**HL7 Patient Care Work Group**

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

**Date: March 8, 2017**

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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 March 8, 2017** |
| Bit Vo |  |
| Brett Marquard |  |
| David Parker |  |
| Dianna Dodd |  |
| Donna Bohannon |  |
| Elaine Ayres | X |
| Emma Jones |  |
| Hank Mayers |  |
| Jaspreet Birk |  |
| Jay Lyle | X |
| Jennifer Harward |  |
| Joe Lamy |  |
| Joe Quinn | X |
| Julia Skapik |  |
| Larry McKnight | X |
| Lisa Nelson |  |
| M’Lynda Owens |  |
| Margaret Dittloff |  |
| Michelle Miller | X |
| Rita Barsoum |  |
| Rob Hausam | X |
| Rob McClure |  |
| Russ Leftwich | X |
| Russell McDonnell |  |
| Serafina Versaggi |  |
| Stephen Chu |  |
| Sue Kent |  |
| Susan Loucks |  |
| Tony Little |  |
| Shelley Spiro |  |
| Luke Tso |  |
| Mike Padula | X |

**Agenda for March 8, 2017**

Agenda:

1. Active Projects
	1. Medication frequency data analysis value sets
	2. Food frequency data analysis value sets
	3. USP project – dormant
	4. SNOMED CT work plan
2. Environmental analysis –is it worth doing?
3. Dietary Supplement data – has value to specific communities

Value sets with FHIR values can be used. In Trifolio you can construct concepts with temporary codes vs. the dependence on standardized terminology development. Risk is that it is hard to switch if implemented.

Need to update the DAM (logical model) and clinical models? Should we do a logical model in FHIR?

<https://fhirblog.com/2016/10/17/logical-models-in-fhir/>

These documents should be kept up to date, but at present they are not. The DAM is best informed by implementations and can use FHIR as well as C-CDA.

For Medications

A lot of data and a lot of mappings. Need resources to do some QA. For a set of strings have mappings to one and/or two standards. Have 70 million records, so need a sample. Is .007% good enough? Every string that has over 500 entries, have mappings to two standards – RxNorm, NDFRT, SNOMED CT. Interest in international but no activity to date. Ability to use Dutch data. GSRS with UNII’s may support this effort.

Once mappings are done, can make some conclusions about the correct standards system.

What does the international patient summary use? May use SNOMED or IDMP.

Also need to take a look at classes – based on sound medical evidence.

Vaccines – many records, but not in RxNorm.

Example – Insulin Pork Mix.

Jay will provide smaller and larger data sets for use. Need a sense of classes and cross-reactivity based on science.

AMIA list-serv – re penicillin allergy posted on a list. Skin testing reliability was discussed and the use of penicillin. An oral challenge with penicillin showed <10% had any effects.

Assumption of cross reactivity is over applied. It may be extrapolated to a class even if inappropriate. There are several classes – opioids for example where this is true. Knowledge databases are not up-to-date in this regard. Documentation of cross-reactivity may inform decisions, even if incorrect.

Environmental data – worth doing but lower priority. Utility for other types of summaries.

Dietary Supplements and Vitamins – hard to know how to standardize.

The Learning Health System group is folding terminology into DAM work. Rework and/or FHIR logical model may be used. Need to take a look at C-CDA and FHIR consonance to help with alignment and transition.

Agenda for March 22:

1. Minutes for March 8
2. Medication data analysis
3. Additional topics as time allows
4. Agenda planning for March 22