PMIX Operations Subcommittee

Date/time: Tuesday, June 14th, 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	Heather Kollar	Y
Maine	Jennifer Marlowe	Y
Nebraska	Kevin Borcher	Y
New York	Dave Flashover, Alexa Bontempo, Shirley Madewell	Y
Washington	Jennifer Kang	Y
Other:		
Bamboo Health	Austin Lehman, Jacob Cooper	Y
IJIS	Ron Larsen	Y
Logicoy	Fred Aabedi	N
NABP	Danna Droz	Y
NIC	Christie Frick	Y
OpiSafe	Chris Ennis	N
Scriptulate	Neil Chatterlee, MD	Y
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	N
PDMP TTAC	Patrick Knue, Don Vogt	Y

Conference Call Agenda/Minutes

➢ Roll Call

Quorum established

➢ Approval of Minutes from 5-10-2022

Motion to approve the minutes was made by Jennifer Marlow (ME); seconded by Vlad (GA). Unanimously approved.

➢ Patient Matching Workgroup

Kevin Borcher (NE) stated that the workgroup discussed possible updates to the ASAP standard that might benefit patient matching; such as: prescriber location, patient identifiers, address fields to comply with Project US@ specifications, zip code (change to not remove hyphen), patient name (follow AHIMA guidelines – e.g., no extra notes, no special characters, person's legal first and last name, add fields for proper, alias, insurance patient names), future fill dates, etc. If all these suggestions are implemented by ASAP, it will greatly impact pharmacies, vendors, and PDMPs; no foreseeable impact to PMIX at this time. Kevin Borcher (NE) added that the timeframe for new ASAP standards: September meeting, schedule 3-4 stakeholder meetings, voting on recommendations, early 2023 updated version would be released, and approximately 12-18 months after approval to be effective and implemented.

➢ Subcommittee Goal #1 revisited: Define baseline functionality of interoperability hubs.

Topic: If an EHR became an interoperability hub, what baseline functionality would PDMPs require that hub to have?

- Need to resolve any legal restrictions/requirements for access/use of PDMP data
- Detailed audit trails to monitor/regulate activities for PDMP
- Interoperability between hubs

Kevin Borcher (NE) recapped previous discussions. Shirley Madewell (NY) suggested that the subcommittee discuss the benefits/challenges of hub interoperability:

- State A prefers Hub A and State B prefers Hub B – if hubs do not communicate, then data sharing is limited; if no standard 'national' hub, then data exchange becomes more difficult
- If national standards are in place, then most barriers to interoperability go away

- ➢ 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

  No covered due to time.

- ➢ Other business

- ➤ Next Meeting – Tuesday, July 12th

- ➤ Action Items