

Webinar

Customer Conversations: The Healthcare Cybersecurity Benchmarking Study

Saul Marquez: Oh well, just want to give everybody a warm welcome for today's webinar brought to you by Censinet. It's the value of cybersecurity, peer benchmarking and healthcare. I want to introduce you to the speakers. First of all, today's webinar will be facilitated by Ed Gaudet, the CEO and founder of Censinet. The speakers that will be joining us are Greg Garneau, chief information security officer at the Marshfield Clinic Health System, Mitch Parker, chief information security officer at Indiana University Health, and Kevin Torres, vice president of information technology at Memorialcare. We will be recording today's session, and we invite you all to use the Q&A feature at the bottom of your screen to submit questions. We'll be handling all questions at the end of today's webinar. Any questions that we can't get to if we run out of time, we'll make sure to address them via email. Both the recording as well as the slides for today's webinar will be shared with you via email. So we really appreciate everybody joining us. And with that, I want to kick it over to Mr. Ed Gaudet.



Ed Gaudet: All right. If you can go to the first set of slide there. One more. All right. Welcome. Today I'm Ed Gaudet. I'm the CEO and founder of Censinet. Welcome, everyone to the benchmarking Webinar. And let's start off with just really talking about and grounding folks on why we do benchmarking. If we can start with maybe, maybe Kevin, we'll go to Mitch and we'll go to Greg. And specifically, you know, how have you been doing it in the past? I know you all joined the first wave of the study. Obviously, we're on our second or third wave now. And so if you had been doing benchmarking in the past, how were you doing it?

Kevin Torres: Yeah. You want me to start? Yeah.

Ed Gaudet: Kevin?

Kevin Torres: Yeah. Okay. Before we had Censinet, we've been on Censinet now going on our second year. And before we participated in the first annual assessment. We, like many of you, all have to do HIPAA and stations and our framework and we use a company called Synergistic. Name changed a little bit though. But we use that company. And we would ask them out of the people that you, you actually do a risk stratification on, on your framework. You know, how do we compare. And so they could give us kind of like back of the envelope kind of generalities of how we compare to their customers, but with the with the opportunity to participate in this, you get a broader scope, more health systems and a smattering across the US of different types of facilities that are entering into that. I'm just going to step through three different ways how we leverage the internet right now. And we're excited to participate in the second annual assessment. One is when we went through our recently went through our cyber insurance renewal, we used the data from that and how we compare it into in that last assessment. And they really liked it. And we got positive feedback, so much so that we actually were one of the few health systems that reduced our premium.

Kevin Torres: And we also got more coverage. So that was pretty astounding. The next one was you utilize it for when I present to the board, one of the first questions out of the gate that they ask is, how do we compare to others, our peers? And this is a great example of the data that you can pull in and say, well, this is how we compare to our, our peers on a national benchmark study. The third way that we look at it, and it actually came across pretty well each year, like many of all of us, our CFO and our CEO have to go to an annual reporting agency for the financial agencies.

Kevin Torres: In this case, for us, it's Standard and Poor's and Fitch Ratings. And what we did is we we bundled up a portion of that presentation to include how we benchmarked against other health systems. When that question came up from the financial rating agency was, it's very top of mind for them, you know, what is your how do you stand up or how do you feel about your. Nice framework and your cybersecurity program. And this is a good data also to present there. And we've done that these fundamental ways.

Ed Gaudet: So thanks Kevin. Thanks for setting that up to. We're going to explore each one of those areas in more detail as well as we go through the webinar today. Let's go to Mitch. Mitch, have you been doing it in the past before we started working with Censinet and what we were, we were doing it with another company. And however, when we looked at our sample size, it was against the other customers of said company, and we couldn't say that it was against a larger set. So when the opportunity presented itself to participate in the first wave, we immediately jumped on it. And so we obviously participated. In February, we signed on, and we participated again. And what I did is I also use this for multiple reasons. The biggest one I use was several weeks ago at our Technology and Infrastructure Board committee meeting, when I presented the results of the August survey for benchmark versus the February 1st, and talked about the improvements, and talked about switching from a generalized five point benchmark to a sensor net benchmark simply because it provided a better representative sample. And it's true, and because of that, sample was able to provide a more realistic picture to the board of where our areas of improvement needed to be. And so what this has done for us, in addition to that, it's augmented our work on cyber insurance, and we have a similar story to tell about cyber insurance. And it's also augmented our internal risk assessment work, because we've been able to take the results of this and been able to focus and develop our long range plan very specifically on results found from the benchmark survey and other risk assessments that we've done. It's another arrow in the quiver, as you would call it, to demonstrate that these this is another area that shows that we need to make these improvements to serve our patients better. Excellent. And that's great.

Ed Gaudet: So, Kevin, will you more coverage with nest Mitch with you larger sample size. Thanks for bringing that up. That's a great point. How about you Greg?

Greg Garneau: Yeah, I think. Echoing both of the sentiments for certain, But I think we also it gives it gave us an opportunity to measure. What. The program we had built against others and be able to look at areas where we had weaknesses or opportunities. As I like to say. And this gave us a. Chance for the entire team to get engaged. As well. So it seemed on the cyber side, a risk, folks, all of the people who have a say in this as well as the board, I think the board having an understanding of where we stack up against others also brings a certain level of comfort to the board. I think that gives us an opportunity to share positive outcomes of the practices that we've been doing and show. That the People, the process, and technology have been beneficial. But I really am happy that we were able to get involved in this because in the past, you know, we really did not have a particularly mature assessment or benchmarking assessment. Now we have something that we can really dig our teeth into and really help build the practice and ultimately protect patients.

Ed Gaudet: Excellent, excellent. All right. Let's go to the next slide please. Yeah. So again, for folks on the line, you'll get a copy of the slides. We did a study with Ponemon to really explore the value of cybersecurity benchmarking. And so these are some of the charts we pulled out. The president of the study is pretty comprehensive. If you're looking for more data to support your benchmarking program, I would recommend getting taking a look at the Ponemon survey when you go to the next slide, please. Okay. And the next. There we go. Great. So so just to set up the context again, we have done waves one and two already in the past. Really wave two was really like one be if you will. It was an extension of of wave one, which we did last year and presented in VIBE and HIMS. We also leveraged the data for the landscape analysis study that the HHS did and CMS did, as part of their look into what was happening in health in the health industry. So so that really was, was, was was waived to go to the next slide. So we're teeing up wave three now for folks. We're in the process. We'll get to more details about that at the end. But let's let's unpack some of those benefits that you've already touched upon on. Let's start, Mitch, with you around the board and how you leverage the data for really communicating with the board, and how it helps you better align your organization and your overall program with with the board of directors.

Mitchel Parker: Absolutely. So the composition of my board of directors that I deal with is mainly financial professionals. There's obviously a university university president on there as well, and our and members of our executive team.

Mitchel Parker (cont'd): So everything I do when I present to the board is very data-driven and talks about the need to continually improve and also talks about the need to use well-established industry frameworks with good communication with both the people that are developing the survey and various industry partners. And everything I do is based upon feedback that I have received from our board. And so we like to build that good data-driven feedback loop so that we can get the financial professionals and the health care professionals that sit on our boards interested and demonstrate that we're going down a path that aligns with what they see in finance, to be able to show that we are making decisions that will lead to the continual improvement and growth along similar frameworks than the ones they use in their industries.

Ed Gaudet: And do you find it helps you with your investment planning and also really describes the context and the ROI for some of those investments?

Mitchel Parker: Yes it does, it does.

Ed Gaudet: Excellent. All right. How about you, Kevin?

Kevin Torres: Well, as I've said previously, one of the questions that it asks when we present to you, present to the committee of our our board, which is a subset of the full board or present to both, but the committee properly couches anything in terms of risk stratification. So this kind of fits really with what they'd like to see and compare to see how we're doing anything that has data that we could actually lean on to ensure that we compare pretty well against our peers in this area, in this category. It gives them a pretty good foundation, and they ask a lot of questions. So every every month they ask that same question, how do we compare to our peers? Can you give us external data that allows us to validate that? And this is where this basically came in handy when I could just lean into this report, pull it out and say, this is where we compare. And not only are we compare from a maturity level, but how do we compare with FTEs. And there's other data that we have that you provide in there. Where do we land in terms of how much we're spending compared to our peers? Are we way over or are we way under? Or why is that? We started asking questions on that. So it's a good, healthy debate. It really just offered transparency of how we compare ourselves to our peers.

Ed Gaudet: That's great. And in cybersecurity, obviously those conversations can often be complex, especially if the board doesn't have any direct experience.

Ed Gaudet (cont'd): Right. We feel, Greg, that the data that's presented is the right level. And does it facilitate those conversations and the understanding generally for folks on your board?

Greg Garneau: Yeah, I think I think it's it's important to speak a language that your board understands. And it's I think I've learned over the years in presenting to the Audit Compliance Board, I can I can really geek out with them on cyber stuff. But then you get the deer in the headlight look. So you want to be able to present data that's digestible, easy to comprehend, and it helps paint a really good picture. And as Kevin alluded to Mitch, it's it's how do we stack up against the others. It's something that is constantly asked of me. And so, what are our threats? Do we have everything that we need to do to protect to protect our patients? What are we doing that we can be doing? What aren't we doing? What can we be doing differently? And this gives us an opportunity to share where we are, where we've come from, and where we still have opportunities to make changes. But it's important that you are able to provide that level of information to the board. So they have an understanding and they have a comfort level with the fact that you're doing everything you need to do to ultimately protect the system patients and look for opportunities to, to, you know, continuous improvement, I think is something we also focus.

Ed Gaudet: Excellent, excellent. Do you find that the composition of the board is changing to add more cyber experience or more knowledge on the cyber side, and just throw that out generally to any of you?

Mitchel Parker: So I've actually found a more interesting trend, which is board members whose companies have been through cyber incidents. Yeah. And what I've found from speaking with those particular board members is that they have a more vested interest in addressing it, and also the board members that also serve on boards of banks or serve on other regulated industries also have a very similar interest in cybersecurity and from banks. It's because FFI has been pushing it and especially phishing training with their with board members of banks. So we get a lot of feedback from other industries that we've leveraged and have gotten feedback from manufacturing, professional sports and finance and universities about security incidents, and that has factored very heavily into our decisions. So it's not that we have more cyber experts on there. It's we have executives that have been through cyber incidents and are now more acutely aware.

Ed Gaudet: That's really interesting.

Kevin Torres: I'm sorry. I know I'd like to agree with what Richard is saying, that we're kind of seeing the same thing, just that maturity level with them asking the right. I mean, the questions that are now asking are not like it was a couple of years ago. Now, is that to say, for our institution and work here, it's really the number one thing they think about when it comes to technology other than the I, you know, stuff starting to kind of they see it and hear about it and want to know what our plan is. And then, you know, we've got a big established epic EMR implementation. But if we were to rank what they're most interested in, it's cybersecurity would be number one from a technology standpoint, if you want to couch it that way.

Ed Gaudet: How about you, Greg?

Greg Garneau: Yeah, we haven't seen a direct move to to bring on a cybersecurity expert. Although I know some systems have as I talked to them. But the headlines drive a lot of their questions. And you know, when you have health systems that, you know, it does, it seems like a week doesn't go by where you have another health system impacted by a cybersecurity event, and that clearly impacts them. And in fact, we've had board members whose, you know, they don't live in, in necessarily our service area, but the hospital that they go to is impacted by an event so that that amps up their awareness and they want to know more. They want to understand what are we doing. So we don't have one of those existential events, and are we doing everything we can to prepare for it? So it very much echoing the other, you know, Kevin was saying not direct cyber experience, but an awareness that is significantly larger than it has been in the past.

Ed Gaudet: Given that change engagement, have you taken the steps to include them into tabletop exercises? Yeah. It's really for anybody.

Mitchel Parker: I can answer that. We've done two with our full board. You have? Okay. Yes. So we did one last year in Chicago on a board retreat with our full main board, which was very eye-opening for a few of our board members. And we actually, because we're a large health system, we have multiple boards across the system. So during our all-board retreat in August, we did one with all of the boards over 100.

Mitchel Parker (cont'd): We had over 100 people, and we went through there with the expectation that every single one of them was going to take this tabletop back to their individual boards and facilitate the same type of exercise. And we got we got a lot of good questions out of it too.

Ed Gaudet: Yeah. Any any surprises for you in terms of their engagement or their learnings?

Mitchel Parker: I think that there are a lot of them that still believe that paying the ransom is a quick way out. And when we quoted the numbers from an Indiana hospital that took several weeks to recover, even though they paid the ransom several years ago, we quickly discounted that and we talked more about. I talked a lot about the inflection point between natural disasters and ransomware, which occurred after 2013, where when hospitals used to take downtime, they thought of downtime as a natural disaster, superstorms like Superstorm Sandy or the tornado that hit the hospital in Joplin, Missouri. And now when I hear about hospital downtimes, it's all ransomware.

Ed Gaudet: How about you, Gregor? Kevin.

Greg Garneau: Yeah. So we actually have a tape that we've been doing tabletops throughout the system over the last couple of years. We do have a board one scheduled for Q1 of this coming year. So it will be interesting to see what they have to say. And, you know, to compare notes with Mitch about what his board was saying afterward and what ours is going to say. I think it's I think it's really eye-opening and the downtime thing is really something else. You know, when we did one of our very first tabletop exercises, we went through the scenario and said, you know, what do you do next? And one of the first responses was, well, we'll just wait for it to fix it because that's what they did. It'll fix it, have it up for a couple of hours. Right. Well, no, it's a completely different dynamic now. And I think it's a cultural shift. It really is in terms of how you get people thinking differently than they have in the past as it relates to downtime and to what that actually means.

Ed Gaudet: And how about you, Kevin?

Kevin Torres: But we've been doing just like everybody else. That stated, we do our pretend like we were attacked by a ransomware event and then just figure out, what do we do?

Kevin Torres (con't): How do we run payroll through narrowly? Maybe we just take the data that we already sent to the bank, and maybe they could just run off of that if we're going to be down for x- longer than usual. We always look at the supply chain impact and we go through all the different scenarios in clinical nursing, and what would be impacted. And then we practice ourselves to figure out what we would do in the IT department and cybersecurity team to figure out, okay, we're all clear, because one of the biggest events that might occur is just shut down the internet so you can assess to see what's if you've been attacked or not. So that doesn't mean you've been completely compromised, but it does introduce another layer of complexity that their systems that rely on the internet to work in your ecosystem. So it'd be kind of focusing, on those areas. And then that kind of involves a leadership team and then reports back to the committee of both organizations.

Ed Gaudet: Great, great, excellent. All right. Let's move on to the next slide. Cyber insurance, bond ratings, and other benefits from the data. So, Kevin, let's start with you. I remember you telling me that the data was helpful when you went for your bond rating. So let's explore that a little more.

Kevin Torres: Yeah. So annually the senior leadership, the CEO, and the treasurer or the corporate CFO, just like all health systems go back to renew their bond rating. And it helps us with a number of things. Minus double A plus, whatever it may be. And I was thinking like one of the questions always comes up, put a packet together. And more and more, the financial rating agencies are asking how well-positioned you are from a cybersecurity standpoint. What's your maturity level? So what a great way to just say, well, this is how we compare to our peers. So I took a couple of the slides that we compared from the results of the last wave and included they included it in their packet virtual packet to submit to the different rating agencies. Whether it was Fitch and I think it was Standard Poor's were the two and they were very impressed. Good feedback. I mean got great feedback from our CEO. So these are terrific. We answer that question very well. They like to see where we were in that. And you know, fortunately, we did pretty well on the comparison. So that's how I, how we were like now they're asking it for next year. So now it's going to be part of the annual review and just include a slide or two on our cyber position.

Ed Gaudet: And what does a downgrade on the bond rating mean to a health system? If you would be downgraded or get a lower well,



Kevin Torres: It can be significant when you're trying to borrow money and the interest and so forth. So just kind of like your personal rating, right? So you don't get the skills projects.

Ed Gaudet: Or new buildings etcetera. Right?

Kevin Torres: Yeah. Yes.

Ed Gaudet: How are you, Mitch?

Mitchel Parker: I'm going to agree with him there. First of all, everything with the bond ratings is if your interest rate goes up half a point with the margins we run in health care, large construction projects aren't going to get done. So I leveraged the Censinet benchmarks in my presentation to the underwriters several weeks ago. Every year, we meet with about 20 or so underwriters to basically have them bid for coverage with our broker. And that worked out incredibly well because we talked about being on the Censinet benchmarks didn't go into any details because I didn't have time. And this particular group of underwriters really emphasizes the program. However, what I found was the correlation between the questions asked in the Censinet survey and what the underwriters are asking is incredibly good. And this also leads to credit ratings because Moody's is our is who we talk to about bond ratings and credit ratings. Great company. However, they partnered with another company to do their own independent cyber survey. And even though I have to basically transcribe and fill it out again, what I've also found is I'm also able to use Censinet as an instrument to demonstrate correlation with the one I have to fill out for Moody's and to say, I've got two sources that say we need to improve on these areas, which I sent to our treasurer last week.

Ed Gaudet: Yeah. Which shows your investments and your conversations at the board level.

Mitchel Parker: Oh, absolutely. Because instead of me going, this is just a subset of a certain consulting firm, customers go, this is the Censinet AHA benchmarking survey. This is the subset of Moody's customers. They pay a lot more attention to those two than they do random consulting company.

Ed Gaudet: Excellent. And how about you, Greg?



Greg Garneau: Yeah, I think I think the data is it's important for us to be able to share that with others. And it's not to Mitch's point. It's not a subset of customers for a specific organization. It is, in fact, you know, a national benchmarking marketing survey when we are able to show progress year over year with underwriters and of course, making all of the necessary changes and implementations for a much secure, much more secure environment, it's an easier sell for us. We don't have as heavy a lift, and we can use a lot of the data that we've got out of the benchmarking survey and putting it into requests for information from some of these other folks. You know, Mitch hit well, Mitch, hit on the point of, you know, you lose your you lower your bond rating. Your rates go up that in today's financial atmosphere, in health care, that is so catastrophic in many respects to meeting the business goals and objectives. Right. And the mission of business, you know, it shuts down growth, it shuts down opportunities to expand different service lines or specialties, all sorts of things. And when you get hamstrung by that, that's that impactful to the overall success of the mission.

Kevin Torres: Yeah. And I think what is valid is your decision to combine Censinet into the American with the American Hospital Association. You know, all our CEOs are C-level, all familiar with the American Hospital Association. They do so much work on other issues and types. So when you connect the two together, it gives it that instant validity that you know, you're sponsoring it through the American Hospital Association, the Censinet Portal. Log in your stuff. You can compare. So I think that was a really good decision on Censinets' part.

Ed Gaudet: Excellent, excellent. How about on the cyber side? Can you maybe provide some color on how it helps you when you go for your, you know, for your policies around cyber? We've heard we've heard mixed feedback on whether it. Maybe you may get an increase, but it's not as big as you expected. Or maybe you got no increase, or maybe you're able to keep your coverages. So what was your experience leveraging the data when you, you know, renewed your insurance for cyber?

Kevin Torres: Who you're talking to at one of us?

Ed Gaudet: Kevin, we'll start with you.



Kevin Torres: Oh, okay. So when we're talking specifically about the cyber insurance renewal. Correct.

Ed Gaudet: Yeah. Yeah, yeah, yeah.

Kevin Torres: Well, we have to just like everybody on the call, they have to attest and they have to fill out tons of information. The insurance carriers are getting much better with their questions. They have a lot of forensic guys in there and their lawyers and their forensic guys and a combination so they know a lot about. There's nothing you can't get past them and you can't fake it anymore. I mean, there's no possibility that we did in the past, but it's very difficult to say. Well, you know, I have a very strong Pam Rose access management program without having quantifiable data. And so what this does is it allows us to kind of take that information and package it up. And this is not the complete picture, but it's a component of the overall picture. We're trying to to, to demonstrate. We also use this in order to when they talk about third-party risk management. And then we can say, hey, we this is how we're managing that ecosystem and what we're doing about that and what we have a line of sight to do. And we have this portal that allows us to do that.

Ed Gaudet: Excellent. How about you, Mitch?

Mitchel Parker: So what I'm going to say is, I've. We just finished up the renewal process and recommendations to our chief financial officer for our cyber insurance. And what we found during the process is something that really helped out with the ways that we the survey itself, helped out with finding those areas of improvement. So doing what we did, this benchmark in February, we targeted some areas of improvement. And by the time renewal time came around, we were able to demonstrate more value. But what I liked most about the benchmark survey is it didn't talk about products. It talked a lot about processes. So both the board. The board really cares about third-party risk now, and so does our CEO. Because they always ask me about it. They care about it. The survey from Cincinnati cares about it. And also the underwriters care about it. So we're able to very well target our efforts. And we've done a lot of work over the past year. With third-party risk between tracking cookies, the emphasis from our board, and the results of the surveys and benchmarks, we found that specific, more specific areas of the target. So when I'm asked, what are you doing about this? I don't give a general answer about the program.



Mitchel Parker (cont'd): I talk about specific areas and root cause analysis, and that's what all those interested parties need to hear. We don't give them. They want to hear. We do what we do, what's possible, and demonstrate that we're meeting their needs.

Ed Gaudet: Great point. Excellent. And how about you, Greg?

Greg Garneau: Yeah, I'm gonna continue on in that vein. We have really spent a significant amount of time and effort on third-party risk this year. We just had another Johnson Controls. Everybody has that in their healthcare world that you just got. We were impacted just a couple of weeks ago. So it seems to be it's an ever-increasing number of folks that we rely on heavily to do business with. Our third parties are continuing to have issues. We can say to our board, that the board's actually asked us to put a tighter initiative together around evaluating those companies that we spend or we rely on for critical business functionality. And what are they going to do in the event of a cyber security incident? So we can actually say, this is the stuff that we're doing now. We have real concrete examples of the work that we're able to conduct on the third-party risk side, as well as present to the board. Not something theoretical, but saying, hey, this is we've got blind spots here, right? This is stuff that we need to take action on. And nine times out of ten, you're going to get as much support as you need from the board, because obviously they don't want to have an impactful event to the organization. But there has been a lot in the last year to keep us busy on third-party risk. Again, it just seems like continually finding these companies have incidents that impact your world. Sometimes you didn't even know you had those problems to try. You know, to the point of folks who are tracking cookies and a whole host of other things. Right? Right.

Ed Gaudet: Great, great. Great point. And, Greg, let's stay with you. Let's talk about overall program effectiveness. Obviously, you get some excellent data that you can share for these other two areas. The board alignment we talked about help with your insurance policy, your premiums, but also with your ratings, your bond ratings. What about your overall program effectiveness? Was there anything that you took away from the survey that helped you either validate what you're doing today or maybe gave you pause to think about, hey, maybe if we organized a little differently?



Greg Garneau: Well I think, you know, I think I talked about continuous improvement earlier, and that's one of the, you know, the main pillars of the program that we have. You can't stay stagnant, you can't be stale. You have to constantly be evolving. And, you know, we took an opportunity to look at this data and say, hey, great. We're really doing some things well. This is an opportunity for us to kind of say to the team, good job. We've implemented tools, controls, and processes to help us keep our environment more secure. But conversely, we've also found areas where we need to be more mature and its ability to. You know, shine light in the darkness and be transparent about it. You have to be in order for you to grow and be become a better organization. So finding this day that just like when we have, you know, if we have some external pen-testers come in and they find stuff that's good, I always say good, good, I'm glad we found it because if we can see it before an adversary or somebody else sees it and it's impactful, let's fix it. Let's work on the program to build in additional controls. Due process. Let's let's close that gap. So I think for from our organizational perspective, transparency is important. It's important for us to share with our leadership team that we have growth. We're growing continuously moving forward, and we're making changes that will have positive impacts to the overall system. So I think the benefits are very strong.

Ed Gaudet: How about you, Mitch?

Mitchel Parker: So what I've found most useful is that the data points on the benchmarking survey constantly evolve. And so what I mean by that is been that usually we have static sets that are required for compliance, such as HIPAA, which really hasn't changed that much since the high-tech act. And so we need to be able to demonstrate that we are not only benchmarking well, that we're also incorporating findings from new and continually updated versions of it, so we can demonstrate continual improvement in our program and the way our program is designed. It is very analytical and data-driven. When our new CIO and one of our new VPs came in, I gave them access to our dashboard because I wanted them to see the dashboard and we track everything. So when we make decisions and we make our long-range plans and we work and we develop aspects of our program, everything is data-driven and this has helped us provide those additional data points we need to, when we make our decisions, make them based on actual data, that is, that is based on current data sets. Because to me, currency is important. Is. However. Hiccup is such an improvement over HIPAA in terms of staying continual and being able to benchmark against Hiccup 2023 versus the earlier versions of it has been in itself.



Mitchel Parker (cont'd): I can now go and say this is a credible benchmark. This is credible data I can use to help better develop data-driven plans to improve the program and, more importantly, provide a better patient experience.

Ed Gaudet: Excellent. And how about you, Kevin?

Kevin Torres: I think just to maybe add, I agree with both Mitch and Greg. It's the ability to have continual process improvement and think break hit that hit that nail on the head is, well, we're we're not all perfect. And we know there's opportunities and we're just trying to find, you know, kind of where we stack up in the overall ecosystem and with our peers. And it gives us both on one side. It gives us okay, we're doing the right things, you know, way to go. We're on the right track. But also on the other side, it says, but here's some opportunity here. And we could spend some money here. Or we could put a process in place or, or we could shine a light in this area to enhance our capability. So it gives you kind of a level playing field, so you can see how you compare with others. And that continual process improvements always back in our in our head.

Greg Garneau: So I just want to follow up on one point. Mitch. Mitch mentioned a hiccup. And you know, we talked about where the benefit to that is, is. Astronomical and it's also important. And I use it use Typekit now to share that with the board as opposed to saying to the board, hey, let's talk about nest. And you know, you get the glazed-over look, but you can really easily share with somebody visits and say, hey, it's just what we're doing. Well, this is what we're meeting. And in the background, you can just let them know, yes, this is a crosswalk to this. So, you know, the fact that we're doing all of this well means that we really are a much more mature organization. And you may think, or that you never knew. So think hiccup is a really, really valuable tool.

Ed Gaudet: That's great. Great. Thanks for adding that. And can we go to the next slide please. So we are on wave three. And gentlemen, you mentioned AHA like to thank our sponsors, the American Hospital Association, as well as Class Research which have been partnering us, partnering with us from the first wave. Recently with wave three, we've added Health Isac and the Health Sector Coordinating Council. So we'd like to thank both of them for joining the sponsorship of the of the benchmarking study. Wave three is in process. I think last time I checked, which was last week, we have about 150 or so people that are interested, and of those about 80 or so are in some form of filling out the survey.



Kevin Torres (cont'd): They've been provisioned in the system, have access to it. So we're looking forward to a really good number of additional folks joining the survey with the wave three study. Um, one of the things that I often hear from folks about the study is, wow, it takes a lot of time and investment to put the data in. And so from your perspective, what would you tell someone that said, um, or asked you, is it really is it worth that time? It. Kevin, you want to start? Maybe.

Kevin Torres: Well think all the points that we just explained. I mean, if it was easy, we just put two buttons in and said yes or no, it would could a good assessment of how we compare. I mean, you need to have those levels of information to see how do we compare our framework on in one specific, you know, in this silo, and how do we prevent in this area and how do we compare in this area. It's not just one thing that we do from a cybersecurity standpoint to ensure the safety for our hospital and health systems and our patients. There's a multiple things that go into a comprehensive cybersecurity program. So I don't think just because it takes long, it should be a deterrent. You should say this is the value you plan on getting out of it. I mean, if you look at this now at the clause supporting you, American Hospital Association and we're all members of that health and public sector, so it's really gaining traction. This is going to be the de facto standard I see in the future of how we can compare ourselves from a cybersecurity standpoint.

Ed Gaudet: Great. Mitch. Greg.

Mitchel Parker: So will come right out and say that I went to our board and specifically mentioned coordination with AHA, HHC, and HSAC they asked when they told them that, we're switching over to benchmark. However. That is a level of credibility. And I've gone and spoken to other hospitals on behalf of this benchmark because I wanted to get a larger sample size. And we wanted to see how we compare to other hospitals. The only way, the only way we could do that was to get the other hospitals to participate. So we did. And even though and it doesn't take that long. I've spoken with peers at many smaller hospitals. So as you know, eight out of the 13 members of the Suburban Health Organization that are hospitals around Indianapolis filled it out last year. And these are hospitals that don't have large IT staffs. They were able to find time and fill it out and find value from it. And the goal when I talked to their VP of operations, is to get more hospitals to participate this year. So if smaller hospitals can make the time to do it to demonstrate improvements to their board, there is no argument for the larger ones to not do it.



Ed Gaudet: So, Greg, how about you?

Greg Garneau: Yeah, I agree completely. You know, the juice is definitely worth the squeeze on this one, right? The benefit and value you get out of the data points far exceed any amount of time that you're going to put into it. So I mean, if you got to do it at night, one night, just grab a couple of your favorite bottles and get to it, right? It really it doesn't it doesn't take a ton of time. But I got to say, you know, when you look at the outcomes and you look at the data that's presented, you can use it in so many different ways to, to tell various stories to partners within your own organization and others about the work that you're doing. And it's, it's it's really it's been a game changer, I think. So I'm very, very happy that others are being evangelists as well.

Ed Gaudet: And, I think the first time there is an investment, but the subsequent times get easier because you can leverage the power of the platform to update the data a lot easier, or continually keep the data updated so it's not you're spending, you know, one night, one long night updating your your your data set. So all right, well I appreciate everyone on this call today. Thank you so much. And you've given us great feedback too from wave one and wave two. To make even wave three better, we've added some new capabilities to the tool and to the benchmark study for greater use and greater value for folks. If we can have. Let's have Saul come back on. Saul. Did we have any I'm not sure if we had Q&A available this time or do we have any questions? Come in.

Saul Marquez: We do at this time. No Q&A yet. If folks have questions, please feel free to submit them.

Ed Gaudet: And again, this presentation, as well as this actual webinar session, will be recorded and will be available for folks that have joined us. Yes. All right.

Saul Marquez: Yes, absolutely. Yep. The entire recording will be available, and the slides and the Censinet team will be following up via email to make sure that that gets to your inbox in a timely fashion. So really just a phenomenal webinar. Um, really appreciate everybody who attended today and all the participants, and looking forward to to this benchmark study.



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