**HL7 Patient Care Work Group**

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

**Date: October 19 , 2016**

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WEBEX: [www.webex.com](http://www.webex.com)

Meeting Number: 194 433 282

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

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| **Name** | **Present on October 19 , 2016** |
| Bit Vo | X |
| Brett Marquard |  |
| David Parker |  |
| Dianna Dodd |  |
| Donna Bohannon |  |
| Elaine Ayres | X |
| Emma Jones |  |
| Hank Mayers |  |
| Jaspreet Birk |  |
| Jay Lyle |  |
| Jennifer Harward |  |
| Joe Lamy |  |
| Julia Skapik |  |
| Larry McKnight | X |
| Lisa Nelson |  |
| M’Lynda Owens |  |
| Margaret Dittloff |  |
| Michelle Miller |  |
| Rita Barsoum |  |
| Rob Hausam | X |
| Rob McClure |  |
| Russ Leftwich |  |
| Russell McDonnell |  |
| Serafina Versaggi |  |
| Stephen Chu | X |
| Sue Kent | X |
| Tony Little | X |
| Shelley Spiro | X |
| Luke Tso | X |

**Agenda for October 19, 2016**

Agenda:

1. Approve minutes from October 4, 2016
2. Shelley Spiro will present her talk on “Standardizing Drug Allergy Information Through Coding” as presented at the Daily Med Jamboree on 9/27/16  <http://wiki.hl7.org/images/7/79/SPL-DailyMed-RxNorm_Jamboree_Presentation_9-27-16_Spirov1.pdf>
3. Continue discussion of projects to come up with EHR allergy list high frequency drugs (Jay Lyle) and foods (Elaine Ayres)
4. Updates on other projects – USP, IHTSDO
5. Plan agenda for November 2, 2016

Query request: send to re-ask for consistent query and in worst just the data they have currently.

Cerner – Larry has provided updated files

 Intermountain – have findings

KP – have query summaries

 VA/DOD – have a summary of findings

OPTUM – data set

NIH – have data on food.

Cleveland Clinic – foods

AAAAI – will provide SME expertise for foods and drugs.

**Minutes:**

1. Minutes of October 4, 2016 – Stephen/Sue
2. Shelley Spiro presented her slides from the Daily Med Jamboree held on 9/27/16. The link to the slide deck is here: <http://wiki.hl7.org/images/7/79/SPL-DailyMed-RxNorm_Jamboree_Presentation_9-27-16_Spirov1.pdf>
	1. The slides provided a history of the project including the original work through NCPDP that established 35 classes of drugs associated with drug allergies. At the time project started, EHR’s documented data in a variety of formats including ingredients, classes and brand names from proprietary knowledge based systems. A letter from NCPDP to ONC described the issue leading to lack of interoperability:
3. 
	1. Meaningful Use 3 included a standard for drug allergy value sets. The starter set of 35 classes as proposed covered 90% of known reactions. This starter set was compiled by constituents within NCPDP and relied on NDF-RT, FDA UNII’s and RxNorm. The drug classes were built manually.
	2. In 2014 this work migrated to ONC with an emphasis on UNII’s and RX CUI’s to enable interoperability with Structure Product Labeling Standards.
	3. In early 2015 this work migrated to USP under the auspices of an expert panel which is looking not just at the classification of drugs but also with clinical manifestations and proactively managing risks associated with new drugs.
	4. It was noted that the international community would appreciate mapping to SNOMED-CT. It was noted that RxNorm does map ingredients to SNOMED-CT.
	5. It was noted that RxNorm will be the ontology of choice in the US, with the ability to utilize mappings to UNII’s and SPL files.
	6. It was noted that FHIR is not in NCPDP standards which is more a billing standard. It was also noted that NCPDP has a SureScripts XML based standard which is also not a FHIR-bsed standard. Note that FHIR will be used for clinical standards.
	7. It was noted that MED-RT through the VA is using SNOMED and RxNORM, but the Federal Terminology Group will determine the eventual terminology standards that will be applied to Meaningful Use requirements.
	8. SNOMED seems to better express the types of concepts needed for reporting in EHR’s.
	9. From a risk assessment point of view, the Daily Med Feed is the most helpful with details about the drug and the ability to feed back to the FDA specific drug adverse event drug data.
4. Medication group – meets on Wednesdays at 9 am. Had first planning meeting on 10/19. Looked at IDMP.
5. Food – will report back in two weeks.
6. Other USP updates – next meeting pending further meetings.
7. IHTSDO – no current updates but meetings underway in New Zealand.
8. Next meeting – updates on food, drugs, and IHTSDO