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Imagine there are no passwords

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Challenges for Health IT systems security

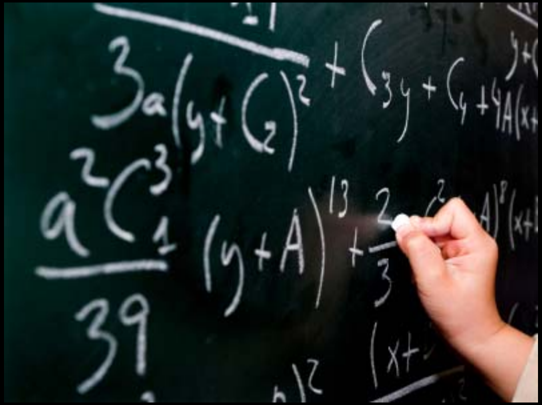
- Patients expect their personal health data to be handled securely
- Clinicians require improved efficiency interacting with health IT systems
- Organizations expect greater visibility into access of electronic health information

Productivity

Operational Efficiency

Manage Risk, Security & Compliance

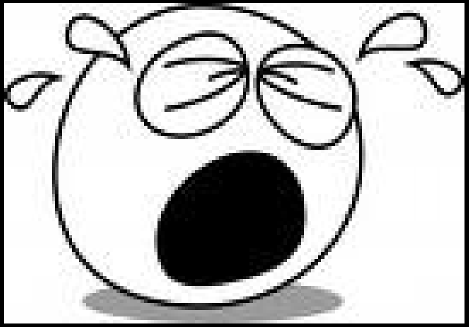
Health IT systems are complex



- Many independent applications
  - with their own authentication schemes
  - with their own audit mechanism
- Heterogeneous application delivery platforms
  - Mainframe, Windows, Java, web applications
  - Heritage applications still in use and providing value
- Stronger security policy can’t be easily applied across all of these systems
- Most clinician access is provided through a desktop environment
  - But there are current and emerging requirements for levels of remote access and mobility

Clinicians are constrained today

- Clinicians must keep changing their passwords
  - Example: 1800 password reset calls per month from a public sector health care organization



- Each clinician requires a different password per application
- Application policy requires that sessions time out
- Time and motion studies show up to 10% of clinicians time spent logging onto systems
- No session mobility for clinicians

Doesn’t NASH provide a solution ?

- NASH delivers a strong provider authentication system (NASH) using key capabilities for E-Health services
  - Smartcards for healthcare professionals
  - Digital certificates for devices
  - Enable trusted authentication, digital signing, encryption
- NASH does not aim to address the following problems:
  - Single Sign-on to clinical applications in use today
  - The need to perform audit of application access for all users
  - Clinician’ Session and context mobility
  - On boarding challenges associated with enabling new users

How can we address these challenges today ?

- Make the desktop the authentication authority for internal users
  - Introduce NASH authentication at the desktop (second factor)
  - Every clinician authenticates to the desktop with smartcard

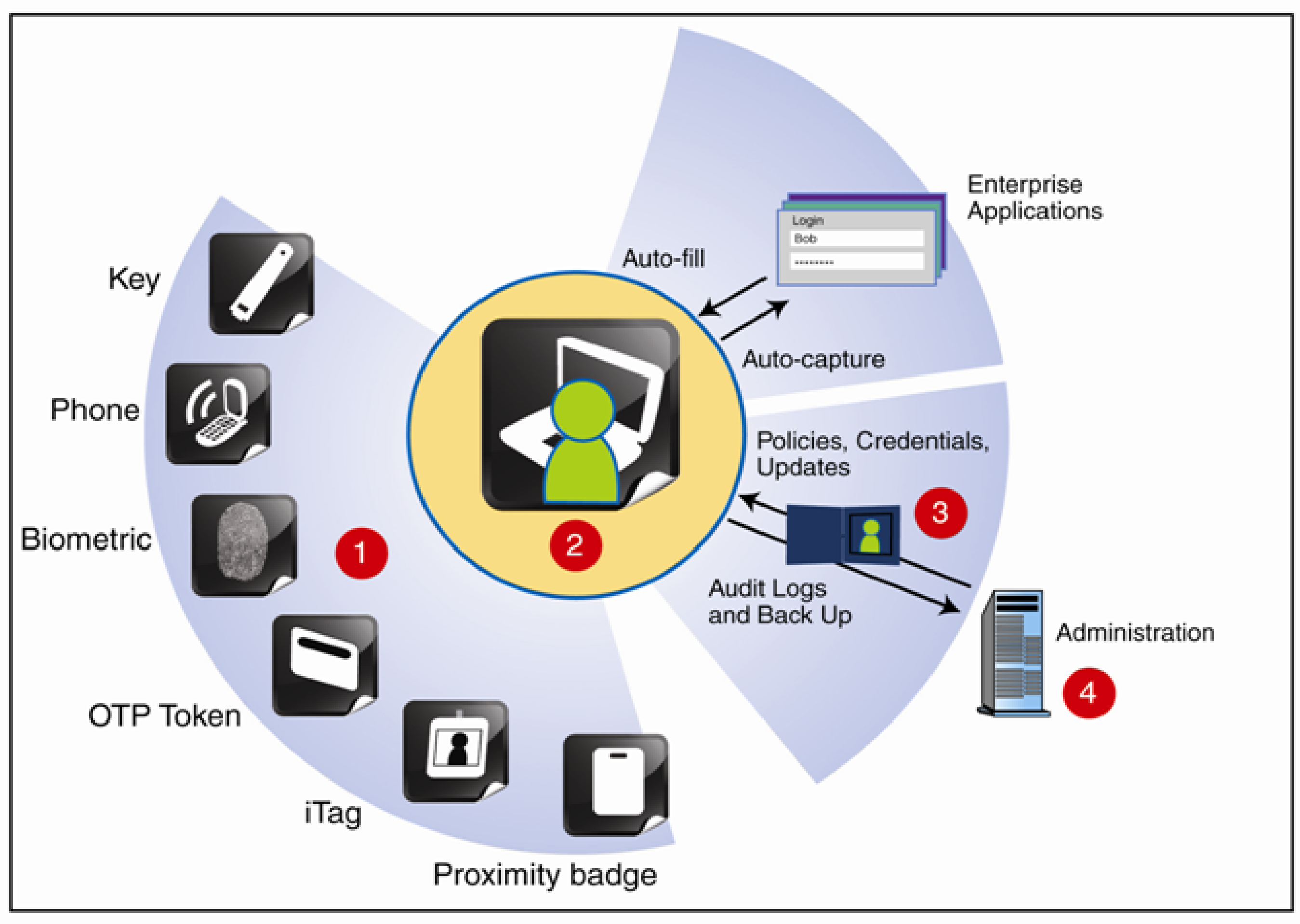
- Leverage Single Sign-on technologies
  - Remove the need for clinicians' application passwords
  - Use trust and federation to propagate identity
  - Automate the start-up of applications based on role

- Introduce identity governance technologies
  - Automically provision users on applications prior to employment

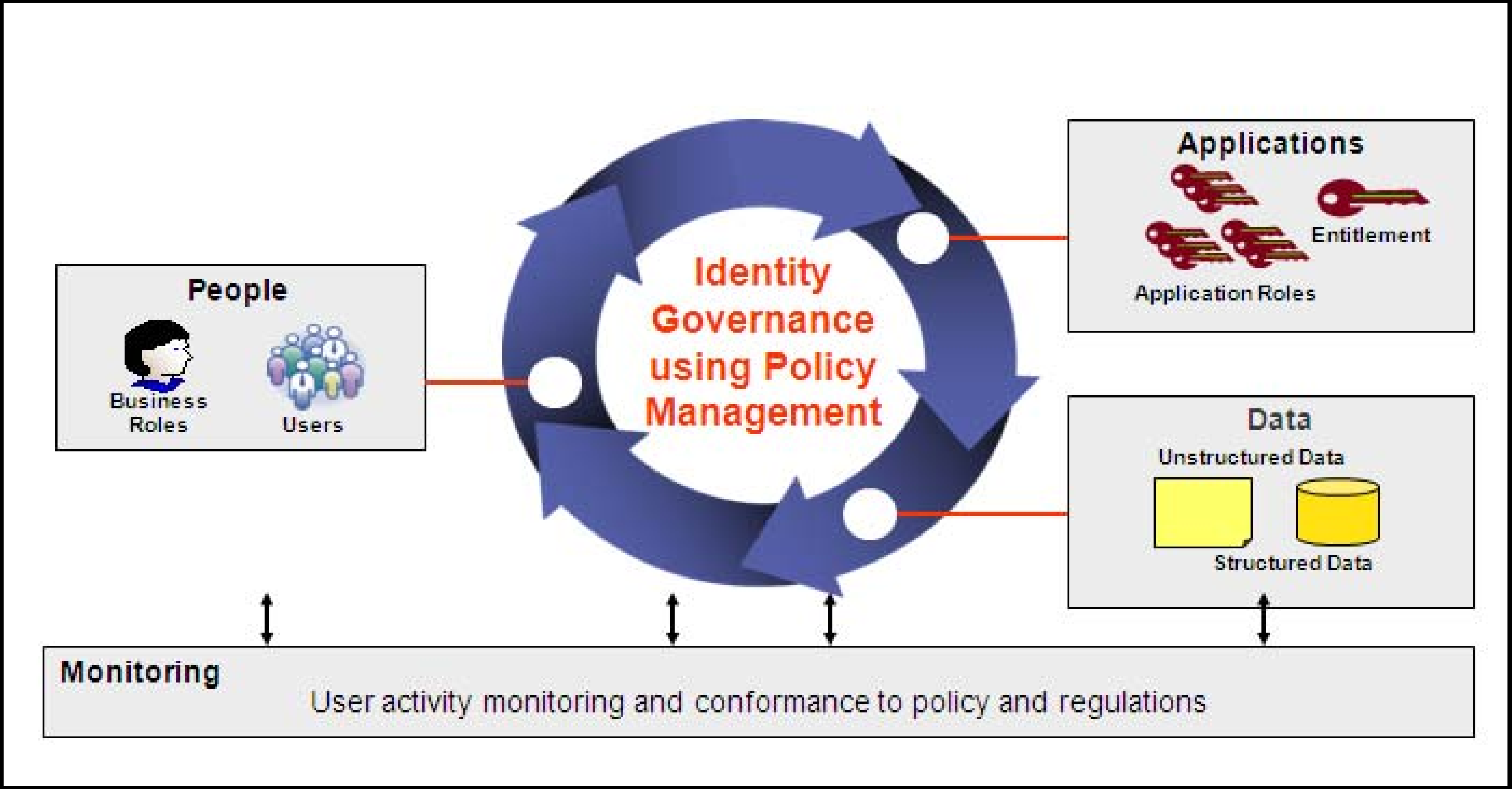
- Minimize impact on existing infrastructure

- Audit application access from the desktop

Efficiency through **Single Sign-on automation**



Fast enablement of transient employees



Support clinician **mobility** and **consolidate**

Case Study: An Integrated Healthcare Network

Company

- Integrated delivery network of 16-facilities in central California
- Over 7,800 employees

Problem

- Regulatory compliance requirements (HIPAA)
- Securing workstations shared by multiple users
- Strong user resistance to new security policies

COMMUNITY
MEDICAL CENTERS

Solution

- Implement IBM Tivoli Identity and Access solution

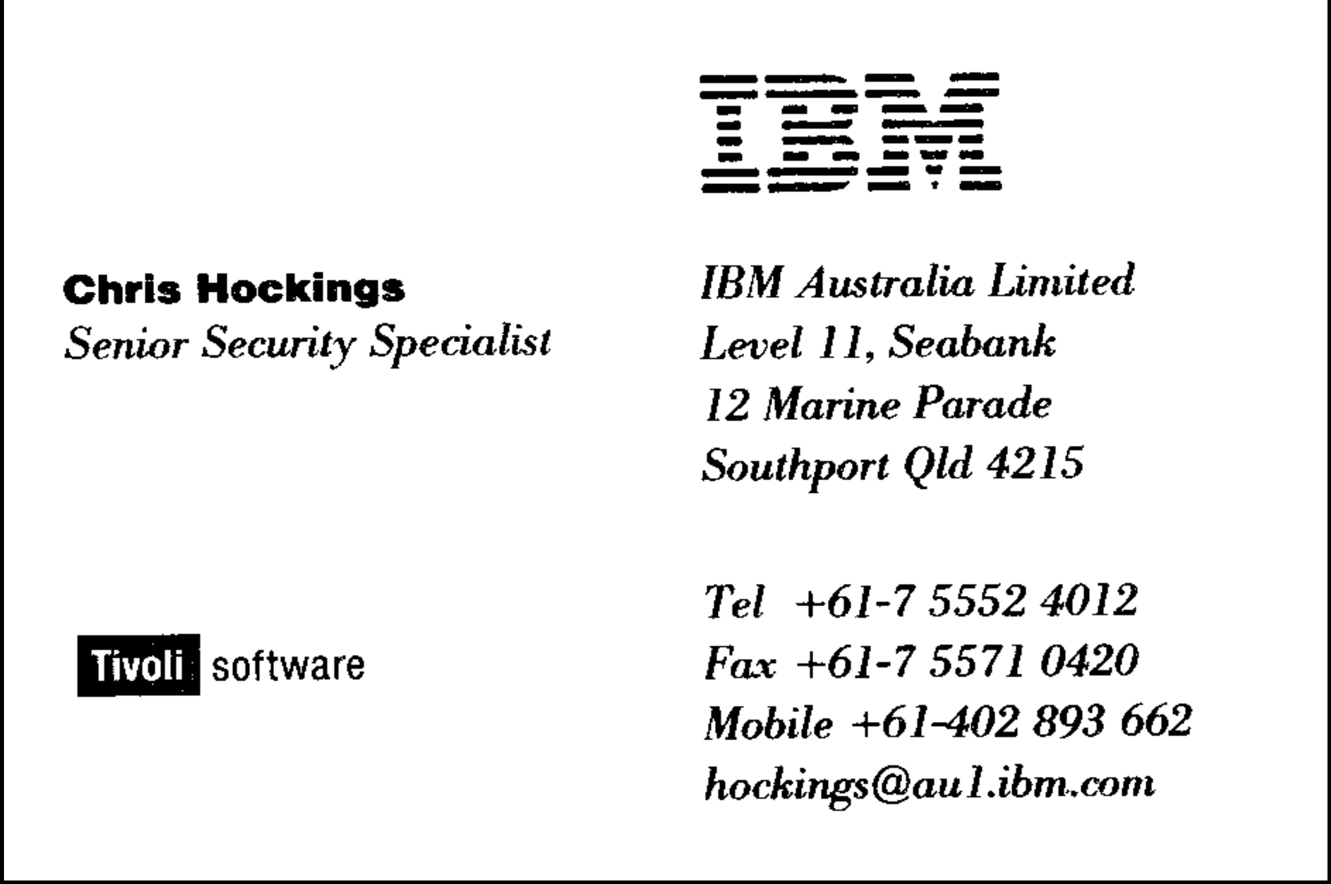
Impact

- Immediate compliance to HIPAA regulations
- Dramatic improvement in user acceptance
- Ability to provide user centric access logs to applications
- Leverage existing access card investment to provide rapid secure access

Video Case Study: http://www-01.ibm.com/software/tivoli/resource-center/com-med-centers.html

Deliver improved patient outcomes today

- Improve productivity and increase efficiency
  - Build automation (identity and SSO) into your existing solution
- Introduce identity governance
  - Automate provisioning and de-provisioning of users
- NASH is developing standardised authentication schemes for application delivery platforms
  - Integrate these schemes into the desktop
  - This supports introduction of stronger authentication schemes for access to patient records
  - Consider mobility solutions that support flexible authentication schemes



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