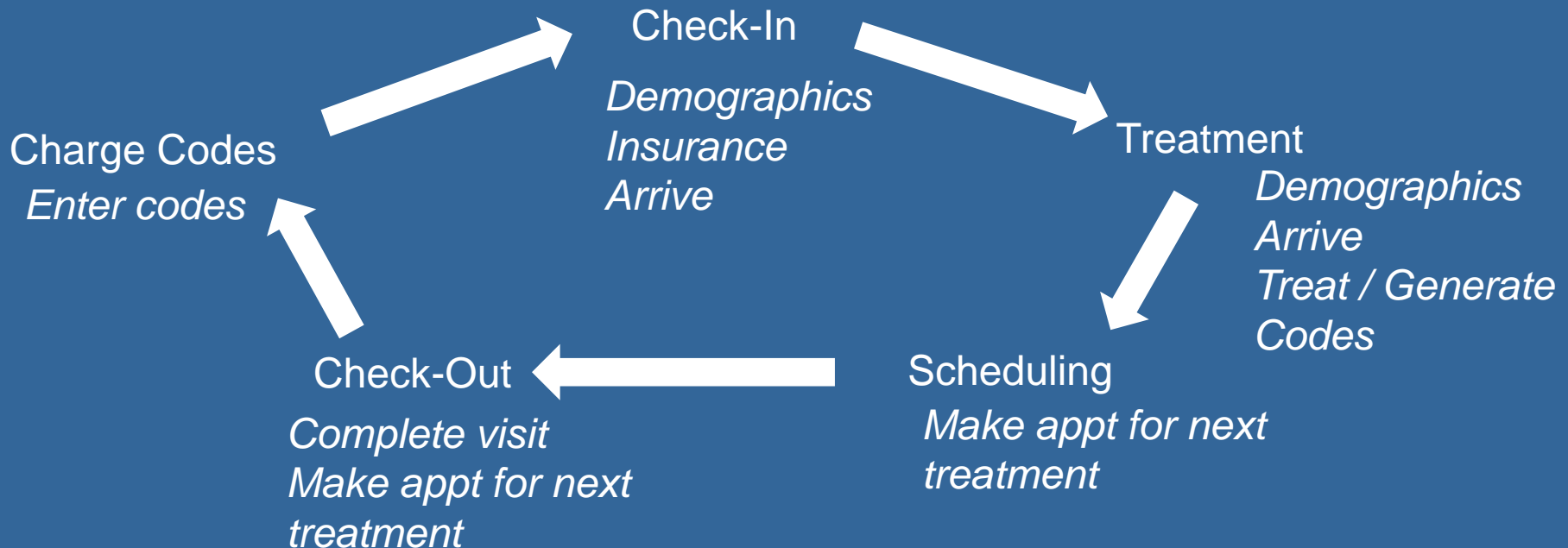# Radiation Oncology Workflow Exchange with HIS (ROWE) Summary

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Overview of the Use Case

- **Multiple information systems used in the daily care of patients. For daily treatment workflow, the following items must occur:**

Check-In

Demographics
Insurance
Arrive

Charge Codes
Enter codes

Treatment

Demographics
Arrive
Treat / Generate
Codes

Check-Out

Complete visit
Make appt for next
treatment

Scheduling
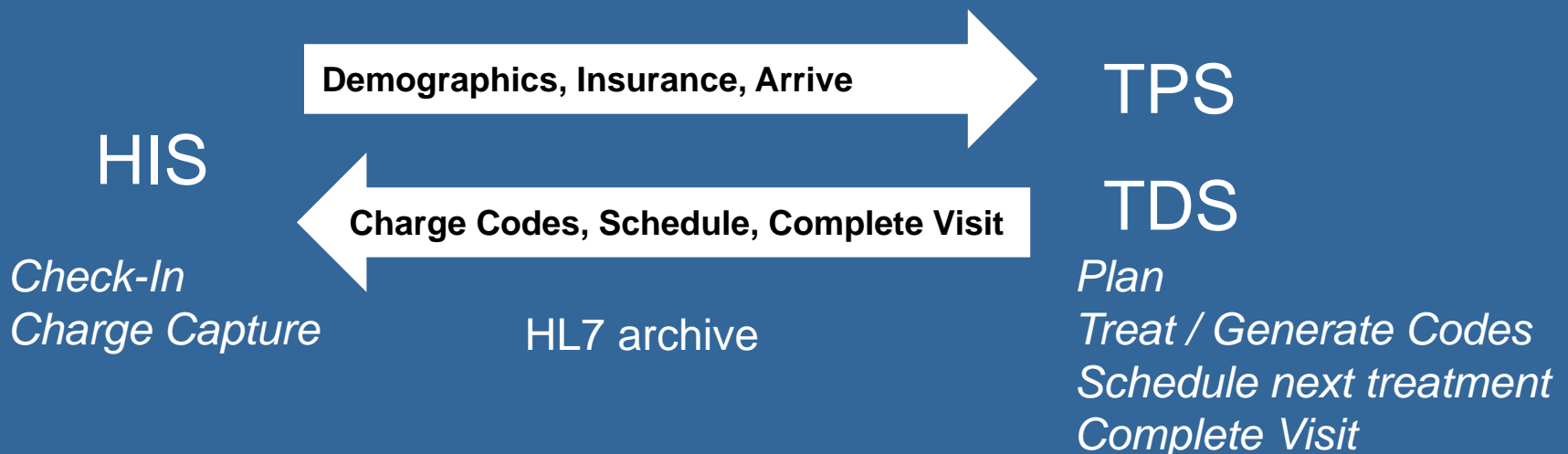
Make appt for next
treatment

The Problem

- **Currently, multiple health information systems used for each purpose – and patient information not shared**

- **Manual copying of data from one system into another is error prone / time consuming**

- **Changes made in one system do not update in other (name change/contact info)**

The Solution

- **Bidirectional flow of patient demographics and scheduling from hospital information system (HIS) and Treatment Planning System (TPS) and Treatment Delivery System (TDS)**

Demographics, Insurance, Arrive →

TPS

HIS

Charge Codes, Schedule, Complete Visit ←

TDS

Check-In
Charge Capture

HL7 archive

Plan
Treat / Generate Codes
Schedule next treatment
Complete Visit

The Benefit

- **Improved accuracy of data**

  - Charge Capture more timely / accurate
  - Patient contact info more accurate

- **Clinical staff performance improvement**

  - Increased efficiency: Only need to perform function once
  - Fewer distractions of having to reconcile multiple systems

Issues for Discussion

- **WHAT demographics need to transfer?**

  - Name, MRN DOB, Ins, contact info, diagnosis, charges, scheduling

- **Important to have appointment flexibility and control over linac schedule**

  - Directionality of scheduling – which system overrides other?

Scoring Metric: Applicability / Reach

- **Widely applicable**

- **Any radiation oncology clinic with a different vendor for EMR and TPS/TDS**

Scoring Metric: Safety

- **Contact information key to reach patient in case of sudden change in schedule**

- **Reduces billing errors**

- **Easier flow = less distraction for clinical personnel leading to overall error reduction and an increase in safety.**

- **HL7 archive?**

Scoring Metric: Industry Alignment

- **Part of CMS goal to migrate to all electronic health records**