**HL7 Patient Care Work Group**

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

**Date: February 16, 2012**

Co-Chairs: Stephen Chu, Hugh Leslie, Elaine Ayres Scribe: Stephen Chu/Elaine Ayres

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| **Name**  | **Organisation** | **E-mail** | **Present on 2/16/12** |
| Elaine Ayres | Academy of Nutrition and Dietetics/NIH | eayres@nih.gov | X |
| Andre Boudreau | Boroan, Canada | a.boudreau@boroan.ca | X |
| Stephen Chu | NEHTA | Stephen.Chu@nehta.gov.au | X |
| Kevin Coonan |  |  kevin.coonan@gmail.com |  |
| Margaret Dittloff | Academy of Nutrition and Dietetics/CBORD | mkd@cbord.com |  |
| Adel Ghlamallah | Canada Health Infoway | aghlamallah@infoway.ca |  |
| Maggie Gilligan | Academy of Nutrition and Dietetics | mmgilligan@gmail.com |  |
| Kai Heitmann | HL7 Germany | HL7@kheitmann.de |  |
| Wendy Huang | Canada Infoway | whuang@infoway.ca |  |
| Tom de Jong | HL7 Netherlands | tom@nova-pro.nl |  |
| Hugh Leslie | Ocean Informatics, Australia | Hugh.leslie@oceaninformatics.com | X |
| Russell Leftwich | Office of eHealth Initiatives, Tennessee | [Russell.Leftwich@tn.gov] | X |
| Masaharu Obayashi | HL7 Japan | obayashi@metacube.jp |  |
| Carolyn Silzle | Academy of Nutrition and Dietetics |  | X |
| John Snyder | Academy of Nutrition and Dietetics | jwsnyder@nutrioffice.biz |  |
| Michael Tan | Nictiz | tan@nictiz.nl |  |
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**Agenda for February 16, 2012**

1. Review and approve the minutes for February 2nd meeting
2. “Concern” for out of cycle ballot work in the Netherlands
3. Clinical Statement change request: inclusion of “causative agent/allergen” in CS Model – see HL7 wiki URL: <http://wiki.hl7.org/index.php?title=CSCR-044_Causative_Agent>
4. Update on the status of the DSTU Extension – response from HL7 HQ?
5. Update on the status of the Scope Statement – responses from other WG
6. Review proposed use cases and add/refine based on e-mail threads
7. Plan the agenda for the **March 15** conference call (note no call on March 1).

**Minutes** – Minutes of the February 2, 2012 conference call

Motion: Carolyn, Andre Abstain –0 , No – 0 , Yes – 5

**“Concern”**  - Will be discussed at out of cycle meeting of PC in the Netherlands. Harmonization proposal prepared by Rik Smithies. Concern is a “grouper” - same as a health issue thread. ACTION (via Stephen) – have a meeting of the entire PC group to discuss for final decision.

**Clinical Statement change request from the Clinical Statement WG**: inclusion of “causative agent/allergen” in CS Model – see HL7 wiki URL: <http://wiki.hl7.org/index.php?title=CSCR-044_Causative_Agent>

## Issue - Shortcut participation of a causative agent associated with an observation, e.g. allergy caused by peanuts.

## Old Recommendation - Add proposed Causative Agent (CAUS) participation from Observation to Agent choice box (proposed in CSCR-043)

## Rationale - An allergy/intolerance is commonly represented as an observation/condition and the associated causative agent. To represent this simple/shortcut allergy representation, the causative agent participation directly associated from the observation is required

Discussion: The group noted that an exposure causes the reaction. Terms such as triggering or causative are helpful to include and require a relationship to an specific event vs. a condition.

*Proposed response from Patient Care to the Clinical Statement WG on the causative agent/allergen statement:*

*When there is a condition (allergy/intolerance) an exposure to an agent/substance will trigger a reaction (specific event or adverse reaction). The agent/substance is the cause of the adverse reaction given the condition.*

NOTE: This statement needs to be reviewed and approved by the Patient Care WG Allergy and Intolerances Group. Elaine will send to Stephen for distribution and comments.

Stephen suggestion – modify statement to:

“Allergy/Intolerance is a condition in which an individual has predisposing to adverse reactions of allergic/intolerance reaction type. An adverse reaction is triggered by exposure of such individual to a susceptible agent/substance. The agent/substance is the cause or suspected to be the cause (until validated/confirmed by diagnostic investigations) of the adverse reaction given the condition.”

For discussion at next conference call.

CS requires PCWG to submit a project proposal for the change request to be initiated. Further discussions are required.

**DSTU Extension**  - Stephen will check.

Extension Request document resent to HL7 HQ.

Subsequent email exchanges with HL7 HQ confirmed that extension would only be for 12 months

Extension Request now with TSC for approval.

**Scope Statement**

Sent to other WG for co-sponsorship

1. **Patient Safety**
2. **Pharmacy - Yes**
3. **Clinical Decision Support - Yes**
4. **Structured Documents**
5. **Clinical Statement**
6. **Electronic Health Record - ? resources**
7. **Orders and Observations**

**Suggested use cases:** Based on a sample use case

1. Observed reaction/condition (allergy or intolerance) [no distinction of allergy/intolerance from informatics perspective]
	1. Medications (Stephen and Hugh))
	2. Food (Carolyn and Elaine)
	3. Environmental (Stephen and Hugh)
	4. Devices (different than known immunological mechanisms)(breast implants, drug-coated stents)
	5. Latex?
	6. Biologicals ?
	7. Types of use cases
		1. Admission into the E.R. with an adverse reaction with subsequent documentation as a condition (Andre)
		2. Immunizations (Andre)
2. Reaction without clear attribution to a substance (e.g. patient on multiple antibiotics)
3. Mis-attribution of causality to a substance
4. A reported reaction (Carolyn and Elaine)
5. A reported condition (Carolyn and Elaine)
6. A reported condition with an observed adverse reaction (Stephen and Hugh)
7. (Russ) Creating and maintaining a list of reactions/conditions
8. (Russ) Sharing a list within one provider organisation
9. (Russ) Sharing a list between provider organisations
10. (Russ) Active vs inactive items on the list
11. Query of EHR for conditions/reactions
12. Include use cases to identify severity (related to the symptoms) and criticality (related to the condition)
13. Include a use case to define preferences and the notion of failed therapy

Issue of “no known allergy” and “ not asked”. Use negation vs. specific model. Need to represent the actual clinical statement re allergy and intolerance condition.

“Unable to determine” should also be recorded.

The group needs to review and refine the use cases and then use as a starting point for the DAM.

**Conference calls**:

Every two weeks on Thursdays 5-6pm (EST)

**Agenda for March 15, 2012**

1. Review and approve the minutes for February 16th meeting
2. “Concern” issue from off-cycle meeting
3. DSTU
4. Scope Statement
5. Review use cases
6. Update from Andre on concept model?
7. Plan the agenda for the **March 29** conference call

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