

IHE-RO HIS Committee Conference Call

Feb 02, 2019 – 11:00 am EST

Conflict of Interest Statement

The AAPM relies heavily on the volunteer efforts of its Members and friends to conduct the business of the Association. In certain roles, volunteers will from time to time have access to sensitive information that must be held confidential, or may be in a position to advocate for policy that could influence the business or professional affairs of others. It is expected that volunteers will at all times hold the best interests of the AAPM as paramount while doing AAPM-related work. Any situation in which a volunteer has a real or perceived obligation, loyalty or personal interest that is plausibly in conflict with the interests of the AAPM shall be formally disclosed in advance or as soon as it arises. While the existence of a real or perceived conflict of interest must be disclosed, it does not necessarily disqualify a volunteer from service. A volunteer in a conflicted situation should consider recusing him/herself from part or all of an activity so as to not cast doubt on the credibility of the AAPM work product. Intentional abuse of a volunteer position within the AAPM for the benefit of the volunteer or any third party is unacceptable and subject to sanctions as stipulated in the [AAPM's Code of Ethics](#).

IHE-RO HIS Committee Leadership

Rishabh Kapoor

Attendance:

Rishabh Kapoor	Martin von Siebenthal	Scott Hadley	Tucker Meyers	Ulrich Busch
Jill Moton	Mark Phillips	Harold Beunk		

Points Discussed:

- Reviewed the minutes from the IHE-RO HIS meeting from Jas.
- Tucker presented a set of proposed dataflow diagrams for the discussed use cases with this effort.
 - o *HIS-driven Prescription Model*: Intent is created in HIS and prescription in OIS
 - o *SN/NA Workflow with Defining Intent in OIS*: Intent is created in OIS and intent ID is generated in HIS and attached to OIS created intent
 - o *OIS Driven Prescription Model*: Intent and prescription is done in the OIS and HIS logs the data in read only mode.
 - o *Multiple prescriptions of a single intent*: Change in prescription in between treatments
 - o *Cancelling a Prescription in the OIS*: Cancel can be done for prescription which have not started treatment. For prescription where treatments have started, we would use “completed early” based status.
 - o *Sending Discrete Treatment Data (including Scheduling, Notes, and Charges with separate interfaces)*
 - o *Filing Treatment Data from OIS - While Still Being Treated*: Interrupted treatment use case – OIS will send the initial session results message for the incomplete treatment and then will send a completed session results message.
- Discussed on the use case where intent and prescription is created in OIS and HIS then how do we track the changes and figure out the most current ones. The producer actor will have ownership of the intent and prescription and any changes or new version are only done in the producer actor. The producer actor will be able to gather the state of the intent or prescription being “in-use” or “free” from the consumer actor before any edits are made. If the intent or prescription is “in-use” then the producer actor will not provide an option to edit the current data or create new versions.
- Tucker reviewed the intent, prescription message content. Data models and intended workflows were presented where the intent is done in the EHR / HIS and the prescription is done in OIS. It was decided to create actors for intent producer, consumer and prescription producer, consumer and OIS and/or EHR/HIS can implement either or both dependent on the clinical workflow followed at a hospital.
- Tucker will draft the profile document based on the defined content.
- Present the draft profile document at our March IHE-RO HIS call. We would like to present the draft profile at the IHE-RO TC face-to-face meeting in Florida in April.
- Tucker and Rishabh will be in attendance for the IHE-RO TC April meeting.

Next call: March 12, 2019 at 11:00 AM EDT