December 15, 2020

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Ralph,

The PMIX Executive Committee would like to thank you for your feedback regarding the newly proposed schemas posted in September 2020. Below we have provided some feedback on the questions and concerns that you expressed. We hope that this information will aid you in understanding the new proposals, their foundation in the existing standards and the intent for the changes. The information outlined includes your comments in blue and the Committee's feedback in red.

- PMP integration and interoperability via PMPi and GATEWAY are currently functional and in wide use across the country. Could the very successful current applications of integration and interoperability in Virginia be disrupted by these proposed changes to the PMIX Architecture? The PMIX Executive Committee has engaged PMPi and Gateway technical representatives. The Executive Committee will continue to engage the PDMP system technical representatives (including vendor technical reps) in discussion and planning on roll out moving forward. The long adoption period was intended to provide time for technical representatives to incorporate the changes in their roadmap.

- Though RxCheck is not specifically mentioned in the email just received, connection to RxCheck is a requirement of CDC grant funding. Virginia is concerned that the PMIX upgrade will become another condition of continued CDC funding. This is especially worrisome as changes to the PMIX Architecture may be counter to and not as efficient as the operating principles for PMPi and GATEWAY. In no small way, the PMIX upgrade is holding Virginia hostage. The PMIX Standards organization has actively engaged both hubs representative who participated in the development and approval of the new schemas. Standards compliance is voluntary as far as the PMIX Standards organization is concerned. The PMIX organization is not involved in the development of any federal grant requirements.

- The National Information Exchange Model (NIEM) appears out of place here. The stated purpose of the NIEM collaborative partnership is to share critical information at key decision points between justice, public safety, emergency management, intelligence, and homeland security enterprises. Healthcare, the realm of the PMP, is not included. In general, healthcare entities are not familiar with NIEM.   NIEM does have a healthcare domain as well. NIEM has been the basis of the data exchange standards in use by PDMPs since they began data sharing. The use of

NIEM in these standards is a continuation of the already established methodology in use since the inception of interstate data sharing. NIEM is simply a set of data definitions. Use of this data definition model simply allows PMIX not to have to define each element. Healthcare entities don't necessarily need to be familiar with NIEM as they are using their own native formats which have been cross walked to the PMIX standard.

- The healthcare industry is moving quickly to the Fast Healthcare Interoperability Resource (FHIR) as the gold standard, and we would like to understand how PMIX and FHIR compare.
    - To summarize, PMP administrators and other stakeholders have not had:
    - • the opportunity to understand the reasons sweeping changes are being considered;
    - • a clear explanation of the scope of the changes including added new requirements
    - • time to review the information necessary to understand and comment on implications
    - such as staff time, vendor costs, and the funding needed to implement these changes.

There is a FHIR standard through the Office of the National Coordinator for Health Information Technology Standards and Interoperability Framework that is in use by a number of PDMPs. No approved or proposed PMIX standard preclude the use of FHIR or any other standard for workflow integration.

Please let us know if you have any additional questions. We look forward to your joining the Executive Committee in January.

Sincerely,

Jean Hall, Chair
Chad Garner, Vice Chair
Stan Murzynski, Secretary