PMIX Operations Subcommittee

Date/time: Tuesday, October 11th, 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, Austin Weaver, Lori Rich	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	Kassandra Palmer, Shirley Madewell, Svetlana Jensen	Y
Washington	Eric Grace, Jennifer Kang	Y
Other:		
Bamboo Health	Austin Lehman, Zohaib Salim	Y
IJIS	Robert May, Ron Larsen	Y
Logicoy	Fred Aabedi	N
NABP	Danna Droz	Y
NIC	Christie Frick, Kelly Parker	N
OpiSafe	Chris Ennis	N
Scriptulate	Neil Chatterlee, MD	N
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 6-14-2022, 7-12-2022, and 9-20-2022
- 6-14-22 – Motion to approve was made by Ron Larsen (IJIS); seconded by Vlad Schorstein (GA).
- 7-12-22 – Motion to approve was made by Shirley Madewell (NY); seconded by Vlad Schorstein (GA).
- 9-20-22 – Motion to approve was made by Ron Larsen (IJIS); seconded by Shirley Madewell (NY).

All unanimously approved.

➤ Patient Matching Workgroup
Kevin Borcher (NE) stated that the group was unable to meet In October. At the September meeting, the group discussed the proposed ASAP recommendations; focusing on the PAT fields. He mentioned that there will be a TTAC webinar on October 18th for the PDMP administrators and staff. It will be recorded and made available to the public on the TTAC website. The workgroup discussed the ASAP changes might impact the PMIX Standard. The proposed ASAP changes follow federal guidance on patient fields. These changes should not impact PMIX much; perhaps transmitted field lengths and some proposed new fields which may need to be addressed in the PMIX schemas.

➤ Subcommittee Goal #1 revisited: Define baseline functionality of interoperability hubs. 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
- Hub interoperability would allow PDMPs to use their preferred hub and still connect to all other PDMPs
- Transparency on dashboards on hub transactions (i.e., number of requests/responses)
- Security when data throughout transmission process
- Universal standard for data elements being transmitted

- Standardize terminology across hubs
- Standardize role mapping across states/hubs
- Standardize minimum functionality on hub consoles (i.e., state contacts, state user roles allowed, data sharing agreements)
- Establish minimum time frame for system availability for hubs
- Establish minimum time frame to provide support to respond to help requests for hubs
- Establish minimum security standard certification for hubs
- Require minimum security standards are met

Kevin Borcher (NE) asked members if they had any comments/edits on the above list. If no changes, then the subcommittee needs to vote on sending the list to the Executive Committee. Shirley Madewell (NY) stated that she would prefer to bring this list to her technical team prior to voting to send to the Executive Committee. Several subcommittee members concurred. The subcommittee decided to table the vote until the November meeting.

- ➢ 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
  - User/provider authorization
  - User authentication (DEA, NPI, or state license) and validation
  - 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
  - Appropriate security to prevent, detect, and remediate cyberattacks
  - PDMP have separate access controls for intrastate users, interstate users and integrated users

Kevin Borcher (NE) provided overview of Subcommittee Goal #2. He mentioned that Common Spirit's IT had a cyberattack which disabled their ability to use their integration processes to retrieve records. He asked if there was adequate security within the hubs to prevent promulgation to the PDMPs and their systems. Representatives from RxCheck and PMPi hubs stated that they would need to discuss with their security staff on this topic. Kevin Borcher (NE) suggested that a bullet be added to require appropriate security to prevent, detect, and remediate cyberattacks through PDMPs, integrated systems, hubs, cross-hub transactions, etc. The subcommittee felt it would be beneficial to engage a cybersecurity expert to discuss with the group. Kevin Borcher (NE) asked the member if they knew a SME on this topic and ask them to attend future subcommittee meetings to discuss. Kevin Borcher (NE) asked if anyone had any additions to the above list of items. Shirley Madewell (NY) suggested adding user authentication and validation for all users. Vlad Schorstein (GA) suggested allowing the PDMP to have separate access controls for intrastate users, interstate users, and integrated users. Kevin Borcher (NE) asked members to be prepared to vote on both goals at the November meeting.

➢ Other business
None mentioned

➢ Next Meeting – Tuesday, November 8th

➢ Action Items