**IHE-RO HIS Subcommittee Conference Call**

**March 8, 2016 at 11:00amET**

**Mission Statement:** *The American Society for Radiology Oncology (ASTRO) has formed a multi-society Task Force to undertake an initiative to promote the Integration of the Healthcare Enterprise (IHE) – Radiation Oncology (RO), fostering seamless connectivity and integration of radiotherapy equipment and the patient health information systems. The Task Force will include members from ASTRO, RSNA, American Association of Physicists in Medicine (AAPM), the American College of Radiology (ACR) and the Medical Imaging and Technology Alliance (MITA). In addition, members of the International community have also been invited to participate in IHE-RO. The IHE-RO Task Force, in close collaboration with radiotherapy product manufacturers, will develop appropriate integration profiles for radiation therapy and setup a demonstration of seamless communication among the full array of radiotherapy products.*

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| ***IHE-RO HIS Workgroup*** |
| In Attendance |
| Rishabh Kapoor | Jeff West, Elekta |
| Antonio Correia, Varian | Harold Beunk, ICT |
| Seth Tracy, Epic |  |
| David Flade, BrainLab |  |
| ASTRO Staff: Crystal Carter  |

1. Agenda
	1. Review the documentation changes from the February meeting
	2. Discuss the use case
		1. How does the PT demographics flow from the TMS to the HIS?
			1. We should list what the advantages and disentangles of storing the information. (Antonio and Jeff)
				1. Rishabh can put something together from a customer prospective
			2. Review the open issues and questions
		2. Example of workflow from the VA system:
			1. Schedules an appointment with appropriate clinic and physician – VistA scheduler – then sends the PT demographics into Aria/Mosaiq
			2. If there is an update, the PT demographics would be added to VistA/CPRS and then the information is sent to Aria/Mosaiq
		3. There is another workflow that we can explore
			1. Use the full hospital demographic ADT and those message will go into a temporary database (RadOnc TMS) and then the user can select from the temporary database
		4. Elekta puts the demographics in Mosaiq as temporary PTs and then will purge the users if their data is not used
		5. The flag (#1) is used frequently within the HIS.
			1. A special indication that Radiation Oncology has a new PT (new referral). This would create a “Shell” PT.
		6. The VA system created two types of appointments based on their needs (i.e., Clinical appointment scheduling and Treatment based appointments).
			1. CAS – Appointment with clinics (Consults, sims, re-eval, follow-up, brachy) -> front desk schedule appointment->VistA scheduler -> appointments updates sent to Aria/Mosaiq -> View appointments in Aria/Mosaiq ->Physician review.
				1. Brachy is listed here, but it should be listed under the TBA so there are no conflicts.
			2. TBA – Appointments related to treatment machines Dosimetrist/physicist –> schedule appointment ->Aria/Mosaiq ->Appointment updates sent to VistA – Appointment conflict
	3. **Action items for the next call**
		1. Update the diagram (Rishabh)
		2. Invite other HIS vendors (Everyone)
		3. List what the advantages and disentangles of storing the information. (Antonio and Jeff)
	4. Next meeting has been rescheduled to April 19 at 11:00am.