



# Using CVSS in Medical Device Security Risk Assessment

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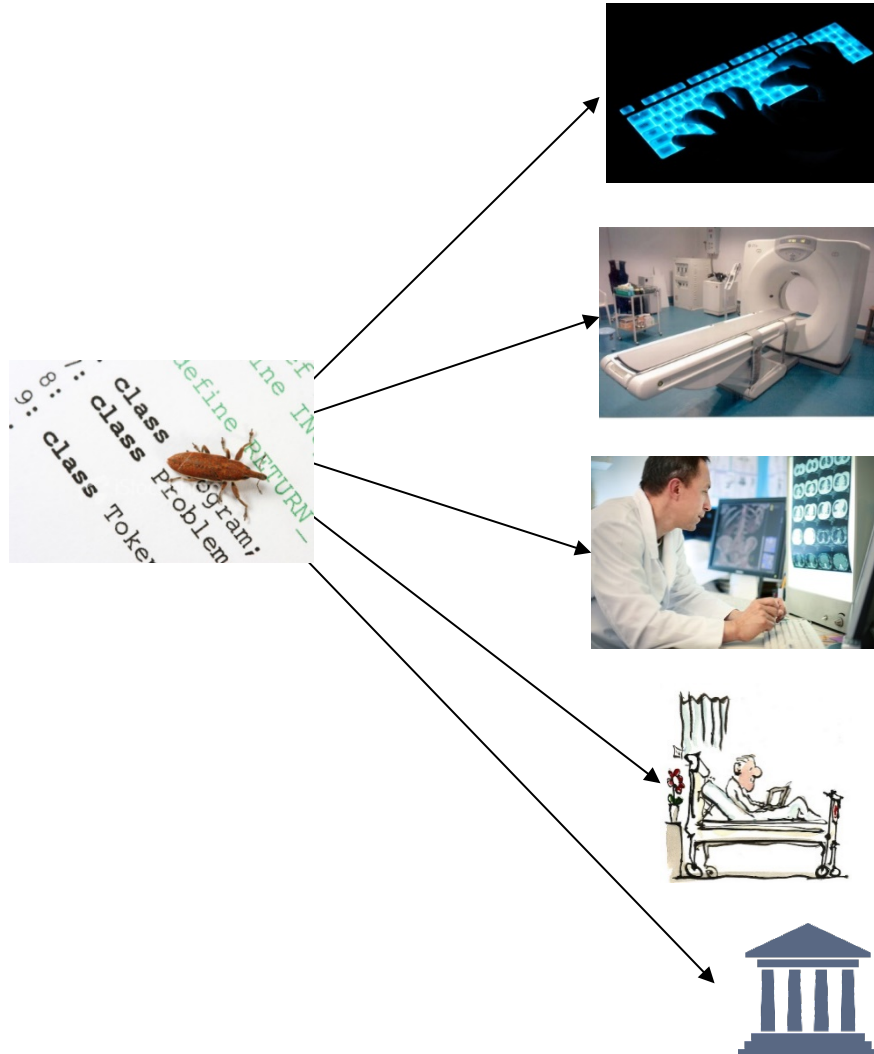




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# Problem: Different Perspectives of Vulnerabilities and Their Severity



## ■ Vulnerability Researcher

- This is bad and you have to fix it!

## ■ Device Manufacturer

- Do I need to patch it now or can I wait for the next upgrade?

## ■ Healthcare Provider

- Are there compensating controls or do I have to unplug it from the net?

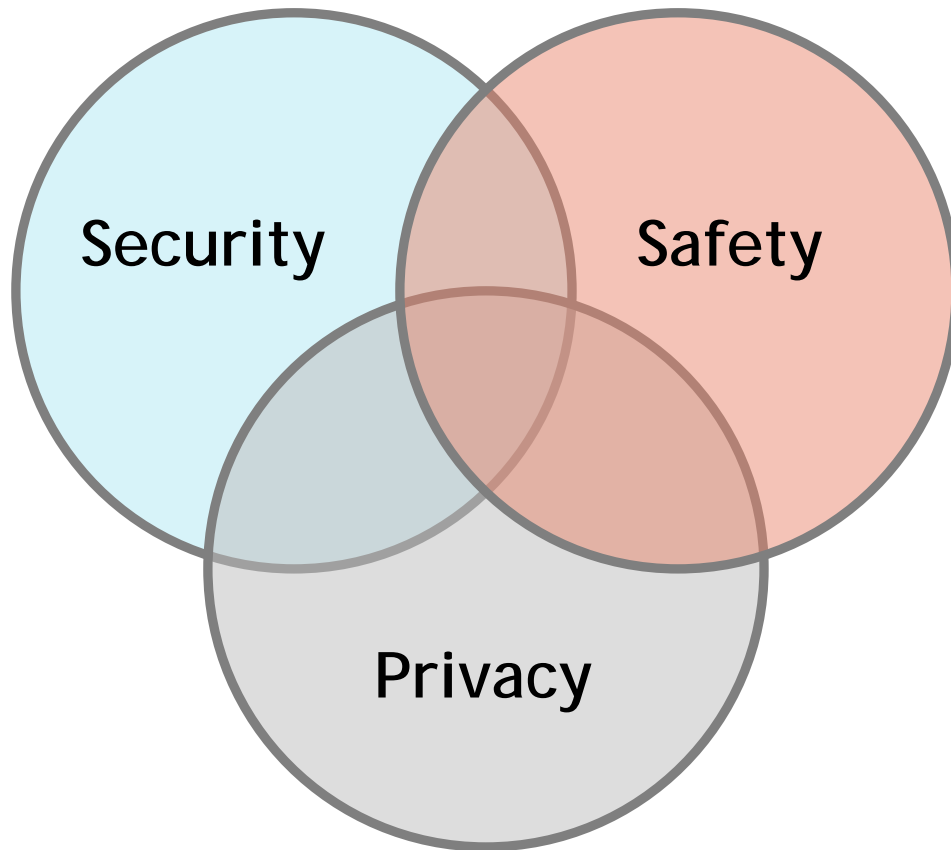
## ■ Patient

- Should I refuse treatment with this device?

## ■ FDA

- Do we need to take action?

# The Delicate Balance of Safety, Security, and Privacy



- “Everything is a priority”
- Varying risks to patient, device, clinical environment
- Different regulatory requirements
- Different prioritization depending on context of risk assessment
- Each can interfere with the other
  - Don’t want anti-virus to fire during surgery
  - Security can erode privacy
- Our focus: safety and security



# Real-World Vulnerabilities and Scoring Challenges

- Can be difficult to determine safety impact of a technical finding
  - Safety regulations already require separation and indirect defense-in-depth
  - Fail-safe operations
- Vulnerable applications might not directly interact with physical actions
  - Depends on the functionality and work/data flow
- Traditional information technology (IT) often prioritizes integrity and confidentiality over availability
- For patient safety, availability is often extremely important
  - “You can’t reboot a patient”
- The clinical environment varies widely

# Example: Hospira LifeCare PCA3 and PCA5 Infusion Pump

- Technical vulnerability(ies)
  - Remote telnet root access without password
  - CVSSv2: 10.0 (ICS-CERT)
- Healthcare impact
  - Change drug libraries, including min/max allowed dosage
  - (unproven?) change actual dosage delivered
- Defense-in-depth:
  - Human still needs to manually confirm dosage change
- Environmental considerations
  - Pump may be on separate, “trusted” network
  - The vulnerable interface might not even be in use
- Scoring implications
  - In a hospital performing due diligence, risk may be minimal
- References
  - ICS-CERT Advisory: <https://ics-cert.us-cert.gov/advisories/ICSA-15-125-01B>
  - FDA Safety Communication: <https://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm446809.htm>

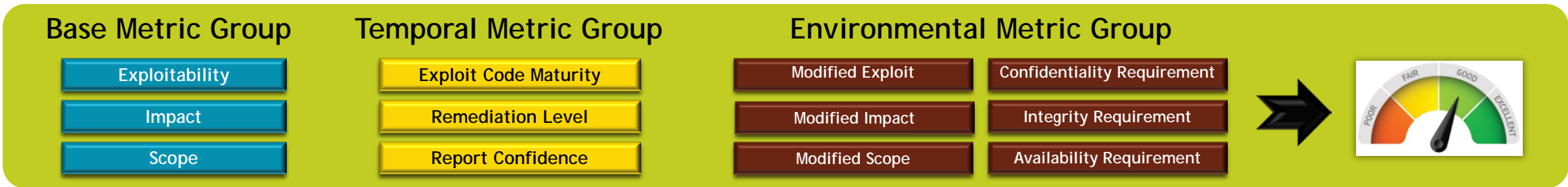




# Desired Features of a Health Care Scoring Method

- Minimal complexity
- Usable by practitioners
- Accepted by diverse stakeholders
  - Manufacturers, hospital, security researchers, patients, regulators
- Flexible for different clinical environments
- Flexible for different device classes
- Repeatable (different people come up with same score)
- Validated
- Provide common “language” for centering discussion and keeping disagreements focused

# Common Vulnerability Scoring System (CVSS)



- **CVSS is an open framework developed by the Forum of Incident Response and Security Teams (FIRST) for communicating the characteristics and severity of software vulnerabilities**
  - The Base metric group represents the intrinsic qualities of a vulnerability
  - The Temporal metric group reflects the characteristics of a vulnerability that change over time
  - The Environmental metric group represents the characteristics of a vulnerability that are unique to a user's environment.
- **Each vector element is assigned a value and a single score is computed as a weighted sum of those values**

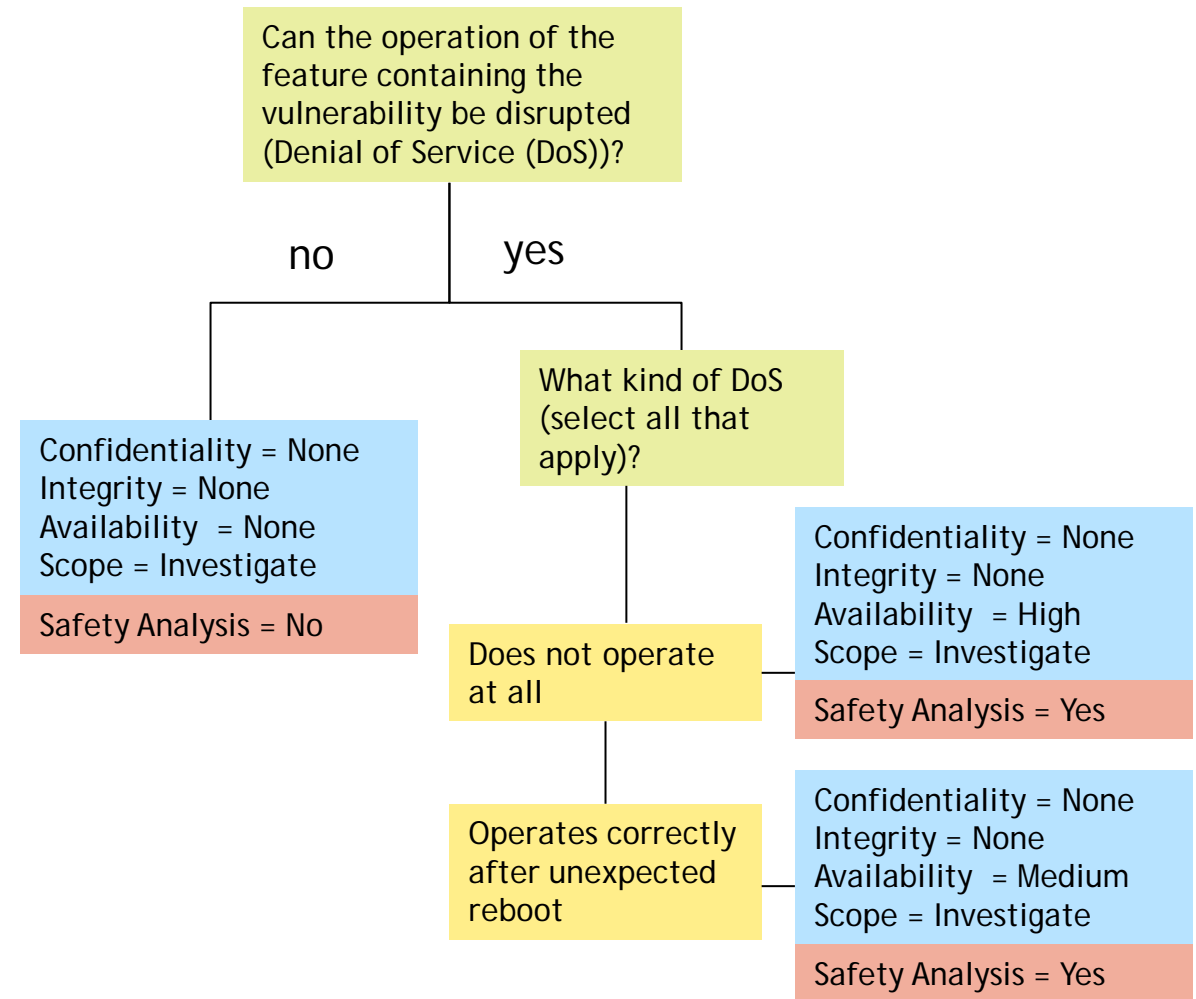


# CVSS Version 3.0

|                            |                |                       |   |
|----------------------------|----------------|-----------------------|---|
| Base Metric Group          | Exploitability | Attack Vector         | Network, Adjacent, Local Physical               |
|                            |                | Attack Complexity     | Low, High                                       |
|                            |                | Privileges Required   | None, Low, High                                 |
|                            |                | User Interaction      | None, Required                                  |
|                            | Impact         | Confidentiality       | High, Low, None                                 |
|                            |                | Integrity             | High, Low, None                                 |
|                            |                | Availability          | High, Low, None                                 |
| Scope                      |                | Changed, Unchanged    |   |
| Temporal Metric Group      | Temporal       | Exploit Code Maturity | Unproven, Proof of Concept, Functional, High    |
|                            |                | Remediation Level     | Official Fix, Temp Fix, Workaround, Unavailable |
|                            |                | Report Confidence     | Unknown, Reasonable, Confirmed                  |
| Environmental Metric Group | Environmental  | Confidentiality Req   | Low, Medium, High                               |
|                            |                | Integrity Req         | Low, Medium, High                               |
|                            |                | Availability Req      | Low, Medium, High                               |
|                            |                | Modified Base         | Same as Base values                             |

# Develop a Scoring Rubric for Medical Device Vulnerabilities

- A rubric provides guidance on assigning the vector values
  - Similar to a decision tree
  - CVSS provides a rubric, but the examples are very generic information technology
- Develop a rubric that provides relevant examples from healthcare (e.g., what is the appropriate vector value for a standalone imaging system + controlling workstation?)
  - In order to account for intrinsic (manufacturer) controls and extrinsic controls (that a hospital could put in place), we need to provide rubrics for both base and environmental score
  - We may also want to provide separate scores for exploitability and impact, so exploitability isn't overwhelmed by the impact (since exploitability alone can be used as a proxy for likelihood)
- Validate rubric - consistency, repeatability, granularity, etc.





# Approach

- Set up a cross-stakeholder working group
  - Medical device manufacturers
  - Health care delivery organizations
  - Cybersecurity researchers
  - FIRST CVSS SIG
- Interact via telecons, listserv, collaboration group
- Reviewed how some manufacturers and healthcare delivery organizations currently use CVSS
- Came to consensus on approach
  - Provide scoring guidance in form of a rubric and examples of use
  - Recognize that there are multiple use cases
- Next steps
  - Form subgroups to work on rubric for base and environmental groups
  - Get feedback from broader stakeholder community
  - Develop Medical Device Development Tool qualification package