HL7 PDDI-CDS WG Meeting 05/2/2018

In Attendance: Samuel Habiel, Howard Strasberg, Richard Boyce, Bryn Rhodes, Guilherme Del Fiol, Oya Beyan, Dave Weinstein, Thomas Reese

Agenda:

Notes:

* Discussion about providing an update to Pharmacy at the WGM
  + Richard willing to call in and provide the update
  + Note that that would require a $200 registration fee to attend a session remotely
  + Will discuss on CDS whether there should be a joint session with Pharmacy – current thinking is that it would be on Wed during Q2 which would be 11:00 am in Germany and 5:00 am US East Coast
* Valueset sharing discussion
  + PDDI knowledge often involves value sets
  + NSAID of topical diclofenac
    - Ingredients are not sufficient, need to support PDDI logic
  + Initial approach used RxMix to start with drug class and then filter down to the dosage form
  + Note that the approach focuses on drugs available in the US market, so it's an issue that needs to be addressed for an international IG
    - There are international extensions for RxNorm that could address this
    - Suggestion to use ingredient-based approach to avoid references to specific drugs that would be local to a market
      * PDDI rules require more specificity than ingredient e.g., formulation, route, and dose
    - Suggest that this should be a topic discussed with Pharmacy
      * Team agrees
    - A fully scalable solution to internationalizing drug value sets is potentially out of scope for this project
    - Jurisdiction specific valuesets? US, EU, other.
  + Note the maintenance requirement as well
    - Needs to have a formal computable expression
    - Could potentially use RxNav REST calls instead of RxMix?
    - Static enumeration is a larger problem than this project, recommend the approach to enumeration + formal specification as an extension
    - Could have a daemon run that updated for the draft site, but once it's published that wouldn't be an option
    - Could include guidance in the IG that the extension provides a way to refresh the value sets and that that should be done periodically as appropriate to each use case
* Developing the extension
  + Suggest that we use the same value set profile used in the CDC Opioid project
    - Team agrees but notes that the current CDC Opioid value sets have textual description of the RxNorm types rather than a computable description
      * Bryn will look into this
* Diagram Updates from Tom
  + Discussion on prefetch templates
    - One-time process on EHR integration
  + Discussion on balancing between prefetch templates vs on-demand request
    - At scale, this will probably be context-sensitive, so we need to be able to do both
      * define pre-fetch for the most common set, but enough information to be able to determine when we need to request additional information on-demand
      * Could include in the implementation guide a discussion about how to tune this approach
      * Could be driven by empirical data as well (i.e. how often do you use particular data within prescription workflows)
    - Rich noted that most of the PDDI we will use as exemplars are contextualizable using drug information which would probably be captured in the prefetch. Might be an 80/20 situation where ~20% of the PDDI rules require further on-demand request

ACTION STEPS

- (Rich, Tom, Bryn) : adapt value set profile used in the CDC Opioid project to hold a computable expression for arriving at the value set. Look into how to internationalize using the warfarin-NSAIDs value sets as a proof of concept

- (Rich, Tom, Bryn, Sam, Oya) : Seek input from Pharmacy WG for a method to internationalize value sets. Test an approach using the warfarin-NSAIDs value sets as a proof of concept

- (All by email) : determine how we will give an update to pharmacy at the Cologne WG meeting. Rich can lead slide preparation if someone can present them.

- (Rich, Tom, Guilherme, Bryn) : further advance draft process, integration, and implementation documentation.