

IHE-RO Planning Committee Conference call  
November 17 at 4-5pm ET  
1-800-882-3610 Guest Code: 2598285#

Planning Committee Co-Chairs:  
Bridget Koontz, MD  
Colin Field, MSc  
Adam Earwicker, Varian

IHE-RO Task Force Co-Chairs  
Dick Fraass, Ph.D., FAAPM, FASTRO, FACR  
John Buatti, MD

**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.*

I. Call to Order, Roll Call, and Welcome (Bridget Koontz)

IHE-RO Planning Committee	
In Attendance	
Richard Lovett	Colin Field
Marc Myln	Chris Pauer
Yan Yu	Mika Miettinen
Mark Pepelea	Mohammed Salephour
ASTRO Staff: Crystal Carter	

If you were on the call and not mentioned above please email Crystal Carter ([crystal.carter@astro.org](mailto:crystal.carter@astro.org)) to be added to the list.

II. Approve Minutes from Annual Meeting (Bridget Koontz) – Approved at 4:07pm

III. Action Item Update (Bridget Koontz)  
(<https://docs.google.com/spreadsheets/d/1ofdhde07XMmVIXVsAOoMawJSOoNBGTb4btYkoK9DTFQ/pubhtml>)

a.

IV. PC Co-chair Nomination

a. Please remember to vote for our two PC Co-chairs

i. Mika Miettinen, Varian

1. Radiotherapy for 22 years in different roles with Varian
2. Business and program management/regulatory
3. Overall system safety

a. Device and clinic level

4. Stepped down from IHE-RO PC about 4 years ago, but is eager to get back into the committee and support the committee

ii. Mark Pepelea, Philips Medical Systems

1. Medical physicist, worked in hospital, now works for Philips.
2. Therapy and diagnostic
3. IHE improvements is something that is needed by the field
4. Is interested in taking a more active role within the committee

b. Place your vote today:

**V. IHE Membership Fees/Participation**

- a. Call scheduled with IHE to discuss the membership fees, still participate even without members until further notice.
  - i. Global IHE Board has decided to start charging fees, we are meeting with the Board on Friday to discuss how the IHE membership fee could make our domain suffer greatly.
  - ii. Have the companies refused to pay or they haven't communicated to the correct person within the organization.
    - 1. Very hard for vendors or others to participate, if we have to go and ask for money to pay for our membership as well, I don't think I would be able to get the funds
    - 2. We want to respect the time investment and monetary investments that members have contributed
    - 3. Kick-back from some of the companies, need to be reminded about the importance of the IHE work, time is a problem when thinking about how much time is spent on IHE-RO.
    - 4. IHE fees are based on the size of the organization
    - 5. Have we considered lumping the IHE-RO and IHE fees together would come from IHE-RO, which would make transactions easier
      - a. This would not work with the non-vendors
      - b. Will discuss with ASTRO to see if this could be an option

**VI. Use Case Update (see PowerPoint)**

- a. Profile status/progress
  - i. 10 profiles completed
  - ii. 4 profiles 90% completed
  - iii. 1 profile 50% completed
  - iv. 4 profiles <50% completed
  - v. 2 profiles have not been worked on
- b. Would be good to have a document that explains what the impact is for the vendor, not only for the RO field (i.e., marketing material)
- c. At the Annual Meeting, it was discussed to have ribbons "IHE Compliant" also to give vendors for their booths
  - i. Sounds like a great idea to get more members interested
- d. IHE Newsletter for 2016
  - i. Sent to membership through the ASTROgram
- e. Target email to vendors
  - i. Revisiting this for 2016
  - ii. If you are interested in reviewing the language for the emails, please email [Crystal](mailto:Crystal).
- f. If you have any ideas please email Crystal at [crystal.carter@astro.org](mailto:crystal.carter@astro.org).

**VII. Job Jar Restructuring/Volunteers (Colin Field)**

- a. Communication
  - i. Increase communication inside and outside the domain
  - ii. Large and small vendors
  - iii. Communication to the field, closing the loop
- b. Use Case
  - i. Prioritizing the use cases, developing, clinical impact statements
  - ii. Are we ready for new use cases?
    - 1. Is the TC ready to take on new work?
    - 2. Need work in treatment output (TDIC, TDPC, TPIC, TPPC) treatment delivery template
    - 3. QA needs to be addressed within the clinical workflow
    - 4. Interfacing two EMRs together
    - 5. 2<sup>nd</sup> Gen DICOM
  - iii. Bandwidth
    - 1. Needs more expertise
    - 2. If one of the larger vendors doesn't participate, then it's harder to complete the testing
    - 3. Re-commitment from the companies
      - a. If we don't have this happen we will be in trouble

**VIII. Technical Committee Update (Chris Pauer, Scott Hadley)**

- a. Connectathon Update
  - i. Talked about the IHE-RO activities
  - ii. Potential for raising awareness for IHE-RO
    - 1. MITA had been putting forward these RT standards
      - a. RT 1, RT2 (safety standards)
      - b. FDA could potentially pick these up, IHE-RO would be a preferred as a method to adhere to these profiles
      - c. Advamed is the advocacy group and has taken on the industry standards that MITA previously governed
      - d. This would make clinical protocols part of the 510K filing request from the vendors
        - i. Would require a QA review
        - ii. A positioning of the PT would be clearly viewable
        - iii. Barcoding and different device match-ups
    - 2. RO-HIS was given as a recommendation for a new profile
      - a. The initial kick off meeting was held in November
    - 3. Automatization, brachytherapy, Decubitus position, and a few more to be added to various profiles
    - 4. Ongoing efforts that will need to be in place in order for vendors to talk to each other
      - a. QAPV – final editing
    - 5. Participation by major vendors is important for the TC to have successful connectathons
      - a. Working with HIS, would push us to work more within the IHE structure
      - b. With the IHE fees, is putting IHE-RO in a difficult position within the vendor community given the hours of investment that is already put in the IHE-RO platform
    - 6. 2016 Connectathon
      - a. 1 Connectathon planned for next year
- b. Request of volunteers to sit in on Technical Committee conference calls
  - i. If you are interested in sitting in on the TC conference calls, please email [Crystal](mailto:Crystal).

**DON'T FORGET TO VOTE!!!**

**IX. Next Meeting – December 15 at 4:00pm (Bridget Koontz)**