**HL7 Patient Care Work Group**

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

**Date: October 25, 2017**

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Meeting Number: 194 433 282

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

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| --- | --- |
| **Name** |  |
| Anit Popit |  |
| Bill Gregory |  |
| Bit Vo |  |
| Danielle Friend |  |
| Della Dunbar | X |
| Elaine Ayres | X |
| Jay Lyle | X |
| Joe Quinn |  |
| Liz McCool |  |
| Mike Padula |  |
| Rob Hausam | X |
| Russ Leftwich |  |
| Stephen Chu | X |
| Sue Kent |  |
| Nancy Orvis |  |
| Karl Stiller |  |
| Donna Bohannon | X |
| Steve Emick | X |
| David Parker | X |
| Larry McKnight | X |

AGENDA

1. Approve minutes from October 11, 2017: <http://wiki.hl7.org/images/5/58/Patient_Care_Allergies_Minutes_2017_10_11.docx>

2. Continue with ballot reconciliation for HL7\_XPARADIGM\_ALLERGY\_VS\_R1\_I1\_2017SEP

4. Agenda for November 8 at 5 PM ET

***Minutes:***

1. *Minutes* – Jay/Della
2. *USP Project update – working on four groups of drugs known to cause allergies – NSAD, OPIODS, ANTIBIOTICS and SELECTED CARDIAC DRUGS. Will ballot soon. Data element called “challenge drug” is currently in the USP specification. This concept is currently not in FHIR. If a drug is listed in the allergy list, and another drug causes a reaction (cross-reaction) should create an alert. Will need to discuss further. The concept of a challenge drug may imply a cited prior reaction with an administration of the drug to test reaction and potentially remove from the allergy list.*

*A challenge drug is intended to represent a cross-reactive drug in the same drug class for USP work. The group noted the clinical meaning of “challenge” in the context of an EHR. Drug knowledge databases usually create the appropriate rules for representing potential cross-reactivity.*

*USP would like cross-reactivity beyond the ingredient level to be represented. The ballot review for drug classes used NDFRT – are not built on cross-reactivity. Therefore used SNOMED for ballot work. USP could help with the cross-reactivity issue. USP is working on drug classification with coding.*

*If using FHIR – how would cross-reactivity be represented? Should the list represent cross-reactivity? The Pharmacy WG is working on a new resource called “Medication Knowledge”. This is an obvious home for this type of information. Boundaries on the resource are still not clear.*

*Concept of predictability – not clear if this would be a required addition.*

*Next USP meeting – November 6th.*

1. Ballot comment review –

***Block votes – next meeting***

finish: 22, 23, 24, 25, 26, 27, 30, 31, 32, 53, 56, 57, 58, 88, 92, 95, 96, 97

persuasive edits: 7, 8, 13, 28, 45, 46, 47, 68, 70, 74, 90, 91

unpersuasive edits: 87, 89

Ballot comments: 4 and 72 resolved.

Ballot comment: 62 (granularity) – suggested 99% - or a numerical cut-off. Can always pass information with a code, but the list is not designed to be specific. Problems core subset – uses 95%. LOINC has a common lab list – 98%. Various pharmacy list – top 200 is in the 80’s, top 300 is 97%. In the 90’s is great.Most are in the order 500-1000 minimum. How can a cut-off be determined?

Ballot comment: 69 (granularity) – food lists. Match what is known as a food, so that a specific ingredient can be managed. Apply 99% rule, with ability to pass other codes as desired (e.g. leave all codes)

Ballot comment: 93 (granularity) – apply 99% with inclusion of entire list if desired.

Ballot spreadsheet: <https://docs.google.com/spreadsheets/d/15C0CWG9RmvNZpc84GA2yjI3xABfzXwW-aA61sq9aX7A/edit#gid=0>