

Comment: CMS–0042–NC – Request for Information on the Health Technology Ecosystem

CMS must treat imaging transparency as an urgent regulatory priority. It should no longer be acceptable for hospitals to control or manipulate diagnostic data to protect institutional interests at the expense of patient safety.

PC-2(c): Were there particular data types (e.g., x-rays, test results) that were unavailable when needed for patient care?

Yes. Diagnostic imaging studies (particularly full-resolution DICOM files from CT, MRI, angiography) are withheld from patients and unaffiliated providers. Organizations block access by:

- Refusing to share images digitally through patient portals.
- Releasing compressed, non-diagnostic versions.
- Issuing CDs rather than secure, electronic downloads.
- Providing different internal and external versions of studies, sometimes omitting views or series.

These actions delay diagnosis, prevent timely second opinions, and obstruct specialist referrals. This practice is harmful to care quality, particularly for complex or progressive conditions.

PC-4: What are the consequences of information blocking for individuals and caregivers?

Blocked imaging access directly harms patients. It leads to:

- Repeat imaging, exposing patients to unnecessary radiation and contrast agents.
- Missed diagnoses leading to unnecessary morbidity or chronic illnesses.
- Delayed care, causing some conditions to become chronic or inoperable.
- Emotional distress, financial burden, prolonged pain and suffering.
- Erosion of trust in health institutions.
- Patient deaths.

These barriers especially hurt patients with rare or complex conditions and those seeking diagnosis, emergency care or second opinions outside the original health system where the images were initially generated. Without the full imaging results, patients cannot obtain diagnosis and treatment.

PI-1: Have you experienced or observed practices that could be considered information blocking, including interference with access, exchange, or use of electronic health information?

Yes. These behaviors are widespread but should be illegal. Information blocking is common in radiology images. Organizations deliberately withhold diagnostic imaging by:

- Releasing only downgraded or partial image sets.

- Failing to include key series or contrast phases.
- Redacting prior studies that revealed medical errors or complications.
- Refusing to transmit imaging through secure electronic means despite having the technical ability.
- Multiple PACS systems or versions that internally retain accurate versions while externally releasing limited, altered, and/or redacted studies.
- Replace critical views or entire studies without notice, and by ‘erasing’ prior findings.

These practices serve no clinical purpose. They appear designed to reduce legal exposure or avoid external second-opinion scrutiny.

How does information blocking affect clinical decision-making, care planning, or patient safety?

It undermines all three. When imaging is withheld, altered, or dumbed-down, treating physicians cannot:

- Accurately diagnose.
- Independently verify critical findings.
- Track disease progression across time.
- Make informed decisions about surgery, medication, or monitoring.

Patients are misdiagnosed or put at risk because the reviewing physician is forced to rely on inaccurate or incomplete reports. When findings are suppressed, injuries go untreated and can become permanent. This is a direct threat to patient safety.

Are there specific actors (e.g., health systems, radiology vendors, EHRs) or patterns of behavior that create persistent barriers?

Yes. Hospital systems are the primary offenders. They often operate separate PACS systems, with internal access to complete studies and external release of curated or edited versions. Radiology reports are sometimes falsified or omit key abnormalities. Internal findings are hidden from patients, outside providers, and even downstream treating clinicians.

These behaviors are institutional, not accidental. They persist because current enforcement is weak, and hospitals face no penalty for controlling access to imaging data. This creates a culture where fraud and suppression are tolerated and incentivized. These practices are causing chronic illness and patient deaths.

SI-2: Are there technologies or policies that could better support the integrity, availability, and transparency of electronic health information?

Yes. Radiology reports should be processed and interpreted by AI parallel to the formal read. The AI output should be imbedded in the report or at the end. AI should also determine if the correct study protocol was done based on the patient’s complaint, symptoms, history, and if all the images from the radiology study are included.

PR-7. What strategies can CMS implement to support providers in making high-quality, timely, and comprehensive healthcare data available for interoperability in the digital product ecosystem?

Yes. CMS should require:

- Full digital access to complete imaging studies (DICOM files) through patient portals and secure download links.
- Require complete transparency of all image versions and reports.
- Standardized version control and tamper-evident logs for all imaging studies and radiology reports.
- Machine-readable indicators for limited views, redacted content, or inconclusive findings.
- Patient-facing DICOM viewers integrated into portals, allowing secure review and sharing.
- Fund open-source or certified commercial platforms that empower patients to review their imaging in full, ask questions, and seek care options early.
- Public enforcement mechanisms and complaint pathways with actionable results, including criminal enforcement, for reporting image suppression or fraud.

Digital imaging transparency must become a core expectation of a modern health technology ecosystem. Hospitals should not be allowed to block, alter, or conceal medically necessary data.

PR-14. How can CMS encourage providers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal?

Pay rewards to those who submit complaints. Create safety mechanisms to prevent retaliation.

PC-13. How can CMS encourage patients and caregivers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal? What would be the impact? Would increasing reporting of complaints advance or negatively impact data exchange?

CMS only discourages individuals from submitting complaints. Medical institutions are known to retaliate against patients. The deliberate suppression of imaging data is a serious and under-recognized form of fraud, waste, and abuse. It obstructs care, increases costs, and results in permanent harm to patients.

CMS should take steps towards the criminalization of deliberate blocking of radiology images and other testing documentation that can cause bodily harm to patients. A monetary transaction where one party deliberately withholds what the other party paid for is a form of theft.

Solutions include providing patients direct access to systems through vendors such as Ambra, Power share, and Intellishare. Implement recording and safekeeping of transactions, institute header information on all documents for all transactions (accession number, location, patient ID, etc.) Fully link patients directly to images. CMS could also encourage independent practices designed to facilitate accurate and timely diagnosis through radiology imaging. These

independent organizations could compete with those that have created a oligarchy to preserve the status quo.

One of the biggest mistakes of health IT implementation is letting medical institutions control all the information. This must change.

In conclusion:

- Imaging suppression obstructs diagnosis, delays care, and increases morbidity and mortality.
- It adds avoidable costs through duplication, worsens outcomes, and erodes trust in the medical system.
- Hospitals are using technical, regulatory, and procedural loopholes to hide clinical findings, deny transparency, and block accountability.

The technology to ensure full access already exists; what's missing is CMS prioritizing this issue, monitoring, and enforcement.