



## THE CHALLENGE OF HEALTH ORGANIZATIONS TO PROTECT DATA

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Over the past few years, healthcare companies have faced a complex transition of their business. In addition to following trends in technology to provide wellness to patients, it was necessary to proceed to comply with the regulations of the sector.

Next to this evolution came the risks. Healthcare companies have become targets of cybercriminals, taking advantage of loopholes to compromise the thousands of data processed daily by them - from strategic and business plans, to network infrastructure and patient records. This is due to the valuable potential and holding of sensitive information by these companies. Among the main motivations of the attackers are the commercialization to third parties, blackmail and disclosure of cases in which the patient is a public figure.

While data theft generates profit for specialized attack groups, the loss of health organizations amounts to billions of dollars a year. According to a Ponemon Institute study, each record lost or stolen costs about \$ 355 in this industry sector, 44% higher than the average loss recorded in the others.

Hospitals were targeted for 88% of all known rescue bouts. In the United States, for example, the last one happened in two hospitals located in Oregon and south of Washington, where ransomware Philadelphia was assigned to health facilities in a campaign in the first quarter of this year.

To act in accordance with the trends and challenges of this market, healthcare companies must address a number of issues and dynamics that affect their performance in order to address changing patient expectations, security risks, increased regulatory oversight and the need to incorporate new collaborative workflows.

There are seven key points to consider regarding the business model of these organizations and which have a direct impact on the production and storage of data. Are they:

**1. Mergers and Acquisitions (M&A):** The health sector continues to consolidate through mergers, acquisitions and affiliations, which aims to increase profitability in response to changing repayment models. By 2020, 20% of hospitals will consider a merger.

**2. Value-Based Transition and Care:** There is a clear change based on positive outcomes offered to patients, such as preventive care that helps keep costs down. 45% of providers participate in some alternative payment model, while only 3% believe that their organization is highly prepared to transition the service fee to a value-based payment system.

**3. Clinical analysis:** It is driven by the change in value-based care. In this way, health organizations will increasingly need to harness patient data to remain competitive and provide quality. The next generation of this transition is precise medicine, which will leverage patient data to drive personalized care. Example: the number of organizations targeting preventive care population jumped from 67% in 2015 to 76% in 2016.