FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, June 19, 2013, 2:00 - 3:30 PM

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendees** | | | |
| Jay Lyle - FHA PMO | Y | Robert Crawford – VA |  |
| Rob McClure - VA/VHA | Y | Nancy Cornish – CDC |  |
| Bill Hess – FDA | Y | LuAnne Barron – VA |  |
| Galen Mulrooney - VA/VHA |  | Riki Merrick |  |
| Susan Matney – 3M |  | Kevin Coonan |  |
| Jim Case – NLM |  | Mary Beth Gagnon - CDC |  |
| Steve Wagner – FHA | Y | 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 | Y |
| Jon Farmer – IHS |  | Lynn Sanders |  |
| Steve Wood – HHS |  | Derrick Lahrman - IPO |  |
| Jeff Jacobs – IPO |  |  |  |

Agenda

1. Publication timing
   1. No implementations until more into SDC or Patient ID or provider directory – 1-2 months
   2. Try to automate vocabulary process: i.e., get values into PHIN VADS or VSAC prior to publication and follow process as designed. (And not short-circuit by loading directly into the model.) Within 60 days.
   3. Expectation: once “finished,” publish in 30 days.
   4. Confirm 2-week estimate with Sundak, which would give us 6 weeks.
2. Allergy domain
   1. From discussion Friday
      1. For specific drug reactants: use RxNorm if known (IN, PIN, BN – to be confirmed)
         1. To be confirmed with Shalaby & Robinson.
      2. For drug classes: use 15-25 drug classes in NDFRT; (NUI)
         * 1. A.k.a. pharmacologic classes in SPL
           2. Subset to be identified. Not yet complete; holding pattern.
      3. Other materials: 2 cases. UNII if known. Otherwise SCT.
         1. For now, this includes radiologicals, contrast media
         2. Add to SCT if necessary
         3. Propose mapping UNII to SCT
         4. Call a discussion: representing “other” materials. Include FDA, NLM/IHTSDO, VA, EPA
      4. Data capture
         1. Ranked? (e.g., RxNorm, then NDFRT, then UNII, then SCT)
            1. Or, RxNorm subset (record CUI and UNIIs) then UNII subset for specific ingredient
            2. NDFRT pharm class subset then SCT for classes
         2. Partly a usability engineering question: let clinician begin typing, and then disambiguate by label (“Penicillin – ingredient” vs. “Penicillin G potassium – precise ingredient” vs. “Bicillin – Brand Name” vs. “Penicillins – group”)
         3. If we record Product for a reaction instance, and UNIIs for potential reactants, we need to articulate that structure in our model
         4. Or just record Product (RxNorm or NDC?) and let CDS break it down from setID.
            1. Or go ahead and record setID (& UNIIs?) if available?
            2. No- redundant
         5. Practice may tend to assume active ingredient is reactant
         6. Not all NDCs in RxNorm; may not have an SPL.
            1. May support additional input to select suspected ingredient?
            2. Select which of inferred ingredients is suspect?
         7. Pending reg: make all labeling electronic. Getting to spl setID should be easier.
         8. Let UI handle this: select drug or select ingredient via more complex process.
            1. Record NDC as well, even if you select an ingredient.
            2. As a translation? As a new property? As a related instance?

Adjourned at 3:30

* + 1. Implement negation in terminology where possible
       1. Negated concepts can exist in SCT but largely don’t yet
       2. a bit harder for RxNorm, UNII
  1. Use cases
     1. Transition of care
     2. Adverse event report
        1. To be expanded after “Allergies” to include device adverse events
  2. Domain scope
     1. Adverse reaction, not medical error or infection
        1. Vs. ‘drug exposure adverse event’ specialization to support other kinds of events
     2. Recommendation: Rename “allergy” domain to cover other kinds of reactions
        1. Solicit candidate names.
           1. Propensity to Adverse Reaction
           2. Allergies and Intolerances
           3. ?
  3. Observations
     1. Desideratum: model the reactant explicitly, not buried in condition code
     2. Supports multiple reactant candidates? (compare AE Reporting design)
     3. “Reactant” could be renamed “trigger”
     4. Add an occurrence time to ReportedReaction
  4. Value sets: Allergies
     1. IntoleranceCondition reactant
     2. IntoleranceCondition reactantGroup
     3. IntoleranceCondition clinicianIdentifiedAllergen
     4. IntoleranceCondition reactantCategory
     5. IntoleranceCondition mechanism
     6. IntoleranceCondition intoleranceCategory
     7. IntoleranceCondition alertDevice
     8. IntoleranceConditionEntry status
     9. IntoleranceConditionEntry informationSourceCategory
     10. IntoleranceConditionLogEntry reason
     11. IntoleranceConditionLogEntry status
     12. Reaction severity
     13. Reaction Reaction
     14. RelatedIntoleranceCondition relatedIntoleranceCategory
  5. 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
  6. 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 |