

Medical Device Security Effects of HIPAA, ARRA- and FDA- related security issues (Living in a High Tech - HITECH World)

Elliot B. Sloane, PhD, CCE, FHIMSS

Drexel University Health Systems Engineering Director

Founder, Center for Healthcare Information Research and Policy

Co-Chair, IHE International

Board of Directors, Delaware Valley HIMSS

Board of Directors, ANSI Healthcare Technology Standards Panel

Sponsor, IEEE 11073 Medical Informatics Standards

Past Chair, HIMSS Security and Privacy Steering Committee



Elliot Sloane's Bio Brief

- 35+ years in the medical technology and IT/HIT fields, as a technology/engineering expert and consumer/safety advocate
 - Biomedical and Clinical Engineering core
 - Information Systems and Sciences doctorate
- 25 years as a CIO, COO, CTO, CRO in the medical technology industry (ECRI Institute & MEDIQ, Inc)
- 10+ years in business schools, MIS, CS, and, finally, ***Health Systems Engineering*** at Drexel University
 - Founder and board member/chair with multiple non-profits
 - Consultant to US gov't and World Health Organization
 - Specializations: medical devices, privacy, security, patient safety (and related technical standards and policies)

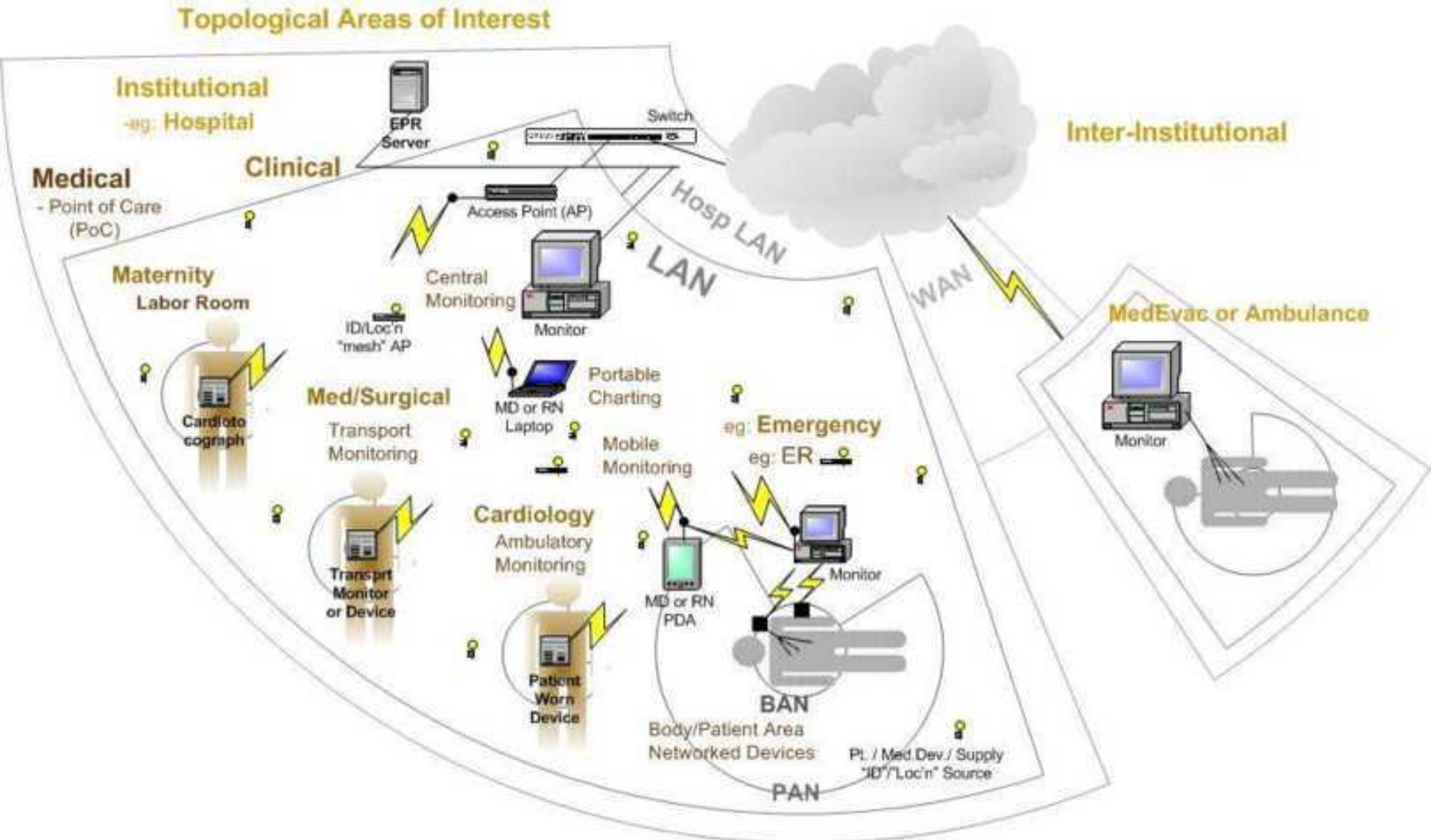
Medical Device Security in the HIPAA/HITECH ARRA Era!

- The High Tech world
- The HITECH world
- CIAS – the “extended security” world of medical devices
- Conclusion

Topics

- The High Tech world
 - Data wants to be free!
 - One example: the diffusion of mobile medical devices into the home, directly connected to electronic health records for physician/nurse oversight
 - PLUS, the US has mandated the sharing of electronic health records for clinical and personal use
- The HITECH world
- CIAS – the “extended security” world of medical devices
- Conclusion

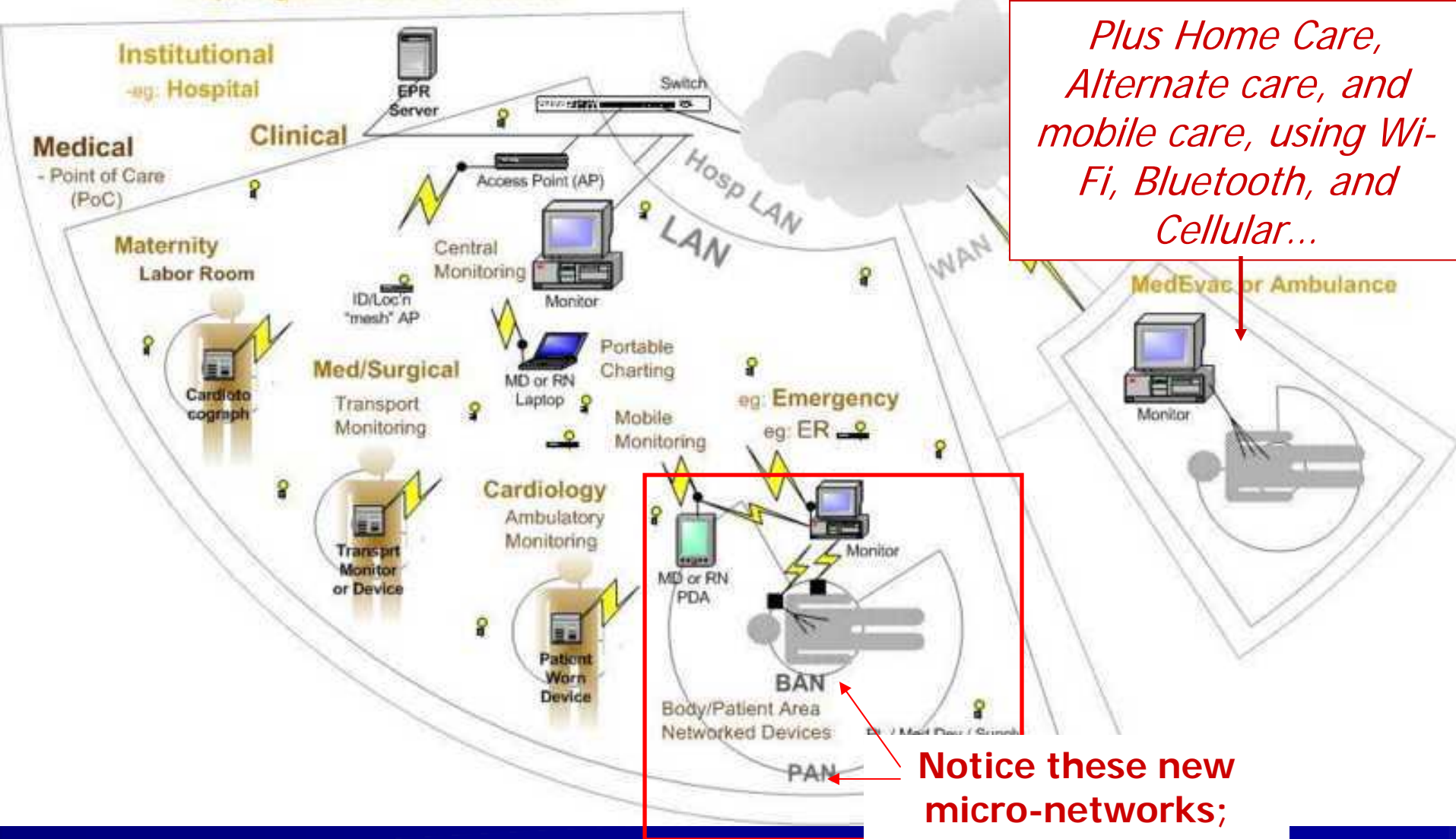
"High Tech" healthcare wired/wireless environment



Courtesy Jan Wittenber, Philips/IEEE 11073

"High Tech" healthcare wired/wireless environment

Topological Areas of Interest



*Plus Home Care,
Alternate care, and
mobile care, using Wi-
Fi, Bluetooth, and
Cellular...*

**Notice these new
micro-networks;
headed to the
nano/cellular level!**

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A brief US historical sharable EHR legislation context

- Interoperable electronic health records evolved out of a two-decade journey:
 - Hillary Clinton and Senator Harris Wofford helped broker “HIPAA 1.0,” the core of which was “administrative simplification” for “Portability” of insurance by employees when they joined a new employer’s plan (mid-90’s)
 - The arrival of Electronic Data Interchange (EDI) to healthcare, with national standardized billing coding
 - Allowed insurance portability from employer to employer
 - The Security/Privacy aspects that the public, hospitals, pharmacies, and physician practices call “HIPAA,” though, were simultaneously instituted to protect consumers’ health data privacy once this insurance and employer portability was mandated and a universal EDI was in place

G.W. Bush Administration launched “this century’s” new EHR climate!

- 2004 Bush Presidential Executive Order mandates:
 - Personal health record for EVERY US citizen by 2014
 - New Office of the National Coordinator of Health IT (**generally called ONC**) within the Department of Health and Human Services
 - National “HIT Strategic Plan” by 2005 to develop necessary HIT standards, architecture
- 2006 Bush Presidential Executive Order
 - ALL federal health IT purchases **MUST** use federally-approved HIT standards exclusively if/when such standards exist!

Not coincidentally, since 2004 (i.e., under the first and second ONC leadership teams)

- Medical devices for remote patient monitoring and for generalized, all-patients, all-settings, all-acuties were AHIC and HITSP priorities for 2007 and 2009
- Two HITSP documents were created and distributed: “Remote Monitoring-IS77” and “Common Device Connectivity – TN905”

From www.HITSP.org:

■ **IS77 - Remote Monitoring**

The Remote Monitoring Interoperability Specification addresses information exchange requirements for the transfer of remote monitoring information from a device physically attached to or used by a patient in a location that is remote to the clinician to an Electronic Health Record (EHR) system and/or a Personal Health Record system.

■ **TN905 – Common Device Connectivity**

This Technical Note is intended to act as a framing document to provide a high-level perspective on device connectivity requirements, to propose a roadmap for how HITSP might address these requirements, and to indicate how it might work with other external organizations to resolve standardization gaps. The specific requirements to be addressed in the roadmap are only those arising from the Harmonization Requests assigned to HITSP that include device connectivity elements, especially the Common Device Connectivity (CDC) AHIC Extension/Gap December, 2008. This includes the generic types of devices that shall be considered (e.g., ventilators or infusion pumps).

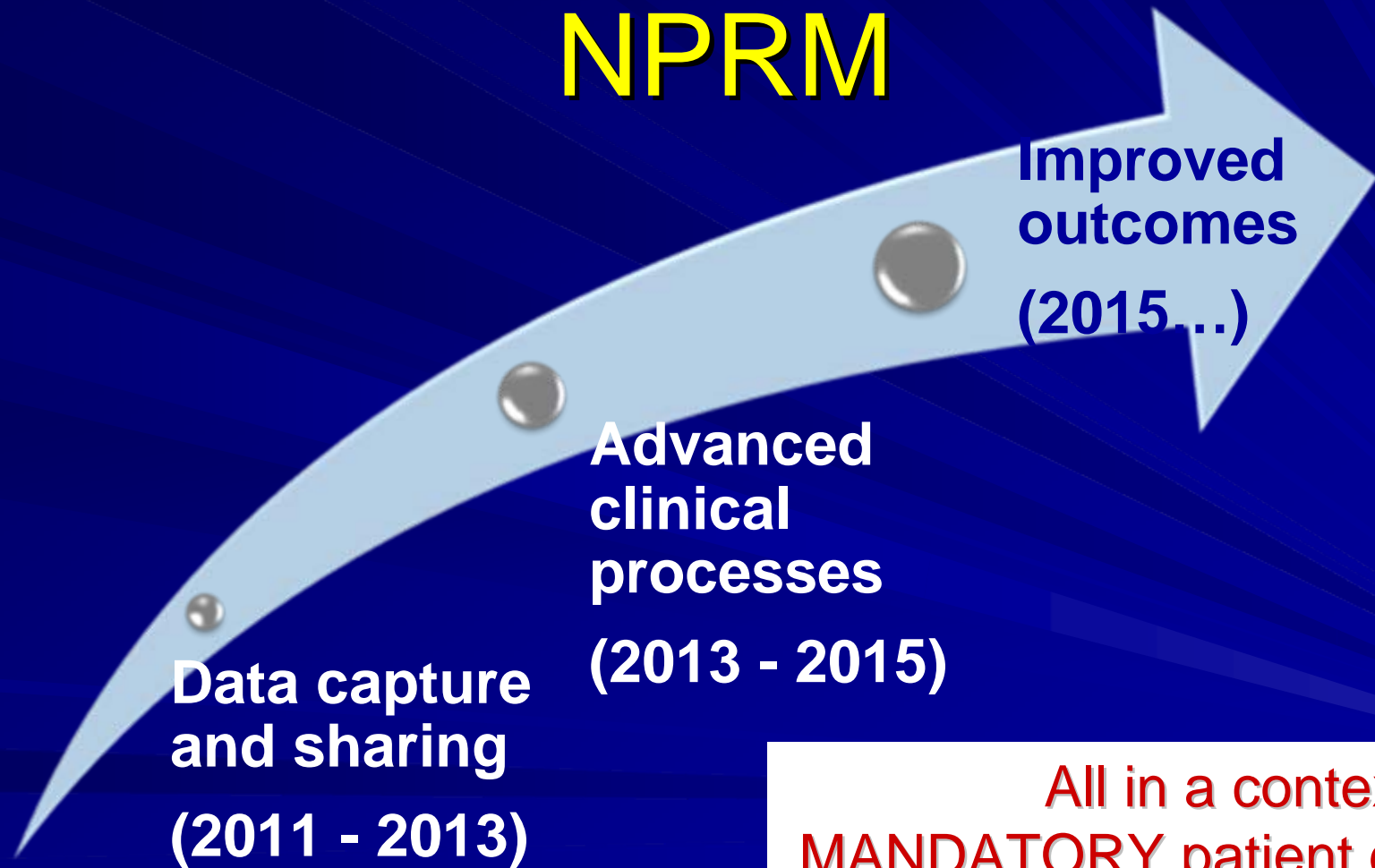
Obama Administration has adopted, endorsed, and FUNDED the EHR mandates!

- Nearly half of the pages of the American Recovery and Reinvestment Act of 2009 were devoted to Electronic Health Records
 - HHS ONCHIT was made permanent, with an initial \$2 Billion budget
 - \$30 Billion earmarked for CMS incentive payments to physician's and hospitals for standardized/certified EHRs through 2015
 - STRONG new personal health data privacy and access rights and penalties (leading to HIPAA 2.0)
- According to ONC, medical device interoperability is still on the Meaningful Use roadmap

From Feb'09 ARRA to today...

- Exhaustive work/rework of 2004-2010 standards work
 - Focused on “operationalizing” the mandates
 - Promulgation of final regulations for EHRs, “meaningful use” exchange of patient’s clinical data, and CMS incentive payments
- August, 2009, personal health data “Breach” Notification Interim Final Rule (IFR) posted by NIST, specifying encryption and data destruction requirements
- Interim Final Rule (IFR) posted 30 December 2009 by ONC specifying HIT/EHR data exchange standards AND the specific privacy and security requirements
- 30 December, 2009 also posted the Notice of Proposed Rule Making (NPRM) by CMS for incentive payments under the “Meaningful Use” ARRA regulation
- Mid March, 2010, NPRMs regarding certification programs for software systems by NIST

Meaningful Use, as articulated in the 12/30/2009 IFR and NPRM



All in a context of
MANDATORY patient data
privacy and security

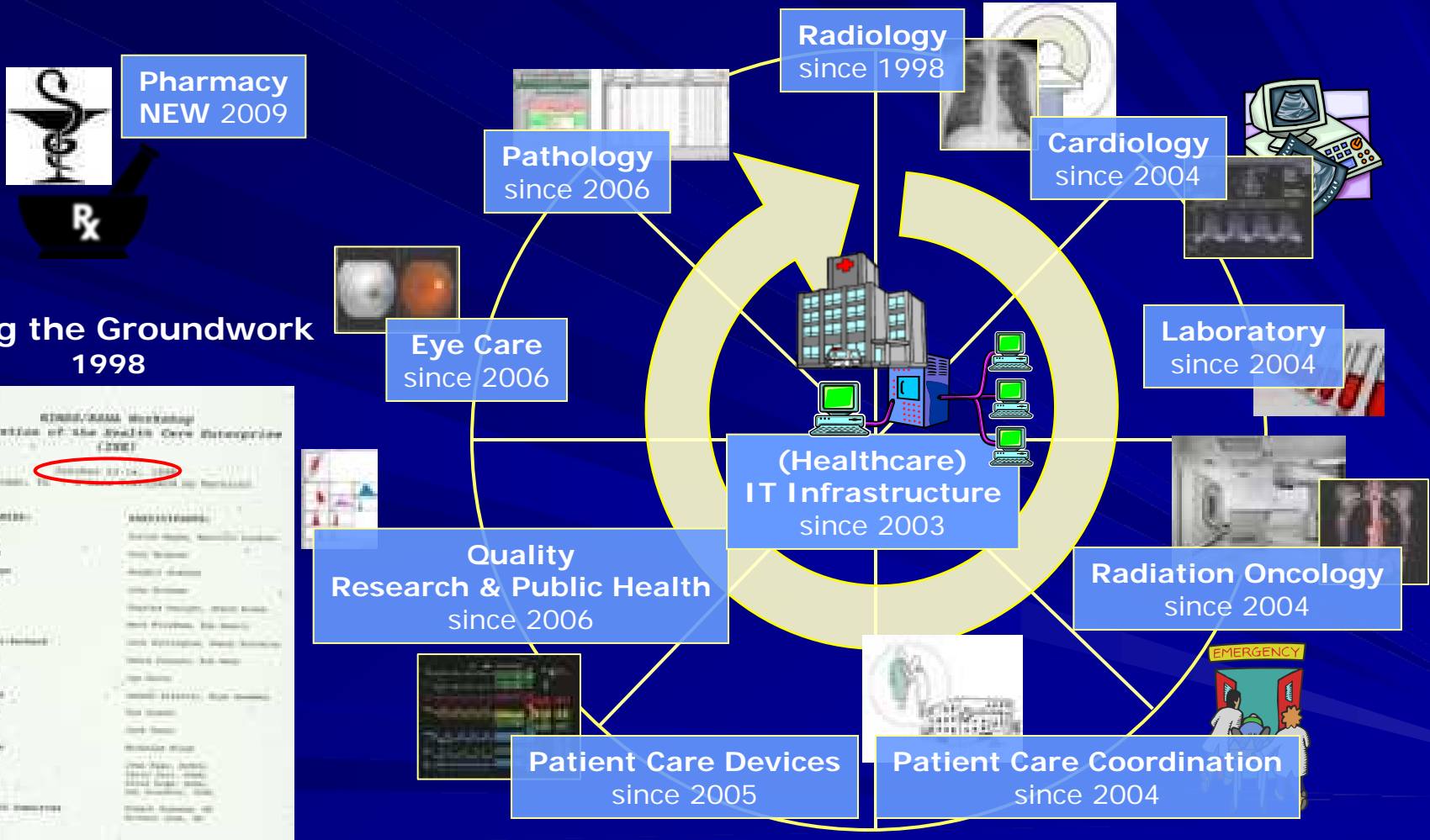
At the same time, we have been leveraging an overarching electronic patient data sharing architecture labeled “**IHE**” has been developed and deployed around the world since the late 90’s.

- This architecture is “**IHE,**” which stands for **Integrating the Healthcare Enterprise**
 - IHE underlies all of our US Federal Health Architecture (FHA) used by DoD and VA (**FHA Connect**)
 - IHE also underlies all of our Nationwide Health Information Network (**NHIN Direct**) sponsored by ONC

IHE is not yet mandated for CMS Meaningful Use incentives; the initial CMS reimbursement requirements are much, much simpler.

IHE: Integrating the Healthcare Enterprise

Based on 11 Years of Steady Evolution 1998 – 2010



IHE has corporate and government support and participation in the U.S. and around the globe!

Leadership

© 2004 American Information and Communications Systems Society

Implementer

Supporter

Organizational Participants

IHE has the support of many of the leading vendors of medical devices, including B Braun, Draeger, GE, Philips, and many, many others...

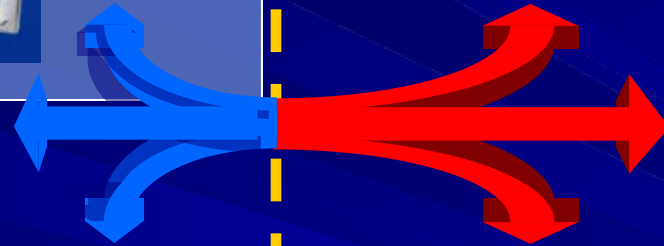
For efficiency, accuracy, safety, and timeliness, Patient Care Devices must *directly* feed real-time clinical data into the EHR. (This includes classical medical devices and “personal health” devices.)



Workstation

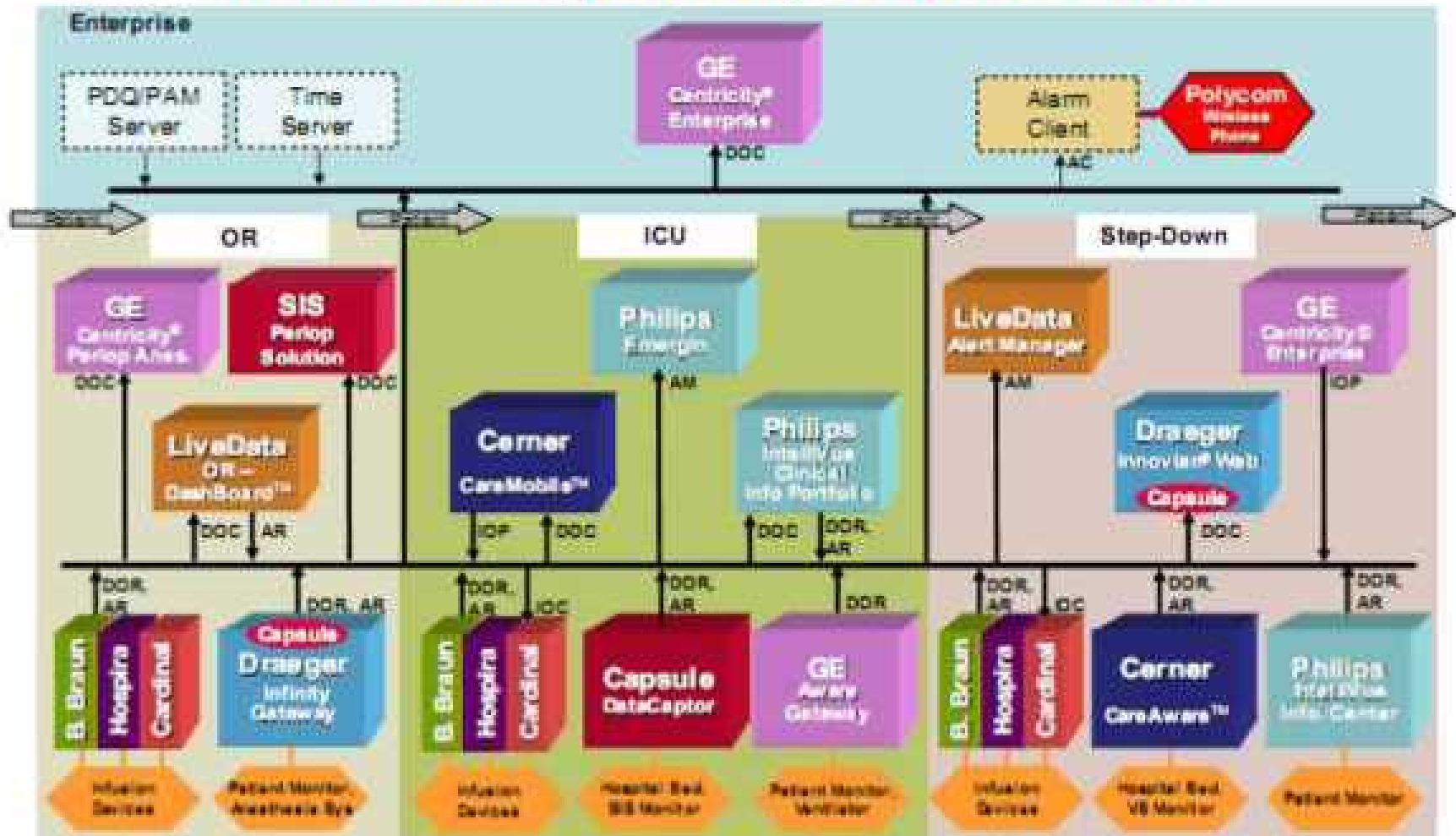


Modality



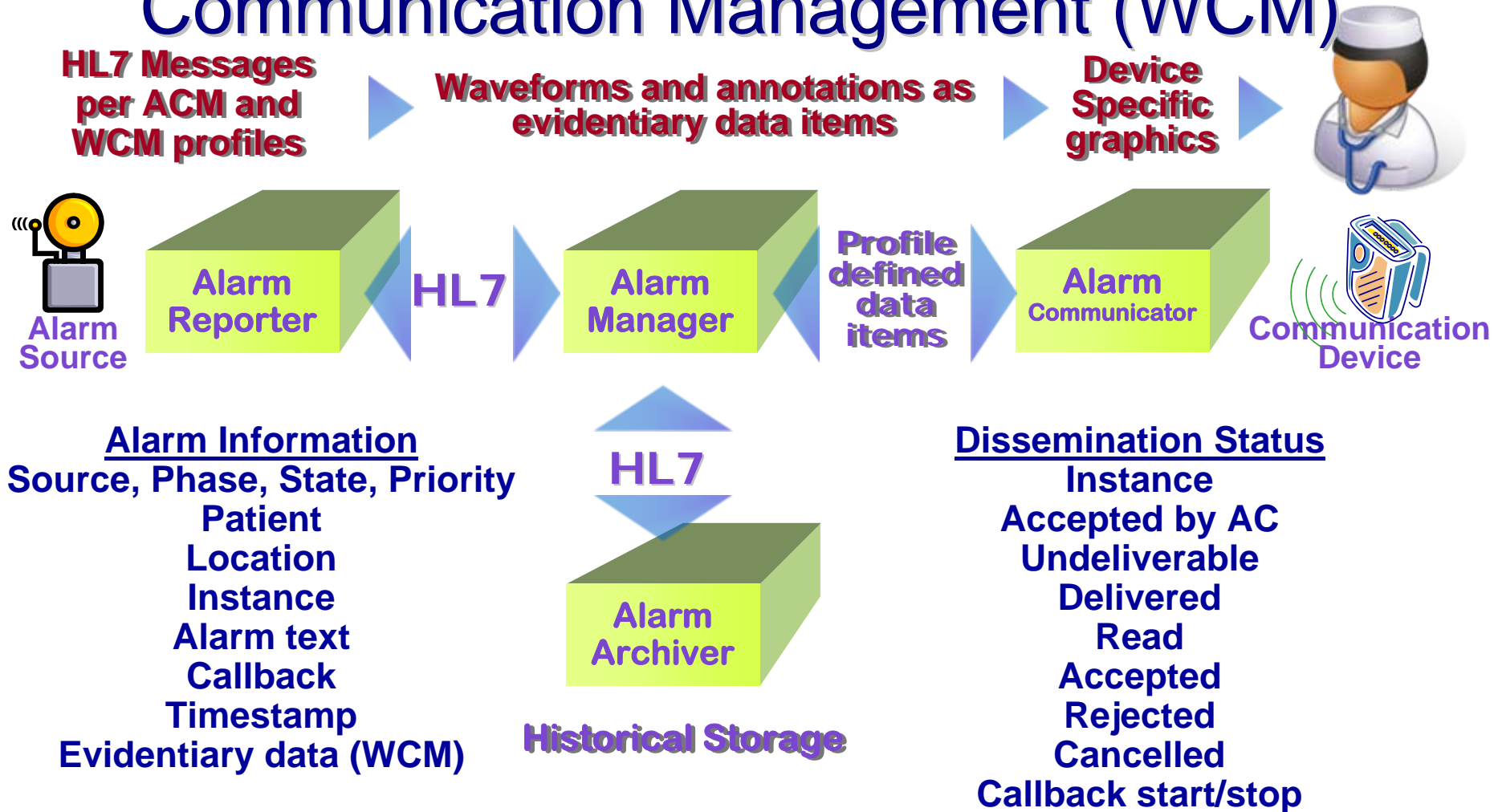
After 6 years of very hard teamwork, open, multi-vendor medical device standards are seeing terrific uptake!

HIMSS **IHE** Patient Care Devices **ACCE**
HIMSS Interoperability Showcase 2009



DOR = Device Observation Reporter / DOC = Device Observation Consumer
 AR = Alarm Reporter / AM = Alarm Manager; IOP = Infusion Order Programmer / IOC = Infusion Order Consumer

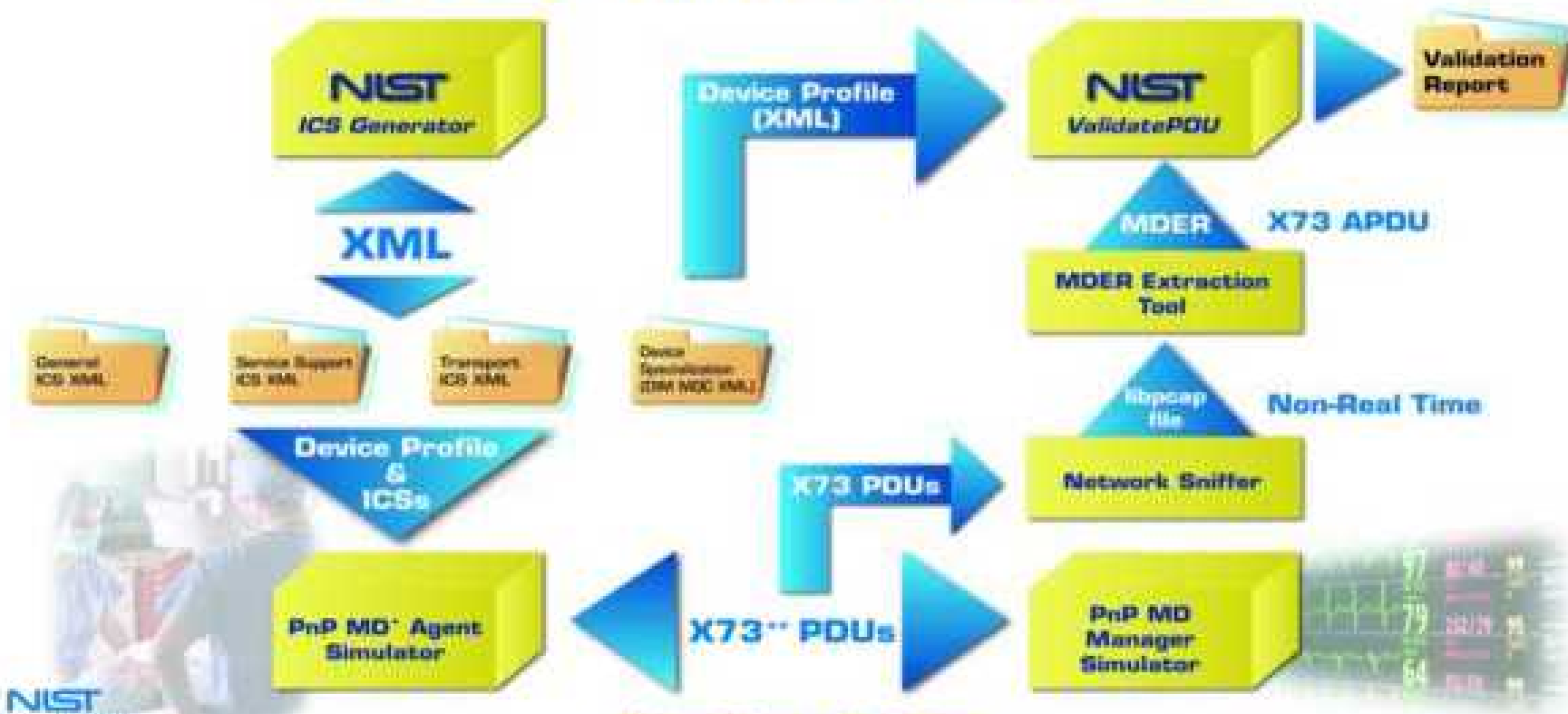
Includes Life-Critical Alarm Communication Management (ACM) and Waveform Communication Management (WCM)



The devices, data, and alarms interoperate with each other AND the EHR systems.

IHE-PCD is not the *only* standard, but it is designed to be interoperable with other emerging standards, such as the Continua Alliance work for personal/home health devices and the CIMIT/MDPnP architecture being developed under an ASTM standard, which is explained in the HITSP TN905 document.

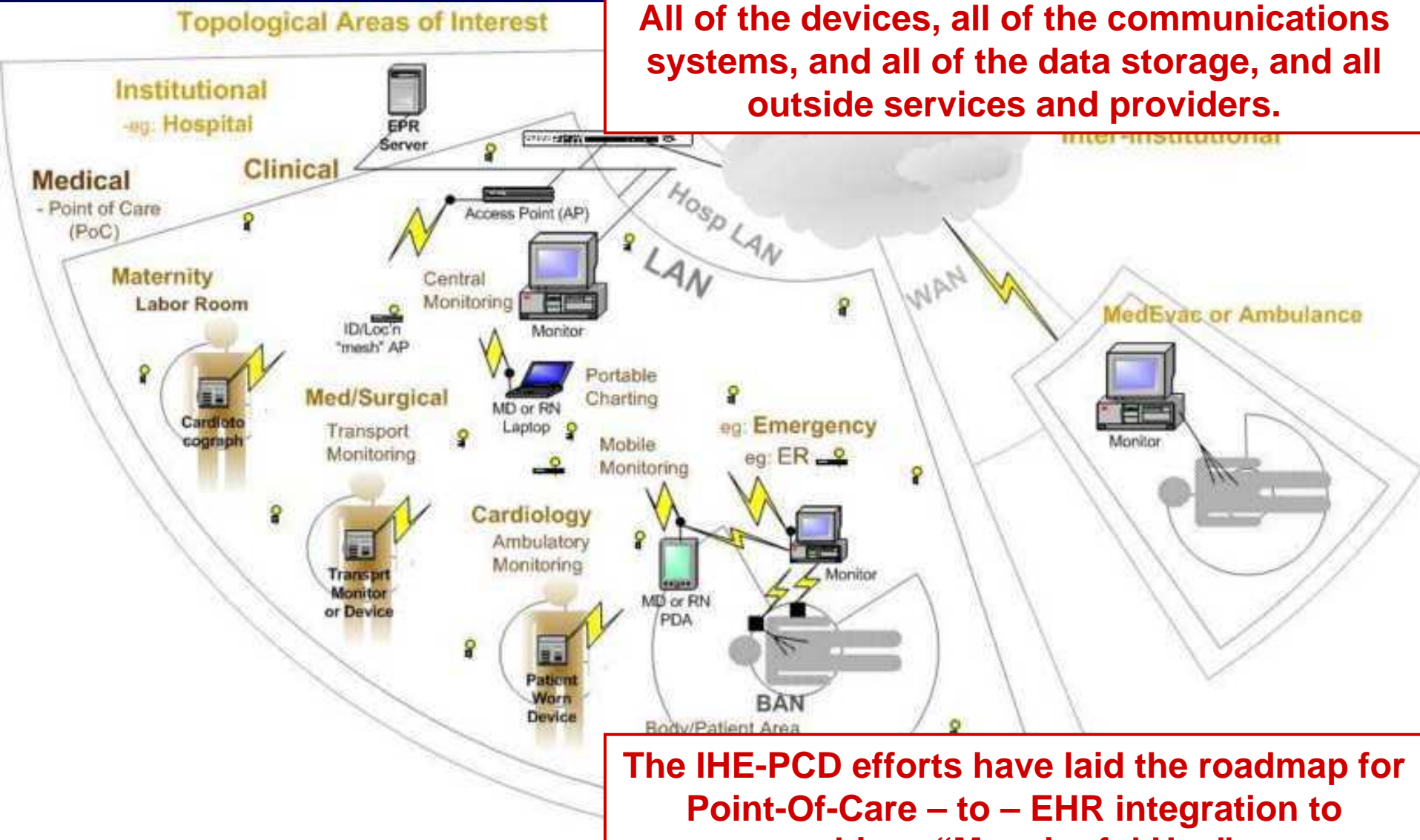
Medical Device Communication Test Process *Point of Care, Plug-n-Play, Real-Time Profile*



This is a national priority, being ably supported by NIST and the IEEE 11073 standards committees!

SO, the IHE "Patient Care Device Domain" (IHE-PCD) welds all of the electronic devices and EHRs together

All of the devices, all of the communications systems, and all of the data storage, and all outside services and providers.

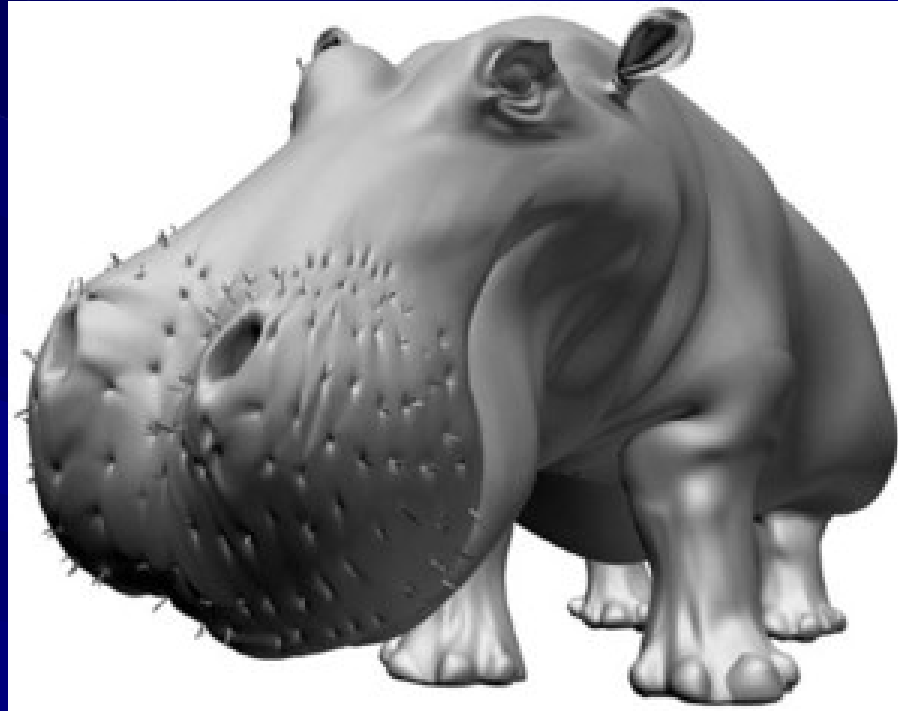


The IHE-PCD efforts have laid the roadmap for Point-Of-Care – to – EHR integration to achieve "Meaningful Use"

High Tech to HITECH

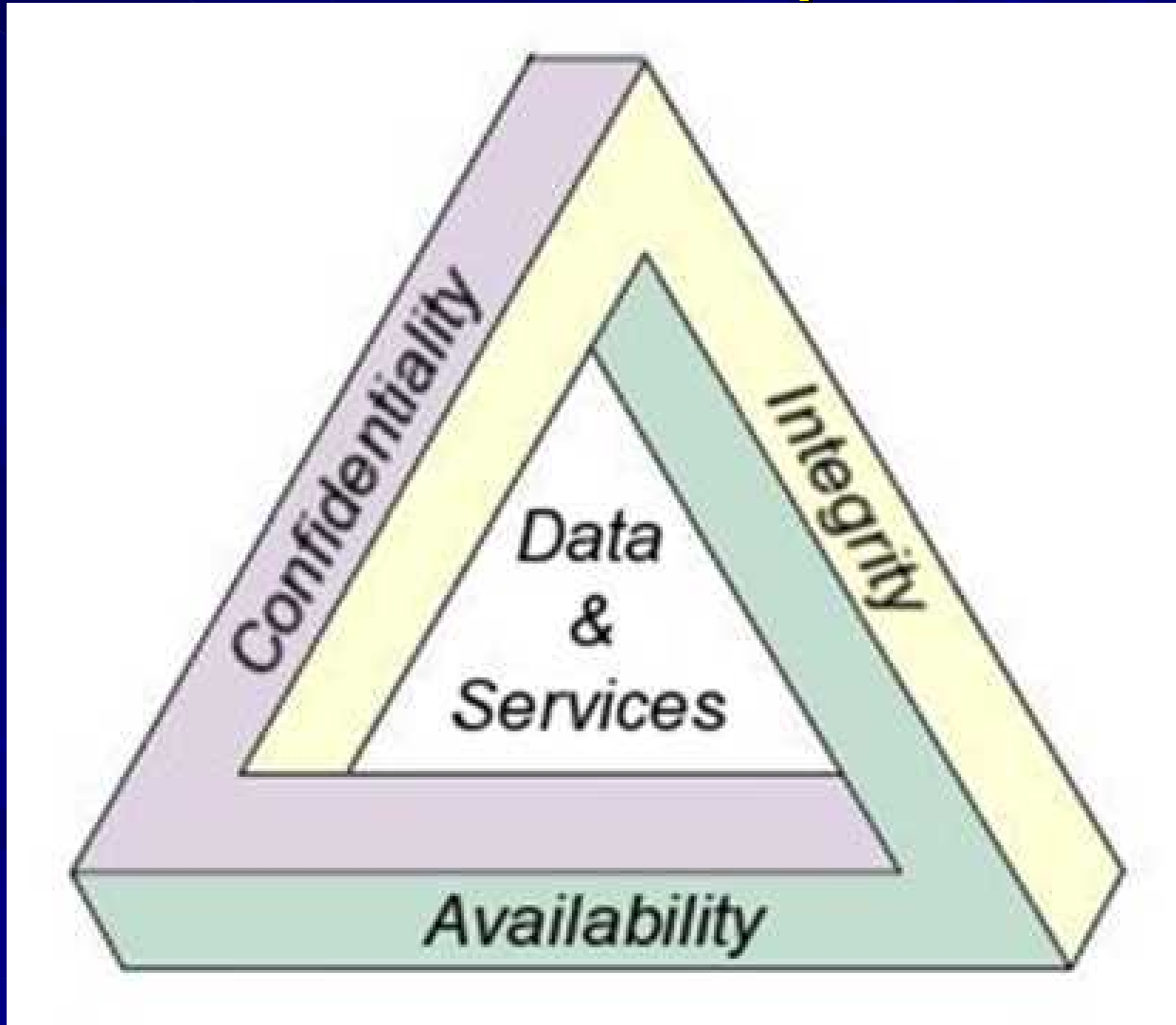
- From the High Tech world to
- **The HITECH world**
- CIAS – the “extended security” world of medical devices
- Review

HIPAA is aging; circa '96, rooted in '94
HITECH is the “Son of HIPAA”



***Health Information Technology
for Economic and Clinical Health
Act of January '09***

This CIA Triad is the Basis of HIPAA 1.0 Compliance



HIPAA's Final Security Rules, 2003

“*General Requirements*” for compliance ‘05

“Ensure the *confidentiality, integrity, and availability* of ***all electronic protected health information*** the covered entity *creates, receives, maintains, or transmits.*”

- **Integrity** means the property that data or information have not been altered or destroyed in an unauthorized manner
- **Availability** means the property that data or information is accessible and useable upon demand by an authorized person
- **Confidentiality** means the property that data or information is not made available or disclosed to unauthorized persons or processes *

* 68 FR 8376
Feb 20, 2003

HIPAA's Final Security Rule

"Applicability"

Except as otherwise provided, the standards, requirements, and implementation specifications adopted under this part apply to the following entities:

- (1) A health plan
- (2) A health care clearinghouse
- (3) A health care provider who transmits any health information in electronic form *

* 68 FR 8375
Feb 20, 2003

HIPAA's Final Security Rule “*Applicability*”

“A covered entity must comply with the applicable *standards, implementation specifications, and requirements* of this subpart with respect to ***electronic Protected Health Information***” * ~ a.k.a. ***ePHI***

* 68 FR 8376
Feb 20, 2003

HIPAA's Final Security Rule “Applicability”

Definition:

Electronic Protected Health Information (ePHI) means *individually identifiable health information (IIHI)* ... that is:

- (i) *Transmitted by electronic media;*
- (ii) *Maintained in electronic media **

* 68 FR 8374
Feb 20, 2003

The security obligations in the HITECH Act of 2009 are far-reaching!

- “Ensuring that new entities that were not contemplated when the Federal privacy rules were written, as well as those entities that do work on behalf of providers and insurers, are subject to the same privacy and security rules as providers and health insurers.”

<http://waysandmeans.house.gov/media/pdf/110/hit2.pdf>

- i.e., EMR/EHR/PHR providers, HIEs and RIOs, data repositories, out-source/off-shore data-entry firms patient registries, home care companies, etc.
- ***Medical devices that collect, maintain, and/or communicate ePHI are covered by HITECH!***

HITECH “*Applicability*” to medical devices?

Those devices that can store and/or transmit:

1. Name,
2. Dates (e.g., birthdate, admission, discharge, death, treatment),
3. Treatment type (s)
4. Medical record or Patient ID No.,
5. Billing Account No.,
6. Device identifiers,
7. Biometric identifiers,
8. Full face (or comparable personalized images such as tattoos) photographic images or videos
9. Prescription ID, and
10. Any other unique identifying number, characteristic or code (e.g., patient bar code, prescription bar code, various RFID tags, etc.)

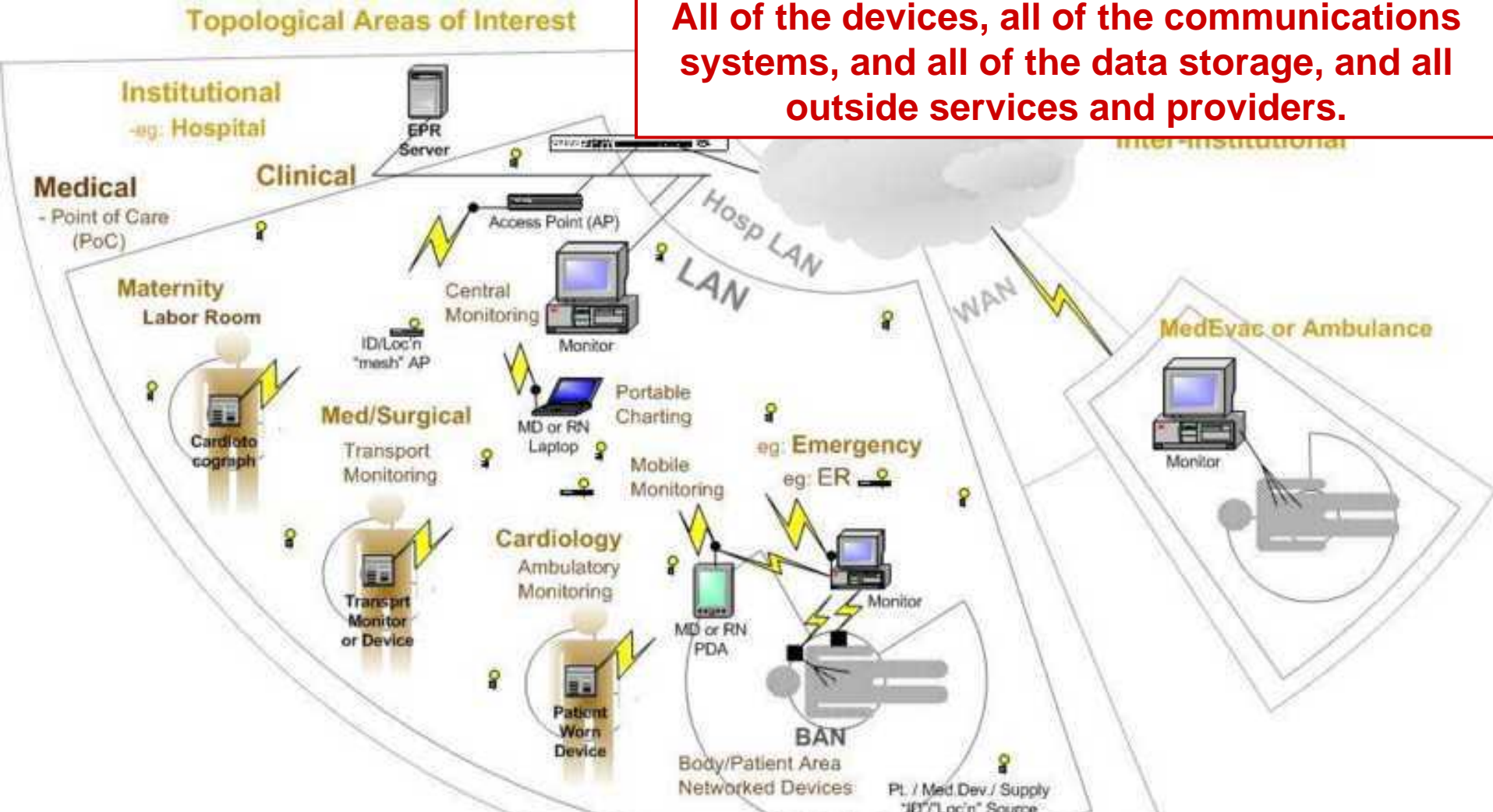
HITECH Applicability to Device-EHR combination systems?

Those systems that store and/or transmit:

1. Name,
2. Dates (e.g., birthdate, admission, discharge, death, treatment),
3. Treatment type (s)
4. Medical record or Patient ID No.,
5. Billing Account No.,
6. Device identifiers,
7. Biometric identifiers,
8. Full face (or comparable personalized images such as tattoos) photographic images or videos
9. Prescription ID, and
10. Any other unique identifying number, characteristic or code (e.g., patient bar code, prescription bar code, various RFID tags, etc.)

"HITECH Act of '09" spans the entire wired/wireless healthcare technology environment!

All of the devices, all of the communications systems, and all of the data storage, and all outside services and providers.



Interim HITECH regulations to be released by 8/17/09, and to be fully in effect by 9/16/09!

New, substantial HITECH penalties...

- “Willful neglect” bears the highest penalty: \$50,000 *per violation*, up to \$1.5 million per year, with no maximum total penalty for multiple violations.
- A violation is the disclosure of PHI by any sort of breach.

New, substantial HITECH disclosure obligations:

- Covered entities must:
 - Provide detailed report of ALL PHI disclosures to any party upon request, and
 - Notify party directly if PHI is disclosed by breach of security.
- These are both new; HIPAA only required tracking/reporting of unusual disclosures, not breaches, and no active breach disclosure was mandated.

But wait: there's more

- Within 3 years, HITECH requires federal and state regulations that clarify how individuals and state AGs may sue violators to recoup damages caused by PHI breaches!

The HITECH + High Tech punch?

- Very significant new obligations and risk exposures for medical devices and medical device-EHR combination systems
 - Our communities will need to work hard and fast to develop good practice standards, guidelines, and audit processes for compliance for devices, networks, and data storage.
 - I am working with HIMSS to reactivate the Medical Device Security Task Force that Steve Grimes and ACCE helped create in 2004 (and you are WELCOME to join!)

Will HITECH have more “bite” than HIPAA?? You decide....



amednews.com
— American Medical News —

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Published 1/28/2010

<http://www.ama-assn.org/amednews/2010/02/01/bisc0201.htm>

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Connecticut sues Health Net over data security breach

The insurer becomes the first plan sued under a new law allowing attorneys general to enforce HIPAA privacy laws.

By EMILY BERRY, amednews staff. Posted Feb. 1, 2010.

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Connecticut Attorney General Richard Blumenthal has filed a lawsuit against California-based Health Net, alleging the company violated federal laws protecting medical records when a portable data drive disappeared.

According to Blumenthal's office, the Jan. 13 lawsuit is the first action by an attorney general acting under the Health Information Technology for Economic and Clinical Health, or HITECH Act (part of the 2009 federal stimulus package) to enforce privacy laws under the Health Insurance Portability and Accountability Act.

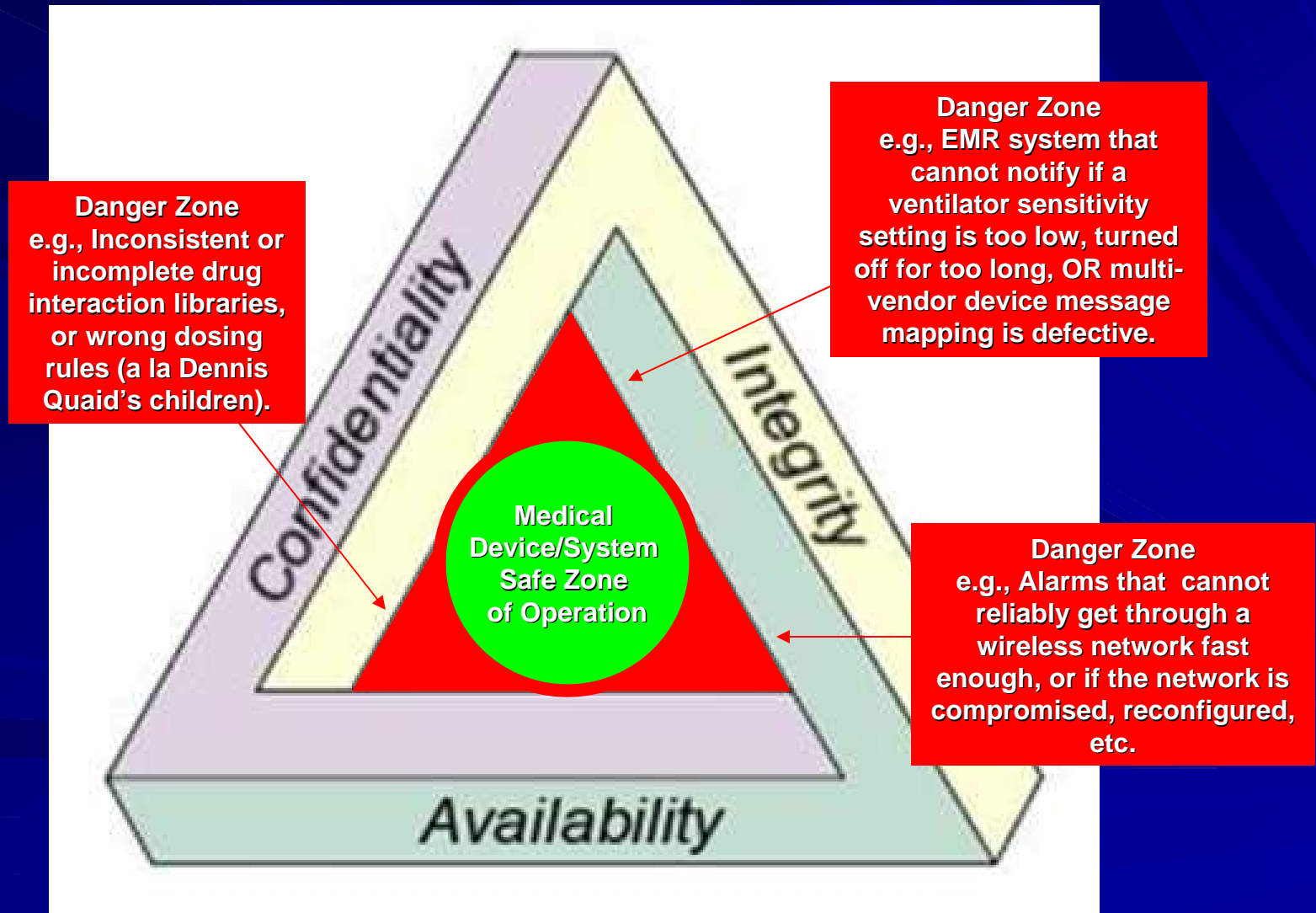
TOPICS
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H1N1
P4P
EMRs
Medicare
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SERIES

Oh, yes, I mentioned CIAS

- Though not explicitly described in HITECH, I believe we need to add a very critical element to the historic CIA model:
 - **Confidentiality**
 - **Integrity**
 - **Availability**
 - **Safety**

The good old CIA Triad is NOT enough for healthcare; Need SAFETY zones!



FYI “HIT Patient Safety” is now on ONC and FDA’s radar screen!

February 25, 2010
HIT Safety Hearing

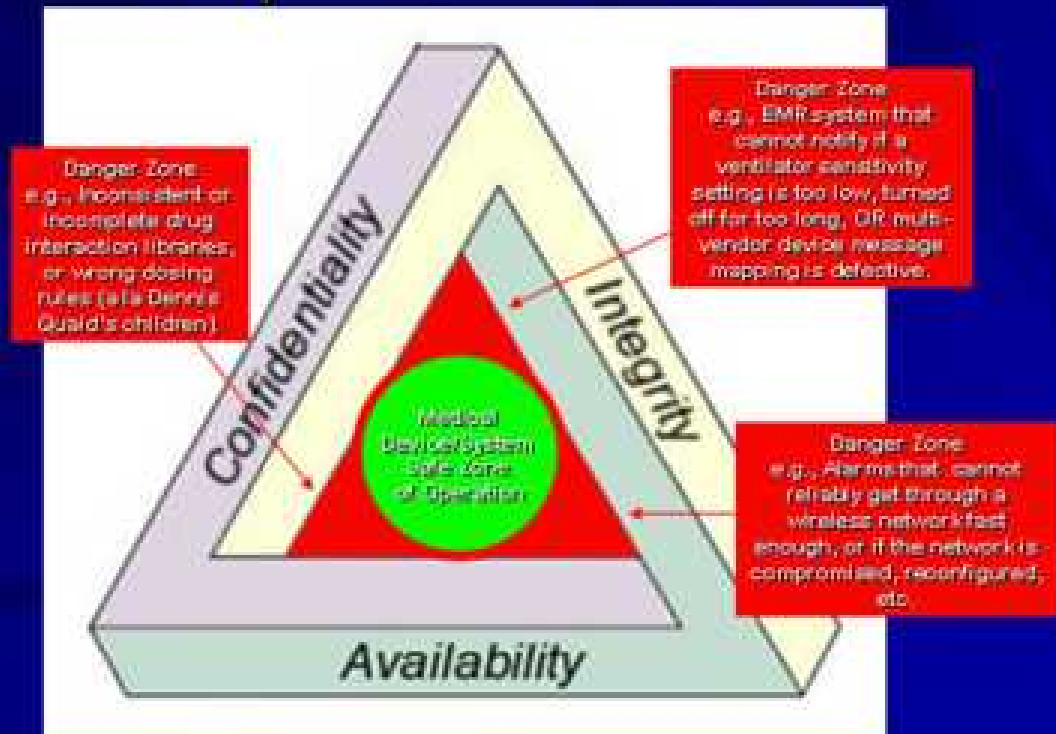
Meeting Materials

- [Agenda \[PDF - 350 KB\]](#)
- [Questions for Presenters \[PDF - 318 KB\]](#)
- [Biographical Sketches of Presenters \[PDF - 420 KB\]](#)
- Identifying the Issues
 - [Ross Koppel, University of Pennsylvania \[PDF - 487 KB\]](#)
 - [Gil Kupeman, Columbia University \[PDF - 494 KB\]](#)
 - [Alan Morris, Intermountain Healthcare \[PDF - 1.05 MB\]](#)
- Stakeholders
 - [Dave deBronkart, ePatient Dave \[PDF - 679 KB\]](#)
 - [Justin Starren, Marshfield Clinic \[PDF - 434 KB\]](#)
 - [Jeanie Scott, Veterans Health Administration \[PDF - 140 KB\]](#)
 - [Michael Stearns, e-MDs \[PDF - 624 KB\]](#)
 - [Shelley Looby, Cerner \[PDF - 481 KB\]](#)
 - [Carl Dvorak, Epic \[PDF - 444 KB\]](#)
- Possible Approaches
 - [Jeff Shuren, Food and Drug Administration/HHS \[PDF - 273 KB\]](#)
 - [William Mupier, Agency for Healthcare Research & Quality \[PDF - 314 KB\]](#)
 - [James Walker, Geisinger \[PDF - 592 KB\]](#)
 - [Edward Shortliffe, American Medical Informatics Association \[PDF - 145 KB\]](#)

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1473&&PageID=17117&mode=2&in_hi_userid=11673&cached=true

My suspicion: CIAS will become the framework for “HIPAA 2.0”

- Confidentiality
- Integrity
- Availability
- Safety



Topics

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Conclusions

- What to do, and what's next?

Status:

There's more planning/learning to do!

- e.g., The ONC IFR from 30 December 2009 requires robust “electronic destruction of data,” which few systems, devices, or organizations presently use
 - What are plans do providers have for fixed AND mobile devices?
- e.g., Hospitals and physician practices MIGHT elect to have their customized EHR system certified “in place”
 - Are their encryption, access audit log, and breach identification/notification systems “NIST- and OCR-ready?”
- The Drug Enforcement Agency just released a new controlled substances e-Prescribing IFR that requires “2-part strong authentication,” and detailed data logging/auditing/reporting
 - Will providers have resources available to support this?
 - What RISKS will system errors and faults cause to patients??

Additional large medical device-related questions:

- How will enterprises manage data acquired from numerous medical devices?
 - e.g., How will the wired and wireless networks be made reliable and/or hacker/tamper proof?
 - e.g., IEEE 802.11x “Wi-Fi” networks require a WEP security key for each server and device. If a hospital has 5-10,000 medical devices, and hundreds of access points, HOW, WHEN, AND WHO UPDATES THE WEP KEYS?
 - If they are not updated, how many part-time and terminated employees still know the WEP keys?????
 - How are rental and loaner devices set up and cleared??

Ultimately, a device-by-device risk audit and mitigation strategy is needed

- Every brand and model needs to be cataloged and triaged:
 - ePHI potential risks, PLUS interoperability safety potential risks
- Every communication and data storage component in the patient data path must be cataloged and triaged for HITECH and patient safety risks
- A Mitigation Plan must be developed and executed BEFORE data or patients are put in harm's way!!!!
- Ongoing “system update and maintenance” verification, validation, risk, and safety strategies need to be developed AND obeyed!!!

Resources?

Of course, one main resource site:

- Type in “HealthIT.hhs.gov” in your browser, where all of the IFRs, NPRMs, grant opportunities etc, are visible for review and download
- Take a look specifically at their Privacy & Security link on the right hand side of the screen!

Grab, download, and read the FREE information that is online:

- All IHE profiles are free, and can be downloaded at www.IHE.net
- A rich library of interesting IHE-oriented clinical use cases and integration specifications can be downloaded at www.HITSP.org

Both sites also have free educational webinars that can be downloaded!

Consider joining HIMSS and their local HIMSS Chapters

- HIMSS has web-based resources and webinars for its members to keep everyone up to date
- If you want to take an active role in helping the government sets and enforces HIT policy, join the HIMSS state and/or federal advocacy programs
 - HIMSS'10 Advocacy Summit in DC June 16-17

LEAD!

**We may never have a chance like this
again...**

OUR TIME IS NOW.

As General George Patton said:

“Lead, follow, or get out of the way!”

For further information:

Elliot B. Sloane, PhD, CCE, FHIMSS

www.ebsloane.org

ebsloane@drexel.edu, and

ebsloane@ any of:

gmail.com, ieee.org, drexel.edu, ebsloane.org,
yahoo.com, hotmail.com, etc.

or just Google™ me!!

Thanks for sharing this time with me!

The floor is open for Q&A!!!