

The CPRI Toolkit: Managing Information Security in Health Care And other HIPAA Tools

Pat Wise

for

Ted Cooper, MD

**National Director
Confidentiality & Security
Kaiser Permanente**

HIPAA Security & Privacy Standards Requirements

- **We must**
 - Perform and thoroughly document formal risk assessment and management efforts to determine the policies, procedures and technology to deploy to address the standards.
 - We must assess the types and amounts of risk that we have, which we will mitigate with policy, procedure and/or technology, and understand what risks remain and that we are willing to accept (i.e. those that will not be addressed completely)
 - Assign responsibility for meeting the standards to specific individuals.

HIPAA Standards for Security & Privacy

While these are called the HIPAA Security and Privacy Standards, the “standard” simply means that we must address their requirements. For the most part both standards are not explicit on the extent to which a particular entity should implement specific policies, procedures or technology. Instead, they require each affected entity to assess its own security and privacy needs and risks and then devise, implement and maintain appropriate measures as business decisions.

It is time to plan our response to HIPAA

- **HIPAA is a regulatory mandate**
- **Implementing HIPAA requirements will be expensive**
- **There are opportunities to develop and implement process improvements**
- **Process improvements may offset costs**

HIPAA Standards for Security & Privacy

- Privacy issued in December 2000
- Security---When will they be issued?
 - Rumors
 - Guesses
- When do the final rules become effective?

Tools

- CPRI Toolkit: *Managing Information Security in Health Care*
- NCHICA's *HIPAA EarlyView*®
- SEI's *Self Risk Assessment Tool*
- WEDI's *HIPAA Security Summit Implementation Guidelines*

The CPRI Toolkit: Managing Information Security in Health Care

- A Resource
- Its Origin
- How to use it to address HIPAA confidentiality and security

CPRI Toolkit

Original Task Force 1998

- **Ted Cooper, MD - task force chair**
- **Jeff Collmann, PhD - editor**
- **Barbara Demster, MS, RRA**
- **Keith MacDonald**
- **Susan K. Odneal, CISSP**
- **Jeanne Reiners**

CPRI Toolkit

Content Committee 2000

- Ted Cooper, M.D., Chair
- Jeff Collmann, Ph. D., Editor
- Barbara Demster, MS, RRA - Healtheon/WebMD
- John Fanning - DHHS
- Jack Hueter - CHE
- Shannah Koss - IBM
- Elmars “Marty” Laksbergs, CISSP - Netigy
- John Parmigiani - HCFA
- Harry Rhodes - AHMIA
- Bill Sherman - 3Com
- Paul Schyve, MD - JCAHO

CPRI Toolkit

- Third Version of *Toolkit* - May 2000
- <http://www.cpri-host.org>

Goal

**Build
security capable
organizations!**

Goal

**Incorporate sound security practices
in the everyday work of all members of
the organization, including the patient.**

NOT JUST

**Not just implementing
security measures!**

Security Program Functions

- Monitor changing laws, rules and regulations
- Update data security policies, procedures and practices
- Chose and deploy technology
- Enhance patient understanding and acceptance

How does the *Toolkit* help?

- Regulatory requirements
- CPRI booklets
 - How to go about it
 - What to consider
- Case studies & examples of colleagues' work

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CPRI Toolkit: Managing Information Security in Health Care, Version 2

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[CPRI Toolkit by sections](#) [Entire CPRI Toolkit \(1.8MB, Apx.505pp\)](#)

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3.2.7 Health Plan Identifier

3.2.8 Unique Health Identifier - Individuals

Toolkit - Sections 1 & 2

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	<u>3.7</u> JCAHO/NCQA Recommendations for Protecting Personal Health Information
	<u>4.0</u> Developing Policies, Procedures, and Practices

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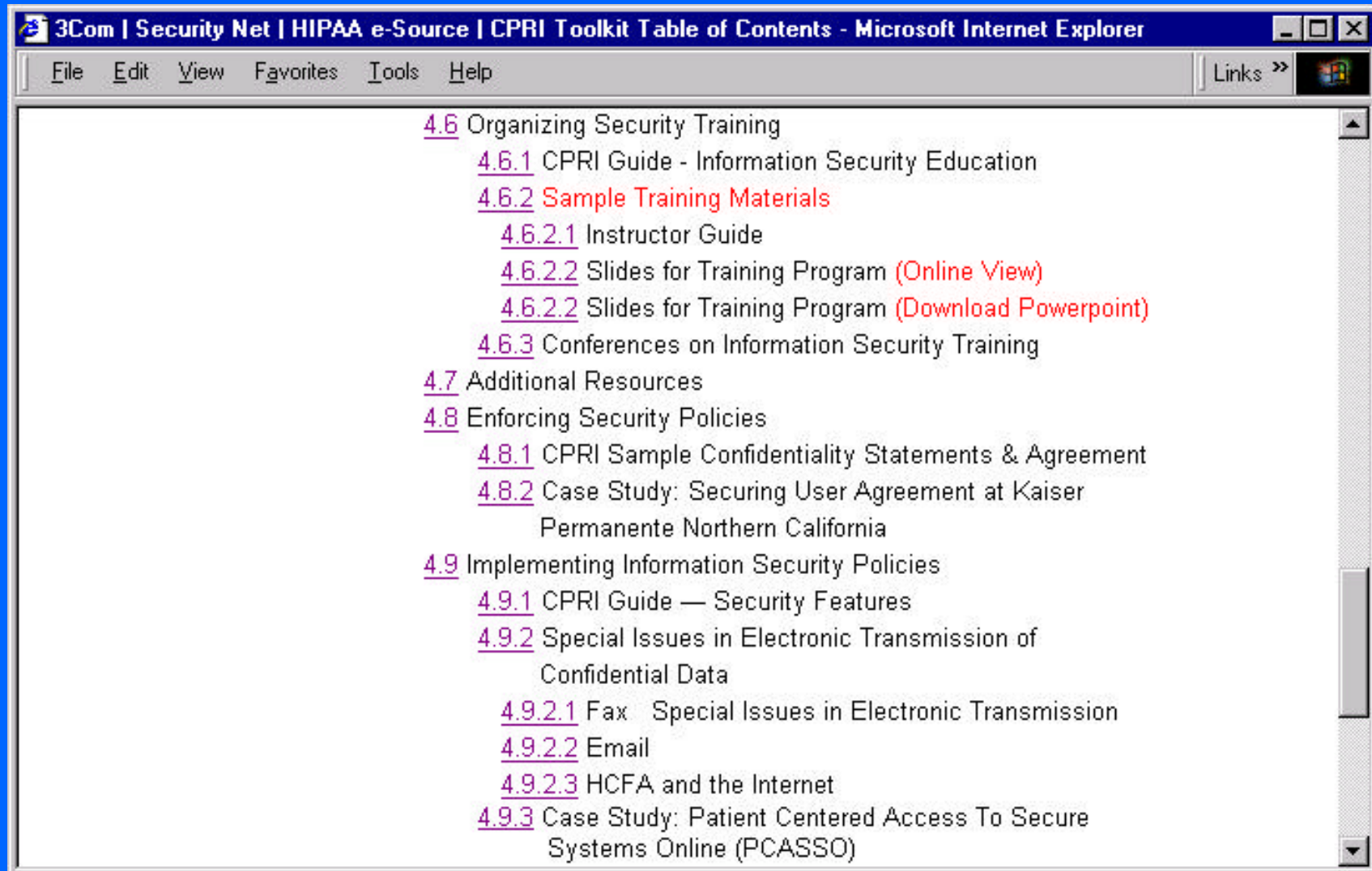
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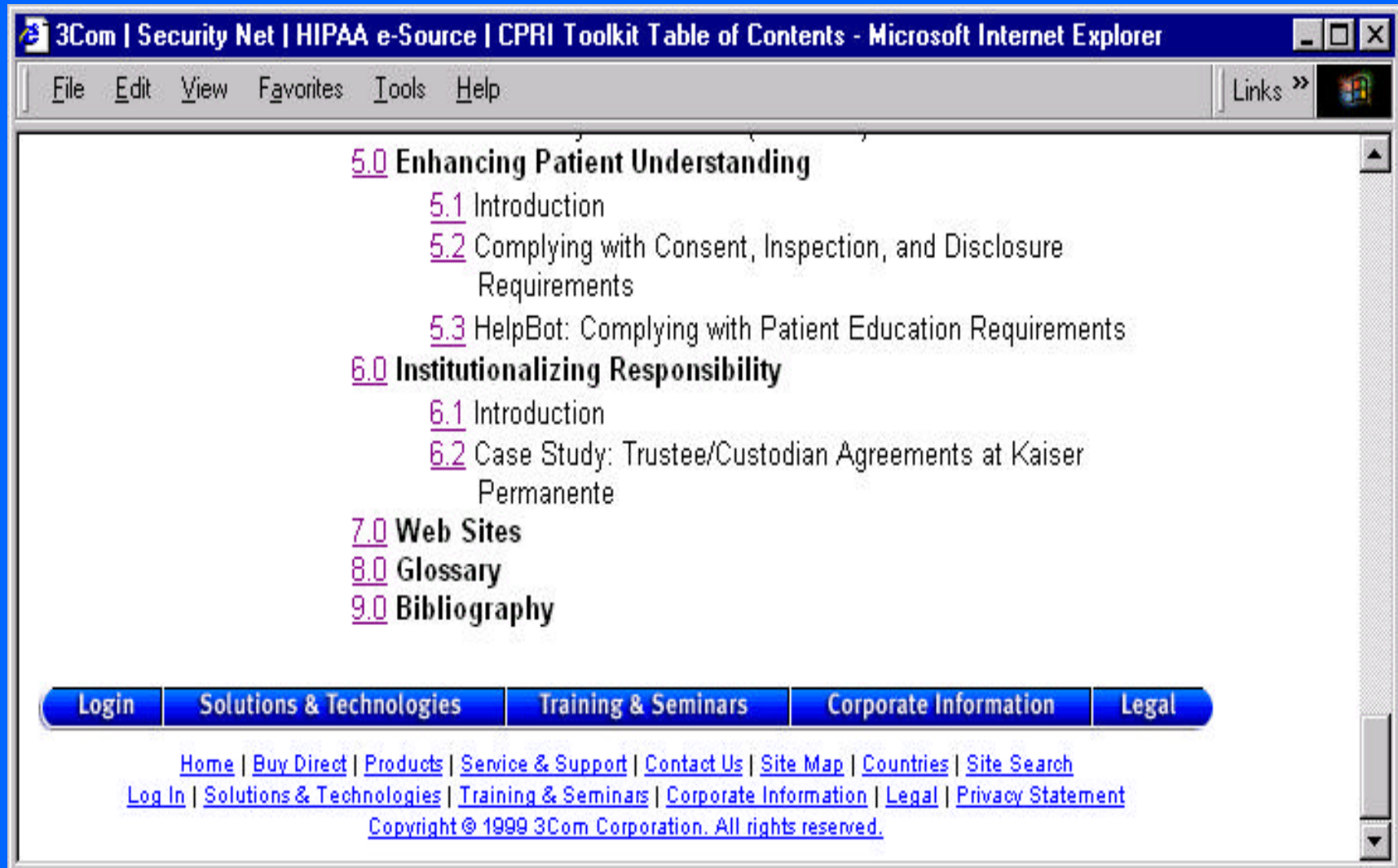
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Bill Sherman Content Manager, 3Com Security Net	4.4 Assigning Roles and Responsibilities
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Managing Information Security in Health Care

- Policy = what you want done
- Procedure = how it should be done
- Technology used to enforce policies & procedures through automation
- Practice = what is done - audit

Requires a Plan

- The plan should address all four

Critical Steps in Process

1. Decide what to do
2. Assign security responsibilities
3. Build risk management capability
4. Drive enterprise-wide awareness
5. Enforce policies & procedures
6. Design, revise & validate infrastructure
7. Institutionalize responsibility & support
8. Enhancing patient understanding

HIPAA Deadline: 2002

Toolkit & Critical Steps

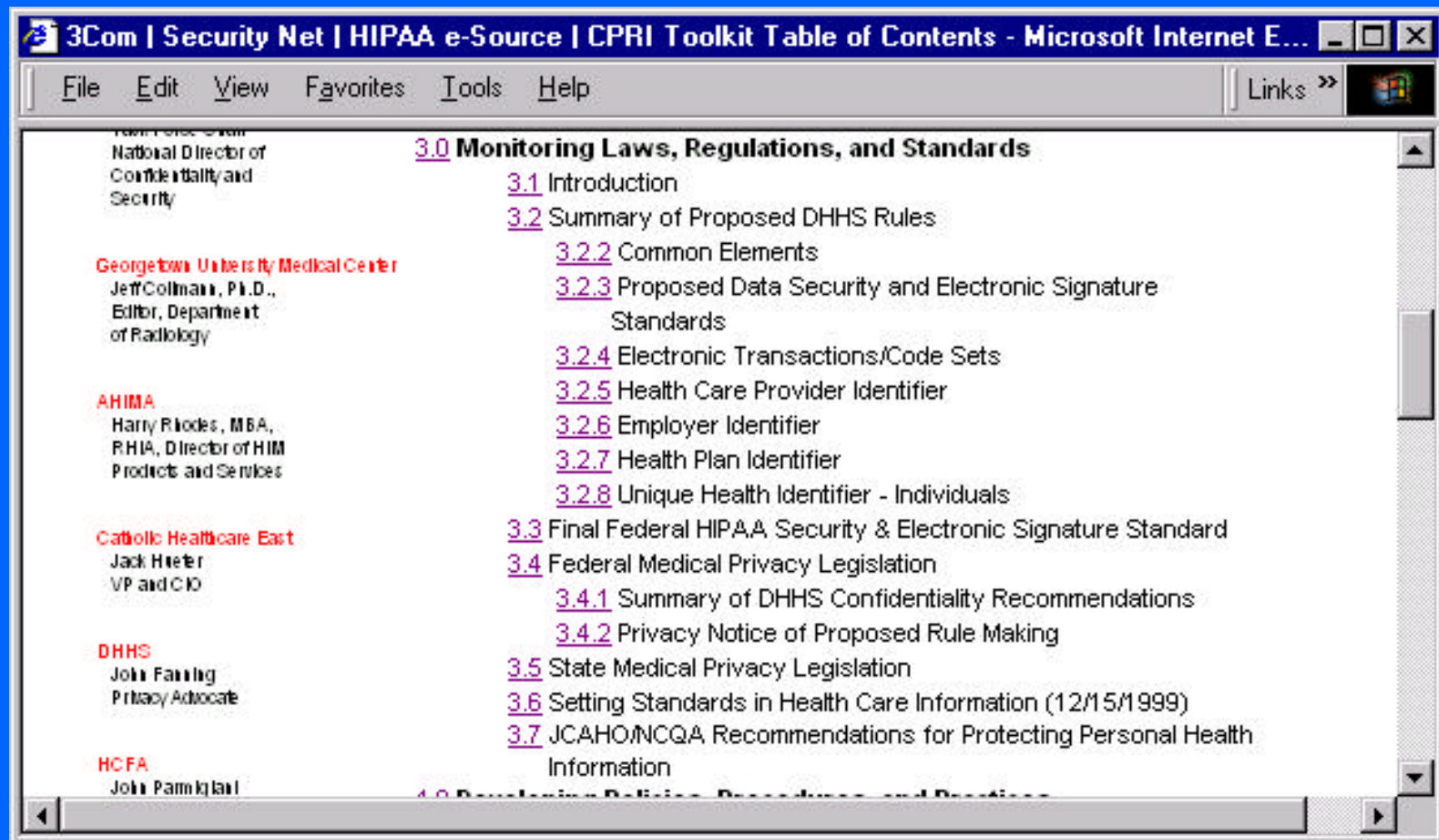
1. Deciding what to do

- ***Understand the Regulations - 3***
- ***Information Security Policies - 4.2***
 - Describes how to develop policies
 - Identifies areas policies should address
 - Security policy examples - 4.3.1 to 4.3.6

Know the Laws, Rules & Regulations

- **HIPAA**
 - Data Security Rules - 3.1
 - Federal Medical Privacy - 3.2
- **State Medical Privacy Laws - 3.3**
- **Setting Standards - 3.4**
- **JCAHO/NCQA Recommendations - 3.5**
- **New: EU Privacy Directive - “Safeharbor”**

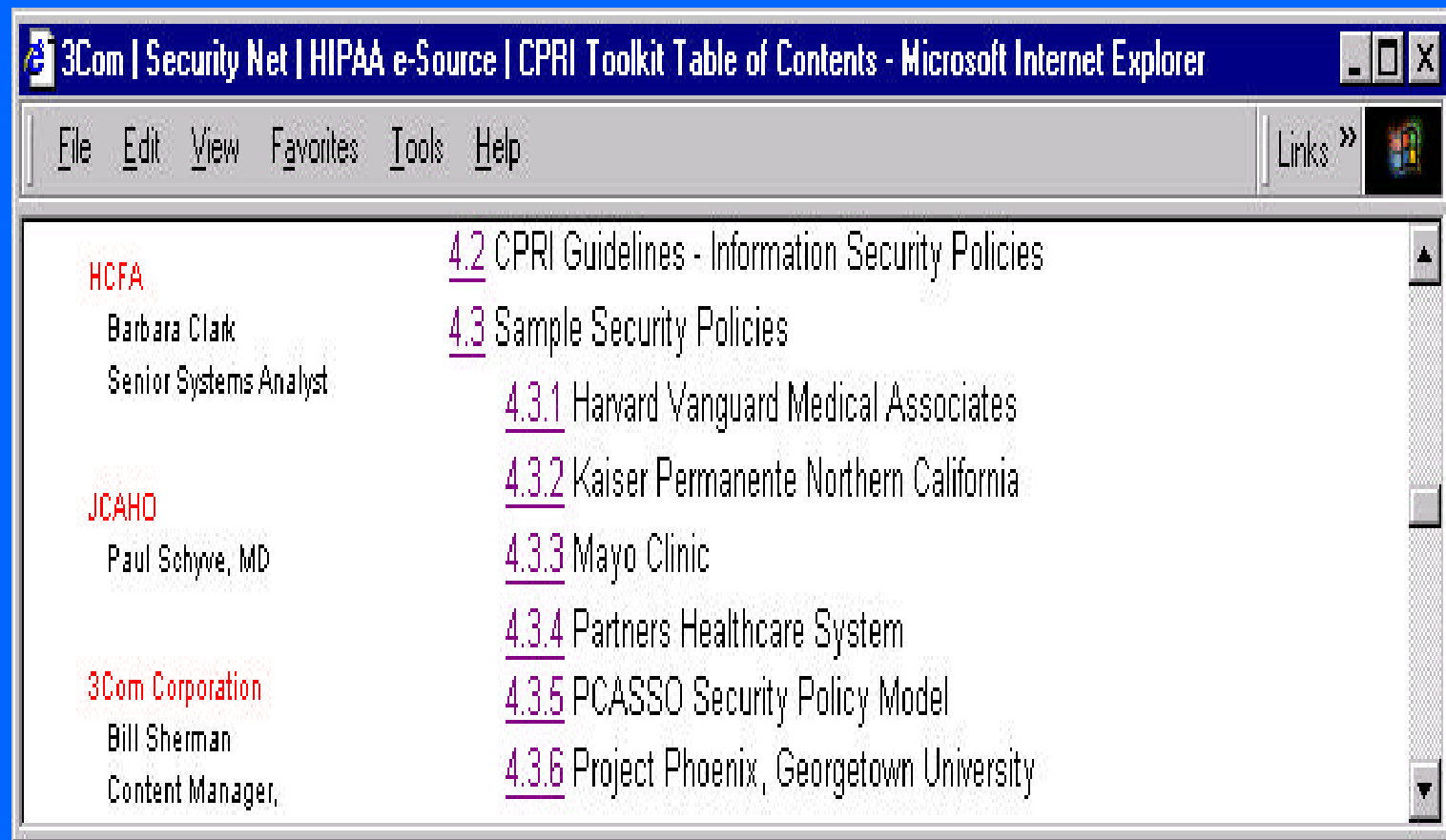
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Information Security Policies

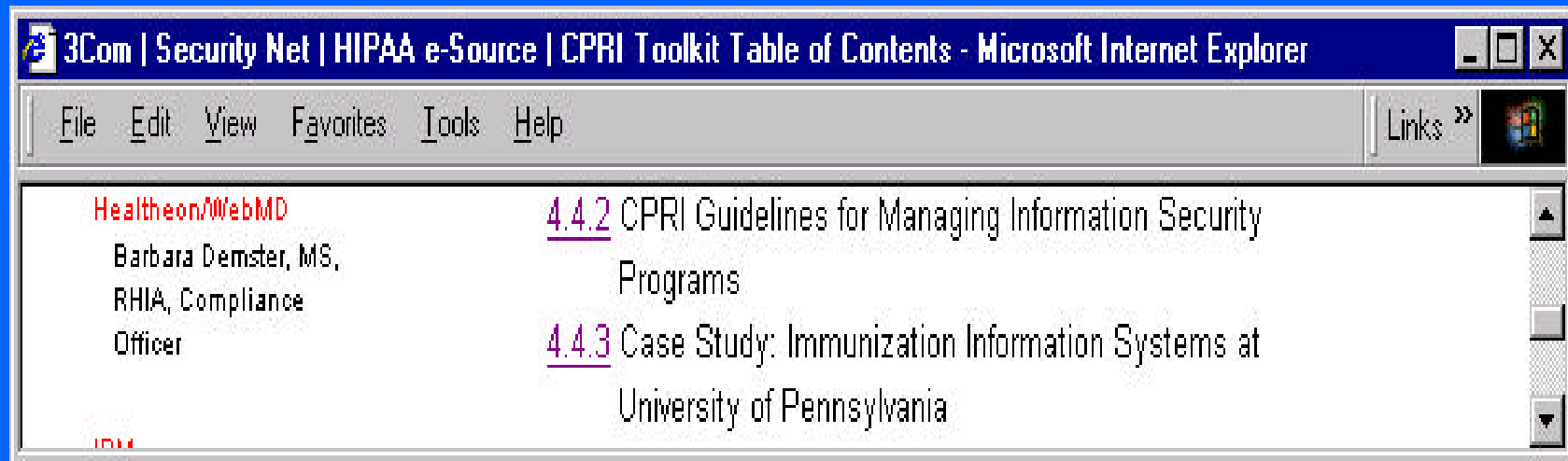


Toolkit & Critical Steps

2. Assigning Roles and Responsibilities

- ***Managing Information Security Programs***
 - CPRI Guide on management processes - 4.4.2
 - Case Study of UPenn electronic registry - 4.4.3

Managing Information Security Programs

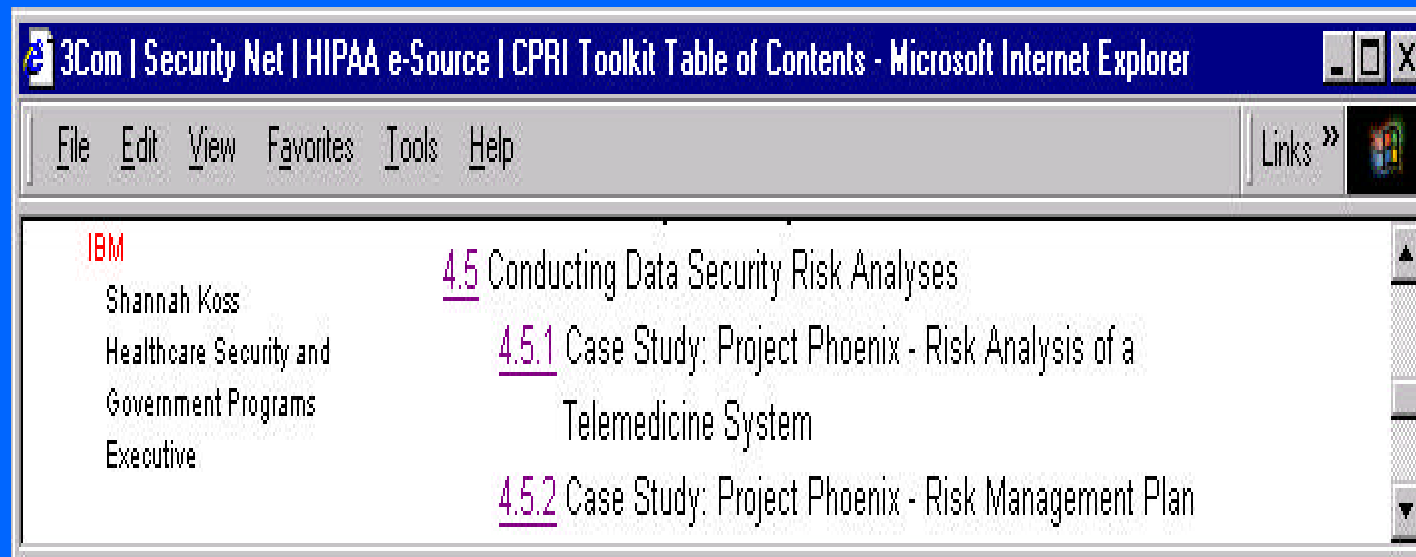


Toolkit & Critical Steps

3. Building Risk Management Capability

- *CPRI Toolkit - 4.5*
 - **New** Health Information Risk Assessment and Management
 - Software Engineering Institute
 - Risk assessment - 4.5.1
 - Risk management plan - 4.5.2

Building Risk Management Capability

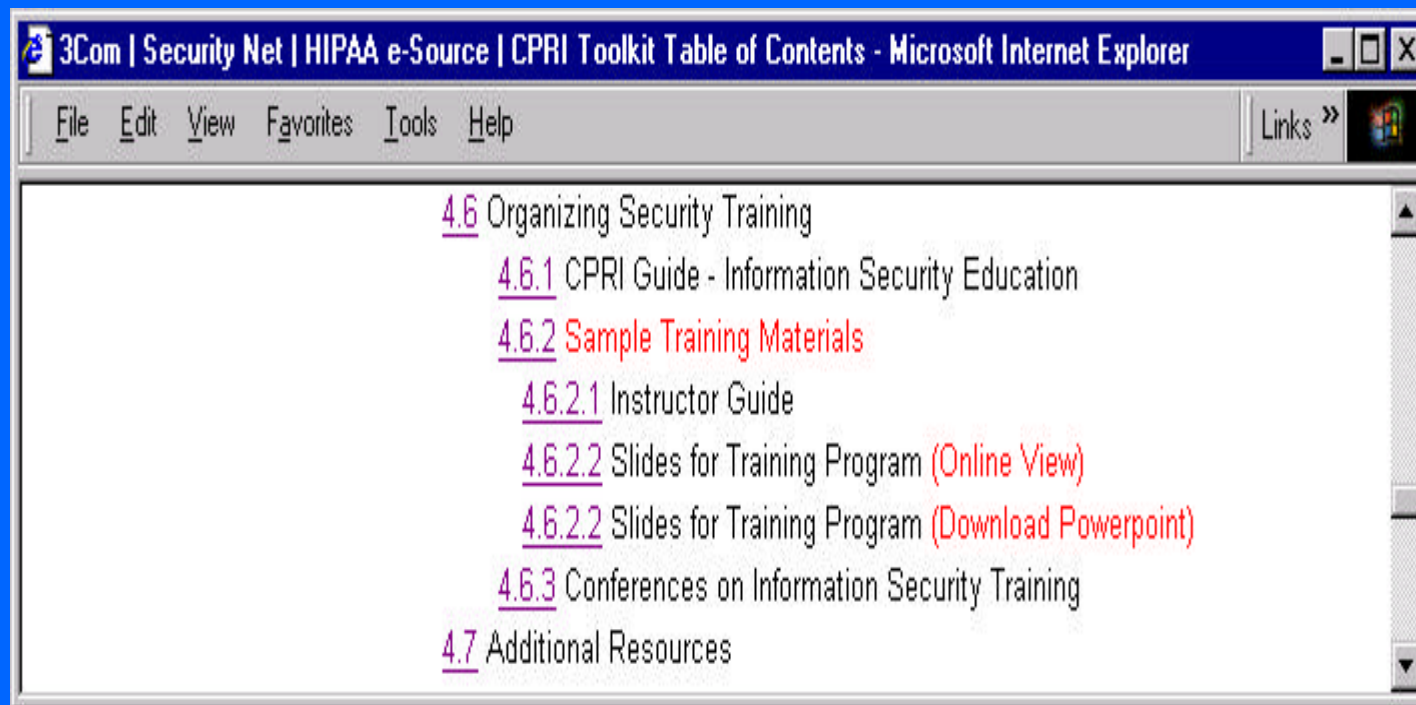


Toolkit & Critical Steps

4. Driving enterprise-wide awareness

- ***Information Security Education - 4.6.1***
 - CPRI Guide on security training
 - Sample Instructor's guide and slides - 4.6.2

Information Security Education

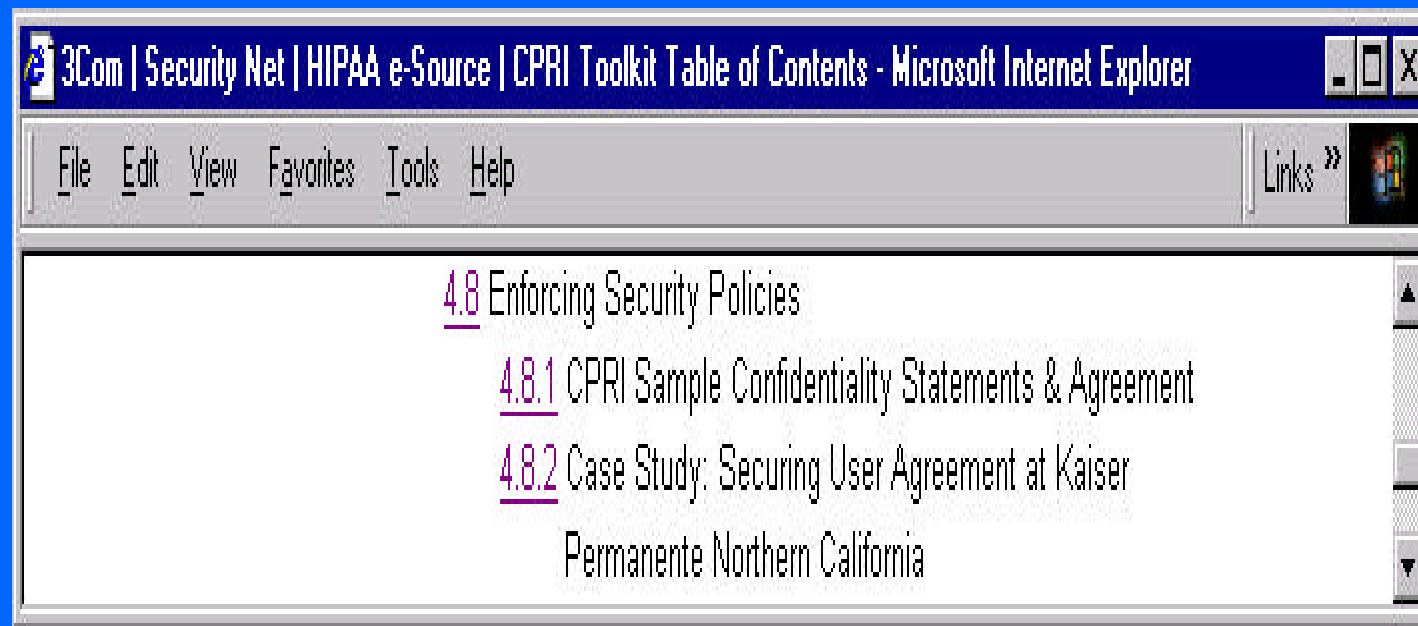


Toolkit & Critical Steps

5. Enforcing Security Policies

- ***Confidentiality Statements - 4.8***
 - **Harvard Vanguard Policies - 4.3.1**
 - **Mayo Clinic Policies - 4.3.3**
 - **Kaiser Reaccreditation Process - 4.8.2**

Enforcing Security Policies

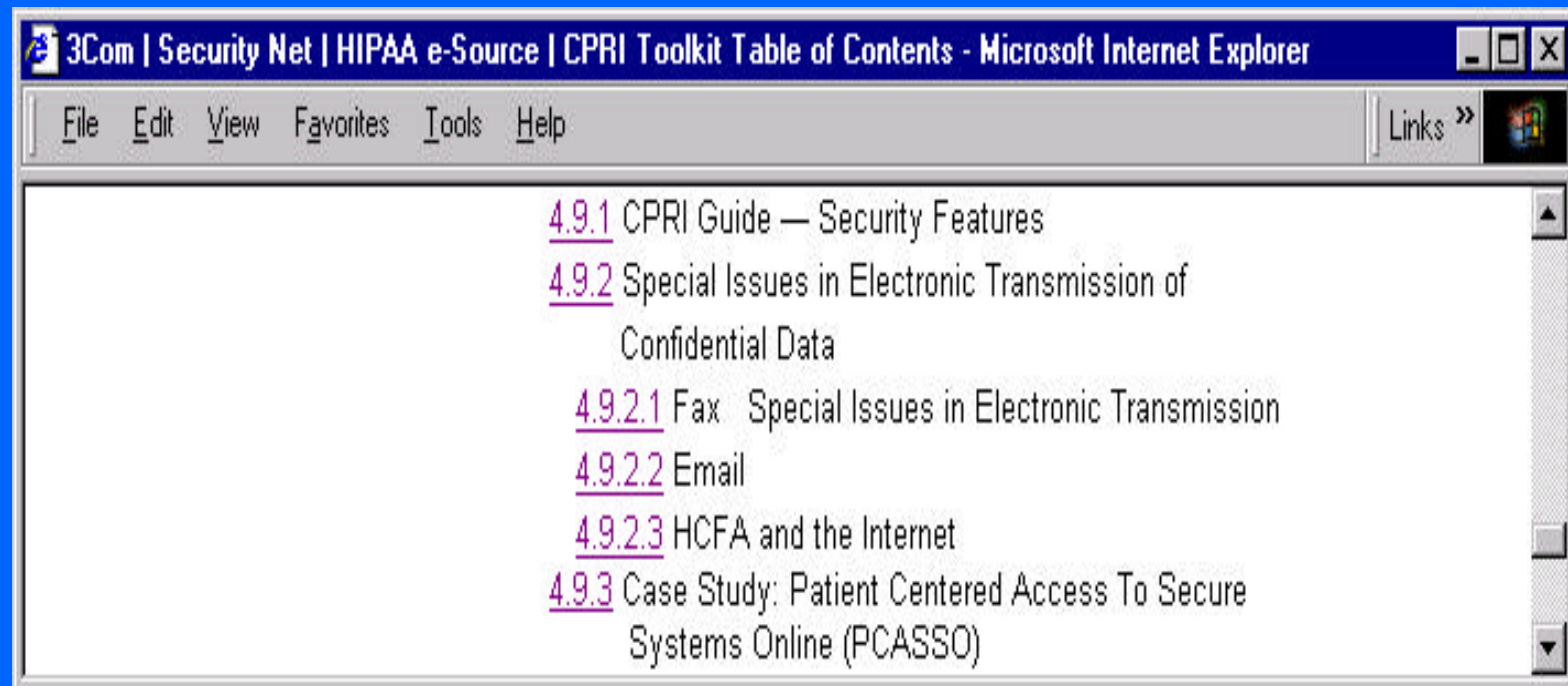


Toolkit & Critical Steps

6. Implementing Security Infrastructure

- ***CPR Guide on Security Features - 4.9.1***
- **Special Issues in electronic media- 4.9.2**
 - Fax, email
 - HCFA Internet Policy
 - Technology for securing the Internet
 - **New:** Connecticut Hospital Association PKI
 - **New:** Business Continuity Planning & Disaster Recovery Planning - **4.10**

Implementing Security Infrastructure

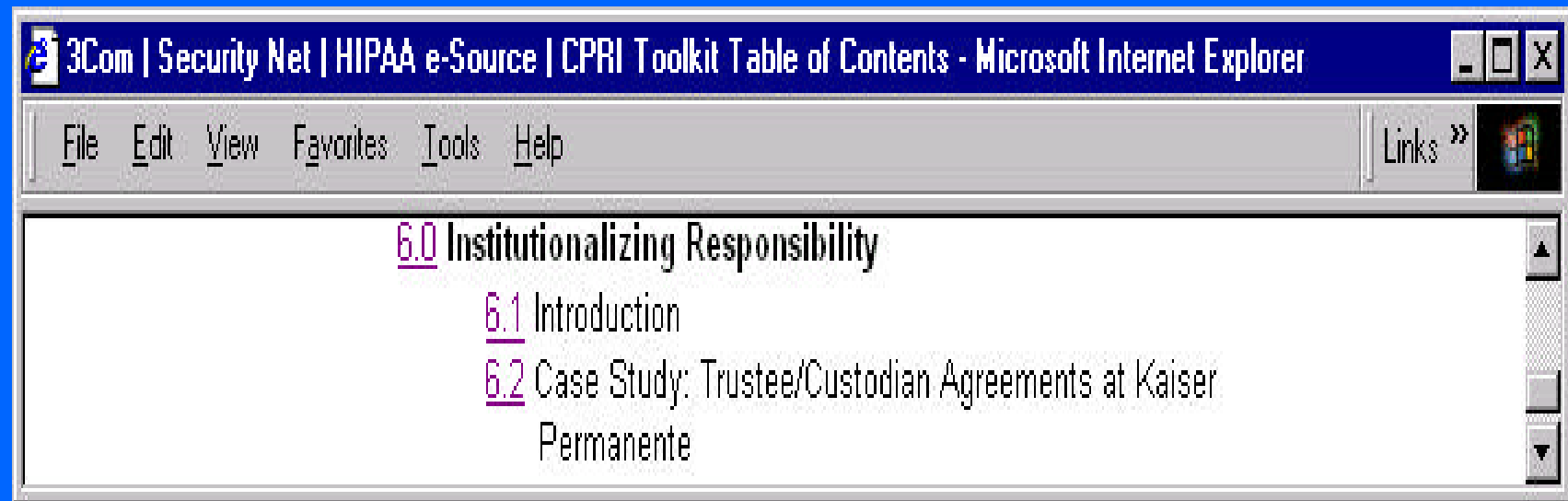


Toolkit & Critical Steps

7. Institutionalizing Responsibility

- **Kaiser's Trustee-Custodian Agreement**

Institutionalizing Responsibility

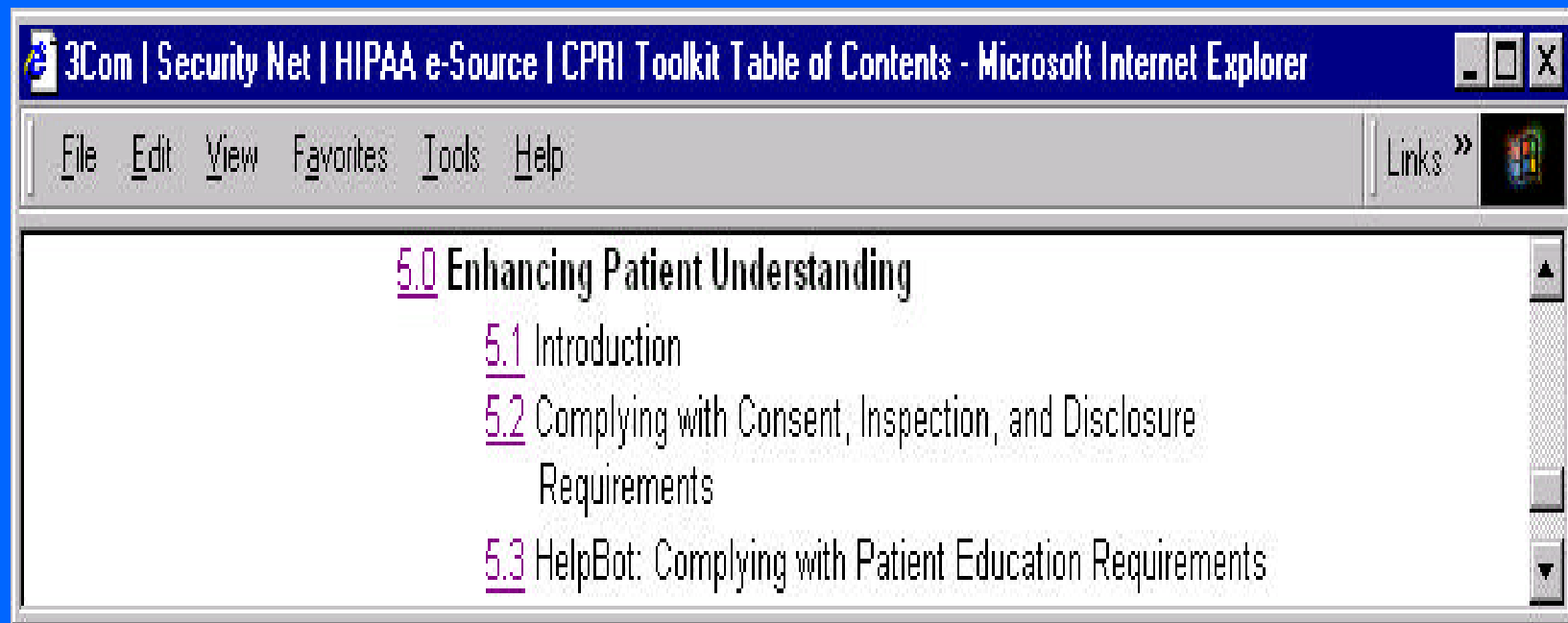


Toolkit & Critical Steps

8. Enhancing Patient Understanding

- **Toolkit - Section 4.3.4**
 - Partners Healthcare System, Inc.
- **Toolkit - Chapter 5.0**
 - AHIMA Forms
 - HelpBot - Georgetown University

Enhancing Patient Understanding



Results

Enhanced judgement
in managing health information

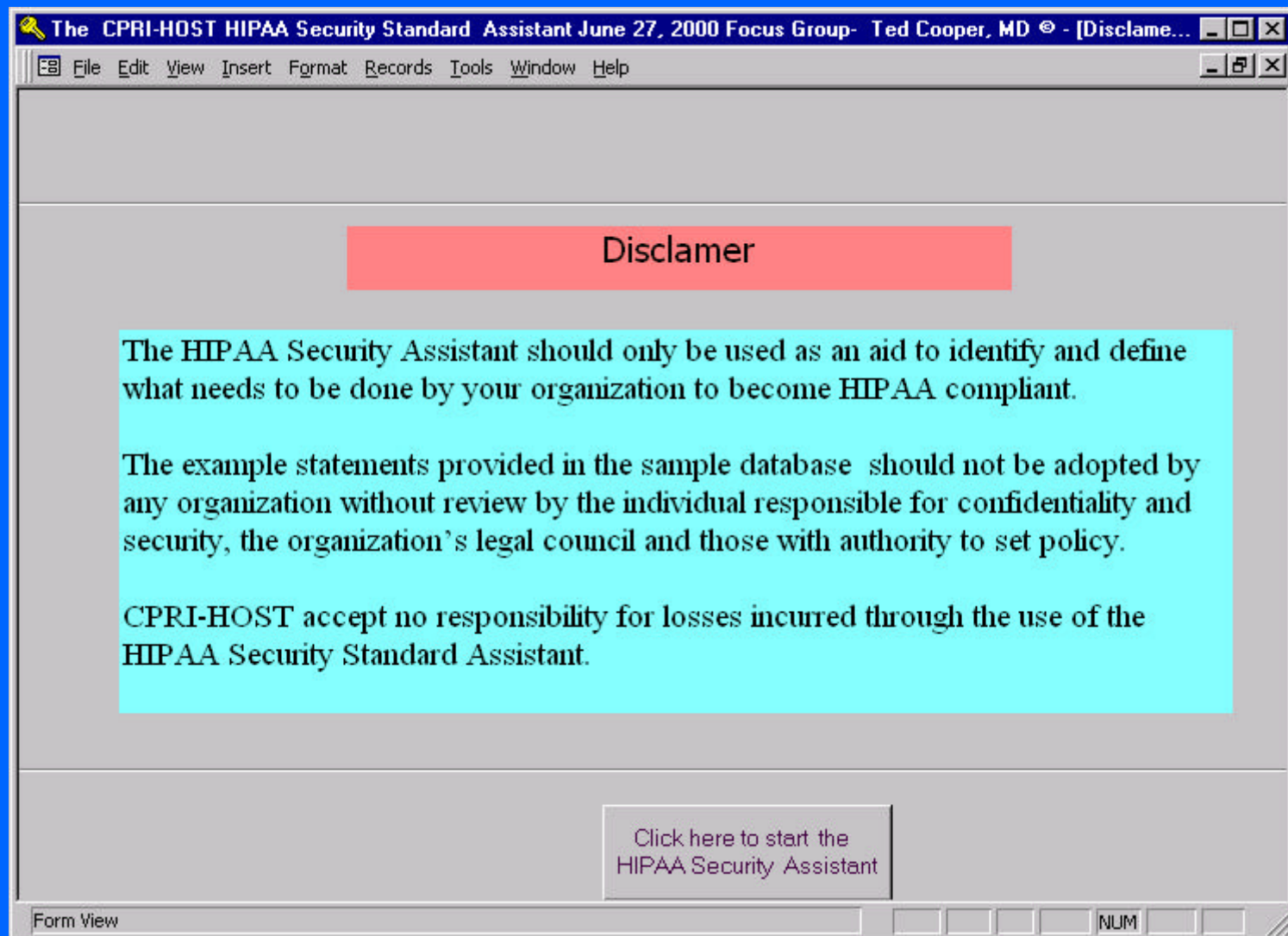
Improved health care information security

HIPAA Security Assistant

- **Microsoft Access Database Application**
- **Displays each HIPAA Security**
 - Requirement
 - Implementation Feature
 - One at a time
- **Provides for your entry of**
 - Items needed to be done to address each
 - A description of each item you enter

HIPAA Security Assistant

- **Future CPRI-HOST Product**
- **Focus Groups are being conducted**
 - **Contribute Content**
- **Analysis will be done to determine which items are common**
- **Can provide output in**
 - **MS Access Reports**
 - **MS Word file**
 - **MS Excel file**



The CPRI-HOST HIPAA Security Standard Assistant June 27, 2000 Focus Group- Ted Cooper, MD © - [Data Entry : Form]

HIPAA Category Administrative Procedure Requirement Certification (1)The technical evaluation performed as part of, and in support of, the accreditation process that establishes the extent to which a particular computer system or network design and implementation meet a pre-specified set of security requirements. This evaluation may be performed internally or by an external accrediting agency.	HIPAA Number 142.308.a.1 Implementation Feature None
--	---

For each requirement implementation feature enter the concept for each item to be addressed in this column.

Concept	Description of What Needs to Be Done
Certification method	To perform the certification method to evaluate software, databases and networks is needed.
Authority for performing the technical assessment	The individual who is responsible for performing the technical assessment for certification must be explicitly stated.
Authority for accepting residual risk	The corporate officer responsible for accepting any residual risk for systems or networks which do not completely meet the set of certification requirements.
Level of software risk	Each software application and reporting database containing patient identifiable information will be classified for level of risk of unauthorized use or disclosure.
Level of network risk	Each computer network will be classified for level of risk of unauthorized disclosure.
Periodically	Each software application and network will be recertified no less than every 3 years.
Before implementing a system or connecting to a new network	A certification evaluation will be performed before connecting any software application or additional network to the Kaiser Permanente network.
When system is changed	A certification update will be performed with each release of an application.
Inventory of software and networks	An up to date inventory of all software applications, reporting databases and networks will be maintained.



HIPAA Proposed Security Regulation Self-evaluation Tool

NCHICA

www.nchica.org

Uses of *HIPAA EarlyView*Ô

- Staff education
- Gap analysis
 - Inadequate or missing policies
 - Previously unidentified vulnerabilities
- Due diligence documentation
- Budget planning

Greeting



NCHICA

HIPAA EarlyViewTM

Version 1.0

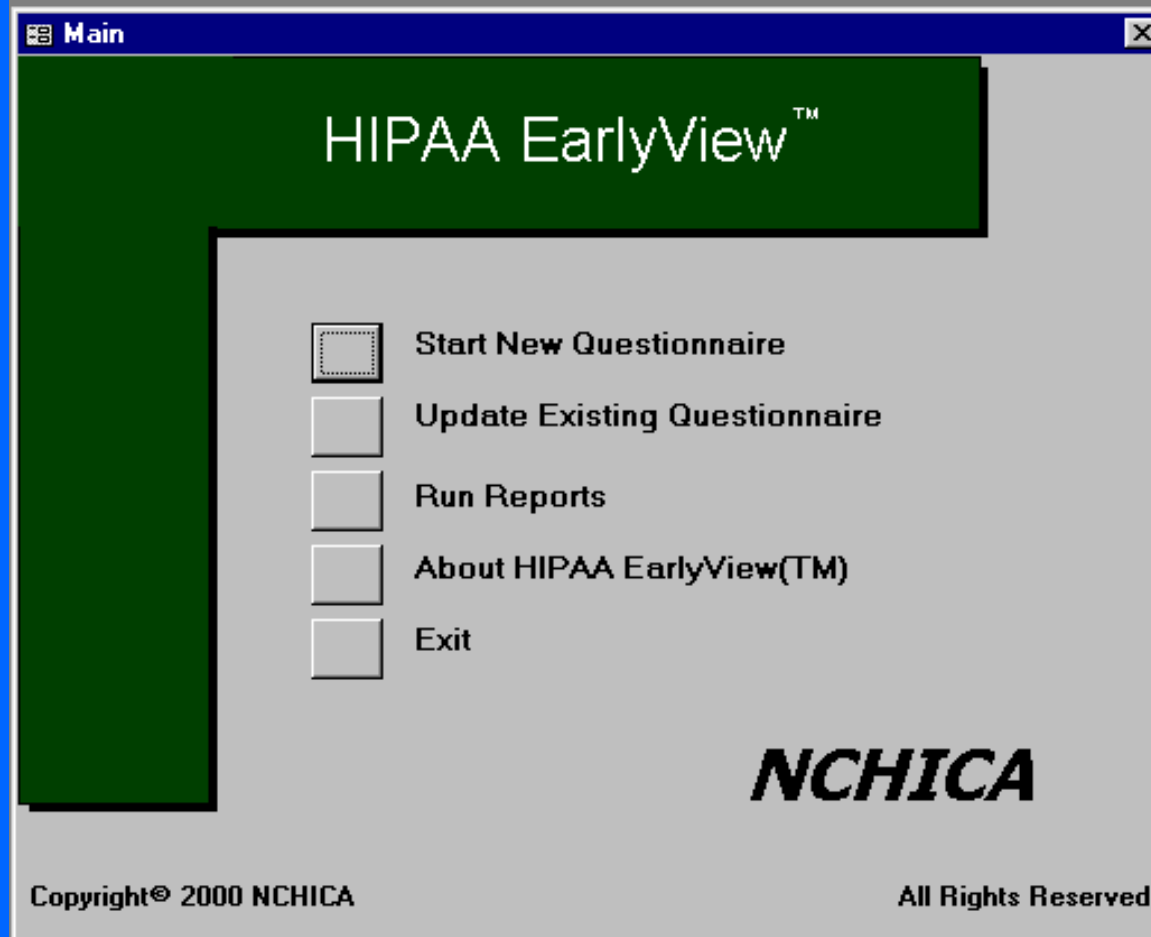
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<http://www.nchica.org>
919-558-9258

OK

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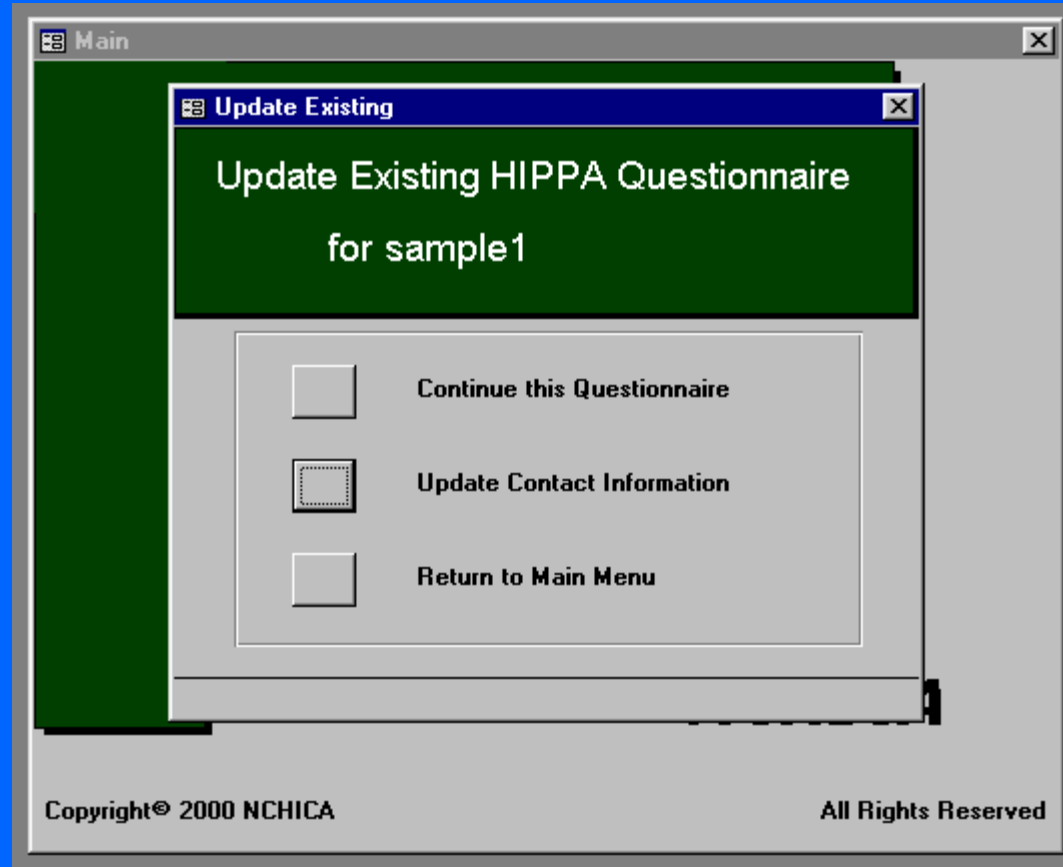
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E-Mail	<input type="text" value="email@sample.com"/>		

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F. E-Mail	<input type="text" value="facilitator@sampel.com"/>	
Serial #	<input type="text" value="1234"/>	

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Update Questionnaire Menu



Security Questions

This form is used by a facilitator to conduct the HIPAA Security Questionnaire. It is designed to be used to capture all required information. Comments should be forwarded to DataSecurity@NCHICA.ORG. Thanks!

Question **1** Questionnaire Name: sample1

Has an external entity or group performed a technical evaluation for BOTH your information systems AND network design for compliance with security standards?

Answer: ☒ Yes ☐ No ☐ N/A ☐ Unanswered Due Diligence Demonstrated: ☐ Check if YES

Comments: evaluation done by test org - june 1999

Refer To:

Document Name: tech eval

Doc Type: Paper Document Location:

Periodically Reviewed? No Next Review Date (MM/DD/YYYY):

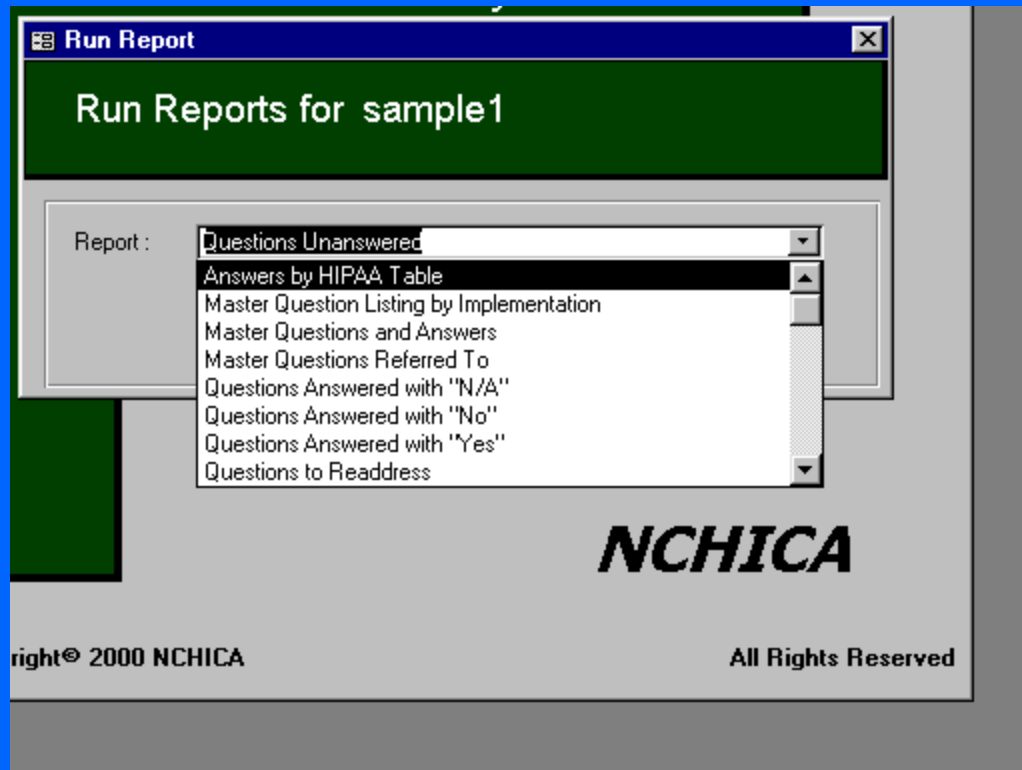
Point of Contact: Mr. Contact Contact Phone: (999) 999-9999 Ext. 1234

Contact Title: boss Contact E-Mail: boss@sample.com

Contact FAX: (999) 999-9999

Answer Date (M/D/Y): 6/9/00 Readdress Requirement: ☐

Report Menu



Report Example

Questions answered with "NO"

sample1

HIPAA Table

A

HIPAA Requirement Certification

HIPAA Implementation

Question Number	Detailed Question	Refer To:	Contact	Contact Phone
2	Does your organization have an internal audit group that performs technical evaluations for BOTH information systems AND network design for compliance with security standards?	Susan Reference		



Available on the NCHICA Web site:

\$150 license fee per site

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www.nchica.org



Information Security Risk Assessments: A New Approach

- Christopher Alberts
- Team Leader
 - Security Risk Assessments
- Software Engineering Institute
- Carnegie Mellon University
- Pittsburgh, PA 15213
- Sponsored by the U.S. Department of Defense



Self-Directed IS Risk Assessments

- **Goals:**
 - To enable organizations to direct and manage risk assessments for themselves
 - To enable organizations to make the best decisions based on their unique risks
 - To focus organizations on protecting key information assets



Why a Self Directed Approach?

- **SEI's experience**
 - **Acting as external resource**
 - Identify specific problems
 - Provide “laundry list” of items to be fixed
 - Fixes applied by organization
 - Next assessment similar issues identifies
 - Root cause of issues remains



Why a Self Directed Approach?

- **SEI's experience**
 - **Sees need for organizations to internalize risk assessment**
 - approach
 - education/knowledge
 - practices
 - instill a change in culture



Benefits

- Organizations will identify information security risks that could prevent them from achieving their missions.
- Organizations will learn to direct information security risk assessments for themselves.
- Organizations will identify approaches for managing their information security risks.
- Medical organizations will be better positioned to comply with HIPAA requirements.

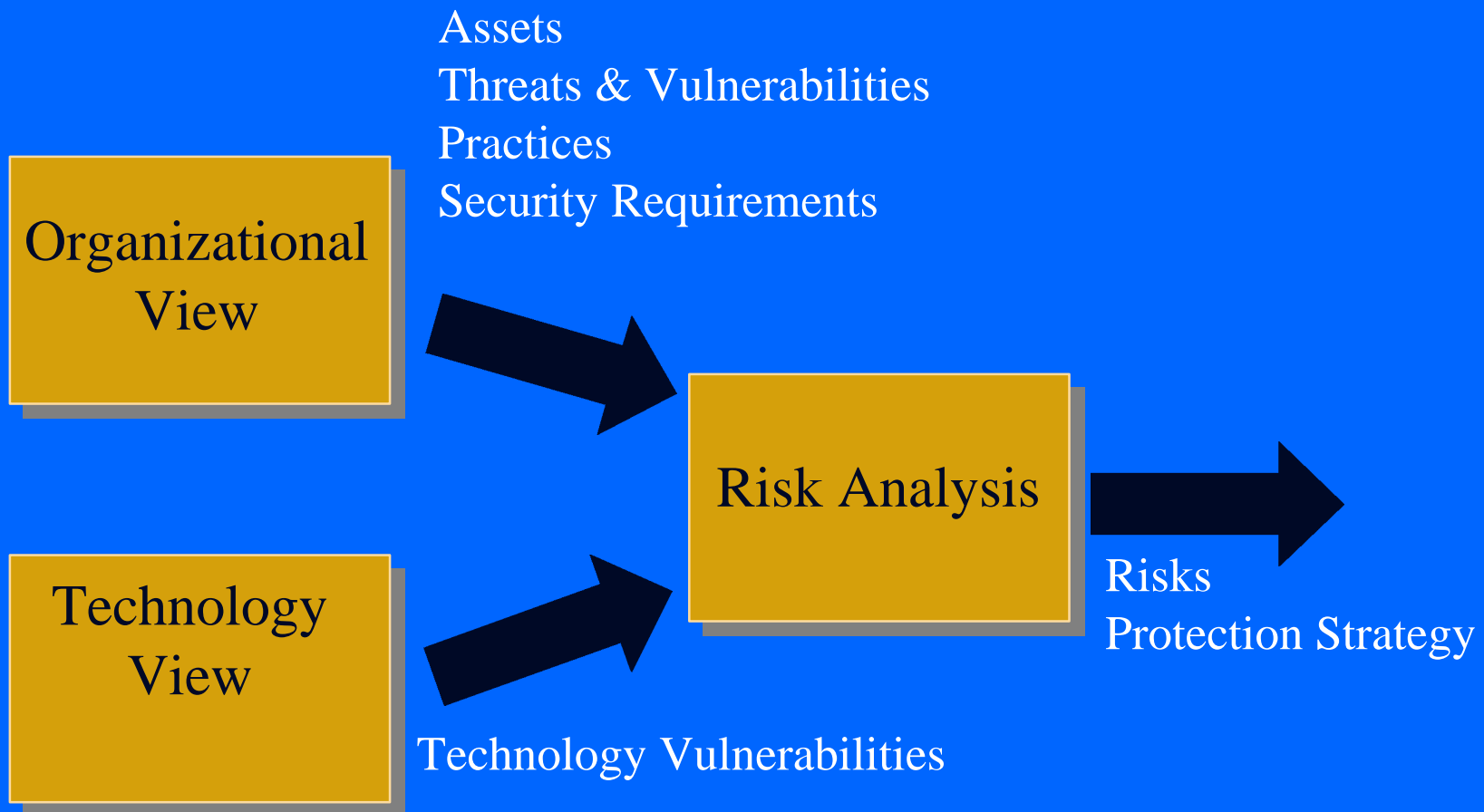


SEI's Self Risk Assessment

- Aimed at moderate to large sized organizations
- Methodology
- Team
- Workshops
 - Structured process
 - Catalogue of specific references
 - Outcome - choices support mission



IS Risk Assessment





Management Practice Categories



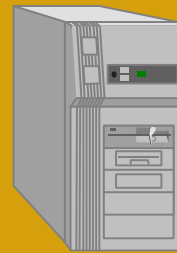


Technology Practice Categories

System and Network
Management

Incident Management

Technology



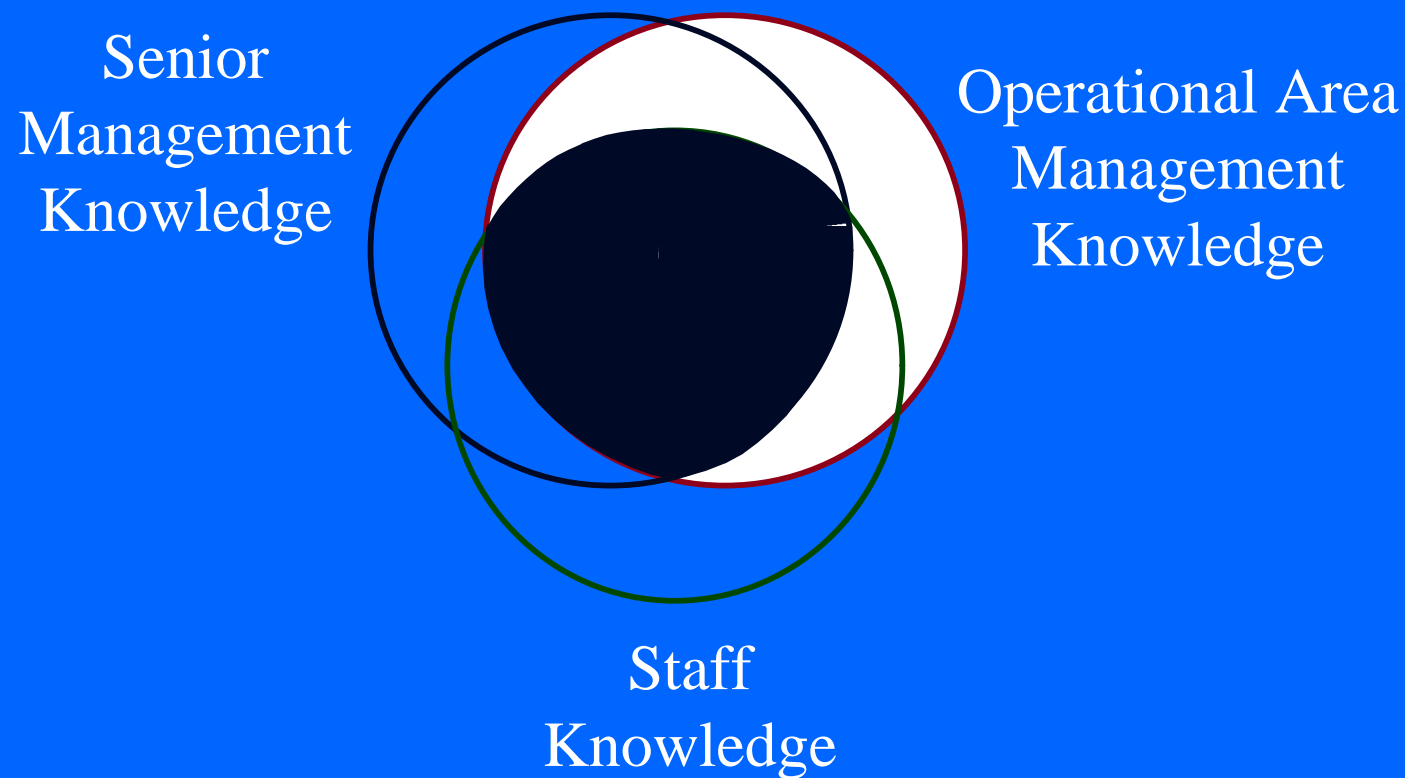
Encryption

Authentication
and Authorization

Monitoring and Auditing



Distributed Knowledge





SEI Risk Assessment Resource

- **Will be available freely over the Web**
- **Derivative products encouraged**
- **SEI will provide training courses**
- **Will have been validated in field**
- **Expected to be available 6-12 months**



Carnegie Mellon
Software Engineering Institute

HIPAA Security Summit Implementation Guidelines

Roger May

Acknowledgements

- Johns Hopkins
- WEDI / Jim Schuping and Steve Lazarus
- Track Leaders
- Executive Committee
- Sponsors
 - IBM, TRW, COMPAQ, KSM Healthcare Resources, Johns Hopkins, Microsoft, SMS
- Attendees

What Kind of Guidance?

- Reasonable
 - Can you live with it? Does it protect enough?
- “Implementable”
 - Can you put it into operation? Keep it there?
- Scalable
 - Dentists to Integrated Delivery Systems
- Business Oriented
 - How Do I it fit within my Business Processes?
- Where to Start???

Partners....

- CPRI
- D.O.D. Rainbow Series
- ASC X12N
- Consulting and Technology Firms
 - Best Practices
 - Other Industries
- Business Continuity Firms / Experts
- Then, We Synthesize

October 11 - 13, 1999

Baltimore

- Overview of HIPAA & Security Drill Down
- Reviewed Goals, Objectives, Methodology
 - Gathered Issues/ Concerns to Address
 - What are you worried about?
- Broke Into Tracks
 - Business Impact Analysis, Solution Design, Implementations, Monitoring and Reporting
 - Led by “Volunteers”
 - “Vendor-isms” were discouraged
- Report Back Progress
 - Ask, Refine, Encourage, Torture, Other
- Repeat Steps Above
- Close and Go to Next Phase

3 Breakout Groups

- **Business Impact Analysis**
- **Solution Design and Analysis**
- **Monitoring and Reporting**

- **Approach**
- **Content**

Who Contributed?

Payers	23
Providers	39
Consultants	47
Technology	22
Clearinghouses	4
Payer Vendors	3
Provider Vendors	10
Government	10
Professional Organizations	10
Law Firms	2

Assets We Took Into Summit

- **Highly Refined Raw Material**
 - By Track
 - Refined Matrix
 - Toolkit and Tools
 - Document Format (Logical Sequence)
- **Volunteers to Create Finished Product**
- **Web-sites and Communications**
- **A Process**
- **A Timeline**

So, Where Are We Now?

- **Executing the Plan**
 - **Drafting/Revising Guideline Document**
- **Maintaining Focus**
- **Receiving Very Positive Feedback**
- **Reviewers & Validations**
 - **Where you come in**
- **Roll-out Following Final Rules**
- **Looking for Greater Collaboration**
 - **CPRI-HOST**

Going Forward

- Coordinate and Proliferate (with Your Help)
- Refine and Improve
 - Your / Our Guidance (Leverage Experience)
- Additional Thoughts? Send w/ Subject to:
 - hipaa.issues@smed.com
- Remain Coordinated w/ NPRM Timing
- Stay Tuned for Updates and Deliverables at

www.smed.com/hipaa

www.wedi.org

Thank you!



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