**IHE-RO HIS Subcommittee Conference Call**

**April 19, 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, VA/VCU | Jeff West, Elekta |
| Ulrich Busch, Varian | Harold Beunk, ICT |
| David Flade, BrainLab |  |
| ASTRO Staff: Beverly Carroll  |

1. Minutes
	1. Review the March meeting minutes and action items.
	2. Reviewed the 5 patient creation scenarios put together by Antonio.
		1. Patient can be marked in the HIS as a candidate for RO treatment?
* Advantage:
	+ Appointments from other clinics in the hospital (e.g. Medical Oncology) with reports and imaging can be sent over to the RO system using the RO marker trigger in HIS.
	+ Non RO messages are not sent.
	+ His user keeps the control of which patients are present in the RO application.
* Disadvantage:
	+ Instant message triggers are needed to be established for to transmit demographics and appointment info for emergency / quick radiation treatments (for inpatients etc.).
	+ HIS will be needed to send the full patient information including previously scheduled appointment, account #, visit #, insurance # to the RO system when the patient is marked as a RO patient.
	+ There is no standard attribute in HIS to mark the patient as an RO patient.
	+ Data relating to non RO encounters will be transferred to the RO system.
* Epic has this capability.
* Other HIS might not have this capability (need to check)
* In this scenario the demographics and appointments in the RO system will always be up to date.
	+ 1. Patient registers for an oncology encounter – Triggers a Demographics message based on the below mentioned PV1 segments:
			- PV1,3 – Assigned Patient Location
			- PV1,7 – Attending Physician
			- HIS or RO application filter messages based on the PV1 content
			- Advantages:
				1. Fully automated; no user interventions required.
				2. Most widely used in the US.
			- Disadvantages:
				1. Lots of non RO transactions are sent to the RO system which is not used.
				2. Any updates to the patient demographics in the HIS is only communicated to the RO system till the above mention PV1 location, attending physician is marked to RO. When the patient moves to other clinics in the hospital, this HIS will not send updated to the demographics or medical record to the RO system.
				3. Inpatient or emergency patients PV1 location is not set to RO and would not trigger the demographics message to the RO system.
		2. Appointment in a Rad/Onc clinic activity;
			- Similar to the (ii) scenario. Here appointments are scheduled based on clinic activity (Rad/Onc Consult, Simulation, Treatment etc.).
			- HIS or RO system can filter the appointment messages based on activity and provider info in the appointment.
			- Similar to the (ii) scenario in its advantages and disadvantages.
			- Disadvantage:
				1. The demographics segment (PID) in the appointment message might not contain all the patient demographic details like diagnosis, next of kin etc.
				2. Patient demographics update will only happen when a new appointment has been created.
		3. Full ADT feed sent from HIS to RO; RO user selects the patients from temporary database.
			- Advantages:
				1. RO user has control of which patient are present in RO application
				2. All demographics in the RO system are always up-to date.
			- Disadvantages:
				1. Large number of HL7 messages transmitted between the HIS and RO system.
				2. Temporary database in RO needs to be maintained.
				3. There will be a need to purge the patient from the temporary database if they are not used within a certain timeline.
				4. Not sure on how the HIS is notified to send clinic appointments and other medical info (Labs, Diagnosis etc.) when the patient is imported in the RO system from the temporary database.
	1. It was felt by the group that participation from the HIS vendors is critical before deciding on any one or multiple aforementioned scenarios. Everyone is tasked to reach out to their contacts in Cerner, Mckesson, other HIS vendors for participation in this sub group. Rishabh will reach out to the IHE RO technical committee and IHE-Radiology tech committee for any pointers in this regard.
	2. The scope of these interfaces also needs to be defined. In an ideal customer install, what all information is required to be communicated between the HIS and RO system.
	3. **Action items for the next call**
		1. Update the diagram (Rishabh)
		2. Invite other HIS vendors (Everyone)
		3. Define the scope of this profile from a vendor perspective. (Antonio and Jeff)
		4. Define the scope of this profile from a customer perspective. (Rishabh)
	4. Next meeting has been rescheduled to May 17 at 11:00am.