**IHE-RO HIS Subcommittee Conference Call**

**February 9, 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, Virginia Commonwealth University | Ulrich Busch, Varian |
| Jeff West, Elekta | Scott Hadley, University of Michigan |
| Seth Tracey, Epic |  |
| ASTRO Staff: Crystal Carter | |

1. What fields come out of treatment management database (EPIC, ect.) vs. what is entered by physician?
   1. It would be useful to create a standardized language
      1. Eliminate free text, able to re-code
      2. Create a data dictionary
   2. What information has interoperability?
      1. What fields are required?
   3. A workflow needs to be created and stick to it. Being able to send and receive information is an important part of this workflow/system.
   4. The profile is based on the use case
      1. Workflow between hospital and RadOnc system
      2. Complexities because of how things occur in the system (i.e., broken bone but also finds out the PT has cancer.) – At this point the original messages have been sent to appointment clinic (Should have an RO Indicator)
      3. ADT allows everything
      4. Scheduling doesn’t update ADT to let them know they are being treated
      5. Event based, query based or FIHR?
      6. Not part of the profile
         1. All ADT transactions, but only saved for some time where you would accept and choose from a temporary database
   5. Ways we know it has been done in the field
      1. Can be used for not just ADT
         1. Safer scheduling
         2. ADT to TPS
   6. RADI-12 Exist in Rad profiles already
      1. Standard ADT transactions
   7. Document methods of registration
   8. Different ways to do appointments
      1. TMS side to appointment management
      2. Notifications?
   9. Varian/Elekta PT registration/appointment workflow?
      1. Pick and choose what we like from both options
2. Web interface
   1. ER visits?
   2. Query the HIS and it goes to the TPS
   3. All appointments (office visits) created in HIS
   4. TMS – PT treatment are in oncology information then sent to the HIS
3. What’s an ADT contain?
   1. Handle from the top down
      1. Variations, issue can be handled as needed
      2. Depends on how the workflow is
         1. Flexible with options?
   2. Start with Radiology and see where we need to deviate

Action Items:

* Add table to the document
* Work through 6 scenarios to run through the system
* Contacts of anyone else who would like to join this call should contact Crystal at [crystal.carter@astro.org](mailto:crystal.carter@astro.org).