Member States Present:

Ex Officio Members Present:
New Jersey, Montana, and Wyoming.

Ex Officio Members Absent:
North Carolina and Rhode Island.

Others Present:

Introduction:
The NABP PMP InterConnect Steering Committee met August 1-2, 2013, at NABP Headquarters. NABP staff welcomed the Steering Committee members and provided a brief introduction. Chairperson Christina Morris (KS) called the roll.

Agenda Approval and Announcements:
The meeting agenda was introduced and a motion was made to approve the agenda. (Motion by Wright (AZ), seconded by Orr (VA); unanimously approved.)

NABP staff provided a brief logistical overview of the meeting schedule for the next two days and reviewed the materials included in the meeting packet.
Steering Committee Procedure:
NABP staff gave an overview of general Steering Committee procedures and operating principles. Staff highlighted the fact that if a state has executed a memorandum of understanding (MOU), that state is considered to be an active member of the Steering Committee. Ex officio members are those who are in the process of executing and MOU to participate in NABP InterConnect. These members are also invited to attend the Steering Committee meeting.

In addition, staff explained the confidentiality agreements included in each attendee’s meeting packet. Though the entire meeting is not subject to confidentiality, staff shared that there may be some portions of the discussion that will be of proprietary nature. In these instances, staff will notify the Steering Committee when discussion will enter into an executive session.

Review of Action Items, Motions, and Meeting Summary
The Chair began with the review of the minutes/meeting summaries from previous Steering Committee meetings, beginning first with the September 2012 meeting minutes. A motion was made to approve the minutes for the September 2012 meeting. (Motion by Orr (VA), seconded by Hardy (ND); unanimously approved.)

Next, a motion was made to approve the minutes of the April 2013 conference call. (Motion by Hardy (ND), seconded by Wright (AZ); unanimously approved.)

The Steering Committee then reviewed the action items from the previous meeting. NABP staff provided a historical perspective of the Steering Committee since there were so many new individuals in attendance since the last in-person meeting. Staff explained that many of the action items are noted as “ongoing” or “in process” due to either NABP and Appriss Inc, working to provide global responses to issues, or items being tabled due to discussions with the Office of the National Coordinator for Health Information Technology (ONC) or the Bureau of Justice Assistance (BJA).

PMIX Architecture Update
For a historical perspective of the Prescription Monitoring Information Exchange (PMIX) architecture, NABP staff shared that discussions began in 2011 with the Joint Application Development sessions. In March 2011, the first meeting was held with states that had executed an MOU. A number of states continued to come together through informal meetings and as more states executed MOUs, the legal structure began to develop.

NABP staff explained that BJA had been working on its architecture project since 2004. The Steering Committee and NABP began discussions with the Integrated Justice Information Systems (IIJIS) Institute and BJA in 2011 to work out a solution for the architecture. As prescription monitoring program (PMP) administrators started to sign on to NABP InterConnect, BJA shifted from a single-hub solution, RxCheck, to establishing an umbrella architecture. In August 2011, NABP went live with NABP InterConnect, with its two-year anniversary on July 31, 2013.

In September 2012, NABP presented options to the Steering Committee in order to comply with the PMIX architecture. The Steering Committee gave NABP unanimous approval to develop a
translation concept, which would reconcile the communication. Upon receiving direction from the Steering Committee, NABP met with BJA later that month and obtained approval to architect this solution.

Within approximately 30 days, Appriss delivered a specification document, which was reviewed with BJA, and subsequently began to undergo testing. NABP worked with Health Information Designs (HID) to perform tests. Though the service was meeting the requirements of BJA, the RxCheck working group stated that it was not secure enough.

Staff provided an explanation of the decryption of messages and then re-encryption with no data stored. The entire process takes place through a secured socket layer (SSL). The RxCheck working group, however, stated that it needed it to be triple encrypted. In further discussions with the former Steering Committee Chair, Ralph Orr (VA), NABP, the RxCheck working group, and BJA, it was decided in April 2013 that a triple encryption process would address the concerns. In July 2013, functional specifications were received from IJIS. Appriss is now working through this specification.

States using RxCheck will create an NABP InterConnect request, encrypting the request in NABP PMP InterConnect security protocol, then wrapping this in RxCheck security. The translation will be unwrapped at the RxCheck hub, the NABP InterConnect security will be unwrapped, and the request will be processed. It will then be rewrapped and returned.

NABP InterConnect states do not have to do anything additional to their software for the translation to happen. The service is seamless for all NABP InterConnect states. Staff added that NABP made sure that the architecture does not impact the PMPs, and the solution implemented prevents the need for any changes to state PMP systems. Staff explained that they intend to keep the Steering Committee apprised as this process moves forward.

NABP is taking these actions because many states have BJA grants that contain requirements for the states in order to utilize grant funds. NABP remains committed to protecting grant funds for the PMPs.

NABP thanks the Steering Committee for their leadership, which has been incredible.

Office of the National Coordinator for Health Information Technology

In June 2011, a meeting was convened by ONC along with the Office of National Drug Control Policy (ONDPCP), Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA), BJA, and others. This meeting was held with a number of stakeholders from the PMPs and health information technology groups to discuss how the PMPs could be used more successfully and more frequently, as well as how to seamlessly integrate data directly into health care workflow.

Translation Service

NABP is working to find the most efficient way to get the PMP data into the workflow of health care providers while still making sure requirements such as audit trails are met. PMPs currently utilize the American Standard for Automation in Pharmacy (ASAP) format and National Information Exchange Model (NIEM) format for their communications, but no one in health care
uses these. ONC is trying to reconcile this difference and believes it is easier for the 50 state PMPs to change than for the thousands of health care entities to change.

The Steering Committee discussed the concept of a translation service – translating from NIEM to Health Level Seven (HL7) standards or NIEM to the National Council for Prescription Drug Programs (NCPDP) standards and vice versa. The ultimate goal of using this translation service model is to avoid a negative impact on the PMPs or the health care entities when the parties need to exchange data.

ONC is expecting the Steering Committee to set the standards, which provides an incredible opportunity to develop a national standard and blaze this integration trail.

**BJA and SAMSHA Grants**

*Update on Those Who Applied and Results*

Of the states present, an application for a BJA grant was submitted by Arkansas, Delaware, Indiana, Montana, New Jersey, Ohio, South Dakota, and Wisconsin. An application for a SAMHSA grant was submitted by Illinois, Kentucky, Mississippi, North Dakota, South Carolina, and Wisconsin.

No information is available on grant awards.

**Third Party Access to PMP via NABP InterConnect**

*Letter of Agreement*

NABP has created a letter of agreement (LOA) for an entity to execute prior to using the NABP InterConnect to obtain PMP data from one or more PMPs. Some states may be required to execute a separate agreement with a third party as well (eg, Indiana has executed an agreement with a health information exchange as well as NABP).

The LOA is available electronically and can be obtained from Danna Droz, NABP PMP Liaison. NABP will work with its legal team to move the LOA through the processes and recommends that PMPs begin this process soon if working with grants and large entities, as it can take a while.

*Integrations Established or with LOA Signed*

**MI – (Dr First)**

Michael Wissel (MI) provided a summary of the Michigan/Dr First integrations. Dr First is connected nationwide and has asked to keep its connection open. As one of the first integrations that took place, Dr First integrated PMPs in Indiana, Ohio, and Michigan. Michigan and Ohio are still open with Dr First; however, Indiana is closed.

Samantha Nettesheim (DE) inquired as to why Indiana shut down. Taya Fernandes (IN) explained that it was a situation where servers could not handle the requests for Indiana. There is still an opportunity to expand with Dr First to other states.
IN – (Regenstrief, Michiana, IHIE)

Regenstrief and the Indiana Health Information Exchange (IHIE) began the processes during the first week of January 2012. Fernandes (IN) explained that because they are a member of the health information exchange (HIE) and requirements are more stringent, they only wanted to use de-identifiable data. The board of pharmacy is having Regenstrief notify the board each time it wants to use the data. Currently, it is connected and in the process of having Regenstrief roll this out to all of its facilities. The PMP is getting a lot of feedback from the hospitals in the network. Some have reached out and integrated the link of the PMP into the hospital system. With the connection to Regenstrief, PMP use has doubled.

Appriss advised that PMPs should be prepared for an increased load on the PMP system when developing these integrations, but that is necessary if the PMPs want to increase usage.

KS – (Via Christie, LACIE)

Morris (KS) provided an update on Via Christi and Lewis and Clark Information Exchange (LACIE). She explained that Cerner sent out threshold letters on patients to the providers, mentioning that a patient has met a certain threshold. This direct messaging was successful, but received negative feedback from the emergency unit. As part of the project, Kansas is integrating with Via Christi, based on admit/discharge/transfer (ADT) feeds, triggering a request to Kansas Tracking and Reporting of Controlled Substances (K-TRACS), pulling data back in, and integrating with its own thresholds within its own software.

Morris shared screenshots of the system.

Next, Morris shared that the integration project with the state HIE, LACIE is ready to begin test data and development. LACIE covers the northeast corner of Kansas plus the corner of Missouri. As a side note, Morris explained that for its delegates, the only way to get the projects going was if the currently registered users accessed the system. These delegates must be directly registered with K-TRACS.

The states then shared what they were working on in terms of integration.

- Fernandes (IN) stated that Indiana is having a lot of issues finding a pharmacy chain willing to work with the PMP even though it has a lot of SAMHSA money to contribute to the project.
- Morris (KS) explained that one issue the Kansas PMP is having is the timelines. Development timelines go years out but do not meet the timelines necessary for the grants. Morris spoke with SAMHSA and was granted an additional six months to one year.
- Holt (TN) explained that the Tennessee PMP is looking at integrating with large hospital groups that have offered to pay for everything on their end. This is scheduled for either the last quarter of 2013 or the first quarter of 2014.
NABP staff shared that they have been on calls with several states including Wisconsin, Colorado, West Virginia, North Dakota, and Virginia regarding HIEs. There are a number of HIEs reaching out to some states. Staff is happy to assist the states in these conversations.

Ohio and West Virginia are working with Kroger, but the project is moving very slowly. Technical individuals are now involved and the project is beginning to move forward.

Salix, an electronic medical record (EMR) vendor came to the Ohio PMP, Ohio Automated Rx Reporting System (OARRS), directly through a Web service rather than NABP InterConnect. Salix did not want to handle the data but instead send the requests and user IDs directly to OARRS. Salix makes requests on the users’ behalf at the end of each day and OARRS processes the reports. The doctor then logs in the next morning and all the reports from the day before are already in his or her system. Ohio recommended that NABP InterConnect makes more sense for other states or for multiple states. Salix now wants to obtain Kentucky data and realizes the difficulty it will have in obtaining this data through its current process.

NABP shared that Tennessee is now live with NABP InterConnect and is sharing data with Michigan and South Carolina. Since Kroger is working with Ohio and West Virginia through NABP InterConnect, if Tennessee allows access, Kroger will be able to access the Tennessee PMP as well.

Shanard-Koenders (SD) shared that the South Dakota PMP applied for a BJA grant and proposed an integration project. However, the HIE is not ready yet.

In North Dakota, there is only one HIE. They are working to integrate PMP data into IHS and considering the potential collection of all prescription information to be shared with the HIE. Staff expressed some concern about HIEs. Are they looking for resources and value-adds that they can charge for? If health professionals have to pay for the PMP data, are they really going to use it, or if it is in their software vendor with no extra charges, will they be more likely to use it?

Morris added that when talking with HIEs, PMPs need to keep in mind a few things. In Kansas, an HIE wanted to make money by storing the data and reselling it. There was a lot of discussion about secondary use of data.

Staff proceeded with a presentation on the translation service and its utility for integration projects. Currently, each EMR/HIE/health system must write to the NABP InterConnect application program interface (API). There are no plans to change this, but NABP might make it easier for the third parties to come to a centralized translator gateway and have the gateway translate from a health care language to the PMP language, obtain the data, and re-translate back into the health care language in the same manner. The gateway does the work to translate and push the data back out to the requestor.

This will also assist with the NAR_XCHECK service. NAR_XCHECK needs PMP data in order to provide a report. Some of the projects include one in Indiana where the hospital makes two calls; one to obtain the PMP data and then one to send the data to NAR_XCHECK to receive a score. There have been bandwidth issues in both directions.
Once the request/response goes back and forth between NABP InterConnect, it needs to be decrypted, translated, and passed along. NABP asked for guidance from the Steering Committee on PMPs sending data on SSL currently. Is SSL sufficient from the EMRs to the gateway? Chad Garner (OH) stated that this would be sufficient as long as there is no other intermediary. Staff explained that the gateway is a node on NABP InterConnect. Garner expressed concern that he would want to make sure that the person with the agreement with NABP is the one getting the data. The agreement should not be with the doctor’s office, with the EMR capturing data and then aggregating and reselling the data.

Staff explained that a licensing agreement would need to be executed with the vendor and contractually agree/prove how the systems work and how they would enforce it to their licensees.

Staff asked the Steering Committee for suggestions of other things the gateway can do to add value. Virginia asked about health information service providers. Staff mentioned getting a diagnosis code and providing it as part of the information presented to the practitioner, or providing the code from an HIE or EMR. This could potentially impact the NARxCHECK Score. There may be other data elements that could make a positive patient impact. The committee suggested pulling lab values, such as drug screenings and diagnosis codes, as well as the lab values for the pharmacies and providing these to the end user. According to staff, this would be an entire other level of network. NABP can look into this if the committee expresses interest in this.

NABP will be taking the cost and work of the translation off of the people who want to access data. The challenges will be getting people on board with integration. It is the hope that this service will provide a level of simplicity within the process. The translation is a logical outgrowth of what NABP was directed to do by the committee last fall. The hope is to provide the translation service for at least two different languages by the end of the year.

The Steering Committee moved to direct NABP to move forward with a gateway service as discussed. (Motion by Wright (AZ), seconded by Shanard-Koenders (SD); unanimously approved.)

The Steering Committee then broke into four groups to discuss topics relating to the gateway translation service. Each group then reported on their discussions.

**Group 1: Audit Trail** – Members of the group included: Colorado, Utah, Ohio, Kentucky, Tennessee, and Illinois. The group provided guidance in terms of how to accomplish an audit trail, where it can be maintained (gateway?), what needs to be in the legal agreement for the audit trail, and the timing for retrieving the audit trail. The group also discussed whether the third party integration fulfills any legal requirements.

In reporting on their discussion, Group 1 provided the following:

The group agreed on a centralized login at the gateway, but could not determine what kind of identifier they could use to access the list of requests. They recommended that the third party agree in the LOA with NABP to identify the specific requestor whenever needed by a PMP.

The committee agreed that it is important that the legal agreement include a specific time within which the third party provides the audit trail. NABP is to explore the time frame.
NABP staff asked if there is going to be some affirmation that can be made about fulfilling state requirements for mandatory PMP use. There have been specific questions as to whether using this system will meet such legal requirements. Staff then asked which states have some level of mandated use. West Virginia, Kentucky, Tennessee, Nevada, Louisiana, and Ohio responded that they do. In Kentucky, the reports must be printed out. They need to demonstrate that they have been reviewed. Thus, it is recommended that they include it in the medical chart. Tennessee is amending its law to demonstrate that report has been reviewed. West Virginia requires providers to maintain the record in their medical records.

The committee was then asked if this requirement would be the PMP’s responsibility to track or if it would be a requirement of the third party. The gateway would just need to accept the log and the requirement of the third party needs to allow a way for them to track. There needs to be a way to verify that a request was matched to a patient record.

**Group 2: Authentication of Third Parties** – Members included Arizona, Michigan, Indiana, Louisiana, Arkansas, Virginia, North Dakota, and New Mexico. The group discussed the authentication of the user by the third party and what minimum standards/processes for authentication/certification would need to be followed, such as licensure by a state or registration with the PMP of domicile.

The group looked at prescribers, delegates, and pharmacists. For the prescriber authentication, the group agreed that they would need the license type, license status, issuing state, state controlled substance registration number (if any), Drug Enforcement Administration (DEA) number, and the registered user of the PMP. This may be applicable in some but not all states.

For pharmacists, the authentication would be the same except that instead of the personal DEA number, it would be the facility’s DEA number.

Delegate authentication would require the license, license type, license status, registered user of the PMP, and the supervisor’s DEA number or license number (for pharmacists). For unlicensed delegates, the group was not sure what would be needed, but agreed that they would definitely need the supervisor’s DEA number.

**Group 3: Delegates** – Members included: Kansas, New Jersey, Ohio, Montana, Wyoming, Illinois, and Wisconsin. The group discussed delegates for the purposes of integration and interstate data sharing.

The committee agreed NABP needs to accommodate all of the different types of delegates. Some states need to show who is doing what. Some states have a maximum number of delegates. Each state could manage delegate approval, but states would need to link the delegate to the supervisor of the delegate.

In terms of logging in, the Steering Committee would like to see which delegate of each supervisor conducted each search. This would help the supervising providers monitor their delegates, especially if they have a large staff or clinics where rotation happens often. Garner (OH) raised the question of if you have a delegate with multiple supervisors, how do you know under which supervisor the person was looking information up for? Wright (AZ) asked if the software requires this.
Holt explained that in Tennessee, their vendor is building a module right now. Before submitting a request, the delegate needs to choose and list all of his or her supervising physicians. There is a drop-down for linking a report to a specific supervisor.

Shanard-Koenders (SD) mentioned that for HID, each user’s name is the supervisor’s DEA number.

**Group 4: Statistics** – Members were South Carolina, Minnesota, South Dakota, Nevada, Mississippi, Idaho, Delaware, and West Virginia. The group focused on statistics to build into the gateway and discussed what types of statistics they would want back from the third parties regarding usage.

The group provided the following items that they thought would be useful to track:

- Number of individuals that actually viewed the report
- Number of unique users
- Number of unique queries
- Records of who accessed the report that may not have been at state level (The third party should have something in place to ensure that no one accesses it that should not have access.)
- Number of requests actually matched up to a patient record
- Number of requests not matched up to a patient record

Orr (VA) brought up the granularity of the role and the identifier asking if a system count could be provided or a count of how many prescriber requests were processed on a specific date, in addition to how many pharmacist requests were conducted. Appriss mentioned that it could probably provide this information based on the role provided.

The committee also mentioned that additional data from the third party and data on the level of usage and by whom would also be valuable.

The committee requested an interface where someone could go in and run reports for these statistics.

**NARXCHECK® Demo**

Staff provided an overview of NARXCHECK, sharing that NARXCHECK provides a snapshot view of PMP data at a high level in the form of a score. Evaluating several factors that are readily available in the PMPs, NARXCHECK breaks down these items and provides an overview of the patient.

NARXCHECK makes it easy for health care practitioners to understand PMP data. The key to NARXCHECK is that it was put in place to support all of the PMP services and is similar to the NABP methodology for supporting the boards of pharmacy.
NAR\textsubscript{X}CHECK was developed by an emergency room physician who is also a software engineer. He developed the algorithm to deal with the issues of prescription drug abuse. NABP acquired NAR\textsubscript{X}CHECK in October 2012.

NAR\textsubscript{X}CHECK provides a score and encourages providers to take a deeper look if that score causes concern. NAR\textsubscript{X}CHECK is actually running right now and is being delivered via the Web through an ADT message in more than 20 hospitals. Staff provided a sample report, explaining that the score displays on top, with a graph below. Data analysis provides a summary of the information with details also available.

The ultimate goal of NAR\textsubscript{X}CHECK is to get the data directly into the EMR. In the case of Regenstrief, the information was put directly into the results page, providing an immediate indication of the potential for risk. In one case, within two weeks of implementing NAR\textsubscript{X}CHECK, a doctor provided staff with sample clinical notes to show that the clinicians were already referencing the NAR\textsubscript{X}CHECK Score within their clinical notes.

It is important to make accessibility to NAR\textsubscript{X}CHECK as easy as possible for clinicians. Staff explained that to ensure adoption, NAR\textsubscript{X}CHECK needs to be reasonably priced. In addition, staff shared that integrating with larger health systems should prove to be the most beneficial.

NABP staff then called for any initial questions regarding NAR\textsubscript{X}CHECK. Wright (AZ) asked how NAR\textsubscript{X}CHECK connects to NABP InterConnect and the PMPs. Staff explained that with Regenstrief there is a two-call solution – the PMPs are connected to NABP InterConnect, which returns the data to Regenstrief. The information is then transmitted to NAR\textsubscript{X}CHECK for the score.

A demonstration of NAR\textsubscript{X}CHECK followed.

Next, NABP staff provided a look at live data (de-identified) through the NAR\textsubscript{X}CHECK dashboard data. An example was shown for an Ohio facility. The information was searchable via several fields, including by last name, first name, and date of birth. Staff then provided a couple of samples, explaining that NAR\textsubscript{X}CHECK provides a snapshot view that really directs a clinician down into the analysis and providing a lot of information in just a matter of seconds.

Currently, NAR\textsubscript{X}CHECK is limited to Ohio. Ultimately, if the Steering Committee decides they want to deliver multi-state integrated data, NABP can move forward with this.

Staff will provide training to anyone using NAR\textsubscript{X}CHECK. It was also stressed that there is an advisory committee established, which meets quarterly to review the NAR\textsubscript{X}CHECK methodology.

The committee asked if the scores were calculated through a medical industry standard. Staff shared that the factors came from multiple research studies of at-risk behavior.

Users are also encouraged to look into more detail before making final decisions. Appriss expressed the belief that the PMPs should not be the ones who must justify the score, since it is a tool to be used by the physician; however, NABP stated that the Association could provide talking points to the PMPs for cases when a patient contacts the PMP regarding a score.

Orr (VA) asked how long the report is retained. According to staff, the data has not been purged since NAR\textsubscript{X}CHECK joined the market one-and-a-half years ago. Staff said that they would conduct research on this as a purge should take place at some point. Reports on the dashboard expire after 21 days.
Flansbaum (NM) asked about the difference between the dashboard and integration into the EMR. Staff explained that this depends on how the client wants to deploy the system. The NAR\textsubscript{X}CHECK Plus product is a Web-browser-based system and is available to anyone who licenses and has direct Web access.

The NAR\textsubscript{X}CHECK service is now programmed to the API of NABP InterConnect. Non-NABP InterConnect states would need to build a bridge into the PMP or another hub.

Staff shared that profits from NAR\textsubscript{X}CHECK are intended to support the states’ use of NABP InterConnect and PMP AWAR\textsubscript{X}E.

**PMP AWAR\textsubscript{X}E Software Demo**

Appriss provided the Steering Committee with a demonstration of the new PMP AWAR\textsubscript{X}E software from an administrator view. The software is customizable, allowing for the states to change the Web portal color schemes, address information, application, etc.

The new set of roles agreed upon by the Steering Committee in September 2012 were incorporated into PMP AWAR\textsubscript{X}E, but have not yet been updated in NABP InterConnect. Appriss is, however, able to map to NABP InterConnect.

Appriss then went into more detail in the administrative section of the software.

- Individuals are able to change their password.
- In order to register, a person must have a unique e-mail address.
- The system requires a full name in order to process a request.
- Statistics are being developed now with different categories and types of reports that can be run.
- Unsolicited reports are included in the functionality.
- PMP administrators have the ability to conduct searches via virtual private network (VPN) access.
- PMP AWAR\textsubscript{X}E software serves as the PMP for the state, each with its own unique database.
- Other reports and capabilities that are not currently available include the BJA/Harold Rogers reports, prescription maintenance, ability to change the DEA number if the wrong physician is associated with the prescription, and the ability to tag a prescription as a forgery. However, if required, more capabilities can be developed in the future.
- PMP AWAR\textsubscript{X}E works on all tablets.

**Clearinghouse**

Appriss provided additional detail on the Clearinghouse, a feature that enables the data submitters to go to one site and load all data for many states. The Clearinghouse also allows for the correction of any errors in prescription data. The states can configure all the validation levels in order to approve the data submitters and are also able to obtain a dispensing history through
the software portal. The data is processed daily and the administrators will have the ability to set
the password expiration time (for data submitters) in the future; currently it is defaulted to 90
days.

For corrections to a prescription in the Clearinghouse, pharmacies are able to make changes and
resubmit the corrections the next day. The PMPs will be able to see if there are any outstanding
errors and follow up with the users. In addition, the Clearinghouse can provide reports on
pharmacies that are delinquent in reporting.

Appriss concluded its presentation with the reiteration that the PMP AWAR\textsubscript{X}E software is
customized for each PMP and that the software can be configured based on a particular PMP’s
needs. Regarding the downtime for switching over to PMP AWAR\textsubscript{X}E, this should only take a
few days. For Kansas, which went live with PMP AWAR\textsubscript{X}E in July, the data migration from
HID took a few weeks prior to the go-live date. In total, Kansas was down for four days with no
requests and then went live.

**Rollout Schedule**

Staff shared the additional states that will come on board with PMP AWAR\textsubscript{X}E in the near future,
including Mississippi, which was scheduled for September, Nevada for October, and Idaho for
November. At the time of the August meeting, NABP and Appriss were addressing legal matters
to identify the fifth state in the pilot.

**Availability to Other States**

Staff explained to the committee that NAR\textsubscript{X}CHECK is a valuable decision-support tool that will
help NABP generate revenue to pass on to the states. Staff expressed that this is what NABP has
been doing for the past 100-plus years to assist the boards. By monetizing NAR\textsubscript{X}CHECK and
selling it to third parties, NABP hopes to be able to provide PMP AWAR\textsubscript{X}E and NABP
InterConnect services at no cost to states.

NABP should be in a better position in 2014 to understand what the next steps look like and
when the Association will be able to make that offering. Meanwhile, through Appriss, NABP
intends to respond to competitive procurement solicitations, states’ RFPs, or other documents as
deemed appropriate.

**Open Discussion**

The Steering Committee then moved into open discussion.

Carter (MN) asked about the Participant Worksheet. It was explained that this helps the PMPs to
inform each other of what their requirements are. It is recommended that a state complete the
worksheet at least a month before going live with NABP InterConnect. Staff let the committee
know that the worksheet may be refined based on tomorrow’s discussion.

Shanard-Koenders (SD) asked for an update on the NABP InterConnect status of other states that
may not be at this meeting. Staff shared some of the recent discussions that have taken place,
including:
• Vermont – Interested in signing on
• Maryland – In the process of getting its system up and working; interested in signing on
• Pennsylvania – Needs to rebuild its PMP from scratch. Once it does, it will most likely join NABP InterConnect.
• Alabama – Needs to change the law in its state.
• Iowa – Needs to change its law in order to be able to share data. Have discussed NABP InterConnect as a way to integrate into health systems.
• Nebraska – Uses the HIE model. It has an issue with how much data is in its PMP.
• Oregon – Cannot share data across state lines, but NABP is in discussions with the state.
• California – In discussions with the state.
• Florida – Indicated interest in signing on to NABP InterConnect for the purposes of integration. This has shifted more toward interfacing with all the NABP InterConnect states using the translation service through the PMIX route. Each state would need to execute a separate agreement with Florida since it is not signed on with NABP InterConnect. Florida can only receive data; under current law it cannot share data.

Staff then asked if for those states with pending MOUs there was anything that NABP could do to assist with the MOU process.
• Peterson (MT) explained that Montana’s biggest delay is getting IT resources. It has priority items that it needs to complete first. Montana’s vendor is MT Interactive.
• Wills (WY) shared that Wyoming would need a new MOU. The state needs to move online and then can go from there. Currently, its vendor is Hansen, based out of Illinois.

The committee also discussed some of the legislative issues that have been going on, including one in North Dakota where child support specifically asked about updating addresses for PMPs so that it could use the addresses in its collection of child support. The Department would have access to the addresses and not the other data. In Minnesota, a piece of legislation surfaced that requires methadone clinics to check on all patients and as a follow up, the Department of Human Services has to follow up on those checks, which would equate to 5,000-6,000 individuals that would need to be tracked.

Morris (KS) raised the question of allowing court officers to have access to the system. They do not currently have this access in Kansas. Orr shared that in Virginia they are looking at probation and payroll access and are considering providing information to criminal courts or courts with criminal jurisdiction. As far as a patient request, state police have a system in place to request a background check.

Discussion continued until about 5 PM. The committee then moved to adjourn day one of the meeting. (Motion by Wright, seconded by Fernandes; unanimously approved.)
Day Two – August 2, 2013

Day two of the Steering Committee meeting was more of a work day including interactive presentations and discussions on the NABP InterConnect console and participant worksheet. The committee asked that NABP distribute all presentations to the entire group.

Survey of NABP InterConnect Console

Staff provided a presentation and explanation of the NABP InterConnect console. Ohio is the only state that has used the option to have one-way communication with another state; however, all the states have this option if there is anything that the state law does not allow. Staff encouraged the states to allow as much sharing as possible within the confines of state law.

The committee then turned to discussion about roles. Staff shared that when a PMP administrator enables another state in the console, specific roles are selected to allow a specific role to get information from a specific state. (At this point, no state is enabling law enforcement to access NABP InterConnect to get data, although the NABP InterConnect is capable of supporting that function.) Staff hopes to elicit information from the Steering Committee in order to improve the console.

The roles currently in the console were developed at a meeting one-and-a-half years ago. Staff then discussed the current breakdown of the live NABP InterConnect states and the specifics for these states as they relate to the console.

The committee proceeded with a detailed discussion on the roles and the necessity for each as well as specific state preferences.

The committee recommended that the console be updated to provide more clarification on the role “pharmacy” by listing as “pharmacy (store account).” This will give the PMPs additional assistance when approving the roles.

It was also noted that changes to the console need to match the participant worksheet. For the participant worksheet, staff mentioned that the form should be streamlined and possibly sent out once per year for updates.

Staff then explained some additional terms used in the console, including “Refused,” which means no data, and “Disallowed,” which means one of the rules has been violated. The committee asked that this be changed in the system to further clarify the meaning.

Staff notified the committee that if any changes are made to the console, everyone will be notified by e-mail and will have the opportunity to double check that everything is okay.

The committee also asked if there would be a statistics type of page that will give a short summary of the track requests. The technical details of the meta-data is being provided to NABP so that it can take that data and provide the states with what they need. That is one of NABP’s goals, but the Association must finalize the technical details before the data is available.

NABP staff shared that since 2011, NABP has relied heavily on the Steering Committee. The committee provided and continues to provide feedback and suggestions on how NABP InterConnect can be improved. NABP wants to make sure the changes are made internally within the console so that it will not require too many changes with the states’ vendors, since many of
the vendors charge for code changes. NABP has planned for versioning releases in order to minimalize the impact on the members.

**Participant Worksheet Discussion**

Next, NABP staff focused on the participant worksheets. At the time of the meeting, 21 states had submitted a worksheet. Staff presented an overall summary of the 21 states’ responses to each portion of the worksheet, including the application process, authentication process, access to a state’s PMP, PMP account maintenance, account assistance, access to interstate sharing, data description, penalties, requestor roles, and request retention.

The committee proceeded with thorough discussion on the worksheets and items they believed should be removed, edited/reformatted, or added.

Staff suggested that if a state wants to add another state it should obtain the worksheet and then call that particular state as a follow up. Staff also asked if there were other items the committee would like to see in the worksheet.

The committee asked about the language in the MOU regarding enforcement of PMP rules. The MOU indicates that action will be taken, but it is not specific on who takes the action.

Other items that were discussed include data reporting, PMP coordination, discussion on a mechanism to resolve disputes, and direct data access.

The committee then moved to discussions on the role crosswalk. NABP explained that the goal is to work on what can be controlled in the NABP InterConnect console. NABP does not have any control with the other vendors.

After having covered all formal agenda items, the Steering Committee moved to adjourn the meeting. (Motion by Fontenot (LA), seconded by Shanard-Koenders (SD); unanimously approved.)