



MEDICAL IMAGING

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April 12, 2024

Steven Posnack, Deputy National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20201

Re: USCDI Draft Version 5

Dear Mr. Posnack:

The AdvaMed Medical Imaging Division represents the manufacturers of medical imaging equipment, including, magnetic resonance imaging (MRI), medical X-Ray equipment, computed tomography (CT) scanners, ultrasound, nuclear imaging, radiopharmaceuticals, and imaging information systems. Our members have introduced innovative medical imaging technologies for use by healthcare providers, and they play an essential role in our nation's health care infrastructure and the care pathways of screening, staging, evaluating, managing, and effectively treating patients with cancer, heart disease, neurological degeneration, COVID-19, and numerous other medical conditions.

We are encouraged to see the Office of the National Coordinator for Health Information Technology (ONC) continue its work to improve USCDI and enhance interoperability in healthcare—a goal our members share. We submit these comments and recommendations in support of that shared goal.

Topic 1: Diagnostic Imaging Group

We strongly recommend the elevation of the Level 2 data elements "Imaging Reference", "Requested Procedure Identifier", and "Accession Number" to USCDI version 5. These elements align with the ONC's prioritization criteria for Level 2 data elements and are crucial for ensuring comprehensive data exchange and interoperability across healthcare systems.

There should be no hesitation in advancing the inclusion of Imaging Reference, as its URI retrieval access path can be grouped with the IHE Internet User Authorization (IUA) Profile to incorporate authorization, as outlined in the IHE Web Image Access (WIA) profile, or through the utilization of

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an authorization server, as demonstrated in the Argonaut SMART Imaging Access initiative. DICOMweb has demonstrated suitability for cross-enterprise and for cross-community through its optionality in IHE XCA-I and XDS-I.b profiles. Likewise, DICOM DIMSE (DICOM Message Service Element) supports User Identity Negotiation which supports SAML Assertion and JSON Web Token identity types.

The Accession Number is a critical data element for communications between orders and imaging procedure data for all order-based diagnostic imaging procedures. In encounter-based imaging scenarios, such as Point of Care Ultrasound (POCUS), the Accession Number also serves as a vital link between images, reports, and patient encounters within the electronic medical record (EMR). Inclusion of the Accession Number in USCDI version 5 would greatly facilitate the seamless integration of imaging data into patient records and enhance clinical decision-making.

Topic 2: Medications Group

“Medication Administration” is notably absent from the US Core Data for Interoperability (USCDI). A holistic view of the medication process encompasses prescription, dispensing, and administration. The absence of Medication Administration in USCDI creates obstacles to tracking a patient’s end-to-end medication pathway, such as pre-imaging medications. Confirmation of administration is important prior to the administration of contrast agents. We strongly recommend elevating the Level 2 data element "Medication Administration" to USCDI version 5. This element aligns with the ONC's prioritization criteria for Level 2 data elements and is crucial for ensuring comprehensive data exchange and interoperability across healthcare systems.

Topic 3: Care Team Member(s) Group

We recommend that the ONC explore the inclusion of "Care Team Member Credentials" as a potential data element within the USCDI. Initiating collaboration with stakeholders to establish credentials as an element within the USCDI framework would foster standardization and enhance interoperability in credentialing procedures across diverse healthcare settings, including radiology centers. Within imaging, credentialing holds particular importance for Point of Care Ultrasound (POCUS) scenarios, serving to verify that only healthcare professionals with demonstrated competencies can perform and interpret such procedures.

We thank you for your attention to these comments and look forward to engaging further as the USCDI revision process continues. If you have any questions, please contact me at zhornberger@advamed.org or by phone at 202-434-7263.

Sincerely,

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Zack Hornberger
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