ORDR

BRINGING ORDR TO CHAOS

HIPAA/HITECH New Rules: More Than Just a Checklist

Use the latest rules as an opportunity to enhance security.

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ORDR.NET

CHIEF HEALTHCARE OFFICER, ORDR

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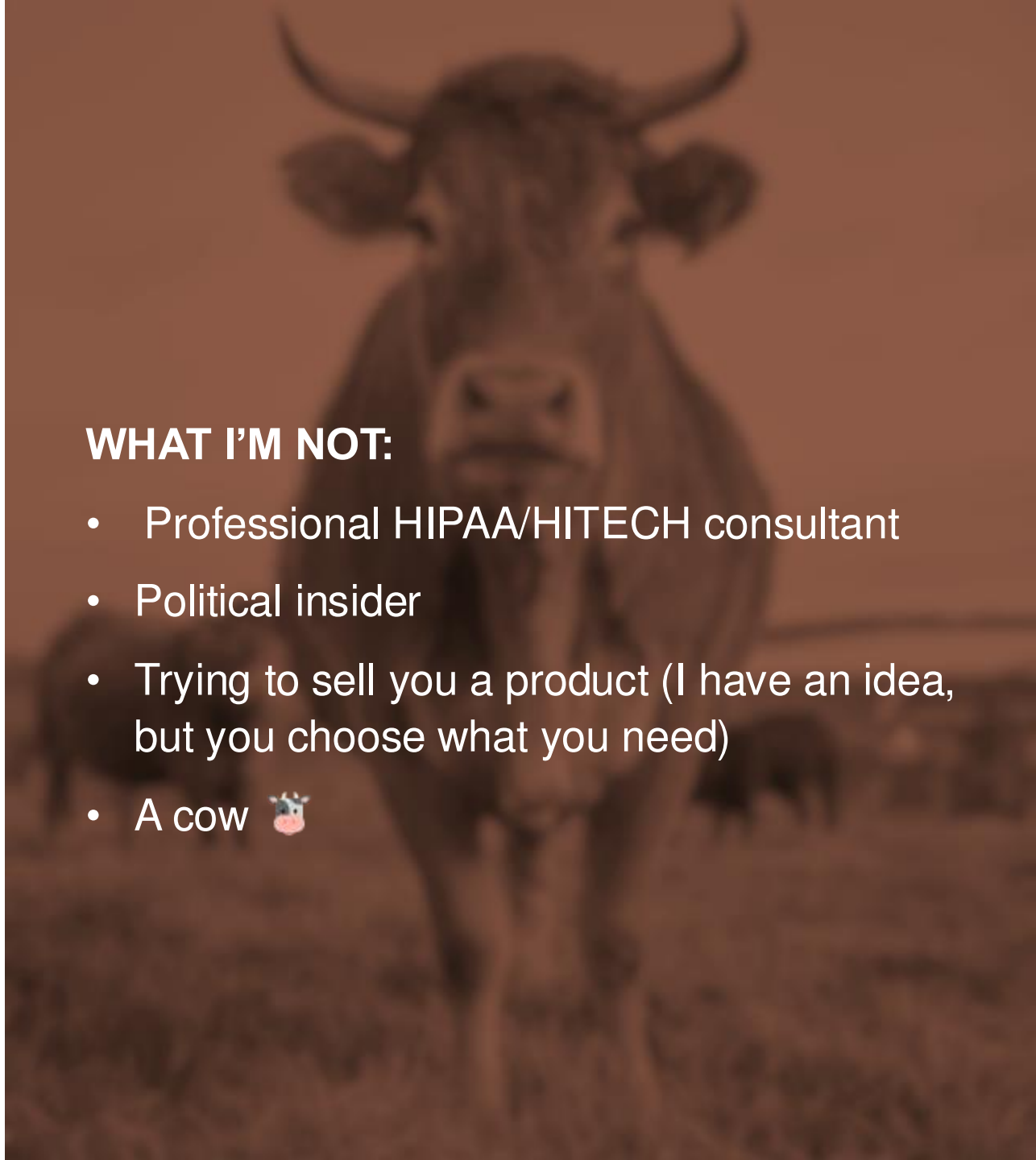
WHO I AM:

- 20-year Air Force veteran: Korean linguist then CIO
- Scripps, Seattle Children's, Sutter
- Imprivata and now ORDR!
- CHIME/HIMSS member since 1993

WHAT I'M NOT:

- Professional HIPAA/HITECH consultant
- Political insider
- Trying to sell you a product (I have an idea, but you choose what you need)
- A cow 🐮



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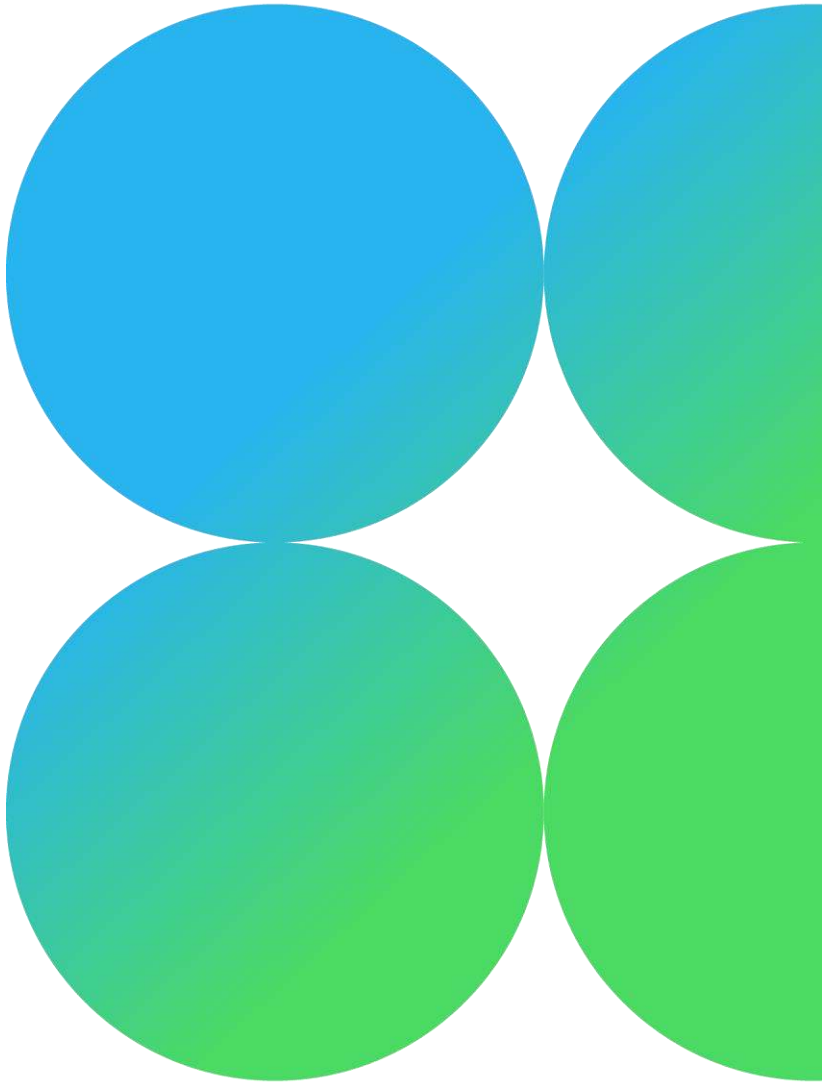
What's the Latest

- Released for comment (Jan 6) → Paused by Trump administration
- Once unpaused, compliance required in 180 days
- Industry opposition: CHIME, AHA, AMA, and others
- Reality check: Rules would improve healthcare security, but organizations are delaying action

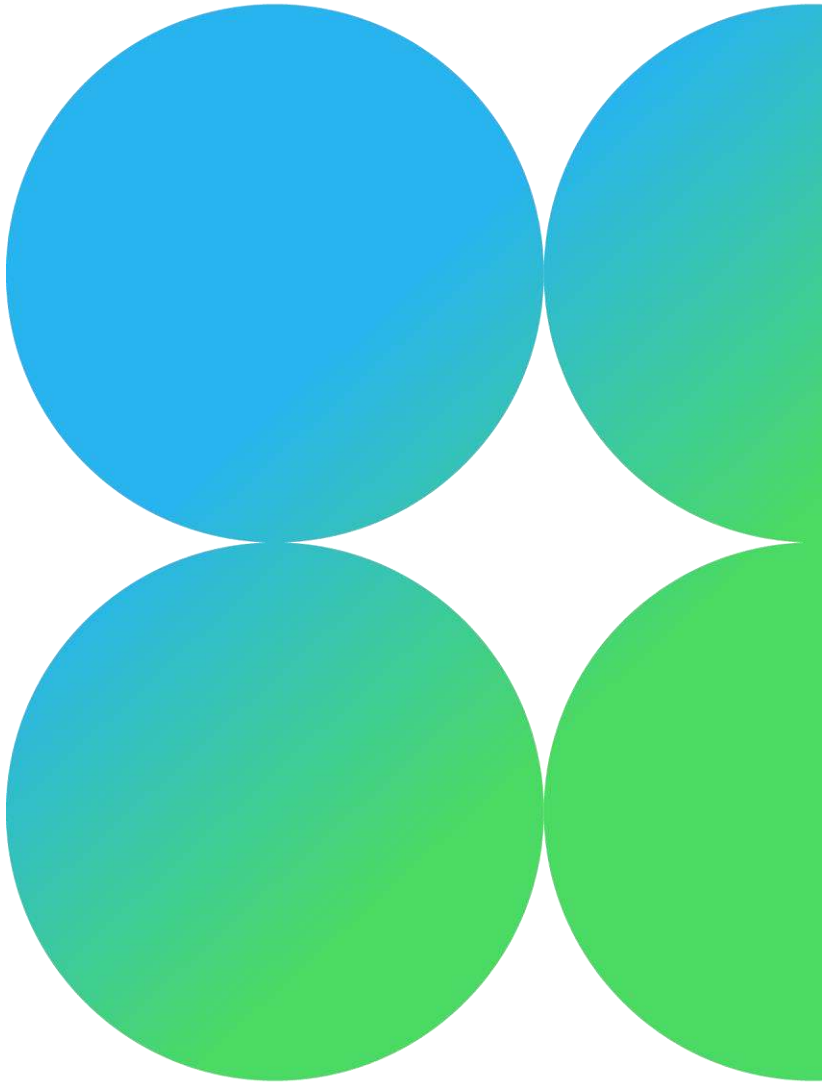


Why Do They Matter

- **Similar to existing rules, but with enforcement teeth**
- “Addressable” controls now required (OCR enforceable)
- “You shall” replaces “You should”

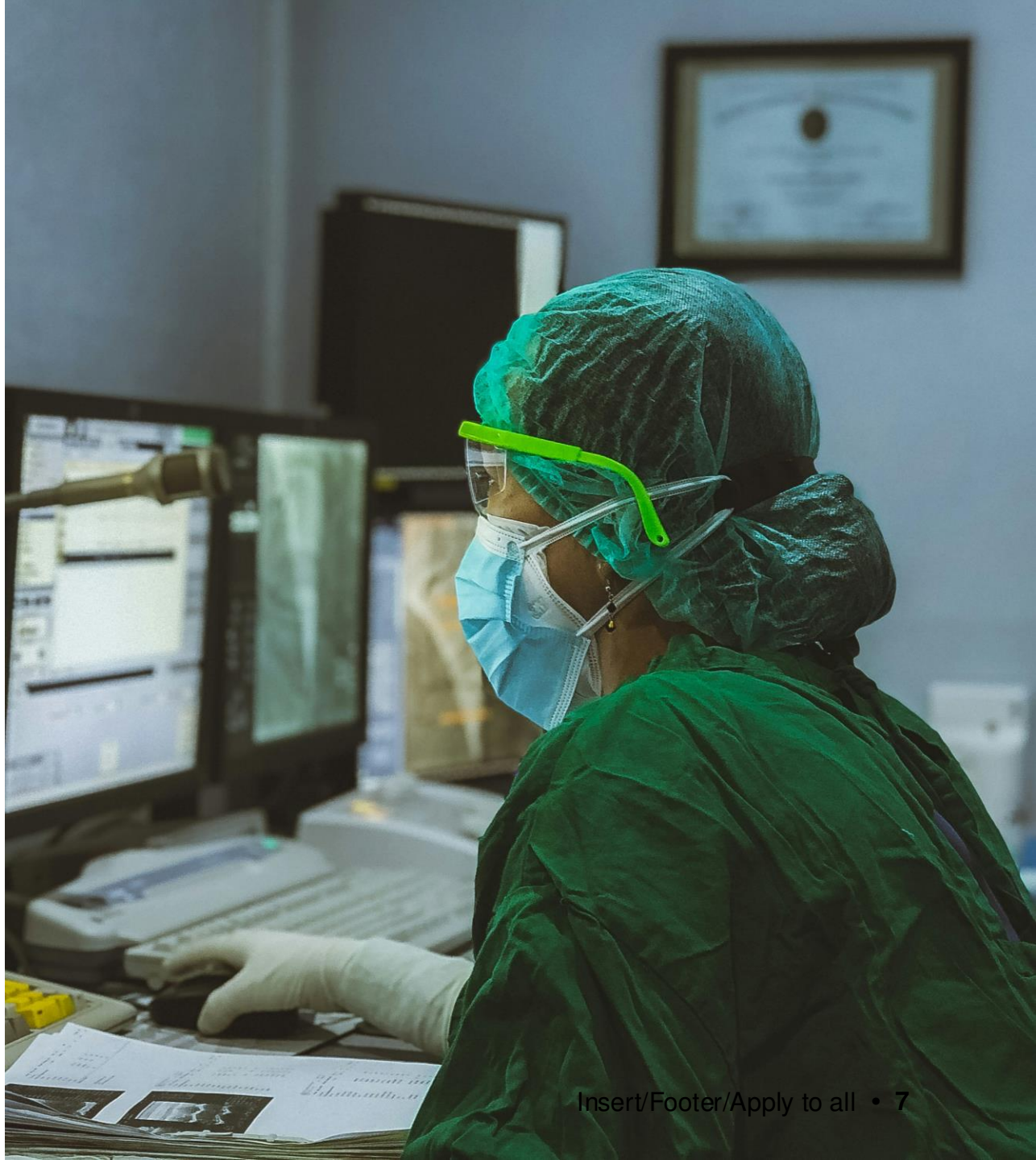
- **Clear rationale behind each rule**
- Explains "why" behind each rule with real-world examples

- **Preemptively addresses common objections**
- Includes **cost-benefit analysis** for internal buy-in (verify figures)

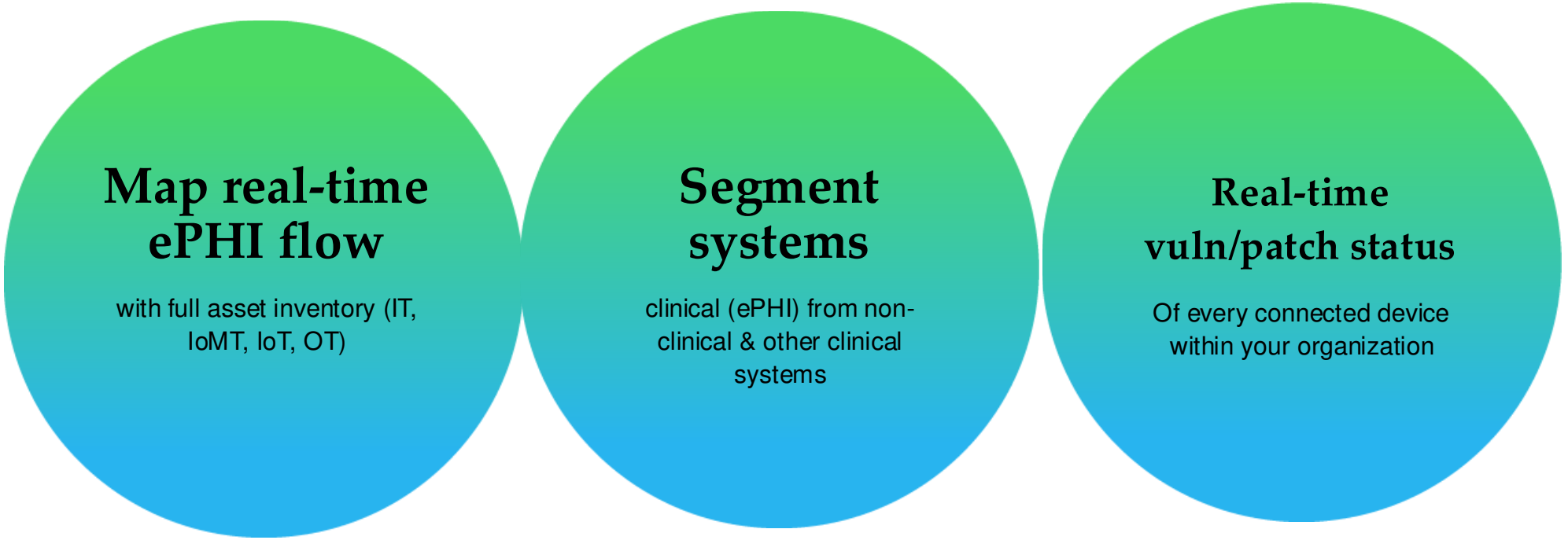


Quick Impressions

- **It's long – 450+ pages**, covering:
  - Administrative safeguards
  - Technical controls
  - Failure examples (justifying changes)
  - Cost-benefit analysis (shows immediate ROI)
- **Bottom line:** It's all about **protecting ePHI**!



Top "Must-Do's" for CTOs/CISOs



- **Monitor** vulnerabilities, installed software, users, & locations
- **Align with new rules**: Anything affecting ePHI must be mapped

- **Isolate** critical systems to **reduce attack blast zones**\
- **Example**: EHR & CV systems **must not share** network zones

- **Ensure** compliance with CVE patching requirements
- **Prioritize remediation** based on asset risk & exposure

Start with Inventory

"While maintaining an accurate and thorough inventory of technology assets is not currently an explicit requirement of the Security Rule, it is clearly a fundamental component…."

ALL things in real time

Devices

- What they are
- Vuln/patch level
- Who owns it

People: Unique identifiers for both people and devices

45 CFR 164.308(a)(1)(i)

would require a regulated entity to conduct and maintain an accurate and thorough written technology asset inventory and a network map of its electronic information systems and all technology assets that may affect the confidentiality, integrity, or availability of ePHI.

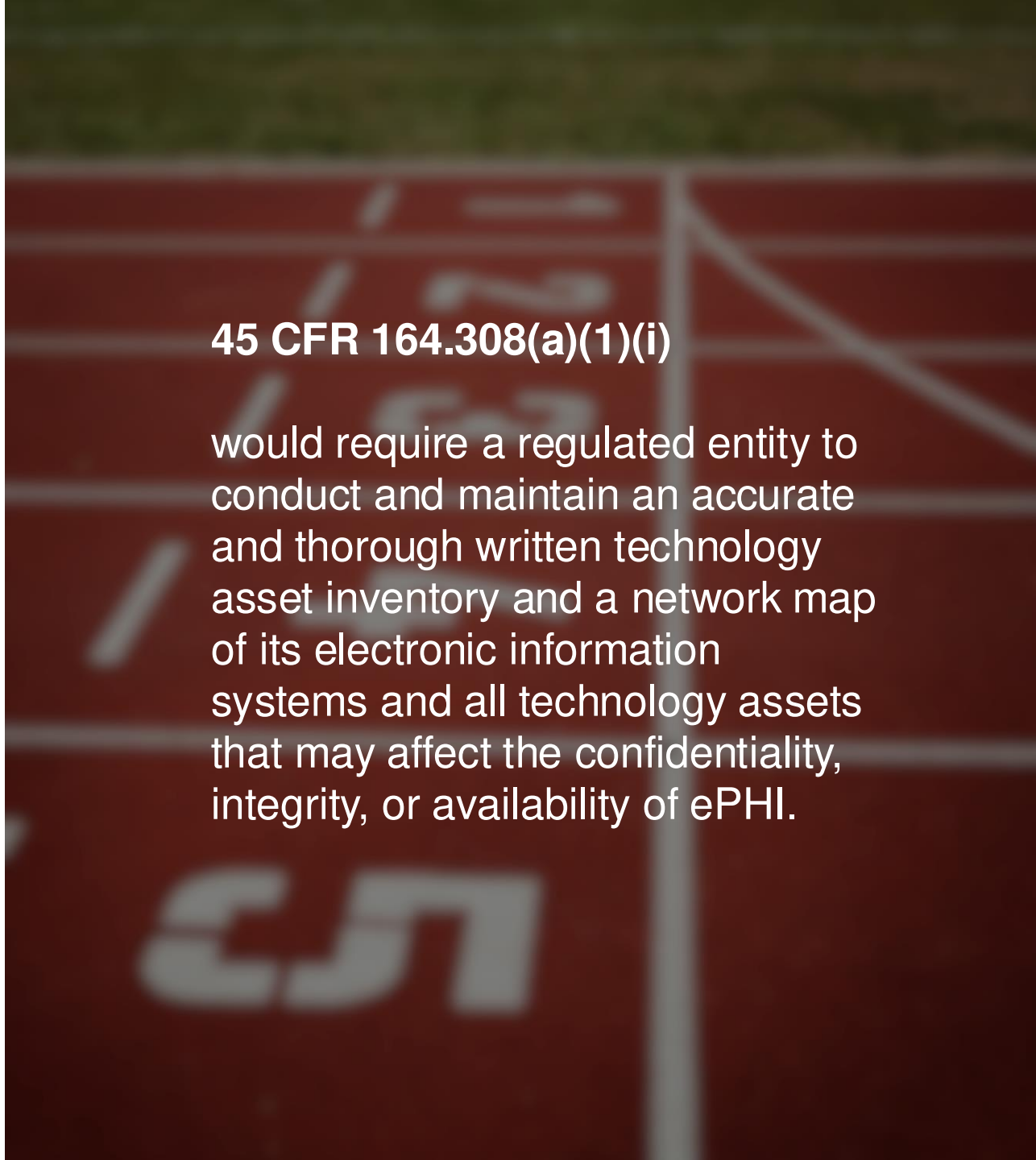
Start with Inventory

ePHI

Where is it?

How does it move within your organization?

- Where are the start/end points
- Which network gear does it go through
- Is it encrypted at all points in the journey



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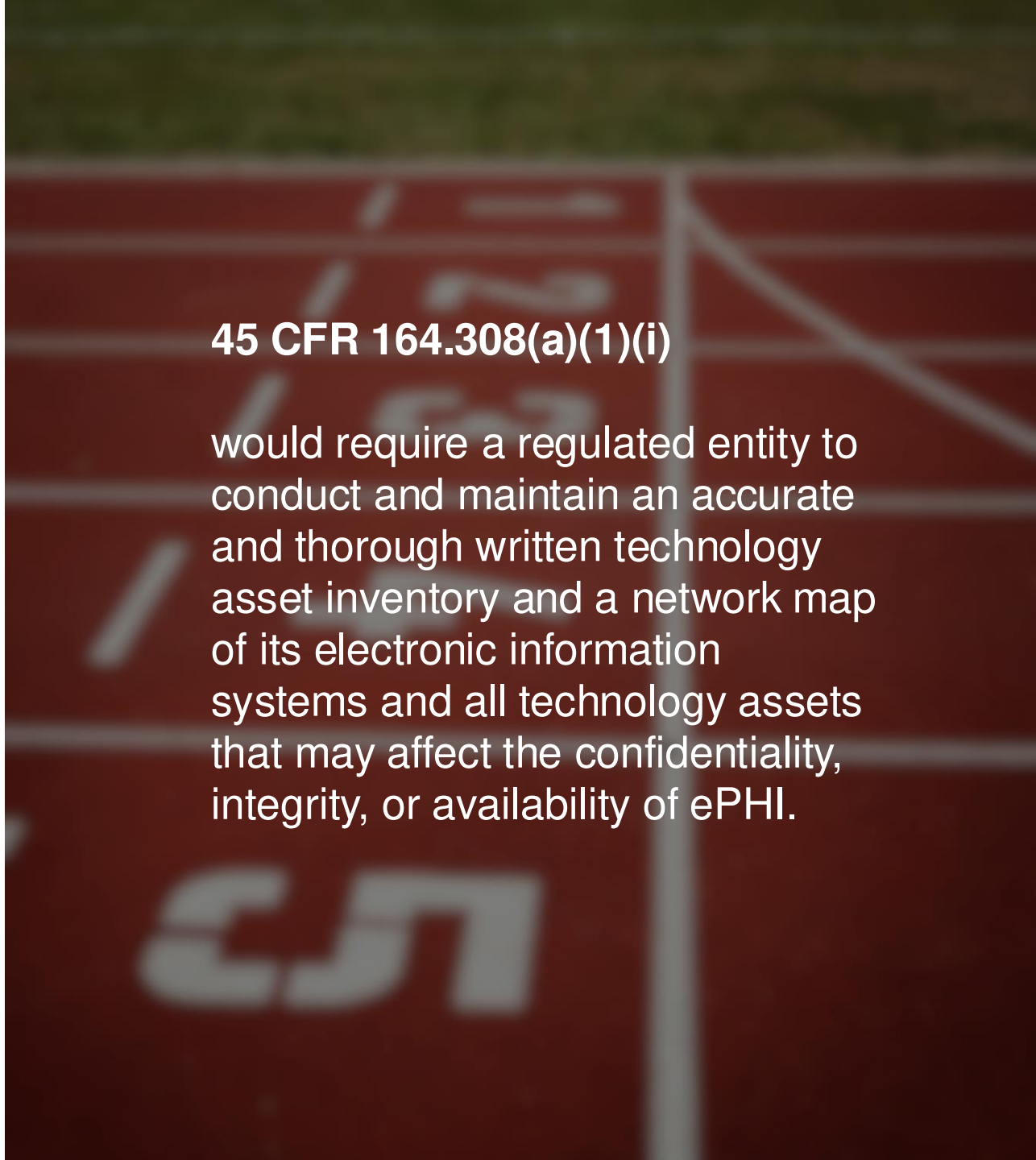
Start with Inventory

Vulnerabilities/Patches

- Inventory must include vulnerability data for compliance
- Traditional scanners miss OT, IoT, IoMT — know your gaps
- HHS mandates remediation for Critical (15 days) & High (30 days) CVEs



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Final Thoughts

- The New Rules are a win for healthcare IT and the customers we serve.
- Inventory is your keystone — if it's only 70% accurate… well, good luck. (CMDB?)
- With real-time, accurate inventory, the New Rules aren't onerous—they're necessary.