FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, July 10, 2013, 2:00 - 3:30 PM

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| **Attendees** | | | |
| Jay Lyle - FHA PMO |  | Robert Crawford – VA |  |
| Rob McClure - VA/VHA |  | Nancy Cornish – CDC |  |
| Bill Hess – FDA |  | LuAnne Barron – VA |  |
| Galen Mulrooney - VA/VHA |  | Riki Merrick |  |
| Susan Matney – 3M |  | Kevin Coonan |  |
| Jim Case – NLM |  | Mary Beth Gagnon - CDC |  |
| Steve Wagner – FHA |  | Pam Banning |  |
| David Bass – VA |  | Glen Janzen – IHS |  |
| Mark Roche |  | Steve Hufnagel – DoD |  |
| Sean Muir – VA |  | Rob Savage – CDC |  |
| Jerry Sable – CDC |  | Richard Thoreson |  |
| Ioana Singureanu |  | Sundak Ganesen |  |
| Ben Bovee – DoD (iEHR) |  | Greg Rehwoldt – IPO |  |
| Jeff Jacobs – IPO |  | Coco Tsai – FDA |  |
| Eric Rothschild – IPO |  | Frank Switzer - FDA |  |
| Dornn Harris - IPO |  | John Carter |  |

Agenda

1. Allergy domain
   1. Review of federal direction for drugs: RxNorm, NDFRT for classes, UNII for materials
      1. RxNorm TTY selection:
         1. Shalaby: There is agreement that the term types for this context of use are MIN, PIN, IN, BN. I believe the SCD is still supported from a legacy perspective. Most EMRs and content providers for EMRs support drug sensitivity at these levels.
      2. NDFRT subset not done
         1. Frank could create these in UNII as groups if we can send a list.
      3. UNII may offer grouping for required concepts
         1. Uses “one of” logic. This logic not currently exposed. May change with new GInAS (Global Ingredient Archival System—hosted at Health Canada, initially populated with FDA data) project—within a year or so.
   2. Confirm: Allergy list is the use case, as part of transition of care
      1. Therefore investigation data out of scope; e.g., suspected allergen. Also unknown allergen might go in problem list instead.
   3. Negation
      1. Manage negation in terminology or in model, or support both? No use cases identified to distinguish as of 6/28. Do we want to provide flexibility or avoid ambiguity?
   4. Domain scope
      1. Recommendation: Rename “allergy” domain to cover other kinds of reactions
         1. Solicit candidate names.
            1. Propensity to Adverse Reaction
            2. Allergies and Intolerances
            3. AllergiesIntolerances
   5. Value sets
      1. Reactant
         1. IntoleranceCondition reactant
            1. See above. RxNorm, UNII
            2. Definition

Proposed: An agent causing or suspected of causing an adverse reaction, such as an allergic reaction OK 7/3

* + - 1. Removed reactantGroup, clinicianIdentifiedAllergen
      2. Review VA files, requirements if possible
         1. Ingredients (food & medicine); 4795 items
         2. Generic names (drugs); 4752 items
         3. Classification (drugs, vitamins, biologics, supplies); 580 items
         4. 128-82 (mostly food, sunlight, some drugs & contrast agents); 711 items
         5. 128-83 (signs & symptoms); 436 items
    1. Classification
       1. IntoleranceCondition reactantCategory

Previously proposed definition: Class of material suspected of triggering adverse reactions, classified by use (e.g., food, drug, environment)

Broaden for use in other contexts where UX organization is of interest. Need a definition and new name, e.g., “Display Category”

* + - * 1. May be multiple (0:\*)
        2. VA: we do want to capture, not assign from KB

Order Check happens anyway, but this is allegedly HITSP/MU required (confirm? Not in c80.)

* + - * 1. Confirm requirement with Dr. Lincoln
        2. Leave this in as text 7/3
      1. IntoleranceCondition intoleranceCategory
         1. Definition

Proposed: General class of propensity to adverse reaction by substance and mechanism OK 7/3

* + - * 1. OK; in future look at refactoring to be more broadly applicable in future, and constrained per use case.
    1. Epistemology
       1. IntoleranceCondition alertDevice
          1. This is provenance, not care plan
          2. iEHR has ‘confirmation method’; fold this into ii.2
          3. Propose deletion; use informationSourceCategory.
          4. Check MU
       2. IntoleranceConditionEntry informationSourceCategory
          1. Definition

Proposed: Channel by which knowledge of the propensity to adverse reaction was discovered

* + - * 1. From VistA; limited
        2. Use to meet requirements for alert device, clinician-identified allergen; See note ii.1.c above
        3. Proposed values: Bracelet, Chart Review, External Source, Family Member Reported, Medically Verified, Observed by Clinician, Observed by Other Clinician, Patient Reported, Unable to Assess
    1. IntoleranceConditionEntry status
       1. Definition
          1. Proposed: Whether the identified condition is known to be germane
       2. Proposed values:
          1. Active, Inactive, and Resolved
          2. Unconfirmed; Pending; Suspect; Confirmed or verified; Confirmed but inactive; Erroneous; Doubt raised.
       3. Do the “confirmation” values reflect uncertainty about the existence of a condition or only about the agent?
          1. If the former, we may want to add a related question regarding the agent

Do we have relationships between initially reported drug intolerance and a possible refinement identifying a particular ingredient? Unless the RxNorm values (MIN, PIN, IN, BN--& SCD) don’t have ingredients, in which case this won’t happen, & investigation of sensitivity to inactive ingredients will not be supported by terminology

* + - * 1. VA may have two entries; one for NDC, one for ingredient
    1. IntoleranceConditionLogEntry reason
       1. Definition?
       2. Added to RPMS by IHS for MU
       3. Get values from IHS.
          1. Inactivate, reactivate? These don’t sound like reasons.
    2. IntoleranceConditionLogEntry status
       1. Definition:
          1. None required. This is a cache of the values from entry status.
       2. Added to RPMS by IHS for MU
       3. May need to remove one of two overlapping log mechanisms – probably “inactivate act” etc.; keep this log class.
    3. Reaction severity
       1. Definition
          1. Proposed: Intensity of reaction symptoms
       2. Values
          1. HL7 values (Severe; Moderate; Mild) look ok
          2. CTCAE values (Severe; Moderate; Mild, Life-threatening, Death) blur with criticality
       3. May need to add criticality; align with HL7 (in process)
          1. Definition: Measure of the risk of permanent harm
          2. Need values: lethal, harmful, benign?
       4. SCT has severities (mixes in one criticality); does not have criticalities
    4. Reaction Reaction
       1. Definition
          1. Proposed: Condition or symptom suspected to have been caused by reactant
       2. Symptom or condition?
          1. “281647001 Adverse Reaction” primary focus is on cause, e.g., “adverse reaction to X”, though it does contain anaphylaxis
          2. Compare VA file
    5. RelatedIntoleranceCondition relatedIntoleranceCategory
       1. Definition
          1. . . .
       2. Propose: “Ingredient of”, “Class includes”? “Replaces” for versioning?
       3. If FDB does this do we need to worry about it?
       4. Could this just be managed by user interface plus classifier?
  1. Adverse Event Reporting
     1. Based on VistA. PH reporting input: generic adverse event reports. Currently not vetted.
     2. AdverseReactionReportingEvent severity
     3. NotificationReport status
     4. PatientSafetyInvestigation status
     5. PatientSafetyInvestigation category
     6. SuspectedAgent adverseReactionLikelihood
  2. Common Product
     1. MedicinalProduct brandName
     2. MedicinalProduct controlledSubstanceSchedule
     3. MedicinalProduct investigationalNewDrugId
     4. MedicinalProduct newDrugApplicationId

**Schedule of Future Meetings**

1) The weekly general Information Modeling (IM) project call is held each Friday from 2:30 to 4:30 PM Eastern Time.

Information for participating in the calls:

Name: FHIMS WG Information Modeling Project Call

Recurring Weekly Call Every Friday

Time of Call: 2:30 to 4:30 PM Eastern Time

Dial-in Information: 1 (773) 897-3018, Access Code: 585-151-437

Web Meeting URL: <https://global.gotomeeti​ng.com/meeting/join/5851​51437>

2) The weekly Terminology Information modeling calls are held on Wednesdays from 2-3:30 PM Eastern Time.

Information for participating in the calls:

Name: FHIMS WG Information Modeling Project Call

Recurring Weekly Call Every Wednesday

Time of Call: 2:00 to 3:30 PM Eastern Time

Dial-in Information: 1 1 (773) 945-1031 Access Code: 849-124-653

Web Meeting URL: https://global.gotomeeti​ng.com/join/849124653

**Action Items**

| Item Description | Responsible Individual | Due Date |
| --- | --- | --- |
| Assess how closely we can align with APHL work   * We agree on current state; happy to work with/wait on abnormality & device | Jay | 4/11 |
| Acquire sample messages   * In process: values, not messages, which have not been scrubbed | Jay | 4/11 |