

Health Care Symposium 2018

**Protecting Health Care Data** 





## Health Care Data – How do we protect it?



Let's go home now



## Health Care Data – What is important?

■ The text book answer: "CIA"

## **CONFIDENTIALITY**

Only those who should see it, can see it





### Health Care Data – What is important?

## **Integrity**

 What you see, is what was entered (and should have been entered)

Integrity is NOT fidelity! (But it is a factor)

Integrity = Valid Data that has fidelity.





## Health Care Data – What is important?

# **Availability**

At the appropriate time, at the appropriate place the appropriate people can get to the data





### Health Care Data – Competing Factors

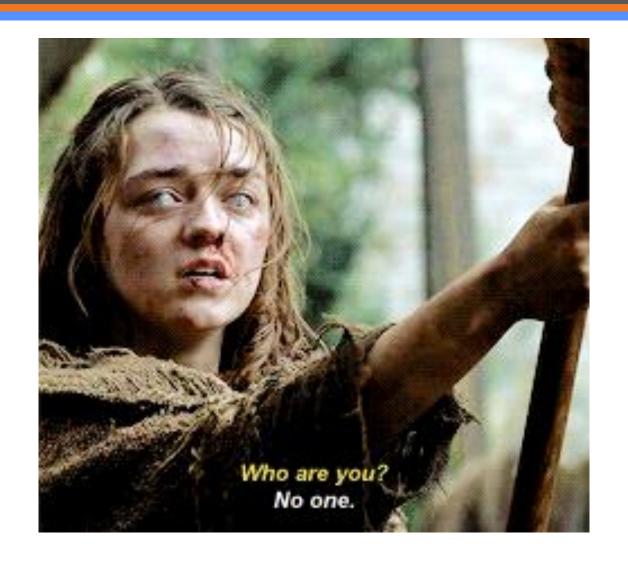
- Share with Everyone. But only the Right Everyone
  - Not the Evil Everyone

- When shared with Everyone, Only the Right Everyone can make changes.
  - Which is NOT the same group as the "Sharing Everyones"
  - And only certain Everyones can change certain things

- Share with the Right Everyones very quickly.
  - But ensure fidelity as well as speed.



## Health Care Data – Everyone





## Health Care Data – Encryption

First reaction – Encrypt everything!







Hint – ability to encrypt data is NOT the problem



### Health Care Data – So What Are The Problems?

- No standard "health record"
  - This is hard!
- No incentive for Vendors to make a standard record.
  - Why make it easy to migrate vendors?
- Medical Equipment Security
  - What is this?
- Hospitals are in "Healthy People" business. Not "Security" business
  - Nor should they be in "Security" business!
- Dichotomy of sharing quickly, to only right people, no matter what.
  - Current \*decrypt\* standards not up to task.
  - Health data is bulky and hard to move around.



- No standard "health record"
  - Standard Health Care Record Collaborative is definitely helpful.

- No incentive for Vendors to make a standard record.
  - Large hospital groups need to push the major EHR vendors
    - Epic
    - MedTech
    - Cerner



- Medical Device Security
  - Current state? Abysmal
- Vendors are not incentivized to produce secure devices.
  - BUT WAIT! THERE IS MORE! For a nominal fee....

Secure implementation mandates and guidelines.





- Hospitals are not Security Businesses
  - And how do you move that data anyway?



- We can encrypt quickly and maintain data integrity (valid and fidelity)
- Great when we have high-bandwidth links. But rural healthcare does not have it
- No standard record means no portable record
- Current methods of authentication (decrypt on demand) are insufficient for health care needs





- New Security Model Data Keepers and Central Authenticator.
  - Stores record in Standard Format accessible by all EHRs
  - Data Keeper just keeps data
  - Central Authenticator only passes Authentication
    - Multi-factor
    - Authorized bypass IF from an ER by two authentication requests.
  - Vendors would have to develop new process and new technology
    - Data Storage and transmission
    - Data ingesting
    - New forms of multi-factor needed
    - Authentication profiles to enable rapid data delivery to ERs