

IHE-RO HIS Committee Conference Call

Oct 09, 2018 – 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:

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|----------------|------------------|--------------|---------------|------------------|
| Rishabh Kapoor | Abhishek Solanki | Scott Hadley | Tucker Meyers | Madeline Etrheim |
| Jill Moton | Mark Phillips | Harold Beunk | Jeff West | |

Points Discussed:

- Reviewed the minutes from the IHE-RO HIS meeting from Sept.
- Tucker is working on drafting a white paper outlining content of Physician Intent message to solicit feedback from physician community.
 - o Data model
 - o Data element descriptions
 - o Lifecycle
 - o May include coding options (in Appendix)
 - o Protocol (treatment per protocol guidelines? eligibility? consented? accrued?)
- Mark and Rishabh will review and clean up the white paper.
- 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.
- Discussion on the cancer staging systems and the use of defined codes as opposed to free text.
- The prescription message content does not handle multiple treatment sites. Note for Tucker to create the treatment site sequence which can contain multiple treatment sites and prescription sequence.
- Discussion to review the ICD-O and ICD -10 codes for treatment site definition. Currently it is listed as a free-text element but the committee recommended that it should be a universally accepted coded element. These open questions are needed to be presented in the white paper.
- Varian vendor representative was not present at this call to get their viewpoint on the use of free-text vs coded fields for staging, diagnosis and prescription data elements. This topic will be discussed at our next call with our OIS vendors.

Next call: October 09, 2018 at 11:00 AM EDT.