**HL7 Patient Care Work Group**

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

**Date: January 6, 2016**

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

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| --- | --- |
| **Name** | **Present on January 6, 2015** |
| Elaine Ayres | X |
| Stephen Chu |  |
| Rob Hausam | X |
| Bit Vo | X |
| Russ Leftwich | X |
| Emma Jones | X |
| Lisa Nelson | X |
| Michelle Miller |  |
| Rob McClure |  |
| Sharon Solomon |  |
| Russell McDonnell |  |
| Julia Skapik |  |
| Diana Dodd | X |
| Jay Lyle | X |
| Larry McKnight | X |
| Hank Mayers | X |
| Mohammed Usman | X |
| Ben Skupien | X |

**Agenda for January 6, 2016**

1. Minutes of last two meetings – October 28th , 2015 and December 9th, 2015
   1. Approve: move Russ/Rob Abstain – 1, Negatives – 0, Approve - 5
2. Continue substances discussion
   * 1. JET Project re medications and food
     2. Other comments
3. C-CDA 2.1 comments update
4. SPL for Food
5. Agenda for Orlando meeting
6. Next meeting – Orlando WG meeting – Wednesday Q4 (January 13)
7. **JET (Joint Exploratory Team) Project Regarding Substances (Jay Lyle)**
   1. Overview – Joint Executive Task Force VA/DOD -- human review of allergy lists. Used the same approach for reactions. This is only for drug allergies at this time. Using RxNorm – have top 100 list as well as others. Actual technique used – RxMatch an NLM tool with ingredient codes. Will use NDFRT classes for drug classes. The follow-on has not yet been determined. Want to first lock down on top 100 and top 95%. Will mapping to synonyms be done? Will use the list at VA/DOD as described by RxNorm. Using a patient described substance, how will that mapping be accomplished, especially for data coming from other systems. In original data sets – many synonyms for the same drug. Use of the common unique identifier from RxNorm.
   2. Also have a list for environmental allergens and other non-medicinal allergens. Used UMLS CUI’s – linked to SNOMED and UNII’s. Not sure if VA has moved forward with SNOMED.
   3. How will the list be used, and what happens if a substance is not on the list and you wish to add such as a substance? Data sets were robust, so the bottom 5% may be the only missing items. 492 drugs represent the top 95% - will be able to find in the data set. List was set as a baseline – but more terms can be added. Goal is to use the same identifier as others are using. This will help aid the clinical decision support systems.
   4. Cerner work – last 5% value is limited. Like passing text vs. codified value.
   5. Applicability to the FHIM – and combining with data from other sources? The VA/DOD hopefully will allow others to use.
   6. MED RT – a separate effort to replace NDFRT, but may well complement based on SNOMED CT concepts.

**2. C-CDA 2.1 –** Enter DSTU comments. Add to SDWG Thursday Q1, plus health concerns vs. problems, and plan of treatment vs. goals.

**3. SPL for Food –** Approved by RCRIM. Will help inform substances work.

**4. Adverse Event FHIR Resource –** approved by RCRIM – will move to DESD. Approved by FMG on 1/6/2016.

**5. Orlando Agenda**

**a.** Jet study

b. Secondary use – quality measures, QRDA – has absorbed C-CDA 2.1. Need to look at value sets. But quality measures do use substances. Look at Tuesday Q1 with CQI.

c. Applications to join USP drug allergy and intolerance expert classification panel – now includes Russ, Rob and Gaye.