Dial in Numbers:
1-800-882-3610 (United States)
1-866-605-3851 (Canada)
1-412-380-2000 (Worldwide)
0808 2389063 (United Kingdom)

Guest Code: 2598285#

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.*

IHE-RO HIS Subcommittee	
In Attendance	
Rishabh Kapoor	Neil Aitken
Antonio Correia	Pietro Francescatti
Ulrich Busch	
ASTRO Staff: Crystal Carter	

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

I. **Actions**
   a. Planning Committee – Need a volunteer within the next 2-3 calls
      i. Crystal contacted the chair to see if she had a recommendation for a volunteer for our group
   b. Antonio/Rishabh - Have a plan of actors for the workflow by the next call
   c. Crystal to follow up with Jeff West and Rickard Holmberg regarding the date/time of the next call

II. **Workflow presentation**
   a. Patient registration
      i. How does the system know it's a radiation patient
      ii. Every PT should have information in the HIS (Labs or exams)
         1. This is not how it works currently at every location

b. Order Entry/Placing
   i. Conventional work flow is not being used in every radiotherapy institution
      1. Its dependent upon how the institutions organize their data/systems
   ii. Aria knows the PT and then the PT is treated
   iii. This is important as it's also tied to payment
      1. Currently some institutions do their payment/billing separate than this part
   iv. Once the information is sent to the order filler, is an appointment also created?
      1. HIS will accept from the radiological information systems
      2. Who is responsible to create the appointment?
      3. Can we have more than 1 appointment for an order?
         a. Sure, it depends on the exam you are scheduling or placing.
         b. We will also want to have the aria/mosaic to send the information to the HIS
      4. Does it also talk about conflicts in appointments?
         a. RIS and HIS do they talk to each other for potential conflicts
         b. The HIS can create the appointment as well as the RIS
            i. We need to define ourselves, when we create the profile
            ii. Roles for each actor (DICOM or HL7)
            iii. Transactions defined for each event that occurs in the workflow
c. RT Profile questions to consider (from presentation)
   i. Have we identified the roles?
   ii. Have we identified the actors?
   iii. Shall we define our own transactions like RAD did?
   iv. Shall we use PAM (PDC-PEC) from ITI?
d. Other questions
   i. New patient creation in RT OIS
      1. Identification of radiotherapy patient in HIS?
      2. Logic to transfer the patient demographics
   ii. Update patient details in RT OIS
      1. Logic to transfer to update information?
   iii. Do we have any scope for physician orders for RT in HIS?
   iv. Patient appointments for RT

1. Created in RT OIS?
2. Created in HIS
 v. Current work flow example
  1. Put into Aria to transfer to HIS
  2. A couple of scenarios, could be present
   a. All notes, ect have to be kept in the HIS
   b. Information wouldn't be passed from HIS to Aria, but information must be kept in the HIS, redundant work
 vi. Prescription is put in through Aria and a note is added to the HIS, must be done to complete the medical record
 vii. Define information in the workflow and what information needs to be captured at what point in the workflow?
  1. Which level would those modalities be defined up front? What information needs to be conveyed?
  2. Complete actors and roles
   a. New patient registration/appointment system
   b. Scheduling system
   c. Billing information system
   d. How do these communicate with each other?

III. Next call?
 a. Tuesday, January 12 at 11:00amET