Bontempo (NY) recommended that a list of pros and cons be developed for the discussion on the next meeting. Kevin Borchert (NE) stated that a challenges/opportunities table will be created for the next call.

- *Data clean-up to increase match rates (ONC)*

Discuss at next meeting if Carmen Smiley (ONC) is available to participate.

- *Transparent and seamless interaction between existing hubs without requiring the user to select a hub (FL)*
- *Data translation between various versions of standards to move data across systems (ONC)*
- *Dynamic dashboard detailing agreements (e.g., state worksheets) between state PDMPs (GA)*
- *Allow data provenance (e.g., meta-data) to know when last updates were made (e.g., name changes) to help reconcile information across systems (ONC)*
- *Allow for additional data to be used within current security and confidentiality parameters (second call for information) (ONC)*
- *Central patient repository used to only check appropriate sources that might have additional information for matching (NIC)*

- Subcommittee Goal #2: Explore best practices in EHR integration/interstate data sharing

Not covered due to time.

- Next Meeting – Tuesday, October 12th

- Action Items