



**IHE-RO Joint Committee Meeting
ASTRO Annual Meeting
October 18, 2015, 9:00AM-11:00AM CT**

Science Council Leadership:

Mary Martel, PhD, DABR – Chair; Theodore Deweese, MD – Vice Chair

IHE-RO Steering Committee Leadership

Dick Fraass, PhD, John Buatti, MD

Mission Statement: *The American Society for Radiation 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>IHE-RO Steering Committee</i>	
In Attendance	
Benedick Fraass, PhD, FASTRO	John Buatti, MD
Chris Pauer	Adam Earwicker
Colin Field, MS	Walter Bosch, DSc
Bridget Koontz, MD	Tommy Knoos, PhD
Mary Feng, MD	Richard Lovett, MD
Scott Hadley, PhD	Ping Xia, PhD
Jatinder Palta, PhD, FASTRO	Mark Pepelea, PhD
Pete Balter, PhD	Jacek Capala, PhD
Kristin Higgins, MD	Jennifer Clark, MS
Mohammad R Salehpour, PhD	Daniel Low, PhD
Stephanie Terezakis, MD	Matt Daniels
Yan Yu, PhD, MBA, FASTRO	
ASTRO Staff: Shannon Regan	

- I. Call to order – Dick Fraass and John Buatti
- II. Review Agenda and Overall Objectives: for IHE-RO and for the current meeting
 - a. Went over 2014-2015 year end status goal
 - i. Clinical Impact Statements completed

- ii. Created score card metric to score and prioritize use cases for Technical Committee
 - iii. Improve outreach- In progress
 - b. Discussed ways of improving outreach for 2015-2016
 - i. Consider outreach to senior corporate leaders. Discussed whether the chairs of Steering Committee should try to present to ASTRO Corporate Relations Advisory Board, or to try more specific contacts with individual CEOs, which may be more effective. Goals are to:
 - 1. Give brief update on IHE-RO progress
 - 2. Especially, to make sure they understand the importance of the effort (and money) the vendors put into IHE-RO work, so they give the actual TC and PC participants the support they need
 - 3. Increase awareness, attract other vendors
 - 4. Provide expectations to other vendors of what IHE-DO does, and what needs to be done
 - ii. Increase more participation products at Connectathons
 - 1. Possibly create guidelines
- III. IHE-RO Technical Committee – Chris Pauer and Scott Hadley
 - a. Discussed 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. Discussed the need to market profiles to clinicians
 - i. Possible market to SCAROP or SROA
 - 1. Market to chairs
 - ii. Initiative for CAS to work on
 - c. Discussed Prescription survey from CAS
 - i. TC used the information from the survey
 - ii. Discussion of being able to have different views for patients and doctors
 - 1. Simple view that patients can easily read
 - 2. Second view that includes all prescription information for clinicians use
 - d. Test Tools
 - i. Discussion of test tool value
 - ii. Test tools can find error that the human eye cannot see
 - iii. Plan checking more reliable than individual looking at a screen
 - iv. Complimentary testing
 - e. Discussion of how many Connectathons should take place a year
 - i. Group discussed possibility of reducing from 2 Connectathons a year to only 1
 - ii. Decision that we should continue to have 2 a year otherwise vender participation might decrease
 - 1. Waiting 1 year between Connectathons may be too long for vendors and they might move on without participating
 - iii. Discussed the possibility of having an online test environment to have a virtual Connectathon

1. Vendors could still test but would not have to travel to the meeting
 2. Need to determine if we have the software to do this
 3. Need to have Connectathons at higher profile locations to increase vendors
 4. Other vendors are thinking about sponsoring Connectathons at their HQ's so they can still participate but do not have to pay to travel
- IV. IHE-RO Planning Committee – Colin Field, Adam Earwicker, Bridget Koontz
- a. Discussion of PC's key tasks
 - i. Recognizing need for standards
 - ii. Use case solicitation and prioritization
 - iii. Communicating with stakeholders
 - iv. Clinical support to TC (with assistance from CAS)
 - b. Discussion of IHE Role
 - i. Develop profiles
 - ii. Need to work on IHE global initiative
 1. Needs other than ASTRO's
 2. Possibly work with other domains for collaboration
 3. Meet our goals by working with others
 - iii. Need to keep strong clinician ties for IHE-RO in order to keep clinician relevance
 - c. IHE Membership
 - i. IHE has implemented all member organizations must pay and IHE fee in order to be an IHE voting member of IHE-RO
 - ii. Fee is based on the amount of revenue/members employed at organization
 1. Range from \$500-\$1,500
 - iii. ASTRO has set up a call to discuss the membership fees and try to be exempted. Need to organize response at this call (set for November 3).
 1. Low number of vendors on RO domain
 2. RO domain put on their own Connectathon and does not attend the IHE one
 3. RO domain aims to improve safety, not efficiency
 - d. PC co-chair nominations
 - i. Adam Earwicker will be rotating off as the vendor co-chair
 - ii. Look out for survey that will be sent around to nominate a new vendor to replace Adam
 - iii. Do not be afraid to self-nominate
 - iv. Discussion of nominating Mika from Varian
- V. IHE-RO Clinical Advisory Subcommittee- Bridget Koontz and Mary Feng
- a. Discussion of CAS roles
 - i. Provide clinical feedback to IHE-RO planning and technical committees
 - ii. Completed all clinical impact statements for TC profiles
 - b. Discussion of RxRo survey
 - i. Group wanted to know what individuals were in a prescription, why an item was included in a prescription and who and when enters information into a prescription
 - ii. 30 responses from CAS/PC/CAS members

- iii. IHE-RO needs to collaborate with stakeholders to develop a minimum requirement for a prescription
 - 1. Attempt to standardize
 - 2. Testing and ensuring safe and efficient communication of prescription information
 - iv. The final deliverable should be a white paper/guideline
 - 1. Guideline is currently being completed by ASTRO's Quality Council
 - a. IHE-RO Should collaborate efforts
- VI. IHE-RO Discussion Topics – led by John Buatti and Dick Fraass
 - a. Are there other initiatives IHE-RO should be doing to increase venter involvement?
 - i. Need vendor customers to tell their vendors they need to support IHE-RO
 - 1. How do we do this?
 - ii. Organization presidents should be sending letters to vendors urging them to participate in IHE-RO
 - 1. AAPM
 - iii. ASTRO Annual Meeting
 - 1. Vendors should have ribbons on their name tags that say “IHE-RO Member” or IHE-RO Compliant” . Ribbons for non-vendors active in IHE-RO would also help raise awareness. Shannon – look into possibility for next ASTRO meeting. Also, contact AAPM to discuss possibility of same thing for AAPM meeting.
 - 2. Vendors should also have signs that advertise they are IHE-RO members at their booth
 - a. Increase curiosity to other vendors who are not IHE-RO members
- VII. Adjourn

Conflict of Interest Statement

This is a reminder to all Council members regarding important obligations. We all have a duty of loyalty to ASTRO in our work on this Council, which includes the obligation to maintain the confidentiality of any confidential work or discussions and not to disseminate committee materials or work product without clearing it with the Chair. Also, it is important for us to carefully observe antitrust principles and refrain from any discussion that could be viewed as encouraging collective market action. Finally, if you have any conflict with the agenda discussions, please bring those to the attention of the Chair.