# Protecting Health Data Some Practical Suggestions

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# Agenda

- Background and justification
- Guidance from responsible organizations
- How to use the guidance
- Summary

# Target Audience

• Product developers, operations team

Many thanks to member of HL7 Mobile Healthcare subcommittee for providing the motivation. If you are interested in joining in, see the wiki: <a href="http://wiki.hl7.org/index.php?title=Mobile\_Health">http://wiki.hl7.org/index.php?title=Mobile\_Health</a>

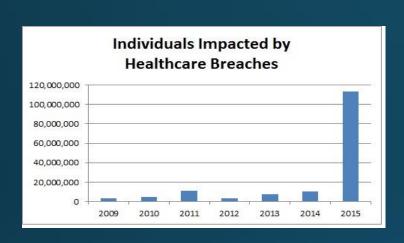
# Why is this topic important

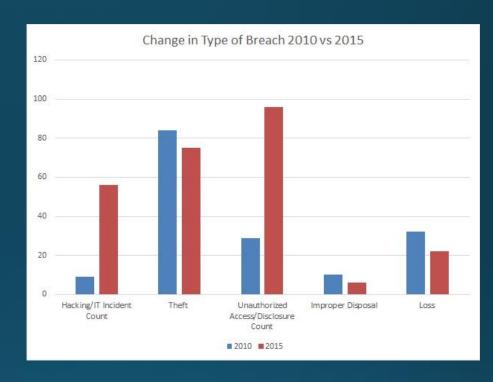
- Moral and ethical obligation to safeguard the information entrusted to our applications
- Fiduciary obligation when breaches occur
  - Cost of breach reported at ~\$363 per record (across all institutions) \*
- 89 Percent of Organizations Experienced Data Breaches (healthcare institutions)\*\*
- The "value" of stolen PHI vs credit card identity is 10X (see Reuters : http://www.reuters.com/article/us-cybersecurity-hospitals-idUSKCNoHJ21l20140924

\*\*ibid, Sixth Annual Benchmark Study on Privacy & Security of Healthcare Data, May 2016

<sup>\*</sup>Ponemon Institute annual <u>Cost of Data Breach Study: Global Analysis</u>, sponsored by IBM. See <a href="http://www.ponemon.org">http://www.ponemon.org</a>

### Quick look at recent breach trends





#### Gartner Group references:

- Notice the changes in types of breaches increase in hacking theft and criminal actions
  - See: http://blogs.gartner.com/jack-santos/2016/01/07/2015-healthcare-breach-trends-the-wild-west-of-healthcare-data

#### Run your own report at the HHS Breach Portal:

• <a href="https://ocrportal.hhs.gov/ocr/breach/breach\_report.jsf">https://ocrportal.hhs.gov/ocr/breach/breach\_report.jsf</a>

### How to "protect"

- Implement security in products we develop
- Judicious management of sites and services
- Diligence in execution
- Encryption
- Site security
- Application safeguards
- Organizational processes

### Guidance

There is ample guidance in the public literature. Some sources follow:

#### Authoritative guidance

- ONC
- HHS
- HIPAA
- NIST
- FIPS
- FTC

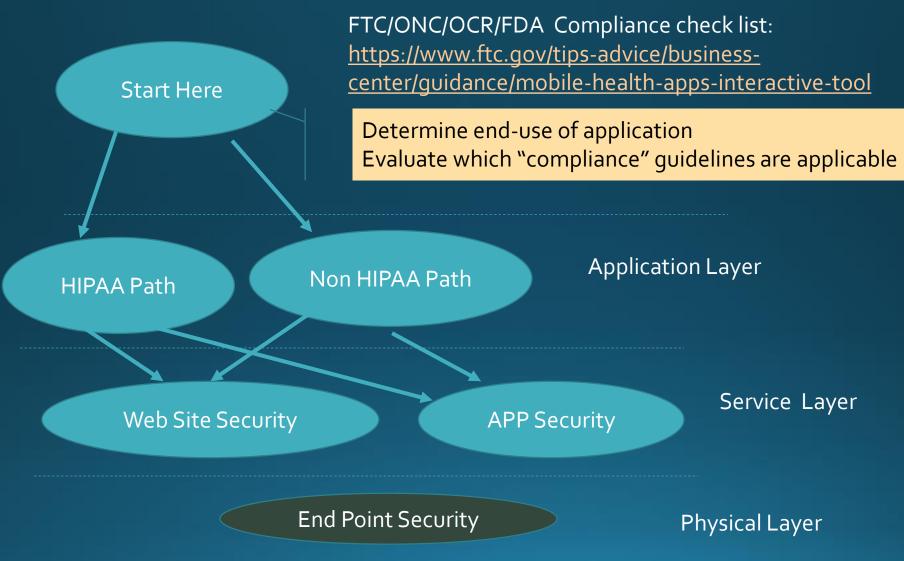
#### Internet Guidance

OWASP (Top 10) "Open Web Application Security Project"

#### Suppliers guidance

- Cloud suppliers
- EHR vendors
- Device suppliers

### Practical Process



### Authoritative Guidelines

- At Rest Guidance- HHS: NIST Special Publication 800-111, Guide to Storage Encryption Technologies for End User Devices.
- Data In motion guidance FIPS 140-2 validated.
  - HHS: NIST Special Publications 800-52, <u>Guidelines for the Selection and Use of Transport Layer Security (TLS)</u>
     <u>Implementations</u>; 800-77, <u>Guide to IPsec VPNs</u>; or 800-113, <u>Guide to SSL VPNs</u>
- Data purge: NIST Special Publication 800-88, <u>Guidelines</u> for Media Sanitization
- Architectural: NIST: Framework for Improving Critical Infrastructure Cybersecurity, Version 1.0, February 12, 2014

### Vendor HIPAA Guidelines

#### Amazon

- Ref: Architecting for HIPAA Security and Compliance on Amazon Web Services, Amazon Web Service, 2015
- Amazon Web Services: Overview of Security Processes, Amazon Web Services, 2015

#### Microsoft

 Microsoft Azure HIPAA/HITECH Act Implementation Guidance

#### Google

HIPAA Compliance & Data Protection with Google Apps

### How to use guidance documents

Role	Usage
Architect	Understand guidance
Designer	Decide on approach
Implementer	Consider whether each approach introduces a vulnerability
Operations	Review vulnerabilities and exploits such as found in OWASP and other sources

### Then conduct your own Risk Assessment here:

www.HealthIT.gov/security-risk-assessment

### Snapshots\* from Practice

#### **Attacks**

- Institutions are witnessing "phone calls from IT" requesting password, etc.
- The most vulnerable point in a system is the human, or "soft target"
  - Subject to Phishing emails
  - Phone calls
- Advance Persistent Threat (APT) used to be only in government networks, now the criminal and organized threats attacking healthcare institutions

#### Safeguards

- Assume there will be a breach and prepare for it (not if but when)
- Never assume anything inside the corporate firewall is safe

\*Informal survey. Your results may vary and 'values' change frequently.

## Further Snapshots from Practice

#### Countermeasures

- NIST recommends AES, not DES and 128 bit key. For RSA 2048 bit key
  - In practice, AES 256 used instead of AES 128
- Internal training applies to all employees not just IT
  - Guard against device loss and unattended devices
  - Increase awareness of sensitivity of data being handled

#### Operational Measures

- OWASP 'top 10 ' is updated on an annual basis schedule a periodic reassessment
- Planting of "honey pots" to attract malicious attackers
- Network Segmentation
  - SDN is a technology to enforce this approach

# Process Suggestions for Product Users

Ask yourself: "how can our customers use the features/tools/and visibilities in our products to satisfy their security requirements?"

To increase organizational sensitivity to security issues, integrate security concerns into the organizational structure and processes

- Perform Risk Assessment
- Document and inventory PHI
- Develop PHI Security Strategy
- Educate and train employees
- Implement processes, technologies and policies
- Establish an incident response plan and team

By Michelle McNickle, reporting on ID Experts opinions in HealthCare IT News, Sept 30, 2011

### Summary

- Many cases a matter of diligence, persistence and methodology
- Raise the level of sensitivity to security issues
- Integrate security planning into product development process along with other system engineering activities
- Address security in multiple layers
- Prepare the organization for a possible breach
  - Establish an incident response team
- Air Force motto: "readiness is our business" can be applied to health informatics systems