



CYBERSECURITY AND SAFEGUARDING HEALTHCARE RECORDS

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Topics

This discussion contains the following topics:

- ▶ Topic 1: Today's Threat Landscape
- ▶ Topic 2: IT Security Maturity Assessment
- ▶ Topic 3: Cybersecurity and Its Impacts on Healthcare



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Question

The majority of breaches are associated with what kind of threat actors?

- A. Internal
- B. External

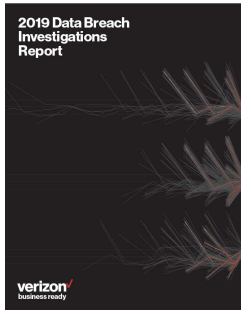
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Today's Threat Landscape

Data Breach Threat Actors, Motives, and Methods



2,013 data breaches
304 (15%) Healthcare
41,686 security incidents
466 (1%) Healthcare

2019	All Industries	Healthcare
Threat Actors	External	Internal
Motives	Financial	Financial
Compromised Data	Internal	Medical
Top Threat Actions in Breaches	Hacking (Stolen Creds) Social (Phishing) Malware (Backdoor)	Error (Misdelivery) Misuse (Privilege Abuse) Hacking / Social
Top Patterns in Breaches	Web Applications Misc. Errors	Misc. Errors (Misdelivery) Privilege Misuse
Compromised Data	Internal	Medical
Click rate in phishing tests	(High) Education: 4.93% (Low) Retail: 1.32%	2.13%

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Question

Which industry has the highest costs associated with data breaches?

- A. Health
- B. Financial

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Today's Threat Landscape

Data Breach Costs



507 companies
3,211 interviews

2019	Global Average (All Industries)	Healthcare
Data Breach Costs	\$3.92M (U.S. = \$8.19M)	\$6.45M
Ave Cost / Record	\$150	\$429
Abnormal Customer Turnover	3.9%	7%
Mean Time to Identify (MTTI)	206	236 days
Mean Time to Contain (MTTC)	73	93 days

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Question

Which is currently a more common cause of healthcare data breaches over 500 records?

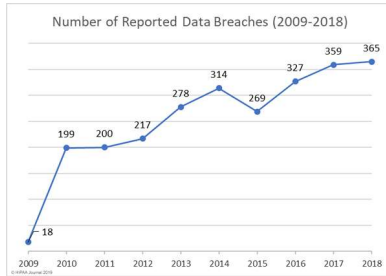
- A. Improper Disposal
- B. Unauthorized Disclosure

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Today's Threat Landscape

Healthcare Data Breaches per Year



- ▶ 2018:
 - ▶ Hacking/IT Incidents (158 breaches)
 - ▶ Unauthorized Access/Disclosures (143 breaches)
 - ▶ Loss/Theft (55 breaches)
 - ▶ Improper Disposal (9 breaches)
- ▶ Data breaches reported at a rate of more than 1 / day
- ▶ Greatest number of records breached in 2015 (~113 M records)
- ▶ Fewest records breached in 2012 (~2.8 M records)
- ▶ 2018 - record breaking year for HIPAA fines and settlements
 - ▶ \$28.6 M from covered entities and business associates

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Question

Which covered entity had the largest healthcare data breach since 2009?

- A. Premera Blue Cross
- B. Anthem Inc.

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Today's Threat Landscape Case Studies



- ▶ 2015
- ▶ 78.8M individuals
- ▶ Hacking/IT Incident



- ▶ 2011
- ▶ 4.9M individuals
- ▶ Loss



- ▶ 2018
- ▶ 1.2M individuals
- ▶ Unauthorized Access/Disclosure



- ▶ 2010
- ▶ 1.7M individuals
- ▶ Theft



- ▶ 2018
- ▶ 2.6M individuals
- ▶ Hacking/IT Incident



- ▶ 2018
- ▶ 1.4M individuals
- ▶ Hacking/IT Incident

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Today's Threat Landscape Office for Civil Rights (OCR) Breach Portal

https://ocportal.hhs.gov/ocr/breach/breach_report.pdf

Department of Health and Human Services
Office for Civil Rights
Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information

[Under Investigation](#) [Archive](#) [Help for Consumers](#)

As required by section 13402(e)(4) of the HITECH Act, the Secretary must post a list of breaches of unsecured protected health information affecting 500 or more individuals. The following breaches have been reported to the Secretary:

Cases Currently Under Investigation
This page lists all breaches reported within the last 24 months that are currently under investigation by the Office for Civil Rights.
[Show Advanced Options](#)

Expand All	Name of Covered Entity	State	Covered Entity Type	Individuals Affected	Breach Submission Date	Type of Breach	Location of Breached Information
o	State of Alaska Department of Health and Social Services	AK	Health Plan	501	06/28/2018	Hacking/IT Incident	Desktop Computer, Email
o	GOLDEN HEART ADMINISTRATIVE PROFESSIONALS	AK	Business Associate	44600	07/09/2018	Hacking/IT Incident	Network Server
o	HyDENTAL	AK	Healthcare Provider	2008	12/26/2019	Hacking/IT Incident	Desktop Computer, Electronic Medical Record, Email, Network Server
o	Medical Park Family Care, Inc.	AK	Healthcare Provider	500	11/18/2019	Unauthorized Access/Disclosure	Electronic Medical Record
o	KIM P. KORNEGAY, DMD	AL	Healthcare Provider	27000	04/19/2019	Theft	Desktop Computer, Electronic Medical Record, Paper/Films
o	FastHealth Corporation	AL	Business Associate	1345	02/27/2018	Hacking/IT Incident	Network Server
o	Sarnell Dental	AL	Healthcare Provider	391472	08/12/2019	Hacking/IT Incident	Network Server
o	Brewer Porch Children's Center / The University of Alabama	AL	Healthcare Provider	727	07/16/2019	Hacking/IT Incident	Network Server
o	CAH Holdings, Inc.	AL	Business Associate	1158	01/06/2020	Hacking/IT Incident	Email
o	University of Alabama at Birmingham	AL	Healthcare Provider	19557	10/03/2019	Hacking/IT Incident	Email
o	Timothee T. Wilkin, D.O.	AR	Healthcare Provider	15113	08/09/2019	Hacking/IT Incident	Electronic Medical Record, Network Server

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IT Security Maturity Assessment Cybersecurity Audit



Overview

An IT security maturity assessment is used to give a company a high level idea of their current IT state by assessing the risk and maturity levels of their IT environment. This is done by determining any gaps in program design, policies, standards, and procedures.



Framework

Our approach and methodology leverages the National Institute of Standards & Technology (NIST) Cybersecurity Framework to evaluate the cybersecurity maturity and level of risk, in comparison to other organizations of similar size and industry.

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IT Security Maturity Assessment NIST Cybersecurity Framework



Why NIST?

The NIST Cybersecurity Framework provides a policy framework of computer security guidance for how private sector organizations in the United States can assess and improve their ability to prevent, detect, and respond to cyber attacks.



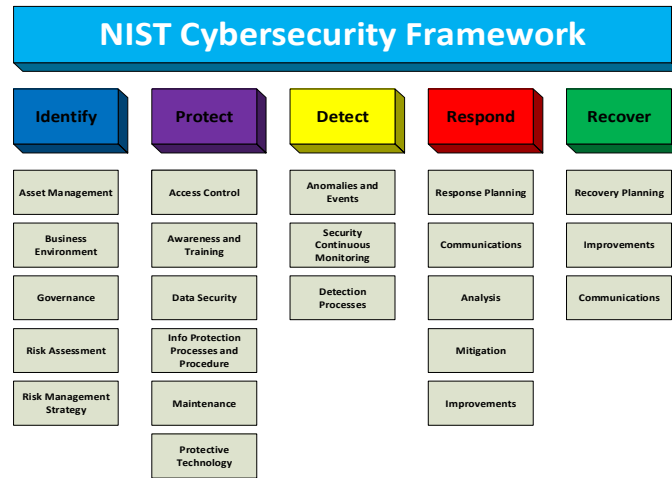
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IT Security Maturity Assessment

NIST Recommended Cybersecurity Components



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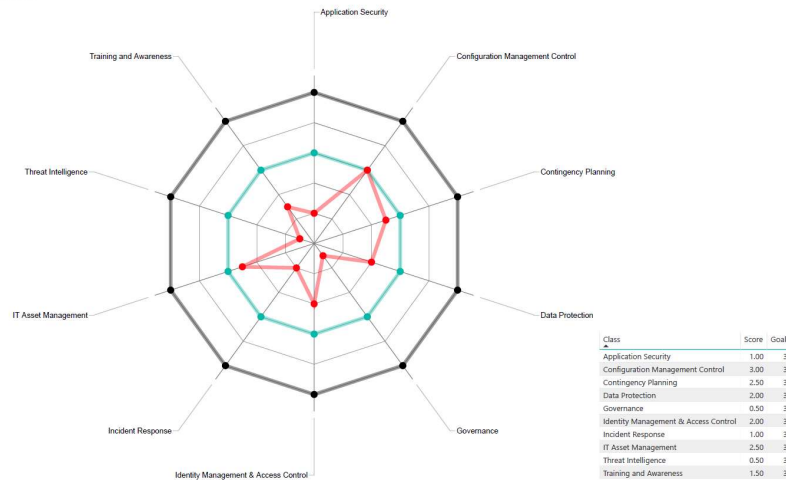


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IT Security Maturity Assessment

Risk Scorecard

Information Security Spider Diagram
 ● Goal ● Score ● Max Score



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IT Security Maturity Assessment Greatest Risks and Common Findings

Cybersecurity Governance - The policies, standards, and processes to manage and monitor standards and procedures around cybersecurity haven't been formally documented

Incident Response - Lack of procedures and policies in place to detect, respond, and contain the negative impact of an incident threatening the security of the organization's business processes

Data Protection - Lack of data security protection consistent with the organization's risk strategy to protect the confidentiality, integrity, and availability of information

Threat Intelligence - Limited risk processes and security technologies in place to ensure that the information systems cannot be exploited using known vulnerabilities

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Cybersecurity and Impacts on Healthcare Digital Transformation

- ▶ Increase use of IoT devices in the healthcare industry
- ▶ Attack surface is growing
- ▶ Health information sharing methods (mobile)
- ▶ Health information storing methods (cloud-based)



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Cybersecurity and Impacts on Healthcare

Changes in the way we access, transmit, and store health information

- ▶ Websites
- ▶ Mobile Access
- ▶ Text (SMS)
- ▶ Virtual Patient Visits
- ▶ Social Media
- ▶ Cloud Computing



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Cybersecurity and Impacts on Healthcare

Legislation

- ▶ Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - ▶ Applies to:
 - ▶ Covered Entities - transmit protected health information for transactions for which the Department of HHS has adopted standards
 - ▶ Business Associates - provide services to a HIPAA-covered entity which requires them to have access to, store, use, or transmit protected health information
 - ▶ Rules include:
 - ▶ Security Rule (Safeguards)
 - ▶ Privacy Rule
 - ▶ Breach Notification Rule
 - ▶ Omnibus Rule
 - ▶ Enforcement Rule
- ▶ The Health Information Technology for Economic and Clinical Health (HITECH) Act - 2009
- ▶ The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

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Cybersecurity and Impacts on Healthcare

HIPAA Security Rule

- ▶ HIPAA Security Rule
 - ▶ Standards that must be applied to safeguard ePHI when it is at rest and in transit
 - ▶ Includes “required” and “addressable” safeguards on the HIPAA compliance checklist
 - ▶ Three parts:
 - ▶ Technology Safeguards
 - ▶ Physical Safeguards
 - ▶ Administrative Safeguards

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Cybersecurity and Impacts on Healthcare

HIPAA Privacy Rule

- ▶ HIPAA Privacy Rule
 - ▶ Patients have rights to obtain, examine, and request corrections to their health information
 - ▶ Covered entities must respond to patient access requests within 30 days
 - ▶ Notices of Privacy Practices (NPPs) must be issued to let patients and plan members know of circumstances when their data will be used or shared
 - ▶ Employees must receive training on what information may/may not be shared
 - ▶ The integrity of ePHI and individual personal identifiers must be maintained
 - ▶ Obtain written permission from patients before using health information for marketing, fundraising or research

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Cybersecurity and Impacts on Healthcare

HIPAA Breach Notification Rule

- ▶ HIPAA Breach Notification Rule
 - ▶ Must notify patients when there is a breach of their ePHI
 - ▶ Breach notifications must be made no later than 60 days following discovery
 - ▶ Must promptly notify the Department HHS and issue notice to the media if breach affects >500 patients
 - ▶ Must report breaches <500 patients via the OCR web portal
 - ▶ Defines what must be included in breach notifications

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Cybersecurity and Impacts on Healthcare

HIPAA Omnibus Rule

- ▶ HIPAA Omnibus Rule
 - ▶ Amended definitions, clarified procedures and policies, and expanded the HIPAA compliance checklist to cover Business Associates and their subcontractors

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Cybersecurity and Impacts on Healthcare

HIPAA Enforcement Rule

- ▶ HIPAA Enforcement Rule
 - ▶ Governs the ePHI data breach investigations
 - ▶ Governs the penalties for covered entities
 - ▶ Governs hearing procedures

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Question

[True or False] State attorneys general can issue HIPAA violation fines.

- A. True
- B. False

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Cybersecurity and Impacts on Healthcare Legislation

- ▶ HIPAA fines issues by:
 - ▶ Dept of HHS' Office for Civil Rights (OCR)
 - ▶ State Attorneys General
- ▶ Violations are usually discovered by:
 - ▶ Data breach investigations
 - ▶ Compliant investigations
 - ▶ Compliance audits

U.S. Department of Health and Human Services
Office for Civil Rights
Complaint Portal Assistant

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Question

[True or False] Heart rate and blood pressure information collected from a device manufacturer and/or application that has not been contracted by a HIPAA-covered entity is still considered PHI.

- A. True
- B. False

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Cybersecurity and Impacts on Healthcare

What is considered Protected Healthcare Information (PHI)

- ▶ Any identifiable health information that is used, maintained, stored, or transmitted by a HIPAA-covered entity
 - ▶ Names
 - ▶ Dates, except year
 - ▶ Telephone numbers
 - ▶ Geographic data
 - ▶ Fax numbers
 - ▶ SSN
 - ▶ Email addresses
 - ▶ Medical record numbers
 - ▶ Account numbers
 - ▶ Healthcare plan beneficiary numbers
 - ▶ Certificate/license numbers
 - ▶ Vehicle identifiers (including license plates)
 - ▶ Driver's license numbers
 - ▶ Web URLs
 - ▶ Device identifiers/serial numbers
 - ▶ IP addresses
 - ▶ Full face photos
 - ▶ Biometric identifiers
 - ▶ Unique identifiers (numbers/codes)



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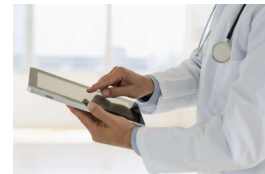


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Cybersecurity and Impacts on Healthcare

Most Common HIPAA Violations

- ▶ Failure to perform risk analysis to identify risks to CIA of PHI
- ▶ Failure to enter into a HIPAA-compliant business associate agreement
- ▶ Impermissible disclosures of PHI
- ▶ Not meeting the breach notification deadline
- ▶ Failure to safeguard PHI
- ▶ Snooping on health records
- ▶ Lack of risk management processes
- ▶ Failure to use encryption on portable devices
- ▶ Improper disposal of PHI
- ▶ Denying or exceeding timeframe to provide access to health records



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Cybersecurity and Impacts on Healthcare

Common Violations by Healthcare Employees

- ▶ Emailing ePHI to personal email
- ▶ Unattended paperwork / portable devices
- ▶ Releasing PHI to unauthorized individual
- ▶ Releasing PHI without authorization
- ▶ Releasing PHI to third party after authorization expiration
- ▶ Failure to perform risk analysis to identify risks to CIA of PHI
- ▶ Impermissible disclosures of PHI
- ▶ Downloading PHI to unauthorized devices
- ▶ Unauthorized access to PHI
- ▶ Failure to enter into a HIPAA-compliant business associate agreement







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Cybersecurity and Impacts on Healthcare

Best Practices

-  Data encryption
-  Phishing awareness
-  Audit logs
-  Proper network, software, and cloud-based solution configuration

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Resources

- ▶ <https://enterprise.verizon.com/resources/reports/dbir/>
- ▶ <https://www.ibm.com/security/data-breach>
- ▶ <https://www.hipaajournal.com/>
- ▶ <https://www.hhs.gov/hipaa/index.html>
- ▶ https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf
- ▶ <https://www.bdo.com/digital/whitepapers>

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QUESTIONS?

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