To: The PDMP-Health IT Integration Initiative Team Members  
From: The Alliance of States with Prescription Monitoring Programs (ASPMP)  
RE: Proposal for PMP Data Sharing between PMPs/PDMPs and Health IT Systems and associated exchange partners as defined in the PDMP-Health IT Integration Initiative

Integration of prescription monitoring program (PMP) data into the workflow of healthcare professionals alongside other sources of clinical data is a vitally important goal which has been at the forefront of PMP information exchange design for the past ten years. The Prescription Monitoring Information Exchange (PMIX) National Architecture was the result of a community of state PMPs and other interested parties (collectively known as the PMIX Working Group) coming together to address the need – the ability to exchange information between PMPs – while at the same time looking to the future and seeing the need to support the exchange of information with non-PMP entities.

The PMIX National Architecture was designed from the beginning to meet the needs of PMP information exchanges, regardless of the entity receiving the PMP information. PMIX addresses the data standard, the transmission standard, and the security standard. It uses free, open standards which are available to anyone at no cost. Furthermore, PMIX is already in use in numerous ways by PMPs exchanging information with other PMPs as well as with existing Health IT systems. The PMIX National Architecture is also very flexible, allowing all exchange partners to remain in control of what information is shared and with whom. It permits direct partner-to-partner exchanges as well as exchanges brokered by an intermediary. Regardless of the exchange design, data is secured from the originating point until it reaches its final destination.

It is felt that the environment under which PMPs operate has still not been adequately acknowledged in this initiative. PMPs operate under various forms of state government agencies and the reality is that due to the regulatory and financial restrictions in this type of operation, PMPs will be unable to accommodate standards outside of the PMIX architecture. So while the sharing of PMP data with Health IT Systems is of utmost importance to PMPs, these realities must be recognized and addressed if this initiative is to succeed.
So while the most expedient way to integrate PMP data into Health IT Systems would be for these systems to facilitate a direct connection to a state PMP via the PMIX Architecture, it is recognized that this method may not be ideal. Therefore an alternative and perhaps more efficient approach would be to leverage some of the emerging “Gateway/Translation” technologies currently under development. Such technologies would allow PMPs and Health IT Systems to maintain their current communication and security methodologies, but would facilitate secure and auditable translations between the parties. A gateway/translation service would speed integration and allow for each party to avoid significant rework of their existing infrastructure and systems. For example, the National Association of Boards of Pharmacy is developing a Gateway that will be available for use by PMPs and Health IT for this purpose in the 3rd quarter of this year.

This then offers Health IT Systems two options in accessing PMP data:

1. Direct connection to a state PMP, however with the understanding that the Health IT system will need to match the PMIX architecture and may be responsible for any IT support in creating this connection
2. Via this emerging “Gateway/Translation” technology (very soon to be available) allowing both PMPs and Health IT Systems to maintain their current communication and security methodologies

Therefore, the Alliance of States with Prescription Monitoring Programs (ASPMP) strongly encourage that this proposal be brought to the PDMP-Health IT Integration Initiative community as a viable solution for the sharing of PMP data among all authorized exchange partners resulting in a successful outcome for this initiative.

Respectfully Submitted on Behalf of the ASPMP Executive Board,

Joe Fontenot
Vice-President
Alliance of States with Prescription Monitoring Programs

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