



CYBER SECURITY AND HEALTHCARE: HOW SAFE ARE WE?

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CYBER SECURITY AND HEALTHCARE: HOW SAFE ARE WE?

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3 *The advent of the digital era in healthcare holds great promise, but this could be undermined*
4 *if weaknesses in cyber security are allowed to jeopardise patient safety and privacy.*
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8 9 10 11 **INTRODUCTION**

12 Healthcare systems around the world have rightly identified the vast potential for digital
13 technology to improve clinical outcomes and transform the delivery of healthcare[1]. Some
14 nations have made concerted attempts to legislate for healthcare cybersecurity [2], however,
15 cyber risk has been largely underestimated and the majority of global health systems remain
16 vulnerable to attack. The recent WannaCry malware attack, which disrupted significant parts
17 of the National Health Service (NHS) in the UK, has once again highlighted cybersecurity as
18 a critical patient safety issue. Patients, clinicians and institutions are now more integrated
19 than ever before and increasingly dependent on shared health data. Here, the growing cyber
20 security risks to healthcare are reviewed and future needs for effective cyber defence
21 identified.
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33 34 35 36 37 **MAIN TEXT**

38 *Cyber crime – a universal challenge*

39 Cyber attacks usually steal money, data or intellectual property, although increasingly the
40 aim is to cause overt disruption or political impact. Cyber crimes are often transnational and
41 attributing them to individuals can be difficult. Increasingly they are state sponsored and
42 highly sophisticated. Many go undetected or unreported, and only a small minority enter the
43 public domain; among recent examples are the major breaches at TalkTalk, Mossack
44 Fonseca, The US Democratic National Committee and Yahoo. The total cost of cyber crime
45 globally in 2014 was estimated to be up to \$575 billion[3].
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55 56 57 *Cyber crime and healthcare* 58 59 60

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3 Healthcare faces even larger cyber risks than other sectors because of inherent weaknesses
4 in its security posture - *Figure 1* - and is one of the most targeted sectors globally; 81% of
5 organisations surveyed and >110 million patients in the US had their data compromised in
6 2015 alone[4,5]. Only half of providers feel they are capable of defending themselves from
7 cyberattack, and there has been a 300% increase in attacks in the past three years[4,6], For
8 the criminals and foreign states who are conducting cyberattacks, the healthcare sector is an
9 attractive target for two simple reasons: it is a rich source of valuable data, and it is a soft
10 target. The current and emerging cyber risks to healthcare are outlined in *Figure 2*.

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21 Cyber security is intended to protect the Confidentiality, Integrity and Availability (CIA) of
22 data. For healthcare, *Confidentiality* is about ensuring that sensitive information, especially
23 identifiable data, does not reach the wrong people and that patient privacy is maintained. In
24 2015, for example, criminals stole 80 million personal records from the US health insurance
25 company Anthem. Individual medical records are traded on the Dark Web for around \$50,
26 giving the breach a market value of a billion dollars or more[7]. Medical records, especially
27 those in the US, are worth much more on the black market than credit card details because
28 they contain multiple permanent identifiers and financial information[5]. Unlike credit cards,
29 these identifiers cannot be reset, and an individual's health record may contain enough
30 information to open bank accounts, obtain loans or acquire a passport. *Integrity* is about
31 ensuring the accuracy and trustworthiness of data, whilst *Availability* is about maintaining
32 reliable access to the data and the systems used to process and store it; these often come
33 hand-in-hand as we seen in the recent WannaCry attack.

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50 The fallout from the WannaCry ransomware attack is still settling, although it has so far
51 reportedly affected around 200,000 systems in more than 150 countries[8]. Around 50
52 hospitals in the UK were directly affected, and many more pre-emptively shut down their
53 computer systems resulting in significant disruption - affecting care delivery, compromising
54 patient safety, and potentially eroding trust. The attack used a prevalent type of malware
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3 known as ransomware, which creates encrypted copies of data before deleting the originals.
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5 The only way to regain access to the infected computer and the data is to pay the Bitcoin
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7 ransom, or wipe the system and retrieve a backup copy. The WannaCry attack, though
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9 hugely disruptive, did not specifically target the healthcare sector; however, this has not
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11 always been the case. In 2016 a ransomware attack on the Hollywood Presbyterian Medical
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13 Center in Los Angeles shut down its network for 10 days, preventing staff from accessing
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15 medical records or using medical equipment until the hospital paid the ransom (reportedly a
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17 mere 40 Bitcoins, or about \$17,000)[10]. It is thought that the infection took place when an
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19 employee clicked on an attachment to a 'phishing' email and unwittingly downloaded the
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21 ransomware. Phishing emails are the commonest means of delivering malware and hard to
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23 defend against. Even in security conscious organisations, the click rate on well-crafted
24
25 phishing emails can be up to 30%[5]. Ransomware has previously affected other hospitals:
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27 one English hospital was forced to cancel all operations and transfer patients for two days
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29 following an attack in 2016[11,12], whilst Boston Children's Hospital and hospitals in
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31 Germany have also been targeted[13]. Two Freedom of Information (FOI) requests in the UK
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33 found that in 2015-16 up to half of NHS Trusts were hit by ransomware the preceding
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35 year[10]. It is telling that despite these well publicised attacks, and the availability of security
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37 patches for known vulnerabilities, the warnings went largely unheeded, resulting in the
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39 significant disruption caused by WannaCry.
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44 Healthcare data is usually stolen or ransomed for money. However, some incidents have no
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46 obvious financial motive. In 2016, the Australian Red Cross Blood Service suffered a major
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48 breach in which 1.28 million records containing large amounts of sensitive information,
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50 including donors' high-risk sexual activity were dumped on a public website[11].
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53 Cyberattacks may also be used to create overt political impact – most notably in the recent
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55 attacks against the World Anti-Doping Agency (WADA), in which the medical records of
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57 prominent athletes were release[14]. More recently ISIL-linked hackers have directly targeted
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3 NHS websites for propaganda purposes[15]. It is easy to imagine other scenarios in which
4 high-profile individuals are targeted in order to damage reputations or potentially worse.
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7 8 9 *Why is healthcare so vulnerable?*

10 The vulnerability of the healthcare sector to cyberattack reflects a combination of factors,
11 notably limited resource, fragmented governance and culture[16]. Compared with other
12 sectors such as financial services, healthcare has chronically under-invested in IT
13 infrastructure. Many NHS organisations spend as little as 1-2% of their annual budget on IT,
14 compared to 4-10% in other critical sectors[17], and many run on multiple legacy systems
15 that are no longer supported with security updates. Indicative of this low level of investment,
16 in the UK, the majority of NHS trusts are still, to some extent, using Windows XP, an
17 operating system that Microsoft ceased to support in 2014[18].
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29 It is not only the outdated infrastructure that creates vulnerabilities: cyber security experts are
30 in very short supply and cash-strapped healthcare organisations cannot afford to pay the
31 market rate for their services. Fragmented governance is another big problem, leading to a
32 lack of clarity over who is responsible for securing systems and data. The UK healthcare
33 sector comprises many thousands of distinct entities, ranging from national organisations to
34 individual GP surgeries, all of which have their own governance structures. In the UK, at
35 least, there is a lack of clear accountability and responsibility for cyber security at a national
36 level, for what is evidently a national problem. Finally, the culture of healthcare
37 understandably focuses on the core mission of caring for patients, even at the expense of
38 security. One symptom of this patient-first culture is the widespread sharing of passwords
39 and IT credentials – a practice that undermines security, but nonetheless makes sense.
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54 *What does the future hold?*

55 So far, attacks on healthcare have principally been for the purpose of financial gain, and
56 there have been no significant cases in which the integrity of healthcare data is known to
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3 have been compromised. However, we face the real prospect that, intentionally or
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5 unwittingly, the integrity of healthcare data will be compromised. Consider, for example, the
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7 harm that could be caused by altering blood groups, test results or imaging reports.
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11 Another worrying prospect is that of malicious cyberattacks on medical devices. As long ago
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13 as 2014, more than 300 medical devices were identified as being at risk [5]. In 2016 Johnson
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15 & Johnson warned patients of a vulnerability that could allow hackers to take control of the
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17 Animas OneTouch insulin pump [19], whilst Barnaby Jack, a well-known hacker,
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19 demonstrated how he could remotely control a Medtronic insulin pump to deliver a lethal
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21 insulin dose[20]. Risks such as these seem set to increase with the rapid growth in
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23 consumer, wearable and mobile technologies[5,21,22].
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28 In addition to patient safety, there are significant financial and reputational risks for
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30 healthcare arising from poor cyber security. Every European institution, including healthcare
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32 providers, should be thinking about the implications of the General Data Protection
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34 Regulation (GDPR) which comes into effect in 2018. Among other things, GDPR makes it
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36 mandatory to report security breaches within 72 hours, and non-compliance can result in a
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38 fine of up to €20 million or 4% of annual global turnover[23]. In the UK to date there has been
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40 little guidance or leadership on how organisations can meet these responsibilities in practice.
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42 Another worry, beyond fines and legal action, is that large-scale compromises of patient data
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44 might undermine public confidence, making patients more reluctant to share their data with
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46 clinicians or researchers[24,25].
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50 *What can the healthcare sector do?*

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52 Cyber security can never be 100% effective, and the threat to healthcare is an unavoidable
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54 new reality. However, there are many practical steps that individuals and organisations can
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56 take to protect themselves and reduce the likelihood or impact of an attack.
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3 An ultimate aim of cyber security should be to strengthen resilience. Resilient organisations
4 are less likely to have their security breached and suffer less harm when breaches do occur.
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6 A simple approach to improving resilience is by maintaining secure, up-to-date and
7 retrievable backups, so that an attack will not result in the permanent loss of data. In the
8 case of a cyberattack on Papworth Hospital in the UK in 2016, a ransomware infection
9 fortuitously happened just after the daily backup and so no data was lost[26]. More generally,
10 good cyber security should be designed-in from the outset of new IT projects. Security that is
11 bolted-on at the end is often more expensive and less effective. Systems can also be
12 designed to make them inherently more secure –, for example, by assembling the ‘full
13 picture’ only when it is needed for direct care.[27]. Security should be inherent in healthcare
14 systems, not retrofitted or, worse still, thought about for the first time only after a major
15 incident.
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29 Another mechanism for enhancing resilience is insurance. Cyber security insurance is a
30 rapidly growing business with global sales of \$2.75 billion in 2015[28]. The rising cost of
31 cyberattacks might cause insurance companies to tread with more caution in future.
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33 Nonetheless, the right insurance regime can drive improvements in cyber security by
34 providing financial incentives for organisations to take better care of themselves. Healthcare
35 providers need to find cost-effective ways to protect themselves against the potentially
36 enormous costs of cyberattacks, in much the same way as they do with clinical negligence
37 costs. Cyber security can be further bolstered by nationally driven support for incident
38 management, organisational preparedness, threat advice and the dissemination of best
39 practice. The mechanisms for providing such support are beginning to emerge – for example
40 the CareCERT initiative the UK [29].
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53 In addition to strengthening resilience, there is a need to develop common security standards
54 that are relevant to the healthcare sector. There is a plethora of general standards for cyber
55 security, such as the CIS Critical Controls[30], NIST 800-53[31] and ISO27001[32]. The UK
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3 National Cyber Security Centre (NCSC) offers expert advice and guidance on how
4 organisations can protect themselves and grow resilience; the elements of their “10 Steps to
5 Cyber Security” that are most relevant to healthcare are seen in *Figure 3*. These principles
6 are linked to the UK Government’s Cyber Essentials Scheme, which provides guidance,
7 together with an entry level assurance framework to help mitigate common risks[33].
8 Standards are only helpful if they are relevant and they are used. Currently, none of the
9 standards are specifically designed for the unique context of healthcare and none are
10 routinely or consistently applied across the sector. Fragmented governance, huge inter-
11 connectivity, the requirement for widespread access, the lack of regulatory pressure on
12 security, and lack of resource all suggest a need for a healthcare-specific standard for cyber
13 security. Identifying effective cyber security as a fundamental patient safety issue, and
14 applying consistent standards of regulation and assurance, could greatly improve the
15 protection of patients and their data.
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33 CONCLUSION

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35 The healthcare sector is complex, fragmented and chronically short of human and financial
36 resources, yet it holds large amounts of sensitive and valuable data in systems that are
37 increasingly critical for the safe provision of patient care. Cyber security is not just about
38 protecting data; it is fundamental to the safety and privacy of patients, and to maintaining
39 their trust. Cyber security must become an integral part of any digital transformation policy, a
40 pillar of healthcare regulation, and the subject of future patient safety research strategies.
41 There is a pressing need to develop practical standards that are specific to the healthcare
42 sector, agree clear lines of responsibility and governance, and commit appropriate resources
43 to the provision of adequate security. Cyber threats are an unavoidable reality and the risk is
44 increasing. It is imperative that these threats are identified, monitored and tackled as part of
45 a coordinated global response.
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KEY MESSAGES

- The threat from cyberattacks on healthcare is real and growing
- Good security means more than just protecting data. We now face the potential for large scale disruption to the delivery care, making cyber security a fundamental aspect of patient safety
- Cyber security in healthcare is a huge challenge, but there are practical steps that organisations and individuals can take to protect themselves and their patients
- There is a pressing need for healthcare specific standards and best practice, backed by firm regulation, sufficient resources and clear lines of responsibility

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James Kinross, the corresponding author is the guarantor of the article.

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CONFLICTS OF INTEREST

The authors have read and understood BMJ policy on declaration of interests and declare no conflicts of interest

LICENCE

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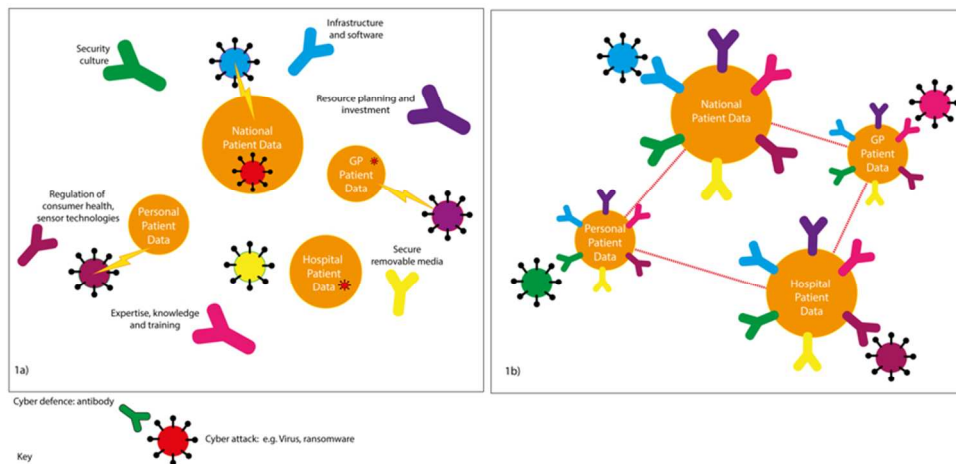


Figure 1 – current weaknesses and future solutions for effective cyber security in healthcare are analogous to the immune system. Current threats are varied and diverse and inevitably lead to infections. An effective response requires in-built resilience, a coordinated defence with clear responsibilities and expert assistance.

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6	<i>Data theft for financial gain</i> – stealing of personal data for the purposes of monetary gain (e.g. names, addresses, social security details, financial information)
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9	<i>Data theft for impact</i> – theft and public release of sensitive medical information (e.g. celebrities, politicians or other high profile individuals)
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12	<i>Ransomware</i> – using malware to block users from their data or systems or delete data unless a fee is paid
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15	<i>Data corruption</i> – deliberate corruption of data (e.g. altering of test results) for political or personal gain
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18	<i>Denial of service attacks</i> – disruption of a network or system by flooding it with superfluous requests, motivated by blackmail, revenge or activism
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21	<i>Business email compromise</i> – creating fake personal communications for financial gain (e.g. obtaining fraudulent payments or personal information)
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24	<i>The unwitting insider</i> – significant disruption to systems or the loss of data due to the unintentional actions of staff using outdated and at-risk systems
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27 **Figure 2 – common and emerging cyber threats in healthcare**

<p><i>Set up a risk management regime</i> – assess the risks to your organisation as you would for financial, clinical or operational risk. Embed cyber in risk management processes across the organisation</p>
<p><i>Network security</i> – defend your networks and filter out unauthorised access or malicious content e.g. through use of firewalls and intrusion detection systems</p>
<p><i>Malware prevention</i> – establish effective anti-malware defences</p>
<p><i>User education and awareness</i> – produce a cyber security policy, and ensure this goes hand-in-hand with staff training. Cyber security and risk awareness should be mandatory in the same way as for information governance, fire safety and child protection training</p>
<p><i>Removable media controls</i> – control or limit access to removable media (e.g. memory sticks), and scan all media for malware before allowing access to systems. Consider whether there is a need to allow any access e.g. by blocking ports</p>
<p><i>Secure configuration</i> – ensure all relevant patches and updates are applied, and ensure regular updates to both hardware and software</p>
<p><i>Home and mobile working</i> – develop a secure mobile working policy and train staff to follow it. Remember that data needs to be protected both in transit and off-site and special consideration must be given to patients and staff accessing medical records remotely</p>
<p><i>Incident management</i> – establish a robust incident response and disaster recovery capability to ensure safe care can be delivered in the event of an attack. Report all incidents to the relevant authorities</p>
<p><i>Monitoring</i> – continuously monitor all systems and networks, and look for unusual activity that may indicate an attack is in process</p>
<p><i>User privileges</i> – control access and limit user privileges to essential systems whenever practical whilst ensuring there are regular activity log audits</p>

Figure 3 – key steps that healthcare organisations and individuals can take to improve their cyber security and resilience^[24]