**HL7 Patient Care Work Group**

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

**Date: October 28, 2015**

Phone Number: +1 770-657-9270  
 Participant Passcode: 943377

WEBEX: [www.webex.com](http://www.webex.com)

ID:

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

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| --- | --- |
| **Name** | **Present on October 28, 2015** |
| Elaine Ayres | X |
| Stephen Chu | X |
| Rob Hausam |  |
| Bit Vo | X |
| Russ Leftwich | X |
| Emma Jones | X |
| Lisa Nelson | X |
| Michelle Miller | X |
| Rob McClure |  |
| Sharon Solomon |  |
| Russell McDonell | X |
| Julia Skapik | X |
| Diana Dodd | X |
| Jay Lyle | X |

**Agenda for October 28, 2015**

1. Minutes of last meeting – October 14, 2015

2. Continue substances discussion

a. Activities at the VA/DOD re medications

b. FDA and list of 160 food substances

c. Discuss approach for use and maintenance of value sets

3. C-CDA 2.1 comments update

4. Harmonization proposal request for fall cycle - update

5. Other topics

**Minutes of October 14 , 2015 Move: Stephen/Emma Abstain: 1 Negative: 0 Approve: 5**

**1. VA/DOD Project Regarding Substances (Jay Lyle)**

\*Usability issue with allergy list and reconciliation.

\*Heuristic in C-CDA

\*Alarm fatigue and over-ride rate

An adjunct issue is the inclusion of entries on a list not valid. Not a value set issue.

Use of NDFRT posed – but is the real need is the ingredient. A few classes may land on the list. The VA has a vetted list of ingredients. Note that the accompanying reaction is important.

Reaction to a specific ordered drug – can be clear. This would be captured as a reaction. On the list – pick the key ingredient from a list. What about multi-ingredient components?

List of substances would not be exclusive. But would look at 95% of sensitivities.

Jay showed the top list from the VA/DOD. Used UMLS CUI’s as a match.

List for EHR (Drug check between VA and DOD). If can be leveraged in the FHIM (based on Kaiser and Intermountain) for a profile on the resource.

Some EHR’s do not allow for vetting for alerts – therefore not used appropriately. Question impact of knowledge-based systems.

? Adoption as a US realm standard – can’t restrict values. Is the use of a limited value set assigned to the data value. Is this too V3 specific?

**Food**

Elaine looking at food substances – using FDA documentation. 160 foods come from the testing materials provided by testing labs. Empiric, but not based on science. Protein based foods are the prime suspects.

Jay will be looking at a similar list for food and other.

Keep a list to be used. Any data to be shared would be helpful from other health care systems?

Talk to Optum – need to characterize the population. (Julia will contact).

**C-CDA 2.1**

SDWG – updates to 2.0 and 1.1.

**Harmonization request – vote at next meeting on updated wording.**

**Patient Care –** Elaine reviewed the new PSS through RCRIM for the development of a Structured Product Label for Food. Lisa expressed some concern about the number of projects either sponsored or co-sponsored by Patient Care. The group felt this project was important to support.

**Motion to co-sponsor the “SPL for Food Project” with RCRIM as the project sponsor.**

**Move: Stephen/Emma Abstain – 0, Negatives – 0 Approve - 5**

**Next meeting on November 11 (US Holiday) – need to determine if it should be cancelled.**