PMIX Operations Subcommittee

Date/time: Tuesday, April 12th, 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, Elisabeth Mock	Y
Nebraska	Kevin Borcher	Y
New York	Kassandra Palmer, Alexa Bontempo, Shirley Madewell	Y
Washington	Eric Grace, Jennifer Kang	Y
Other:		
Bamboo Health	Heather Kaluza, Jacob Cooper	Y
IJIS	Robert May, Ron Larsen	Y
Logicoy	Fred Aabedi	N
NABP	Danna Droz	Y
NIC	Celena Wheeler, Christie Frick	N
OpiSafe	Chris Ennis	N
Scriptulate	Neil Chatterlee, MD	N
Sherry Green & Associates	Sherry Green	Y
Tetrus	Sanjay Ungarala	N
Invited Guests		
BizTek	Denise Robertson	N
Committee Support:		
CDC	Wes Sargent	N
ONC	Carmen Smiley	Y
PDMP TTAC	Patrick Knue, Don Vogt	Y

<h1 style="text-align:center">Conference Call Agenda/Minutes</h1>

- **Roll Call**
  Quorum established.

- **Approval of Minutes from 3-8-2022**
  Motion to approve the minutes made by Ron Larsen (IJIS); seconded by Jennifer Marlowe (ME). Unanimously approved.

- **Patient Matching Workgroup**
  Kevin Borcher (NE) stated that methods to improve patient matching from an ASAP perspective – such as adding fields, field definition clarifications. He added that if anyone has suggestions to update the ASAP standard to send them to Bill Lockwood (ASAP) or Kevin Borcher (NE). The PMIX Executive Committee discussed their role in this group and it was believed that this may be out of scope for PMIX. The goal to improve patient matching involves improving data quality, but not PMIX.

- **Subcommittee Goal #1 revisited: Define baseline functionality of interoperability hubs.**
  Kevin Borcher (NE) stated that the PMIX Executive Committee requested that the Operations Subcommittee further define the functionality.

- **Subcommittee Goal #2: Explore best practices in EHR integration/interstate data sharing. Potential practices to explore:**
  - Seamless queries between workflow integration
  - Accurate and complete patient matching
  - Rapid response times for data or display
  - Support for Support Act metrics for a qualified PDMP
  - Having delegate access and audit trails tied to the delegator
  - Monitoring of transaction metrics
  - Review and comparison of state-to-state sharing rules
  - Provider authorization
  - Legal requirements
  - Access to audit data
  - Develop resources and training for users on integration/integration data sharing

- Develop resources and training about onboarding process to identify responsibilities for PDS, EHR, HIE, PDMPs
- Error and notification messaging

Kevin Borcher (NE) asked members if they had any additional items for the above list. Eric Grace (WA) mentioned proper notification of errors; some EHR vendors have a different methodology than PDMP vendors as well as the messaging that is returned. He added that he believes it should be the PDMP vendor to include similar messaging for consistency across all platforms. He suggested that the messaging include guidance for the user depending upon the errors encountered. Added 'notification messaging' to above list. No other items added.

Discussion - Recommendations for Data Transmitters

Kevin Borcher (NE) asked members if they had any recommendations for data transmitters to improve the quality of data received by PDMP. He mentioned the variety of issues with pharmacies entering data: inappropriate information put in the name or address fields. The recommendations could improve the data 'upstream' prior to transmission. Kevin Borcher (NE) mentioned: no notes in data field; no extra characters or internal 'codes' in the entry; only include what is known; use legal name for patient; explicit instructions on each field's requirements. Don Vogt (TTAC) suggested requiring the use of the government identification card's barcode to read the information for input into pharmacy system. Kevin Borcher (NE) suggested developing 'force functions' by pharmacy software vendors to limit the information entered into any given field.

Members decided that the patient matching workgroup should develop best practices for pharmacies, other dispensers, and pharmacy software vendors to improve quality of data entry which would then be used by the Operations Subcommittee to review/edit.

- ➢ Other business
  Jennifer Marlowe (ME) mentioned that CDC has released new guidance on opioid prescribing. Dana Droz (NABP) mentioned that the comment period ended yesterday. TTAC will pull together some guidance or summary points about changes.

- ➢ Next Meeting – Tuesday, May 10th

- ➢ Action Items