**HL7 Patient Care Work Group**

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

**Date: September 2, 2015**

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

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| --- | --- |
| **Name** | **Present on September 2, 2015** |
| Elaine Ayres | X |
| Stephen Chu | X |
| Rob Hausam | X |
| Russ Leftwich | X |
| Emma Jones |  |
| Lisa Nelson |  |
| Christina Knotts | X |
| Rob McClure | X |
| Sharon Solomon | X |
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**Agenda for September 2, 2015**

1. **Review agenda**
2. **Current state of substances for representation in HL7 standards as well as other use cases**
3. **Agenda for September 16**

**Summation of Issue:**

November USP discussion of representation of allergies and intolerances.

1. Did not resolve terminology issues
2. Did highlight the need to track substances through the entire manufacturing process
3. Identification of specific substances on ingredient label that are substances of concern, then that would be a leap forward.
4. What is possible now – a general element vs. the specific ingredients

This is not necessarily an ontology issue. Need a process for items that cause an adverse reaction – for event avoidance to be arranged in a database. Will be components of orderable items that cause events that we wish to avoid.

Need to develop a decision support process that captures the correct information when an individual has had a reaction. This is a risk management focus, not a substance identification issue.

1. Clinicians need to document substances/ingredients that are a risk.
2. Need to do cross-reactivity clinical decision support (most difficult) – may be an overestimated risk
3. List of substances/ingredients in food and drug labels
4. Capture the actual product that created the adverse reaction – not just “salsa”, but even the brand
	1. Data collected on eight major food allergens
	2. Need additional data on other foods/products beyond just the ingredient

Biosimilars – flowing in with NDC’s and other identifiers into drug systems. ? same UNII codes – are the “ingredients” the same or different?

Is the answer a flat list of ingredients/products that create adverse reactions – a database issue, not an ontology.

Would like a value set but one that would allow others to apply an ontology. To find terms in a large value set, a hierarchy is helpful to find and use concepts. May be as simple as food or drug.

To invert the CDS – ties into how the substance or product that created the reaction.

List needs to support both the patient reported substance as well as what the provider needs to record as well as the detail that is available.

There needs to be some level of granularity for documentation. However, can translate brand name and generic can be an ancillary database.

This functionality does exist in knowledge management systems. When there are linkages we are dependent on, then there needs to be open availability. Need a uniform open database of this information.

Involve the FDA in the discussion.

**Agenda for September 16, 2015**

1. **Review agenda**
2. **Approve minutes from August 5 and August 19, and September 2, 2015**
3. **Agenda items for Atlanta WG.**
4. **Update from SDWG on DSTU comments**
5. **Value sets for allergies (substances)**
6. **Look at C-CDA risk template (Lisa) , and FHIR resources for risk (CDS), and clinical impression**
7. **Agenda for Atlanta WG meeting**