



Cybersecurity: Are Your Secrets Safe?

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Objectives



Highlight HIPAA Security Rule requirements and industry data outlining the risks you face from cyber criminals

Define the five key steps to an effective cybersecurity program including an effective security risk analysis



Outline a response plan for a security incident

Why is everyone talking about cybersecurity...

Data Breaches

2x

the level of 2018

Healthcare Data Breaches

3x

the level of 2018

Cyber Attacks

79%

of healthcare data breaches
first 10 months of 2020

Cyber Attacks

45%

increase November/December 2020

Ransomware

\$20.8B

downtime 2020

Healthcare Data Breaches

70%

breaches of 500 or more records reported
to HHS were hacking/IT incidents

Outpatient Facilities
& Specialty Clinics

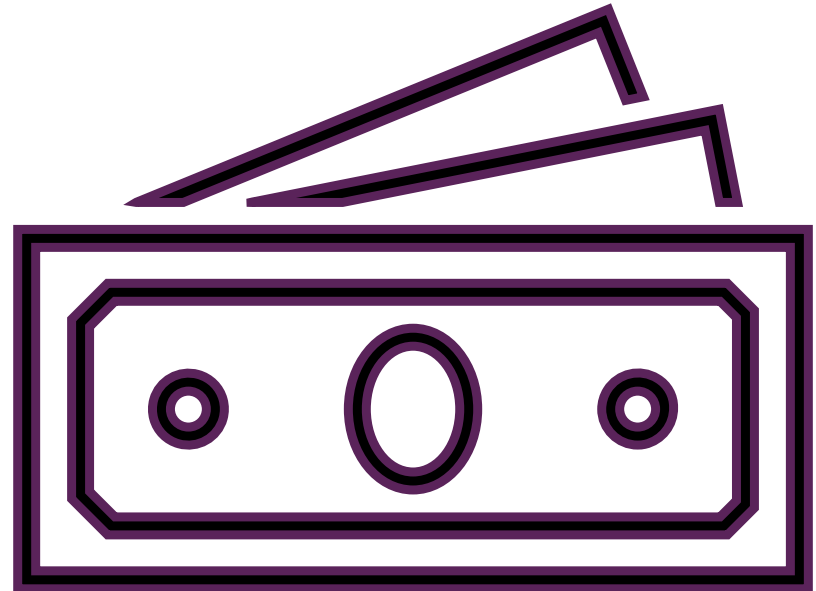


Surpassed hospital systems in attacks the first half of 2021



Settlements & Civil Monetary Penalties (CMP)

\$135, 328, 482



The lack of an accurate and thorough SRA has consistently been sighted in investigations conducted by the OCR and resulting in settlements or CMPs.

It's about more than just money...



69%

Delays in
procedures &
tests



63%

Patients
diverted or
transferred to
other
facilities



37%

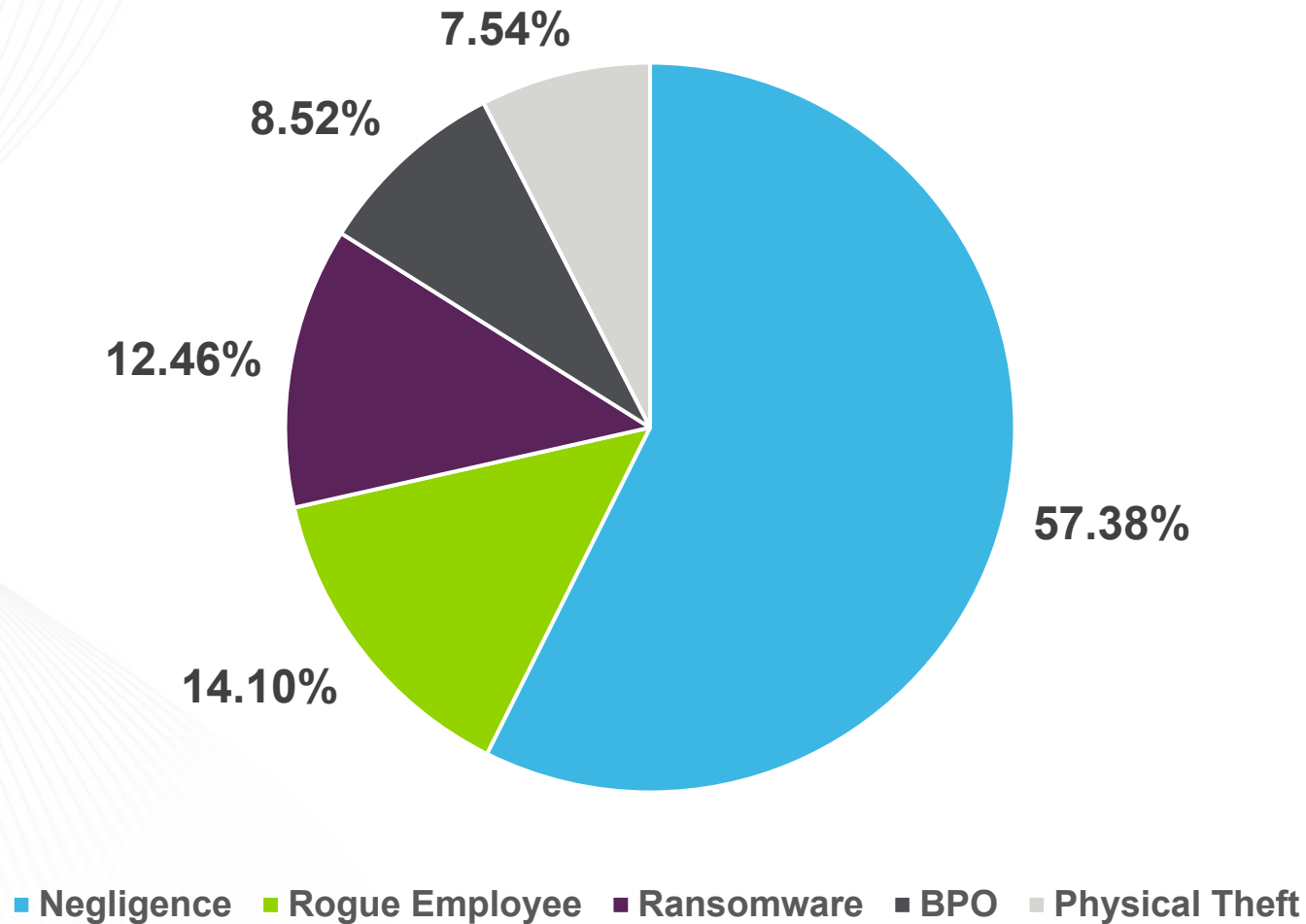
Increase in
medical
complications



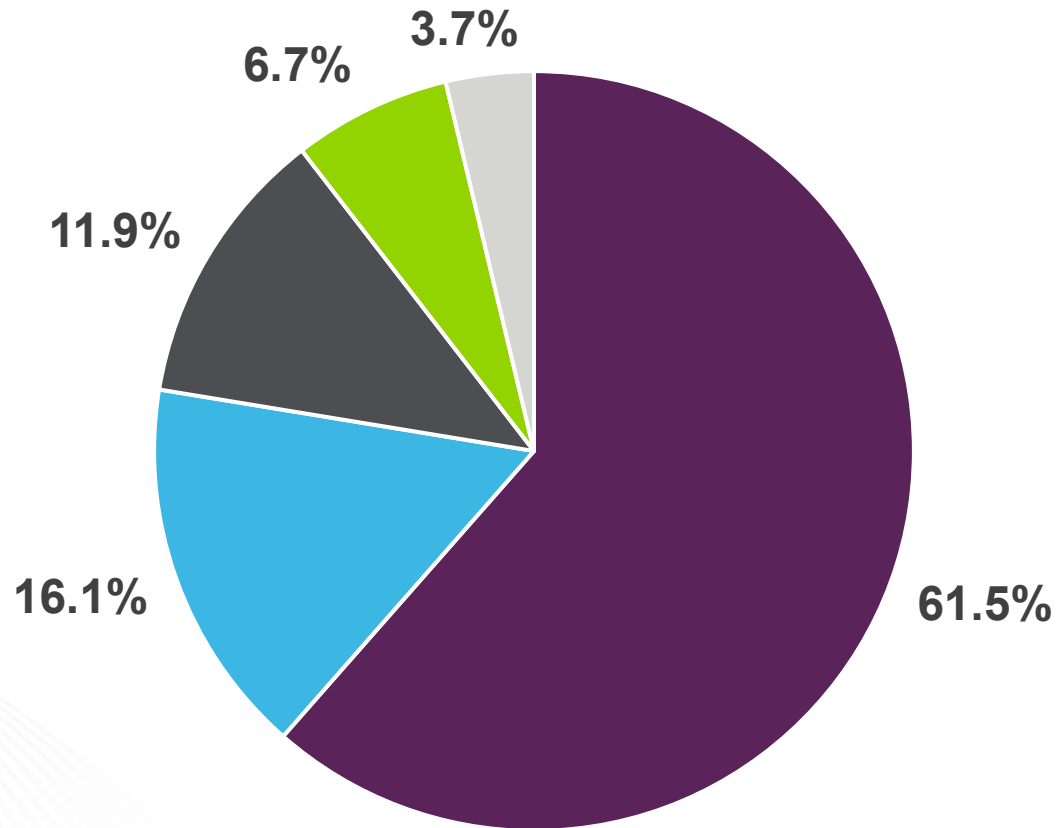
23%

Increase in
mortality rate

SVMIC Claims by Type



SVMIC Claims Incurred by Cost



■ Ransomware ■ Negligence ■ BPO ■ Rogue Employee ■ Physical Theft

2015 - 2019 Contract Years

Common Pitfalls

Lack of proper Security Risk Analysis (SRA)

- Failure to assess potential threats
- Failure to properly address recognized threats

System vulnerabilities

- Outdated software
- Inadequate backups

Lack of staff education

- Incident reporting & response
- Security awareness, phishing

So, what's a practice to do...



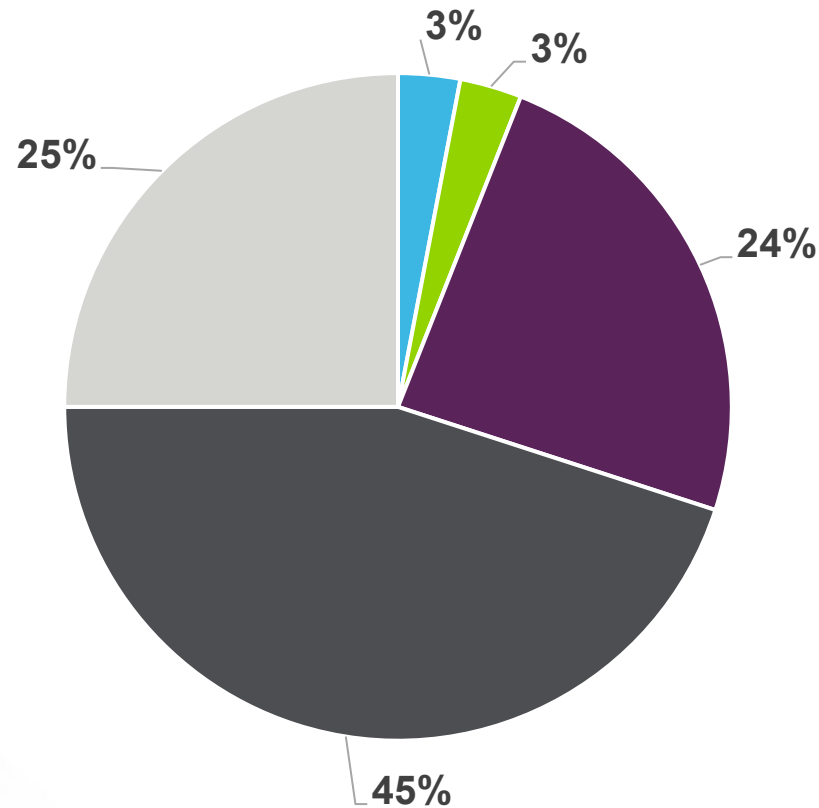
5 Step Practice Action Plan



Cybersecurity Protection Begins with SRA

OCR Audit Results

Risk Management, Covered Entities



■ In Compliance

■ Substantially Meets Criteria

■ Minimally Addresses Requirements

■ Negligible Efforts to Comply

■ No Serious Attempt to Comply

OCR Audit Results – Security Risk Analysis

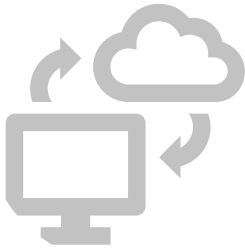
Entities generally failed to:

Identify	Develop	Conduct	Consider	Review
Identify and assess the risks to all ePHI in their possession	Develop and implement policies and procedures for conducting a risk analysis	Conduct risk analyses consistent with policies and procedures	Identify threats and vulnerabilities, to consider their potential likelihoods and impacts, and to rate the risk to ePHI	Review and periodically update a risk analysis in response to changes in the environment and/or operations, security incidents, or occurrence of a significant event

Security Risk Analysis



An assessment of the potential risks and vulnerabilities to the confidentiality, integrity and availability of ALL electronic PHI created, received, maintained or transmitted



Scalable, but must be enterprise-wide



No required methodology, but guidance is provided

SRA Misconceptions



It's a checklist.



It's a one and done.

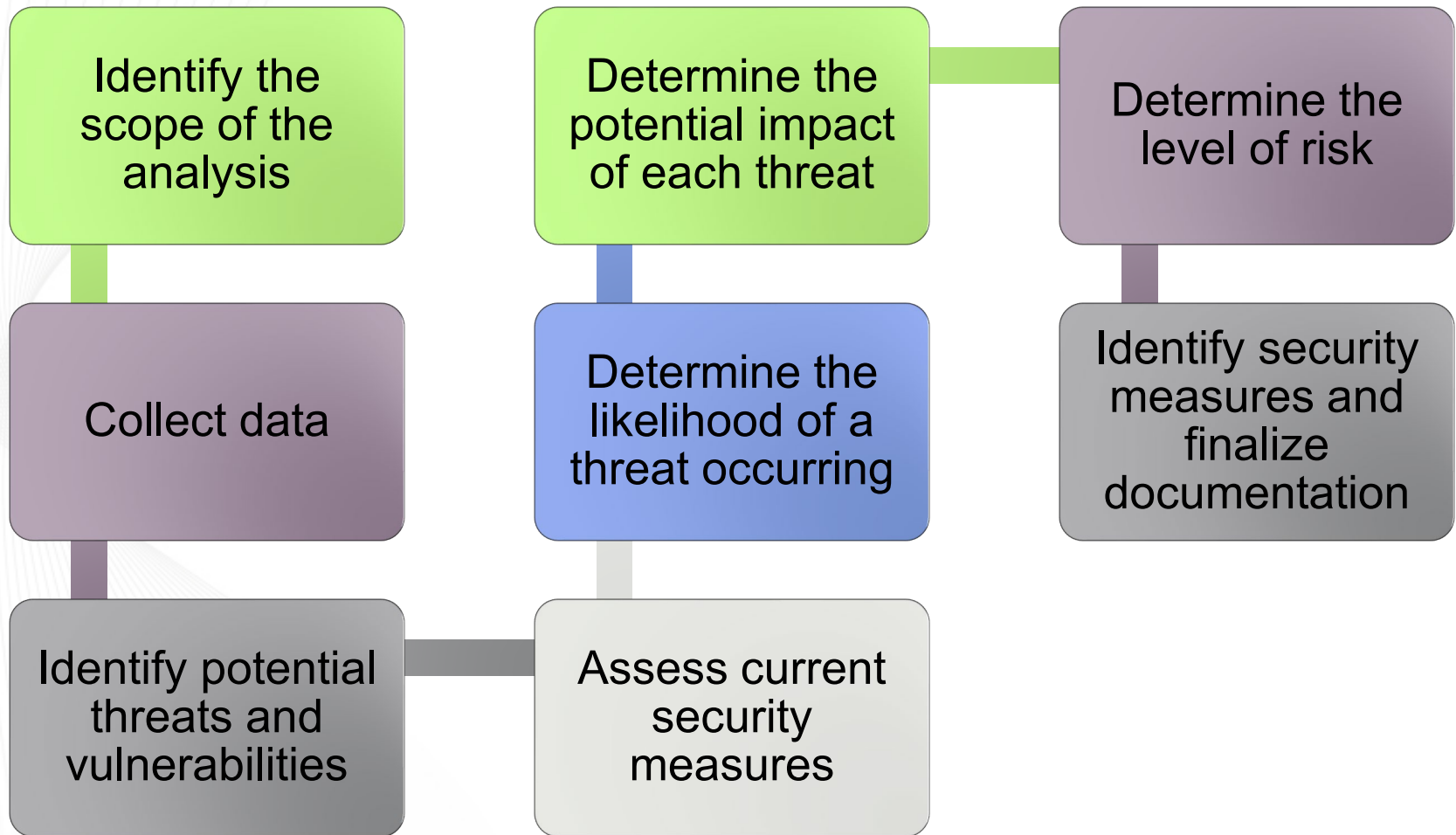


My EHR vendor does this for me.



If I don't participate in MIPS, I don't have to do it.

Steps of a Security Risk Analysis



Scope

ALL electronic PHI
created, received,
maintained, or
transmitted

Must be
documented as a
part of the SRA

Will vary based on
size/complexity of
organization

May require review
of multiple locations
and processes for
use and disclosure

Collect Data



Interview

Conduct interviews of all workforce members



Identify

Conduct on-site reviews to identify ePHI



Review

Review past and existing projects that involved ePHI



Develop

Develop an inventory of all hardware, software, portable media, and other devices that are used to create, receive, maintain or transmit ePHI

Commonly Overlooked ePHI



VoIP telephone
systems



Email
applications



Medical
equipment



Digital faxing
services



Cloud storage



Personal
devices

Common Threats



Hacking

System errors



Misuse

Theft



Power loss

Malware



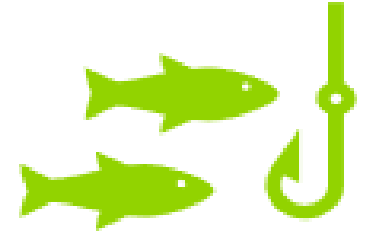
**Social
engineering**

Natural events



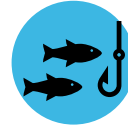
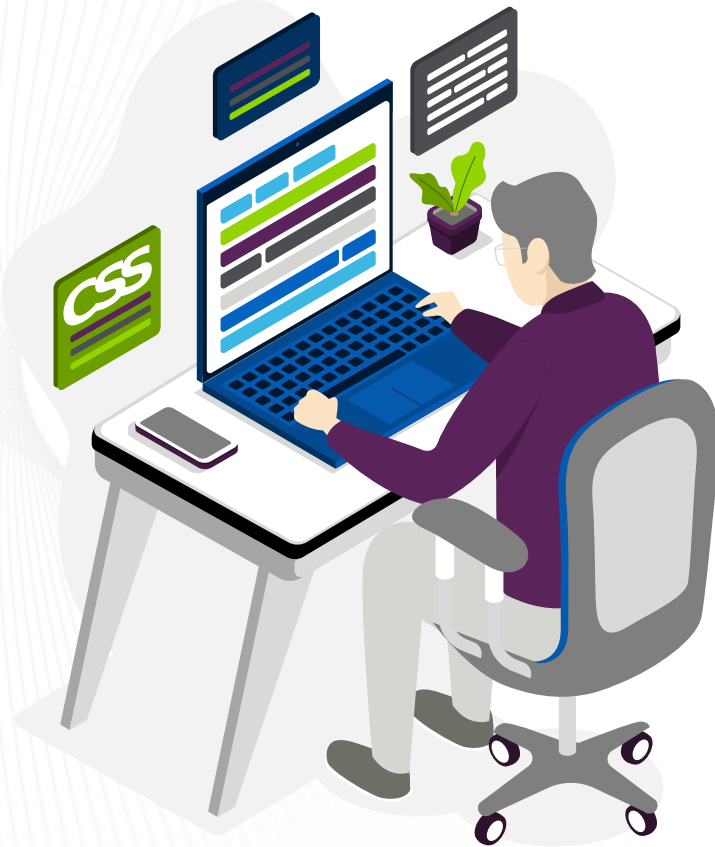
Threats to the Healthcare Industry

- Email phishing
- Ransomware
- Loss or theft of equipment or data
- Insider, accidental or intentional data loss
- Attacks against connected medical devices



[Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients](#)

Vulnerabilities



Phishing

- Staff awareness training
- IT resources & software to scan for malicious content & emails
- Sender domain & validation tools



Ransomware

- System backups & testing
- Malware detection & remediations tools
- Unpatched software



Devices

- Asset inventory & control
- Physical security
- Encryption

Assess Current Security Measures



Technical

- Access controls
- Automatic logoff
- Encryption



Non-technical

- Policies and procedures
- Standards and guidelines
- Physical security measures



Identify security measures
required by the Security Rule

Security Standards

Administrative safeguards

- Office policies and procedures, staff training and other measures to carry out security requirements

Physical safeguards

- Limiting access to physical areas where electronic information is stored

Technical safeguards

- Authentication, transmission and other issues that arise when authorized personnel access PHI via computer or other electronic device

Determine Threat Likelihood & Impact



Threat level

- Low - unlikely or rarely ever to occur
- Medium - could potentially occur
- High - most likely occur

Impact to confidentiality, availability and/or integrity of ePHI:

- Unauthorized access or disclosure
- Permanent loss or corruption
- Temporary loss or unavailability
- Loss of physical assets

Determine Level of Risk

Risk Levels			
Impact Severity	Likelihood of Occurrence		
	Low	Medium	High
Low	Low	Low	Low
Medium	Low	Medium	Medium
High	Low	Medium	High

Identify Security Measures & Finalize Documentation



Identify actions that can reduce risk to a reasonable and appropriate level



Important considerations

Required regulatory security measures
Effectiveness of security measure
Existing policies and procedures



All steps must be documented and retained for six years

Risk Management Plan

Develop and implement a risk management plan

- Evaluate and prioritize actions identified in risk analysis
- Implementation will vary by organization
- Cost can be considered, but cannot be the only factor

Documentation

- Required resources
- Assigned responsibilities
- Start and completion dates

Implement Security Measures



Begin implementation



Document scope, timeline and budget

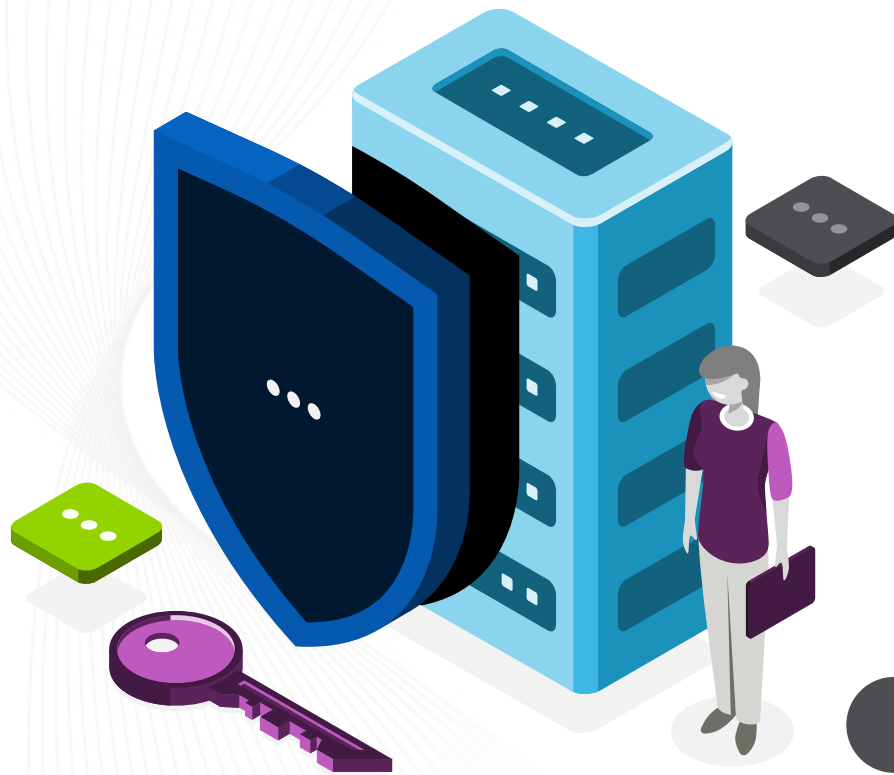


Consider internal and external resources/vendors



Covered entity is ultimately responsible, even if task is outsourced

Security Measures



 **Two-factor authentication**

 **Offline backups**

 **Next generation anti-virus**

 **Spam filtering**

 **Phish training**

Ongoing Process

Security measures must be reviewed & modified as needed



No timeline specified by the Security Rule, BUT...



- New technology
- Operational changes
- Personnel changes
- Existing security measures become obsolete

Review & update in response to environmental changes



MIPS & other programs may require annual assessment



Staff Education & Training

HIPAA & privacy

Policies

Phishing emails

Breach reporting & response

Limit access

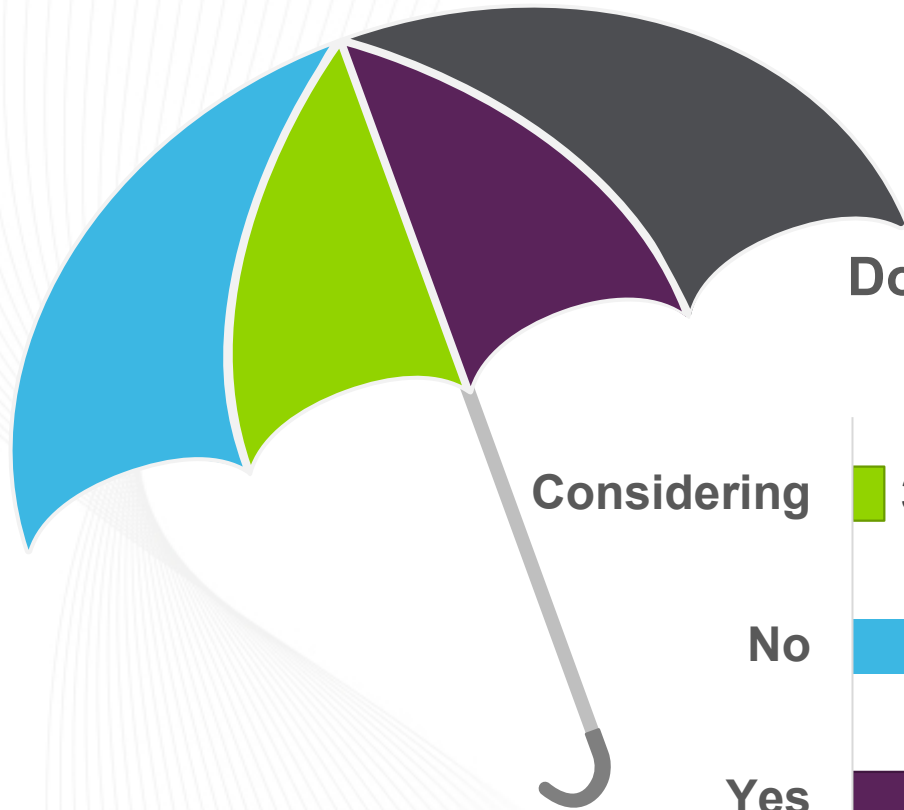


Incident Response Plan

-  **Keep it simple**
-  **Define a security incident**
-  **Identify who is to be notified**
-  **Assemble an incident response team**
-  **Identify external resources**
-  **Determine documentation & reporting requirements**



Are You Protected



Does your organization have a cyberinsurance policy?

Considering

3%

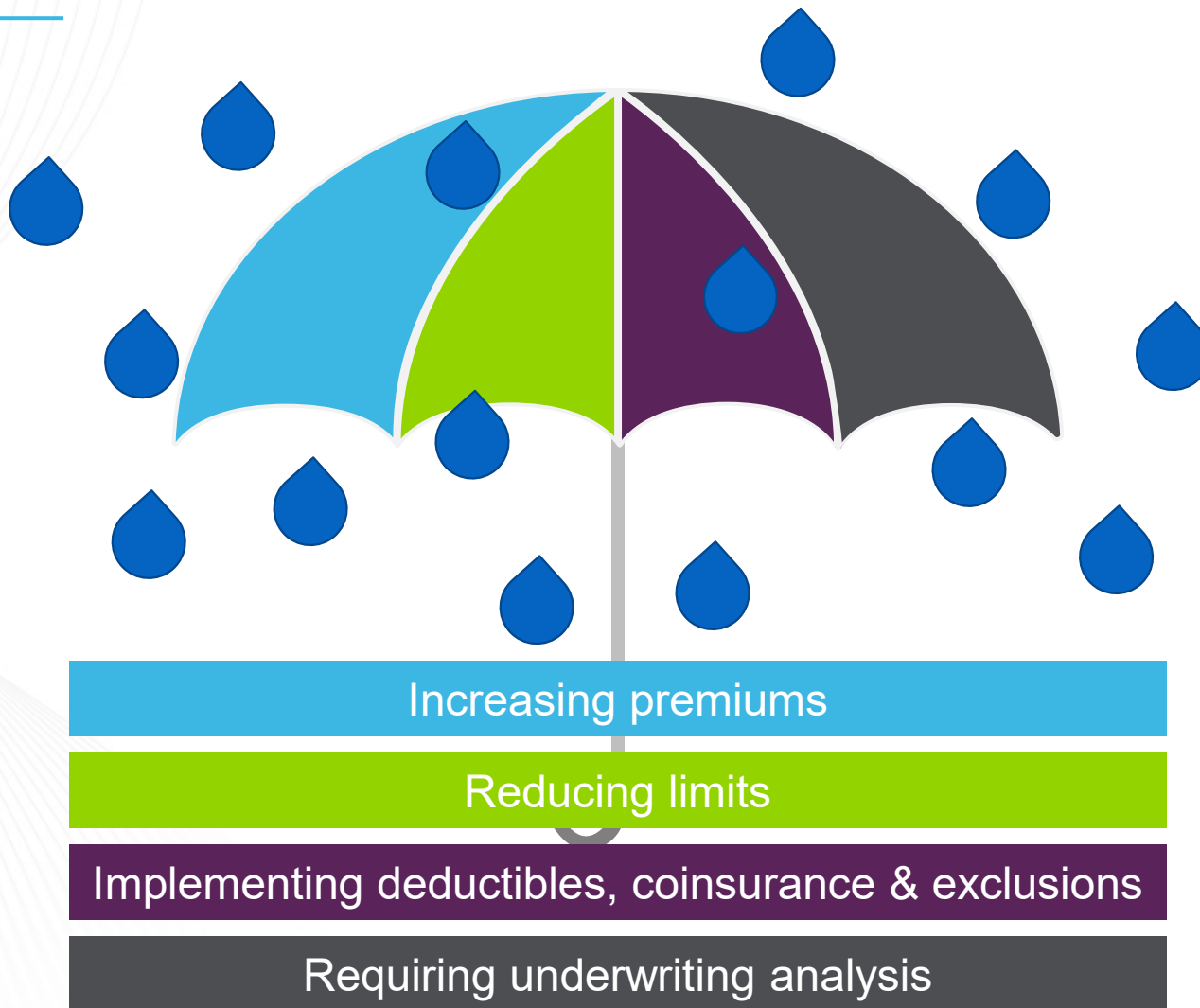
No

15%

Yes

82%

Insurance Is A Tool, NOT the Answer



Cyber Incident Coverage



Know your policy

- Too good to be true pricing may have exclusions



Ensure adequate limits

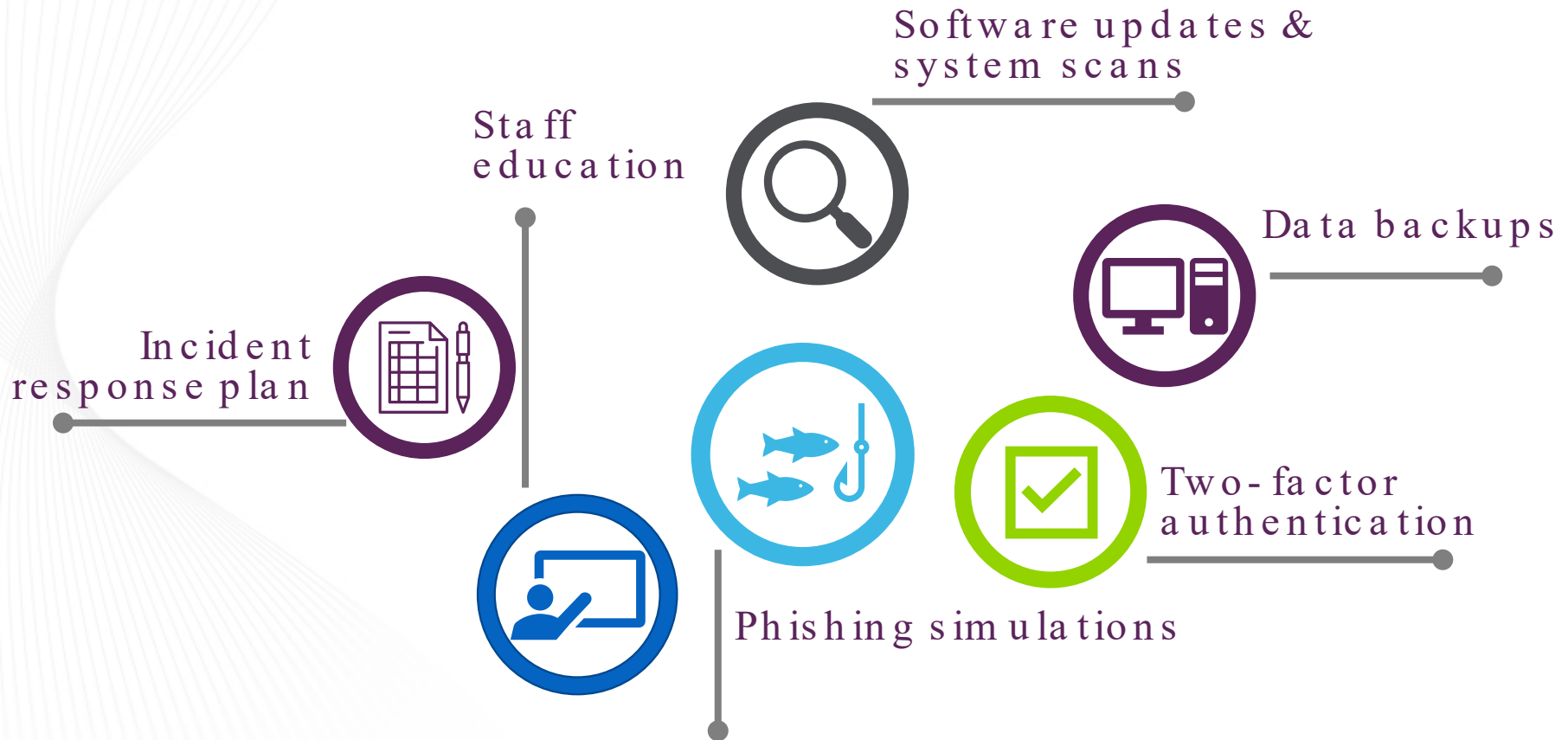
- If you are not undergoing an underwriting process, you probably do not have enough



Take advantage of education & resources

- There should be free online education, system scans, resources, checklists, etc. available

Practice Plan Key Elements



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Additional Resources



HHS Security Rule
Guidance Materials



HealthIT.gov Security
Risk Assessment Tool



HealthIT.gov Security
Risk Assessment
Videos

<https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html>

<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-videos>

HHS Office of Civil Rights Hacking & Ransomware Resources

HHS Resources on Section 405(d) of the Cybersecurity Act of 2015:

- Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients <https://www.phe.gov/Preparedness/planning/405d/Pages/hic-practices.aspx>
- Cybersecurity Reports and Tools <https://www.phe.gov/Preparedness/planning/405d/Pages/reportandtools.aspx>

OCR Guidance:

- Ransomware <https://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf>
- Cybersecurity <https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html>
- Risk Analysis <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/rafinalguidancepdf.pdf>

HHS Security Risk Assessment Tool:

- <https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

CISA Protecting Sensitive and Personal Information from Ransomware-Caused Data Breaches:

- <https://www.cisa.gov/stopransomware>
- https://www.cisa.gov/sites/default/files/publications/CISA_Fact_Sheet-Protecting_Sensitive_and_Personal_Information_from_Ransomware-Caused_Data_Breaches-508C.pdf

CISA Ransomware Guide:

- https://www.cisa.gov/sites/default/files/publications/CISA_MS-ISAC_Ransomware%20Guide_S508C_.pdf

FBI Ransomware Resources:

- <https://www.fbi.gov/scams-and-safety/common-scams-and-crimes/ransomware>
- <https://www.ic3.gov/Media/Y2019/PSA191002>