**HL7 Patient Care Work Group**

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

**Date: February 2, 2012**

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

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| **Name** | **Organisation** | **E-mail** | **Present on 2/2/12** |
| 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 | X |
| Margaret Dittloff | Academy of Nutrition and Dietetics/CBORD | mkd@cbord.com |  |
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| 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 |  |
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**Agenda for February 2, 2012 Conference Call**

1. Review and approve the minutes for January 3 and January 18 WG meeting
2. Update on the status of the DSTU Extension
3. Update on the status of the Scope Statement
4. Andre – present changes to the Canadian model for allergies
5. Review the current proposed elements of the DAM including the proposed use cases
6. Clinical Statement change request: inclusion of “causative agent/allergen” in CS Model
7. Plan the agenda for February 16th conference call

**Minutes** – Minutes of the January 3rd conference call and January 18th WG meeting 1/18/2012 Q4:

January 3rd, 2012 – Motion: Stephen and Carolyn. Abstain – 0, No – 0, Yes – 5 (with removal of e-mail threads added after the meeting).

January 18th, 2012 - WG meeting 1/18/2012 Q4: Motion: Andre and Russ. Abstain – 0, No – 0, Yes - 5

**DSTU Extension (Elaine)**

Current DSTU will expire in June 2012 therefore the plan is to extend the DSTU. A copy of the DSTU extension approved at the San Diego WG meeting was forwarded to HL7 HQ for approval.

**Scope Statement (Elaine)**

Scope statement: distribution pending update from Cecil Lynch on correct HL7 terminology for project deliverables. Once received will distribute to other WG’s for their consideration to co-sponsor. Current WG with potential for co-sponsorship are: Pharmacy, Patient Safety, Clinical Statement, CDS, EHR, Structured Docs and O & O.

**Canadian Allergy Model**

Andre presented the updated Canadian Allergy/Intolerance/Adverse Reaction Concept Model.

The group discussed each section of the model. 

**Patient Condition**:

1. Discussion of the *sensitivity* to an *agent*
   1. Is the correct term hypersensitivity or adverse sensitivity. Group discussed confusion with hypersensitivity conferring only an immune-mediated condition. Sensitivity is a more general term with a modifier of adverse. Model now shows adverse sensitivity.
   2. The term agent seemed confusing and less understood by the clinical community. . A discussion of substance as an option ensued. The model now shows agent/substance.
2. The model includes both allergy and intolerance as an “is a” relationship to adverse sensitivity to an agent/substance.
3. Relation of a patient condition to an adverse reaction: an adverse sensitivity can result in/is expected to result in an adverse reaction.

**Adverse Reaction:**

1. Discussion of an adverse reaction
   1. **Question**: is an adverse reaction an event?
   2. **Question**: is an adverse reaction the same as an adverse effect?
   3. **Question**: is an adverse event the same as an adverse effect, or is the event the cause of the effect?
   4. An “event” implies there be a recording of what happened. A collection of events then lead to a “condition”.
   5. The observations of an adverse reaction are the symptoms/manifestations.
   6. NOTE: The group did not discuss WHO was observing – a clinician, the patient etc.
2. Discussion of *symptoms* vs. *manifestations*
   1. Adverse reactions may be to food, environmental agents or to a drug/biologics
   2. A manifestation was chosen as the best representation of an “*observable expression*” of an adverse reaction.
3. Discussion of *criticality* vs. *severity*
   1. Criticality is associated with an adverse sensitivity e.g. a condition (e.g. rash vs. anaphylaxis)
   2. Severity is associated with symptoms/manifestations of an adverse reaction (e.g. the intensity of the manifestations)
   3. **Question**: Can an adverse reaction have criticality? There was a mixed opinion about this. There was further discussion about the first manifestation of an adverse event, with no known prior condition. Then perhaps criticality is an applicable concept.

**Event:**

1. See questions under adverse reaction. Is an adverse reaction an event?
2. See project glossary for definitions of adverse event.

**Agent/Substance:**

1. Is an allergen
2. Is a: Drug/health product, food, chemical product, biological product, plant, animal, pollen, plastic, etc.
3. The agent/substance can cause an adverse reaction
4. An agent/substance has contraindications

**Suggested use cases:**

1. Observed reaction/condition (allergy or intolerance) [no distinction of allergy/intolerance from informatics perspective]
   1. Medications
   2. Food
   3. Environmental
   4. Devices
   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
      2. Immunizations
2. A reported reaction
3. A reported condition
4. A reported condition with an observed adverse reaction
5. Creating and maintaining a list of reactions/conditions
6. Sharing a list within one provider organisation
7. Sharing a list between provider organisations
8. Active vs inactive items on the list
9. Query of EHR for conditions/reactions
10. Include use cases to identify severity (related to the symptoms) and criticality (related to the condition)
11. Include a use case to define preferences and the notion of failed therapy

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

**Clinical Statement change request: inclusion of “causative agent/allergen” in CS Model –** was not discussed due to time constraints.

**Conference calls**:

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

First call: 2 February

**Agenda for February 16, 2012**

1. Review and approve the minutes for February 2nd meeting
2. 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>
3. Update on the status of the DSTU Extension – response from HL7 HQ?
4. Update on the status of the Scope Statement – responses from other WG
5. Review proposed use cases and add/refine based on e-mail threads
6. Plan the agenda for the **March 15** conference call (note no call on March 1).