**HL7 Patient Care Work Group**

**Allergy/Intolerance/Adverse Reaction Topic Sub-Group Meeting Minutes**

**Date: June 11, 2014**

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Co-Chairs: Stephen Chu/Elaine Ayres Scribe: Elaine Ayres

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| --- | --- |
| **Name** | **Present on June 11, 2014** |
| Elaine Ayres | X |
| Stephen Chu | X |
| Lisa Nelson | X |
| Russ Leftwich | X |
| Rob Hausam | X |
| Emma Jones | X |
| Jason Lau | X |
| Kenneth Lai | X |
| Maxim Jones | X |
| Li Zhou | X |

**Agenda for June 11, 2014**

1. Review agenda
2. Approve minutes from 5/27/2014
3. Update on Clinical Model publication – Jean and Lorraine
4. Terminology PSS – status with Vocab – Rob Hausam
5. FHIR/Open EHR comments – merge adverse reaction and allergy and intolerance (note comments from Graham re responses related to immunizations).
6. FHIR change request – terminology for criticality (see below from GForge)
7. C-CDA comments: Next steps – Lisa Nelson
   1. Address need for a Criticality Observation for the Allergy Intolerance Observation in place of current duplicate use of Severity template (on reaction and allergy observation)
   2. Review the entryRelationship type from allergy-intolerance Observation to reaction
   3. Review entryRelationships
   4. SAS: SubstanceAdministration
   5. Subj: Medication Activity
   6. Subj: Procedure
   7. StatusCode versus Use of Allergy Status entryRelationship
8. Agenda for June 25, 2014

Minutes from April 23 and May 27 Meetings:

April 23, 2014 Move: Stephen/Russ Abstain: 0 Negative: 0 Approve: 8

May 27, 2014 Move:Stephne/Russ Abstain: 0 Negative: 0 Approve: 8

**Clinical Models** – Jean and Lorraine - pending

**Terminology PSS** – Update from Vocab WG and IHTSDO

Rob Hausam – still pending. Is it still required for balloting the allergy and intolerance value set? Vocab – unclear on actual work product? PC is interested in developing a joint value set with IHTSDO.

**FHIR/Open EHR Discussion**

1. Immunization responses – still outstanding (need to look egg protein issue)(US – have addressed egg allergy for flu vaccines – e.g. post administration observation)(cite NIH study)
2. Initial call of FHIR/Open EHR – Russ Leftwich, Graham Grieve, Ian McNicoll and Heather Leslie
   1. Create a version of issues that can be reviewed by the broader community to compare models – FHIR, V3 and OpenEHR.
3. Other - Combine AdverseReaction/Allergy and Intolerance Resources? (calling adverse event on FHIR skype chat). There can be an adverse event with no adverse reaction. A drug-drug interaction may occur but nothing happens.

Link to Skype Chat: <https://chats.fhir.me/feeds/skype/implementers.html>

**FHIR Change Requests (G-Forge)**

**Item 3008 – Usage of Allergy/Intolerance Criticality**

* + - 1. **Details** [(Edit)](javascript:void(0))

This item is based on extensive discussion on the FHIR email list ("Heather Leslie's comment on allergy intolerance", February 2014), and discussion in disqus on the page (referenced above).

Issues:  
\* the value set for criticality is subjective, not objective

\* The clinical issues associated with the use of this field (which is commonly used) should be documented

\* the field is a candidate for moving out of the 80% into a documented extension

\* there is a related field that could be added as well or instead of the element, a contraindication field (values: "true", "false", "unknown", and maybe "maybe") - need to assess whether this is 80% or a documented extension

**Current value set for criticality:**

Code Display Definition

fatal Likely to result in death if re-exposed.

high Likely to result in reactions that will need to be treated if re-exposed.

medium Likely to result in reactions that will inconvenience the subject.

low Not likely to result in any inconveniences for the subject.

Proposal: Two values – Boolean (Yes/No) or other value set (High/Low)(Critical/Not Critical)? Is the goal to give direction or to pass along clinical judgment? Low criticality means a low risk for a serious reaction to the substance.

1. Note coding strength in binding (CNE)
2. If negation ind is allowed, what will the behavior be? Will apply to the observation level or the value element? Does this negate the value element e.g. not critical… Term Info recommends not using in the terminology and the model.
3. Is a null flavor allowed?

If an allergy is passed from another system without a criticality value – would be a null flavor.

FHIR does not support null flavors – would need in the terminology. Need in terminology – not known.

Value sets – two sets, one for FHIR and one for C-CDA?? In C-CDA criticality template does not exist. What is the value set to use? C-CDA uses null flavors. Recommend one value set and have C-CDA restrain use of null flavors.

**C-CDA Harmonization:**

1. Address need for a Criticality Observation for the Allergy Intolerance Observation in place of current duplicate use of Severity template (on reaction and allergy observation)
2. Allergy/Adverse event type value set

b. Review the entryRelationship type from allergy-intolerance Observation to reaction

c. Review entryRelationships

d. SAS: SubstanceAdministration

e. Subj: Medication Activity

f. Subj: Procedure

g. StatusCode versus Use of Allergy Status entryRelationship

Name of Value Set: What is the value set designed to accomplish? Allergy Problem Act – (or concern act). Problem Observation or other problem observation related to the concern. Clinical Statement (the act) allergy or adverse reaction exists or does not exist. The code (SNOMED) is an assertion carried in the terminology. What type of allergy is this??? The causative agent is noted as a specific entity.

Suggested: Allergy and Intolerance Category

Need a concept to tell us what category we are in….a medication, a class of medications, or a food or other substance. Would need categories that do not overlap.

Discuss -- How do you differentiate between allergies and intolerances? Cannot always tell which it is. What if an allergist wants to say something very specific? Can we model this? Need to enable decision support via an accurate allergy and intolerance list.

**Agenda for June 25, 2014**

1. Review agenda
2. C-CDA Harmonization - with associated terminology
3. Agenda for July 9, 2014 ??