**HL7 Patient Care Work Group**

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

**Date: June 19, 2013**

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Co-Chairs: Stephen Chu, Elaine Ayres, Russ Leftwich Scribe: Elaine Ayres

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| **Name** | **Present on 6/19/13** |
| Elaine Ayres | X |
| Stephen Chu | X |
| Jean Duteau | X |
| Russell Leftwich | X |
| Rob Hausam | X |
| Lloyd McKenzie |  |
| Kevin Coonan |  |
| Terri Meredith | X |

**Agenda for Wednesday, June 19, 2013 at 5 PM EDT**

1. Review and adjust agenda
2. Approve minutes from June 5, 2013 meeting
3. Discuss any outstanding items re FHIR resources
4. Review Allergy and Intolerance models (Jean Duteau)
5. Discuss and review terminology and needed harmonization proposals
6. ACTION: Determine if Allergy and Intolerance V3 Clinical Models should file a NIB for the September Ballot Cycle
7. Agenda for July 3, 2013

**Ballot schedule for September:**

June 23 – Harmonization proposals due to Lloyd McKenzie

July 7 – NIB due

July 14 – Initial content due

July 21 – Preview and CMET content due

July 28 – Ballot reconciliation must be complete for last cycle

August 4 – Final content

August 12 – Ballot opens

**Minutes from June 5**: Motion: Stephen/Russ Abstain: 0 No: 0 Yes: 4

**FHIR Resources for Allergy and Intolerance and Patient Care Resources**

Reviewed FHIR resources QA sheet with Lloyd McKenzie

The outcome of this discussion and action items detailed in the embedded spreadsheet:



Items discussed based on spreadsheet:

1. Review of exposure type. Current types are placeholders and need coded concept. Rob suggested that we use SNOMED for exposure types. Jean noted that HL7 has an exposure code (exposure mode) set:

ExposureMode

AIRBORNE

CONTACT

FOODBORNE

WATERBORNE

**ACTION**: *Patient Care to develop value set for exposure mode.*

Discussion – proposal above is not complete. Medication administration: where does this fit? Missing other modes such as oral, enteral, parenteral. Would also need ocular. Question addition of route of administration. Is there is an existing set of codes that we can use? Rob suggests SNOMED. Suggests route of administration hierarchy in SNOMED. Rob to send out list of suggested exposure type codes.

1. Problem relationship type. Need to clarify relationship of problem and adverse reaction. How does an implementer understand the relationship and differences? The group discussed the distinction between application behavior versus a standard. It was noted that the C-CDA differentiates adverse reaction from a problem. Note that an adverse reaction is an episode in time while an allergic condition is a problem. Note that FHIR will be mapped to the RIM. Lloyd noted that a Problem will be called a Condition moving forward.

**ACTION:** *Patient Care to provide clear guidance on relationship of adverse reaction to condition.*

*Discussion – What is the evidence? Relationship is that the adverse reaction supports the assertion that the patient has the condition (works for allergies). What about other types of adverse reactions such as an overdose or toxic substance? There is no propensity to a future reaction with the latter case. Suggest the ability to support the relationship but some will remain active (such as an allergic condition) vs. others that will be resolved (such as an overdose).*

1. Procedure related elements. Discussed the relationship of one procedure to another and the need for an association. Candidate to be removed.

**ACTION:** *Patient Care to determine if there is a use case for a procedure related elements as well as coded values to support.*

*Discussion – Yes – there are use cases where procedures are related – some are diagnostic, some are interventional. One procedure causes another. Example – anesthesia procedure linked to a surgical procedure*. *Rob Hausam has provided the SNOMED-CT list of procedures codes as the suggested list from Patient Care. It's all of the content (including the hierarchy level) underneath the SNOMED CT concept for "Route of administration value" (284009009) in the latest release (January 2013).*

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1. *Procedure search criteria.* When searching is a type of procedure or a name of procedure helpful. Group determined that a name (with code) is more useful instead of a type.

**ACTION:** *Patient care to come up with value set for procedure names.*

*Discussion – Suggest that we use SNOMED procedure hierarchy. The top-level SNOMED CT procedure concept is: Procedure (71388002)*

1. *Family history.* Rename type to code and add as a search criteria. Will also add “last updated” and a category for history.
2. *Other FHIR issues*: Patient care asked to provide any additional concerns about FHIR resources prior to ballot cycle.

Discussion: On listserv – problem vs. condition, and problem type and hierarchy.

**Update on Allergy and Intolerance Clinical Models: Will review on Monday, June 24 at 5 PM**

1. PSS pending final vote by DESD (poll closes on June 20). Comments from Emergency Care addressed: *Emergency Care has a fundamental objection to modeling allergy and intolerance while excluding environmental substances. Latex, Nickel, fabric, and other substances are important allergies. Making the artificial distinctions is not acceptable. We also don't know why Emergency Care was not considered an interested party.* Updated PSS*:*

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1. Review of models
2. Harmonization proposals – Due June 23
3. NIB – Due July 7

**Agenda for Wednesday, July 3, 2013 WG call**

1. Review and adjust agenda
2. Review Allergy and Intolerance models (Jean Duteau)
3. Discuss and review terminology and needed harmonization proposals
4. ACTION: Determine if Allergy and Intolerance V3 Clinical Models should file a NIB for the September Ballot Cycle
5. Agenda for July 3, 2013