**HL7**

**Patient Care Work Group**

**Allergies Sub-Group**

Date: June 7th, 5-6 PM EDT

Participants:

|  |  |  |
| --- | --- | --- |
| **NAME** | **Current Interest in Allergies** | **Contact Information** |
| Stephen Chu | Clinician informatician – nursing and medicine, e-health; works for NEHTA in Australia | Stephen Chu [stephen.chu@nehta.gov.au] |
| Andre Boudreau | Canada, Interoperability in CA; hot topic for Canada | André Boudreau  [a.boudreau@boroan.ca](mailto:a.boudreau@boroan.ca)  Chair, Individual Care SCWG 2  (pan Canadian Standards Collaborative Working Group)  Co-Lead, Care plan, HL7 Patient Care Work Group  Senior Management Consultant*,* Boroan Inc.  Acronym hunter (1802)  (450) 996-0590 (home office)  (514) 992-8433 (cell) |
| Margaret Dittloff | RD (US), Looking at Meaningful Use for ONC and want to ensure clarification on food allergies | Margaret K. Dittloff, MS RD  Product Manager, Nutrition Service Suite  The CBORD Group, Inc.  210.403.9349  [www.cbord.com](http://www.cbord.com/)  [mkd@cbord.com](mailto:mkd@cbord.com) |
| Elaine Ayres | RD (US) – looking at (food) allergies for clinical decision support and health information interoperability. Works at the NIH. | Elaine Ayres, MS, RD  Deputy Chief, Laboratory for Informatics Development  NIH Clinical Center  National Institutes of Health  Bethesda, MD 20892  [eayres@nih.gov](mailto:eayres@nih.gov) |
| Holly Porter | RD (US) – works for Compass contractor foodservice company in senior living and LTC; how to tie practical standpoint for foods served to patients back to manufacturer information on purchases |  |
| Tom de Jong | Netherlands, involved in discussions that led to existing models and also implemented a previous model; wants to ensure HL7 Pharmacy group is represented. |  |
| Galen Mulrooney | VA (US) – lead modeler for federal health information model;  Just finished modeling allergies for the VA - interested in HL7 standards |  |
| Russ Leftwich | Allergy/Immunologist (US) – Board Certified Allergist; leader in allergy societies. Chief Medical Informatics Officer for State of TN; working with ONC S&I framework transitions of care model - allergies are critical to that effort | Russell B. Leftwich, M.D. | Chief Medical Informatics Officer  Office of eHealth Initiatives | State of Tennessee | 310 Great Circle Rd. | Nashville | TN | 37243  [russell.leftwich@.tn.gov](mailto:russell.leftwich@.tn.gov)  (phone) 615.507.6465 | (cell) 615.585.0265 |
| Jim Cimino | NIH (US) - Program Director for the Biomedical Translational Research Information System. Past Chair of the HL7 Vocabulary Committee. | James J. Cimino, M.D.  Chief, Laboratory for Informatics Development  NIH Clinical Center  National Institutes of Health  Bethesda, MD 20892  [ciminoj@nih.gov](mailto:ciminoj@nih.gov)  301 443 9696 |

Agenda

1. Welcome and introductions

* Participants requested to send email contact to Stephen Chu to add to minutes

1. Web meeting facilities (e.g. go-to-meeting)

* Galan will set up GotoMeeting webex for on-going meetings (limit 15 participants)

1. Summary of Orlando meeting discussions and outcomes

* Reviewed current model with assistance of Tom De Jong at the Orlando meeting; need to identify if any requirements are not covered by the current model

1. Discussion of current status
2. Galen – model may be adequate; but the model walk-thru wasn’t sufficient enough to understand it fully. A domain analysis model will help fully specify the scope and specifics of the model. This should be started after a project scope statement is completed.
3. Project scope Statement– identify goals, objectives, scope, deliverables, timelines, implementers – essential information required to complete new project scope statement
4. Goals – Determine whether or not the current model is adequate or if it needs revisions.
5. Elaine – DSTU – HL7 procedural question - are we backtracking or can we modify the current materials.
6. Andre – DSTU model is not well understood in Canada
7. Stephen – DSTU – 2 year / Review it - so revise or proceed to normative ballot (Tom will provide clarification). Tom - don’t reinvent the wheel if what we had is suitable.

NOTE - Additional information provided by Andre on the current status of the Allergy and Intolerance DSTU Ballot:

**Care Provision: Allergy and Intolerance, DSTU R1 package dated 2008-04-03:**

Knowledge and awareness of a patient's adverse reactions to agents/substances is essential for quality of patient care and for patient safety. These adverse reactions can lead to the identification and recording of one of two clinical concerns, namely: Allergy Concern, and Non-Allergy Intolerance Concern.

* Allergy Concern - An allergy is an acquired sensitivity to an agent/substance (allergen) that causes the patient's immune system to "hyper" react after exposure to that agent/substance.
* Non-Allergy Intolerance - A non-allergy intolerance indicates the potential for a response to an agent/substance that is harmful or undesirable but is rarely life-threatening and is not mediated by the immune system via acquired sensitivity.

The purpose of the transactions is to record and maintain discrete data relating to a patient's intolerance (allergy intolerance or Non-Allergy Intolerance) to exposure to agents/substances for subsequent referencing and clinical decision-making.

The Patient Care Technical Committee announced the formation of a ballot group for the Allergies Intolerance with Release 1 (2nd DSTU ballot) passing DSTU in January 2007. A few non substantive changes were required.

All negative comments were addressed: Storyboards were written, the Domain model for Allergy/Intolerance as well the Refined Message Information Models for; Allergy/Intolerance List, Allergy/Intolerance Group Negation Observations, Allergy/Intolerance Concern were completed.

These changes were made and reflected in the September 2007 ballot.

On March 10, 2008 the request to publish Allergies Intolerance Topic as a DSTU was approved by the Technical Steering Committee for a 2 year period.

1. Next Steps:
2. Find existing models (HL7 and other international works), Story boards, uses cases
3. Develop updated project scope statement
4. Gather implementation feedback
   1. Andre – Canada is leader – we are struggling so that input
   2. Galen – CDA R3 harmonization needed (Federal Health Information Model) - FHIM
   3. Russ – S&I is just getting to this part
      1. Signs & Symptoms versus Allergies and Intolerances List
      2. Need definition of concepts
      3. S&I is really dealing with the Allergy & Intolerance Lists, concerned about what are we exchanging - we are mixing concepts. We need to distinguish a list vs. an observation or reaction. An observable reaction is something that will lead to an intolerance condition.
      4. Concepts to clarify: the list, observations of reactions, reports, tracking
5. Elect/nominate co-leads
   1. Co-lead Volunteers: Stephen Chu, Elaine Ayres. Elaine also suggested Hugh Leslie (AU). Stephen will contact Hugh.
   2. Modeling/Vocabulary Facilitators – wait on this until needed.
6. Issues requiring follow-up:
   1. Clarify current DSTU status and process we must follow
   2. At what stage do we need to enter a new Project Scope Statement?
   3. What is currently is published on this topic and in private documents?
   4. Share storyboard/use cases for group and send to Stephen
7. Meeting schedule – Proposed move to every 2 weeks - Agreed
   1. **NEXT Meeting - Tuesday, June 21 at 5 PM EDT**
8. **AGENDA for June 21**
   1. **Review of minutes - June 7, 2011**
   2. **Tom De Jong - review current DSTU model**
   3. **Galen Mulrooney - review Federal Health Architecture model**
   4. **Discussion of current and required use cases**
   5. **Define scope of this project**
   6. **Develop agenda for next meeting on Tuesday, July 5th**