



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 5420.19A
BUMED-M4
24 Jun 2014

BUMED INSTRUCTION 5420.19A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVAL DIAGNOSTIC IMAGING AND RADIOTHERAPY BOARD

1. Purpose. To establish a Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB) within Navy Medicine to evaluate new and emerging medical and dental imaging and radiotherapy technologies. To recommend short and long range planning, policy, governance, and acquisition strategies for all diagnostic imaging, radiotherapy equipment modalities, and related support equipment, including Military Construction (MILCON) projects.

a. Diagnostic imaging and radiotherapy equipment modalities include, but are not limited to the following: radiography, fluoroscopy, mammography, computed tomography, ultrasonography, interventional radiology, nuclear medicine, magnetic resonance imaging, magnetoencephalography, linear accelerator radiotherapy, brachytherapy, tomotherapy, proton beam therapy, etc.

b. If uncertainty regarding equipment that qualifies as diagnostic imaging and radiotherapy equipment modalities arises, contact Naval Medicine Logistics Command (NAVMEDLOGCOM), Investment Equipment Program Manager, NMLC-CentralFundedReceiving@med.navy.mil, for clarification.

2. Cancellation. BUMEDINST 5420.19.

3. Scope. The NAVDIRB will serve as an advisory board to the Chief, Bureau of Medicine and Surgery (BUMED), thus informing, drafting, and recommending policy for medical and dental imaging and radiotherapy within Navy Medicine. The NAVDIRB will be the Navy Medicine agent for the evaluation of equipment for medical and dental imaging and radiotherapy. All medical and dental imaging equipment acquisitions for Navy Medicine will be reviewed by the NAVDIRB to ensure standardization and quality are in line with strategic and operational objectives.

a. The NAVDIRB is the appointed representative of the Chief, BUMED when called upon or directed to participate in Office of the Assistant Secretary of Defense (Health Affairs) and quad-service forums that evaluate and assess technology and image quality, coordinate policy development, technology implementation, and acquisition issues.

b. The NAVDIRB provides Navy Medicine with a technically and clinically educated board composed of clinical, scientific, and administrative personnel participating in the decision process to identify and introduce new imaging and radiotherapy technologies, to evaluate cost effective alternatives, and to determine appropriate equipment replacement cycles.

4. Background. All recommendations for medical and dental imaging equipment purchases shall be coordinated by NAVMEDLOGCOM who will in turn forward all requests to the NAVDIRB, a board composed of medical, medical-physics, and dental specialty leaders appointed by Chief, BUMED. A concentrated, focused approach is essential to determine which emerging imaging technologies should be introduced to Navy Medicine and how best to upgrade or replace existing technologies. To manage the number of requests and to address issues of policy, the NAVDIRB will convene at least once a quarter at NAVMEDLOGCOM or by virtual/teleconference methods. The Chair will also coordinate ad hoc meetings or electronic voting between quarterly meetings as the Chair sees fit to draft policy and to review urgent equipment request packages.

a. The decision to begin a request for equipment typically begins with the local command's recommendations for diagnostic imaging equipment needed to support physician and dentist's scopes of practice and procedures. All equipment packages will be reviewed for appropriate technical merits by a member of the Navy medical physics community, either at the local command level or at the regional level. The commanding officer's recommendation is forwarded via regional chain of command to NAVMEDLOGCOM who will in turn forward all requests to the NAVDIRB.

b. During quarterly meetings, NAVDIRB members will represent their own specialties and provide unbiased clinical and technical evaluations of local command requests. The NAVDIRB approach to the equipment decision making process will focus on an effort to enhance, optimize, and improve Navy health care services.

5. Policy. The NAVDIRB will advise the Chief, BUMED, on diagnostic imaging and radiotherapy equipment standards, facility-specific equipment criteria, image quality, patient safety, equipment life cycle management, and replacement prioritization.

a. Based on platform and specific mission requirements where applicable and in conjunction with the Defense Medical Materiel Program Office for expeditionary medical unit equipment, the NAVDIRB will coordinate with NAVMEDLOGCOM to create and maintain "equipment of choice" packages to serve as guides to the field on selecting equipment within NAVDIRB standards. Maintaining and disseminating these packages is intended to aid in standardizing equipment throughout Navy Medicine and to aid in expediting equipment requests from the field and acquisitions of such equipment.

b. The NAVDIRB will review all requests for equipment covered by this instruction, regardless of funding sources. The NAVDIRB will thoroughly evaluate command requests, advise on prioritization of equipment purchases, and forward final recommendations to Chief, BUMED.

c. The NAVDIRB is made up of subject matter experts. As such, it is the appropriate body to draft relevant and needed policy for consideration by BUMED leadership. Members shall route all discussions on policy through the Board Chair. The Board Chair then determines the

best means to consolidate the opinion of the NAVDIRB and draft a document for the consideration of BUMED leadership. Policy issues of interest would include image quality, personnel/equipment issues, training gaps, patient and staff safety concerns, quality improvement efforts, inter-service cooperation, teleradiology business rules and other financial considerations, needed qualitative and quantitative research, issues related to electronic storage of images, imaging workflow management, teleradiology, and clinical care. Additionally, other advisory boards from BUMED may request the opinion of the NAVDIRB and its subject matter experts.

6. Mission and Function. The NAVDIRB is vested with the responsibility for leadership and direction of Navy diagnostic imaging and radiotherapy strategic planning activities. It shall:

a. Direct planning for acquisition of all diagnostic imaging and radiotherapy equipment using ionizing or non-ionizing radiation, electromagnetic waves, or ultrasound waves to produce a diagnostic image or which can be used as part of a therapeutic treatment regimen for all Navy medical and dental treatment facilities.

b. Review all new equipment requirements to ensure conformance to Diagnostic Imaging and Radiotherapy Strategic Plan; and provide liaison with other Services as necessary.

c. Technically and clinically evaluate emerging imaging and treatment technologies for potential adoption by Navy Medicine; oversee technical evaluations and facilitate programming acquisition and schedule fielding of equipment as appropriate.

d. Provide technical expertise and input to large multiyear contracts to ensure “Best Value” procurement of diagnostic imaging and radiotherapy equipment and actively participate in equipment evaluation.

e. Provide technical approval authority on all imaging and radiotherapy equipment requests referred for action. This technical approval will be based on analysis of the requesting command’s mission, emerging standard of care, staffing, workload, location, equipment density, cost effectiveness, and conformance with Navy Medicine strategic objectives. These technical approvals will be submitted as acquisition recommendations to the Chief, BUMED.

f. Provide recommendations to the Chief, BUMED, on strategic plans for diagnostic imaging and radiotherapy, and capital equipment procurement.

g. Provide the Chief, BUMED with draft documents for consideration to address gaps in policy.

h. As needed, coordinate with the appropriate subject matter, technical, and acquisition experts, in providing guidance, in the form of “unit of choice” packages based on platform.

These packages will be timely, satisfactory in quality, and of sufficient utility that they facilitate a move toward greater standardization, cost effectiveness, and efficiency throughout all Navy Medicine Imaging Services.

i. Provide assistance to the field in preparing business case analyses. The Chair will direct board members to aid such requests as he/she deems necessary.

j. Provide subject matter assistance to the field and to BUMED on issues related to image quality, facility design, teleradiology, electronic image storage, imaging workflow, and workload distribution.

k. Identify, when required, subject matter experts to assist in the field and at BUMED on the modalities, configurations, and length of storage for digital images.

l. Provide recommendations on best business practices for coordinating and conducting acceptance testing and receipt of imaging and radiotherapy equipment.

7. Membership

a. Voting Members. A quorum of greater than 50% of members is required for a vote. The following persons are voting members unless replaced by a designee:

(1) Chair: Specialty Leader for Diagnostic Radiology

(2) Specialty Leader for Radiation Oncology

(3) Specialty Leader for Medical Physics (Radiation Health)

(4) Specialty Leader for Dental Radiology

(5) Commanding Officer, NAVMEDLOGCOM

(6) Commanding Officer, Navy Medicine Information Systems Support Activity (NAVMISSA)

(7) Assistant Deputy Chief for Resource Management/Comptroller Representative (BUMED-M8)

b. Ad Hoc Non-voting Members. The following persons are non-voting members unless directed by the Chair to vote in their areas of expertise (the Chair may appoint a subject matter expert in lieu of any of the ad hoc members as needed):

(1) Specialty Leader for Nuclear Medicine

- (2) Specialty Leader for Cardiology
- (3) Specialty Leader for Obstetrics and Gynecology
- (4) Specialty Leader for Urology
- (5) Specialty Leader for Oral Maxillofacial Surgery
- (6) Other medical and dental specialty leaders as needed
- (7) Designated BUMED program coordinator
- (8) NAVMEDLOGCOM Naval Expeditionary Medical Logistics Director
- (9) Commander, Fleet Forces Command, Designated Fleet Representative
- (10) Headquarters Marine Corps, Designated Fleet Representative

c. Non-voting Members. Clinical, technical, and administrative experts and other key personnel. These may include, but are not limited to:

- (1) Recorder/administrative coordinator (provided by NAVMEDLOGCOM)
- (2) Imaging Informatics and Picture Archive and Communication System
- (3) Subject matter expert(s), including:
 - (a) Radiologist appointed by the Chair
 - (b) Radiation physicist appointed by the Chair
 - (c) Health/radiation specialist appointed by the Chair
 - (d) Expense Equipment Program Manager (NAVMEDLOGCOM)
 - (e) Investment Equipment Program Manager (NAVMEDLOGCOM)
 - (f) Clinical engineers
 - (g) Medical equipment maintenance subject matter expert(s)
 - (h) MILCON equipment manager(s)

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8. Roles and Responsibilities

a. Chair, NAVDIRB. Convene the NAVDIRB once every quarter or as necessary to review technological innovations, equipment, and facility requests for routine and emergent capital equipment replacement or upgrades and healthcare provider recommended changes in practices, procedures, and policies. Submit meeting minutes to Chief, BUMED, for comment and approval.

b. Commanding Officer, NAVMEDLOGCOM. Provide the NAVDIRB recorder or administrative coordinator. Receive, review, and prepare medical treatment facility equipment request packages submitted for board action. Provide other administrative assistance to the Chair as requested.

9. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.



M. L. NATHAN

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