



# Healthcare and Cybersecurity

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# Introductions



## **Sarah Ackerman, CISSP, CISA, CICP** Managing Director, Cincinnati Office

- Responsible for overall engagement quality and oversight of projects
- Areas of expertise include information security; risk management; and IT governance, audit, and compliance
- Works with wide variety of clients and industries across Ohio and Kentucky
- In-depth knowledge of IT and security frameworks, regulations, and standards, including ISO, NIST, COBIT, GLBA, FDA, HIPAA, PCI

# Introductions



CLARK SCHAEFER HACKETT  
CPAS & ADVISORS



## **Melissa M. Meeker**

### Outsource Accounting Specialist

- Melissa Meeker has extensive experience with financial accounting software packages.
- She assists clients through consulting projects that enhance their ability to utilize the more complex functions of the software.
- Melissa specializes in accounting software implementation, training and troubleshooting.

# Agenda

- Regulatory versus security frameworks
- HIPAA, HITECH, Meaningful Use
- Case Studies
- Tools for Cybersecurity

# Regulatory vs. Security Frameworks

## Regulatory Frameworks

PCI



HIPAA



## Security Frameworks

ISO



NIST



# PCI DSS

## Payment Card Industry Data Security Standard

**What is it?** Standards for protecting payment systems from breaches and theft of cardholder data

**Who does it apply to?** Merchants, financial institutions, point-of-sale vendors

**Who enforces it?** Individual payment brands or acquiring banks

# HIPAA

## Health Insurance Portability and Accountability Act of 1996

**What is it?** Legislation that provides data privacy and security provisions for safeguarding medical information

**Who does it apply to?** Healthcare providers, health plans, and healthcare clearing houses

**Who enforces it?** Department of Human and Health Services Office of Civil Rights (OCR)

# ISO

## International Organization for Standardization

ISO began operations in 1947

Independent, non-governmental international organization with membership of 162 national standards bodies

Published 21,599 international standards and related documents for every industry



# NIST

National Institute of Standards and Technology

Founded in 1901, now part of Department of Commerce

Mission is to promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology

Standards and guidelines developed by NIST for computer systems are issued as Federal Information Processing Standards (FIPS)

# HIPAA

## ■ Security Rule

- Security Standards for the Protection of Electronic Protected Health Information establishes a national set of security standards for protecting important patient health information that is being housed or transferred in electronic form.

## ■ Privacy Rule

- The Standards for Privacy of Individually Identifiable Health Information establishes the first national standards to protect patients' personal health information (PHI).

## ■ Breach Notification Rule

- Requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information.

# HITECH

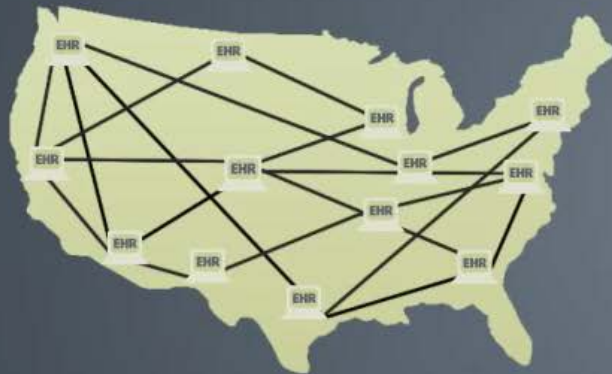
## Health Information Technology for Economic and Clinical Health

Enacted as part of the American Recovery  
and Reinvestment Act of 2009 (ARRA)

Signed into law on February 17, 2009, to  
promote the adoption and meaningful use of  
health information technology

# HITECH Objectives

1. Extends privacy and security protections of HIPAA
2. Increases penalties for violation
3. Offers financial incentives for use of Electronic Health Records (EHR)
4. Requires notification of a PHI breach



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**QUALITY OF CARE**

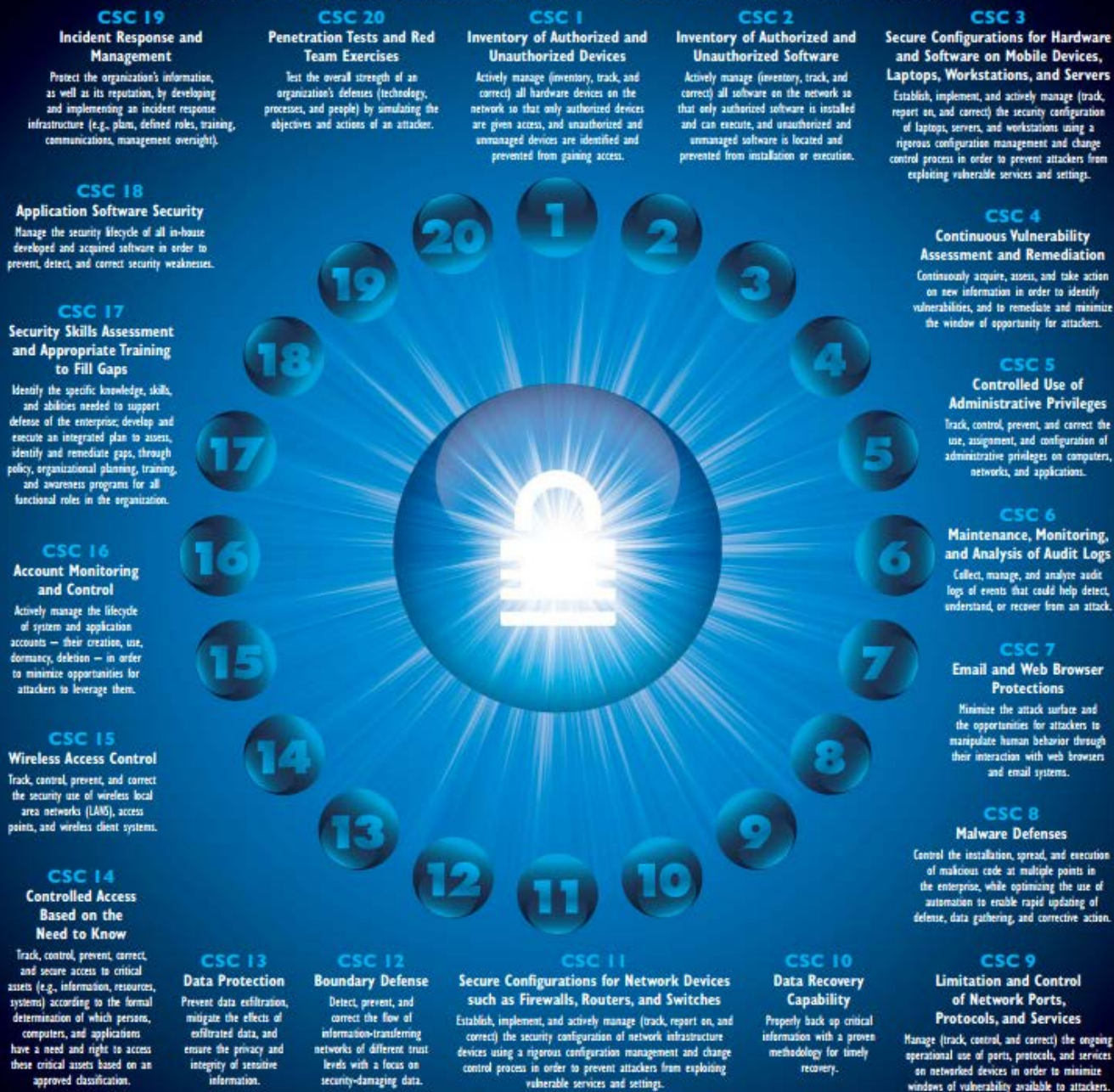


**PATIENT SAFETY**



**LOWER COSTS**

THE CENTER FOR INTERNET SECURITY (CIS)  
**CRITICAL SECURITY CONTROLS V6.0**



# Case Study 1 – Unencrypted Laptop

## Advocate Health Care Network, \$5.5 million

- Largest HIPAA settlement as of September 2016
- Result of three separate data breaches
- Affected total of 4 million individuals
- One incident involved an unencrypted laptop that was stolen from an employee vehicle
- Another incident involved the theft of four computers
- OCR noted that Advocate Health Care failed to conduct risk analysis of all of its facilities, information systems, applications, and equipment that handle ePHI
  - Risk management plan needs to include not only technical but also physical and administrative measures.



# Case Study 2 – Email Phishing

## The University of Washington Medicine

- In December 2015, The University of Washington Medicine was first investigated by the OCR
- Facility suffered a significant security breach
- Incident occurred after a staff member inadvertently opened an email that contained malicious software
- Over 90,000 digital patient health records were accessed and compromised
- Settlement of \$750,000

## Case Study 3 – Improper Configured Server

New York and Presbyterian Hospital (NYP) and Columbia University, \$4.8 million

- Fined after 6,800 patient records accidentally exposed publicly to search engines
- Caused by an improperly configured computer server that was personally owned by a physician
  - Server was connected to network with ePHI
- NYP lacked processes for assessing and monitoring all its systems, equipment, and applications connected with patient data
- NYP also didn't have appropriate policies and procedures for authorizing access to patient databases
- Both of these violations would have been easy to prevent through administrative processes



# Case Study 4 – Malware

Anchorage Community Mental Health Services (ACMHS),  
\$150,000

- Malware infection compromised the records of >2,700 individuals
- ACMHS did not review its systems for unpatched and unsupported software and did not regularly update its IT resources
- Underscores importance of running regular updates and patches
  - Simple yet often ignored practice that could have major implications

# Case Study 5 – Cloud Storage

St. Elizabeth's Medical Center, \$218,400

- Stemmed from two incidents, one of which was use of a cloud-based file-sharing application.
  - Specifically, did not evaluate risks of using cloud service, putting ePHI of nearly 500 people at risk
- The cloud provides scalable, cost-effective and flexible solution for storing and sharing patient data
- Conduct risk assessment prior to migrating to cloud environment
  - Risk assessment should also include a comprehensive analysis of the security capabilities of prospective vendors

# Other Common HIPAA Mistakes

1. Employee Dishonesty
2. Third Party Disclosure
3. Improper Disposal
  - Photocopier can cause HIPAA violation if patient information is saved on the hard drive
4. Unauthorized Release

# Cybersecurity Framework (CSF)

- Three parts:
  - Framework Core
  - Framework Implementation Tiers
  - Framework Profiles

## Framework Core:

### IDENTIFY

- Asset management
- Business Environment
- Governance
- Risk Assessment
- Risk Management Strategy

### PROTECT

- Access Control
- Awareness and training
- Data Security
- Information protection and procedures
- Maintenance
- Protective Technology

### DETECT

- Anomalies and events
- Security continuous monitoring
- Detection process

### RESPOND

- Response Planning
- Communications
- Analysis
- Mitigation
- Improvements

### RECOVER

- Recovery Planning
- Improvements
- Communications

# CSF: Tiers/Profiles

## ■ Tiers

- Tier 1: Partial
- Tier 2: Risk Informed
- Tier 3: Repeatable
- Tier 4: Adaptive

## ■ Profiles

- *Current* profile (“as is”)
- *Target* profile (“to be”)

# CSF: Benefits, Challenges

## ▪ **Benefits:**

- Voluntary
- Expose new risks
- Sharing, collaboration
- Layered approach

## ▪ **Challenges:**

- Not “set it and forget it”
- Requires “buy-in”
- Communicating risks
- Large, complex organizations
- Lack of quantifiable metrics

# 800-53: Security and Privacy Controls for Federal Information Systems and Organizations

- 18 security areas
  - Management/enterprise
  - Operational
  - Technical
  
- 8 privacy areas

# 800-53: Security – Technical

- AC: Access Control
- AU: Audit and Accountability
- CM: Configuration Management
- IA: Identification and Authentication
- SC: System and Communications Protection
- SI: System and Information Integrity



# 800-53: Security – Operational

- CA: Security Assessment and Authorization
- CP: Contingency Planning
- IR: Incident Response
- MA: System Maintenance
- MP: Media Protection
- PE: Physical and Environmental Protection

## 800-53: Security – Management/ Enterprise

- AT: Security Awareness and Training
- PL: Security Planning
- PM: Program Management
- PS: Personnel Security
- RA: Risk Assessment
- SA: System and Services Acquisition

# 800-53: Privacy

- AP: Authority and Purpose
- AR: Accountability, Audit, and Risk Management
- DI: Data Quality and Integrity
- DM: Data Minimization and Retention
- IP: Individual Participation and Redress
- SE: Security
- TR: Transparency
- UL: Use Limitation

# 800-53: Security and Privacy Controls for Federal Information Systems and Organizations

## ▪ **Benefits:**

- Comprehensive
- Supplemental guidance useful
- Baselines allow risk-based approach
- Supported by 53A, allowing for corresponding assessment
- Cross references throughout and to other NIST SPs

## ▪ **Challenges:**

- Comprehensive! (Complex)
- Focus on *Federal* systems
  - *Private entities? State/Local government?*
- Focus on *information* systems
  - *IoT devices, industrial control systems, weapons systems*

# 800-61: Computer Security Incident Handling Guide

- Organizing a Computer Security Incident Response Capability
  - Understanding Events and Incidents
  - Incident Response Policy, Plan, Procedures
  - Incident Response Team Structure
  
- Handling an Incident
  - Preparation
  - Detection and Analysis
  - Containment, Eradication, and Recovery
  - Post-Incident Activity

# 800-61: Computer Security Incident Handling Guide (cont.)

## ▪ **Benefits:**

- Easy to understand for detection, analyzing, prioritizing, handling incidents
- Provides checklists, scenarios, examples, recommendations

## ▪ **Challenges:**

- Less focus on establishing incident response program
- Doesn't provide specific template for Incident Response Policy or Plan

# 800-122: Guide to Protecting the Confidentiality of Personally Identifiable Information (PII)

- Confidentiality of PII
- Includes the following:
  - Introduction to PII
  - PII Confidentiality Impact Levels
  - PII Confidentiality Safeguards
  - Incident Response for Breaches Involving PII
  - Scenarios for PII Identification and Handling

# 800-122: Guide to Protecting the Confidentiality of PII (cont.)

## ▪ **Benefits:**

- Categorizing PII by the confidentiality impact level
- Other terms and definitions used to describe personal information

## ▪ **Challenges:**

- Identifying all PII residing in environment
- Organizations subject to a different combination of laws, regulations, and other mandates



# 1800 Series: Cybersecurity Practice Guides

<b>SP 1800-7</b> (Draft)	February 2017	<b>Situational Awareness for Electric Utilities</b> <a href="#"><u>Announcement and Draft Publication</u></a>
<b>SP 1800-6</b> (Draft)	November 2016	<b>Domain Name Systems-Based Electronic Mail Security</b> <a href="#"><u>Announcement and Draft Publication</u></a>
<b>SP 1800-5</b> (Draft)	October 2015	<b>IT Asset Management: Financial Services</b> <a href="#"><u>Announcement and Draft Publication</u></a>
<b>SP 1800-4</b> (Draft)	November 2015	<b>Mobile Device Security: Cloud and Hybrid Builds</b> <a href="#"><u>Announcement and Draft Publication</u></a>
<b>SP 1800-3</b> (Draft)	September 2015	<b>Attribute Based Access Control</b> <a href="#"><u>Announcement and Draft Publication</u></a>
<b>SP 1800-2</b> (Draft)	August 2015	<b>Identity and Access Management for Electric Utilities</b> <a href="#"><u>Announcement and Draft Publication</u></a>
<b>SP 1800-1</b> (Draft)	July 2015	<b>Securing Electronic Health Records on Mobile Devices</b> <a href="#"><u>Announcement and Draft Publication</u></a>

# Questions?

If you wish to discuss any aspect of this presentation in more detail, please feel free to contact us:



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