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Securing Picture Archiving and Communication System (PACS)

Cybersecurity for the Healthcare Sector

Volume A:
Executive Summary

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1 Executive Summary

2 The National Cybersecurity Center of Excellence (NCCoE) at the National Institute of Standards and
3 Technology (NIST) built a laboratory to emulate a medical imaging environment, performed a risk
4 assessment, and identified controls from the NIST Cybersecurity Framework to secure the medical
5 imaging ecosystem. This project used Picture Archiving Communications Systems (PACS) and a Vendor
6 Neutral Archive (VNA), and implemented controls to safeguard medical images from cybersecurity
7 threats. PACS and VNA, hereafter referred to as “PACS,” comprise the systems to centrally manage
8 medical imaging data. This effort resulted in a NIST Special Publication 1800 series Cybersecurity
9 Practice Guide, based on the following considerations relative to PACS:

- 10 ▪ PACS allows for the acceptance, transfer, display, storage, and digital processing of medical
11 images. PACS centralizes functions surrounding medical imaging workflows and serves as an
12 authoritative repository of medical image information. Medical imaging is a critical component
13 in rendering patient care. The PACS ecosystem serves as the repository to manage these images
14 and accompanying clinical information within the healthcare delivery organization (HDO).
- 15 ▪ PACS fits within a highly complex HDO environment that includes back-office systems, electronic
16 health record systems, and pharmacy and laboratory systems, as well as an array of electronic
17 medical devices. In managing these systems, HDOs work with a diverse group of individuals who
18 interact with the enterprise information technology (IT) infrastructure and may include IT
19 operations staff, internal support teams, and biomedical engineers, as well as vendors and
20 manufacturers.
- 21 ▪ Securing PACS presents several challenges. Various departments operating in the HDO have
22 unique medical imaging needs and may operate their own PACS or other medical imaging
23 archiving systems. Further, HDOs may use external medical imaging specialists when reviewing
24 patient medical data. The PACS ecosystem, therefore, may include multiple systems for
25 managing medical imaging data, along with a diverse clinical user community, accessing PACS
26 from different locations. This complexity leads to cybersecurity challenges.
- 27 ▪ PACS may have vulnerabilities that, given its central nature, may impact an HDO’s ability to
28 render patient care or to preserve patient privacy. These vulnerabilities could impede the timely
29 diagnosis and treatment of patients, if medical images are altered or misdirected. These
30 vulnerabilities could also expose an HDO to risks of significant data loss, malware and
31 ransomware attacks, and unauthorized access to other parts of an HDO enterprise network.
- 32 ▪ This NIST Cybersecurity Practice Guide features a reference architecture using commercially
33 available, standards-based tools and technologies demonstrating how HDOs can securely
34 configure and deploy PACS.

35 CHALLENGE

36 PACS, by its nature, is a system that cannot operate in isolation. The overall PACS ecosystem consists of
37 diverse technologies that include medical imaging devices, patient registry systems, worklist
38 management systems, and systems used to manage and maintain medical image archives. The primary
39 role of PACS is interaction with disparate medical imaging devices, interconnectivity with other clinical
40 systems, and allowing a geographically and organizationally diverse team of healthcare professionals to
41 review medical images to provide quality and timely patient care. Therefore, the threat landscape is

42 broad. If not properly secured, vulnerabilities may be introduced into the PACS ecosystem, either
43 affecting clinical information stored in the PACS environment or allowing malicious actors to leverage
44 components within the ecosystem as pivot points into the integrated healthcare information system.

45 SOLUTION

46 This practice guide demonstrates how an organization may implement a solution to mitigate identified
47 risks. The reference architecture includes technical and process controls to implement:

- 48 ▪ a defense-in-depth solution, including network zoning that allows for more granular control of
49 network traffic flows and limits communications capabilities to the minimum necessary to
50 support business function
- 51 ▪ access control mechanisms that include multifactor authentication for care providers,
52 certificate-based authentication for imaging devices and clinical systems, and mechanisms that
53 limit vendor remote support to medical imaging components
- 54 ▪ a holistic risk management approach that includes medical device asset management,
55 augmenting enterprise security controls and leveraging behavioral analytic tools for near real-
56 time threat and vulnerability management in conjunction with managed security solution
57 providers

58 In building the reference architecture, the NCCoE sought existing technologies that provided the
59 following capabilities:

- 60 ▪ role-based access control
- 61 ▪ authentication
- 62 ▪ network access control
- 63 ▪ endpoint protection
- 64 ▪ network and communication protection
- 65 ▪ micro segmentation
- 66 ▪ behavioral analytics
- 67 ▪ tools that use cyber threat intelligence
- 68 ▪ anti-malware
- 69 ▪ data security
- 70 ▪ segregation of duties
- 71 ▪ restoration and recoverability
- 72 ▪ cloud storage

73 While the NCCoE used a suite of commercial products to address security challenges, this guide does not
74 endorse these particular products, nor does it guarantee compliance with any regulatory initiatives.
75 Information security experts should identify the products that will best integrate with existing tools and
76 IT system infrastructure. Organizations can adopt this solution or one that adheres to these guidelines in
77 whole, or this guide can be used as a starting point for tailoring and implementing parts of a solution.

78 **BENEFITS**

79 The NCCoE’s practice guide to Securing PACS can help an organization:

- 80 ▪ improve resilience in the network infrastructure, including limiting a threat actor’s ability to
81 leverage components as pivot points to attack other parts of the HDO’s environment
- 82 ▪ limit unauthorized movement within the HDO environment by authorized system users to
83 address the “insider threat” as well as unauthorized actors once they gain network access
- 84 ▪ analyze behavior and detect malware throughout the ecosystem to enable HDOs to determine
85 when components evidence compromise and to enable those organizations to limit the effects
86 of a potential advanced persistent threat such as ransomware
- 87 ▪ secure sensitive data (e.g., personally identifiable information or protected health information)
88 at rest and in transit, limiting adversarial ability to exfiltrate or expose that data
- 89 ▪ consider and address risks that may be identified as HDOs examine cloud solutions as part of
90 managing their medical imaging infrastructure

91 **SHARE YOUR FEEDBACK**

92 You can view or download the guide at <https://www.nccoe.nist.gov/projects/use-cases/health-it/pacs>.
93 Help the NCCoE make this guide better by sharing your thoughts with us as you read the guide. If you
94 adopt this solution for your own organization, please share your experience and advice with us. We
95 recognize that technical solutions alone will not fully enable the benefits of our solution, so we
96 encourage organizations to share lessons learned and best practices for transforming the processes
97 associated with implementing this guide.

98 To provide comments or to learn more by arranging a demonstration of this example implementation,
99 contact the NCCoE at hit_nccoe@nist.gov.

100 **TECHNOLOGY PARTNERS/COLLABORATORS**

101 Organizations participating in this project submitted their capabilities in response to an open call in the
102 Federal Register for all sources of relevant security capabilities from academia and industry (vendors
103 and integrators). The following respondents with relevant capabilities or product components (identified
104 as “Technology Partners/Collaborators” herein) signed a Cooperative Research and Development
105 Agreement (CRADA) to collaborate with NIST in a consortium to build this example solution.



107 Certain commercial entities, equipment, products, or materials may be identified by name or company
108 logo or other insignia in order to acknowledge their participation in this collaboration or to describe an
109 experimental procedure or concept adequately. Such identification is not intended to imply special
110 status or relationship with NIST or recommendation or endorsement by NIST or NCCoE; neither is it
111 intended to imply that the entities, equipment, products, or materials are necessarily the best available
112 for the purpose.

The National Cybersecurity Center of Excellence (NCCoE), a part of the National Institute of Standards and Technology (NIST), is a collaborative hub where industry organizations, government agencies, and academic institutions work together to address businesses' most pressing cybersecurity challenges. Through this collaboration, the NCCoE develops modular, easily adaptable example cybersecurity solutions demonstrating how to apply standards and best practices using commercially available technology.

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