

Make Cybersecurity a Healthcare Business Priority for Practices and Clinics in 2017-18: *It's Time to Get Serious*

By: Van Pilkinton, Vice President of ICS Medtech, LLC

According to a panel of security leaders at the Healthcare Information & Management Systems Society (HIMSS) Healthcare Security Forum in Boston this month, when it comes to healthcare security, security experts would rank the medical industry in the middle or toward the lower end of the pack. A major issue in managing cybersecurity breaches is that the “time to discovery” is critical and it takes most healthcare organizations (practices, clinics and hospitals) far too long to discover a security breach. Slow detection and response enables the malware or ransomware to spread beyond the “zero-day machine” throughout the organization. Many of these breach incidents enter the network as “trojans” and lie dormant and are hidden for days, weeks or months before they are discovered too late. It is also critical for your security solutions to not only monitor and alert when a breach on your network has occurred but to control the intruder. At the rate that these cyberattacks are growing, which is millions of brute force attacks per day, it’s not if it will happen to you, but when.



Attention to cybersecurity best practices should be a top business priority for the healthcare industry in 2017-18 because the practices of kicking the can down the road or putting a security band-aid on their network trauma patient are no longer viable options. One of the major concerns addressed at the HIMSS Forum is that healthcare management today is ignoring their state of readiness by thinking that they are secure because they did the minimal security with firewall and antivirus requirements years ago but these are fast becoming obsolete or inadequate today. The cybersecurity problem is not static and neither should be our readiness. The fiscal health for your business and the protection of your patients is at stake. The security process requires “on-going assessments” of your environment. A “one time” vulnerability assessment snapshot is not enough. Medical practices, clinics and hospitals, large and small, are vulnerable to cyberattacks.

Due to Protected Health Information (PHI) data’s excellent resale value on the black market, it is health care’s most

valuable asset, and is the reason the health care industry has become the most popular target over the last few years. The Health Insurance Portability and Accountability Act (HIPAA) introduced PHI as a component to a patient’s health information record (EHR). In addition to medical information, EHRs could also contain personal patient information such as email addresses, physical addresses, Social Security numbers, banking and employment information. The protection of this patient information is just as critical as the medical financial data and it is required by HIPAA and OCR.

The last three years, from 2015-2017, have been banner years for major breach incidents in the healthcare industry. The list of incidents is staggering and includes enterprise class targets such as Anthem BCBS, Women’s Healthcare Group of Pennsylvania, Peachtree Neurological Clinic, Indiana Medicaid and Greenway Health, but there are millions of patients’ records and thousands of small and medium practices that you don’t see in the headlines of the major healthcare publications. These cybercriminals use their sophisticated hacking tools and they don’t care if you are a Fortune 500 healthcare business in New York City or a practice in a small town in Alabama. There are many practices and clinics that have been affected here in Alabama this year, and the costs of data and systems restoration or bankruptcy is much more than the cost of prevention. If these cybercriminals find a vulnerability in your network or in the network of any of your “business associates” that have access to your network, they will breach your systems, steal your financial data, steal your PHI data, and cause havoc in your business for months or years.

So what are the critical steps in updating cybersecurity practices that the healthcare business needs to do?

First: Make Cybersecurity a Top Business Priority

One of the major challenges that medical practices face today is how to address cybersecurity risk and balance it to your security investment and resources needed to be secure. A first step to starting your updated security plan journey is discovering

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Letter From the President

It was Charles Dickens in *A Tale of Two Cities* who wrote, "It was the best of times, it was the worst of times..."

Recent news has had us all on edge as we've watched Hurricanes Harvey and Irma wreak havoc on Texas, the Caribbean and Florida. Amidst so much devastation, however, we have seen and continue to see the best of humanity as the country has rallied to help those in need. The numerous stories of heroism, generosity and compassion have served to renew our spirits and to remind us that there is little that we as a nation cannot overcome. These are the stories that reflect who we are as a nation.



On the other hand, there are the sickening events of August 12, 2017, in Charlottesville, Virginia that reveal a side of our nation that should trouble all of us. I continue to be horrified by the tragic murder of 32-year-old Heather Heyer, an anti-racist protester. I think that it is vitally important that we never forget this young woman's name. Heather Heyer was an irreplaceable daughter and a beloved friend. She was an advocate against hate and bigotry. Imagine how much better the world could be if more of us had the courage to stand against hatred and bigotry the way Heather Heyer did on August 12th.

I believe that as mothers, fathers, community leaders and physicians, we have a moral obligation to stand against hatred and bigotry. Not all of us are meant to carry a picket sign or join a protest. However, our silence and our indifference equal complicity. Instead, we can ALL make an effort to speak against racist, misogynistic and bigoted language. We can ALL refrain from ridiculing people or ideas that we don't understand. In fact, the best way to defeat hatred and bigotry—is understanding.

Many months ago, as I set out to create a list of goals for the Jefferson County Medical Society for 2017, a cultural competency seminar was a top priority. I have heard many criticisms about the need for cultural competency. "Why do we need that?" "The people who need to come won't show up." "I already know what I need to know. It's black and white."

Respectfully, I beg to differ. The America that we all love so dearly is a country founded upon cultural differences. Even among our "united" states and cities, there is wonderfully refreshing cultural diversity. If ever there was a time to understand, celebrate and appreciate those differences, it is now. We owe it to our patients and to ourselves to try to understand how we are different and how that impacts our delivery of healthcare; but just as important, we need to recognize the ways that we are alike.

In the words of Elie Wiesel: "The opposite of love is not hate, it's indifference. The opposite of art is not ugliness, it's indifference. The opposite of faith is not heresy, it's indifference. And the opposite of life is not death, it's indifference."

Let's break the cycle of indifference. **Please join us on Saturday, October 28th from 9:00am-12:30pm at the Grandview Medical Center Conference Room for discussions on Cultural Competency and Understanding in the Practice of Medicine. Admission is free with an open mind. Together we can make a difference.**

In Service to Mankind,
Katisha Vance, MD, FACP

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exactly what assets you have on your network. This requires taking inventory of everything that has an IP address. These devices go beyond the PC's, servers, smartphones, network appliances and medical specialty equipment. The "Internet of Things" (IoT) is the new tech word for every new electronic device on our networks that we have now and in the future. Each device having an "IP address" makes it a target point of entry into your network. Asset discovery is step number one.

Second: Compliance Does Not Equal Security

Healthcare business management may not fully understand all of their compliance requirements, but they do understand the impact of regulatory fines and damaged reputations. To prevent those pains, organizations tend to focus only on ticking off the boxes of a "compliance checklist", assuming if minimal compliance is met, their data will be safe. Wrong assumption! When organizations lose sight of the intention behind the security regulations (which is to safeguard sensitive data) and to treat regulatory compliance itself as the primary objective for the exercise, then the door is open wide for a breach. Gaps are created between their perceived level of security and their actual level of security. Administrators and providers think they're safe, but they're not. The HIPAA compliance requirements are simply guidelines and methods to demonstrate how your security program needs to meet a specific set of criteria at a specific point in time.

This baseline criterion is changing at an alarming rate as we have seen major organizations hit recently because of negligence in executing best practices in basic security. Cybercriminals are intelligent; they work hard daily to out think their prey and are getting more sophisticated every day. A better approach for the healthcare industry is to focus on a security-first plan vs. a compliance checklist plan. If your security program is strong and continuously alert to be proactive on these attacks, your HIPAA compliance will be addressed. This way your security plan supports a healthy business instead of exhausting valuable resources in the pursuit of "tick marks on a compliance checklist.

Third: Be Proactive vs. Reactive; Time is Critical!

It's important to repeat that time is critical in discovering a security breach and most healthcare organizations are not equipped to

discover a breach when it happens. The penetration into your network may occur months before it becomes visible. Attacks come from outside the organization firewalls and from inside the organization behind the firewalls, making it critical for your security solutions to not only include monitoring and alerting when a breach on your network occurs but to identify and control the intruding malware virus before it spreads throughout your organization.

Fourth: Continuous Security is Required

For years compliance has typically been measured once a year, but the security requirement is supposed to be maintained continuously. Do you see the obvious disconnect here? Today's security best practices process requires "on-going assessments" of your environment. The historical "annual one-time vulnerability assessment" snapshot is not enough in today's cyber threat environment to provide adequate protection. Beginning the day after your "annual vulnerability assessment" is done, your vulnerability increases daily for the next 365 days! All you received for that expensive annual assessment was a tick on the compliance checklist saying, "I'm meeting the minimum compliance requirements for today!"

Summary: Cybersecurity = Business Security

- Chances are it's not if a breach will happen, but when it will happen... Be Proactive vs. Reactive!
- Attention to cybersecurity should be a "Top Business Priority" for management at the provider, C-Suite level and boardroom levels because it requires a holistic and strategic approach to protecting the entire organization.
- Security isn't just about protecting the data -- it's about protecting the business!
- Compliance does not equal security. HIPAA compliance requirements are simply guidelines to demonstrate how your security program needs to meet a specific set of criteria at a specific point in time. If your security program is strong and continuously alert to be proactive on these attacks, your HIPAA compliance will be addressed.
- Continuous security monitoring is required if a cybersecurity solution is to be effective because if a breach attempt occurs, "Time is the Critical Element in Controlling the Intruding Malware!"

SPECIAL THANKS

WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK THE SPONSORS OF TWO JCMS EVENTS, THE *PHYSICIAN BURNOUT SEMINAR* AND *THE CULTURAL COMPETENCY SEMINAR*.

WE APPRECIATE THEIR PARTNERSHIP AND THEIR SUPPORT!

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Cultural Competency and Understanding in the Practice of Medicine

**Saturday, October 28, 2017 • 9:00 a.m. – 12:00 p.m.
Grandview Medical Center - Conference Center
Admission is free**

To register, please click on the link

<http://pulse.jcmsalabama.org/ConstantContactLinks/CulturalCompetencyLectureRegistrationform.doc>

Print out your registration form and mail it to the Jefferson County Medical Society.

For more information, call Martha Wise at 205-933-8601 or e-mail mwise@jcmsalabama.org.

CME Credit

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Southern Medical Association and the Jefferson County Medical Society. The Southern Medical Association is accredited by the ACCME to provide continuing medical education for physicians.

American Medical Association Physician's Recognition Award (AMA)

Southern Medical Association designates this Live activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

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Upcoming Events

- Oct. 16** Executive Committee Meeting - 5:30 p.m.
- Oct. 17** The Wayne Finley 811 Breakfast Meeting – Adam Robertson, M.D., FACEP, and Joe Acker, EMT-P, MPH, will speak on “BREMSS” at 8:30 a.m. in the JCMS Board Room.
- Oct. 28** JCMS Cultural Competency and Understanding in the Practice of Medicine – 9:00 a.m. to 12:00 p.m. at the Grandview Medical Center Conference Room
- Nov. 2** JCMS Annual Social – The Club
- Nov. 13** Foundation Trust Meeting – 5:30 p.m.
- Nov. 20** Executive Committee Meeting – 5:30 p.m.
Board of Censors Meeting – 6:30 p.m.
- Nov. 21** The Wayne Finley 811 Breakfast Meeting – Robert C. Bourge, M.D., will speak at 8:30 a.m. in the JCMS Board Room.
- Dec. 18** Executive Committee Meeting – 5:30 p.m.
- Dec. 19** The Wayne Finley 811 Breakfast Meeting – John J. Gleysteen, M.D., will speak on “Going to Educate Mongolia on Residency Training Didn’t Work Out” at 8:30 a.m. in the JCMS Board Room.

Contact Juanita Pruitt at jpruitt@jcmsalabama.org for more information.

JCMS ANNUAL SOCIAL

The Jefferson County Medical Society Invites You to Attend its Annual Social Meeting

THIS YEAR'S EVENT WILL BE HELD AT

**THE CLUB
IN THE GLEN IRIS STATEROOMS**

Thursday, November 2, 2017

6:00 – 8:00 p.m.

Cocktails & Heavy Hors D'Oeuvres

**6:30 P.M. – BRIEF ANNUAL BUSINESS MEETING
INTRODUCTION OF 2017 SCHOLARSHIP RECIPIENTS**

**THIS YEAR'S EVENT IS SPONSORED BY PROASSURANCE
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Please call the Jefferson County Medical Society at 205-933-8601 for reservations

DEADLINE FOR RESERVATIONS: Thursday, October 26, 2017

Due to guarantee requirements at The Club, we will not be able to accept reservations after that time. Cancellations must also be received by October 26 to avoid charges for your reservation. Thank you for your understanding.



IN THE NEWS

Elizabeth S. Martin, M.D., is the 2017 recipient of the Paul W. Burleson, M.D., Award. The Paul W. Burleson Award is presented to a physician member of the Medical Association of the State of Alabama in recognition of a medical career that encompasses not only high ethical and professional standards in patient care, but also includes extraordinary service to physician organizations at the county, state and national levels. A nationally-recognized leader in dermatology, Dr. Martin has received two Presidential Citations from the American Academy of Dermatology, one for her work as the first Young Physician to be appointed as an observer to the AAD Board of Directors, and the other for her work in publicizing the dangers of indoor tanning on a national radio media tour. She has served on numerous AAD councils, task forces, and committees, and as an Alternate Delegate to the American Medical Association. She is a recognized speaker and published author with articles appearing in peer-reviewed scientific journals and is often consulted for contributions to major national magazines and websites such as Parents, Woman's Day, Cooking Light and Yahoo!

Dr. Martin graduated from Vanderbilt University with a Bachelor's degree with Honors in psychology. She received her medical degree from East Tennessee State University, James H. Quillen College of Medicine, where she graduated in the top of her class. Following medical school, Dr. Martin completed an internship in internal medicine at the University of Alabama at Birmingham. She completed her dermatology residency at UAB, where she was Chief Resident and served on the House Officers Committee. Dr.

Martin has been in private practice in Birmingham since 2001. She is also Volunteer Clinical Faculty at the UAB School of Medicine in the Department of Dermatology. She enjoys teaching medical students who rotate through her practice.

ProAssurance Establishes the Nation's First Academic Research Program Dedicated to Physician Wellness. ProAssurance Corporation announced the establishment of the ProAssurance Endowed Chair for Physician Wellness at the University of Alabama at Birmingham. This academic chair is the first of its kind in the United States and demonstrates ProAssurance's commitment to its role as a leading advocate for America's physicians. The initial \$1.5 million gift to the UAB School of Medicine will endow an academic chair and also will support a research team dedicated to addressing health issues that are unique to physicians as they deal with the stress and pressures associated with providing care to their patients in today's rapidly evolving healthcare environment.

ProAssurance also expects to provide an additional gift of \$500,000 to fund various initiatives in support of physician wellness. The company's Chief Medical Officer, Hayes V. Whiteside, M.D., said such programs are a logical extension of ProAssurance's role as a trusted partner with physicians and the nation's healthcare community. In addition to the funds being committed to addressing physician wellness, ProAssurance plans to make an additional financial gift to the UAB School of Nursing to enhance the future of nursing care in Alabama.

The Physician Burnout Seminar is Now Available as a Webinar

For those who missed our live workshop on August 19, you can access the information on line. The on-line event is an audio broadcast that includes views of the slides used by Dr. Drummond.

The webinar will be available until November 30th. To register, please go to the link:
<http://events.constantcontact.com/register/event?llr=iqczazcab&oeidk=a07eeltedx1e9aaee15>

Upon receipt of your registration information, the Jefferson County Medical Society will send you an e-mail containing all the login information you need to access the videos on the JCMS Vimeo site and to receive your CME credit from the Southern Medical Association.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Southern Medical Association and the Jefferson County Medical Society. The Southern Medical Association is accredited by the ACCME to provide continuing medical education for physicians.

American Medical Association Physician's Recognition Award (AMA)

Southern Medical Association designates this enduring material for a maximum of 4.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

JCMS Welcomes the Following New Members

Sonali D. Advani, M.D.	Resident	Michael A. Hamer, M.D.	Resident	Pete Ochieng, M.D.	Resident
Alana Akers, M.D.	Resident	Tiffany Han, M.D.	Resident	Eva Olariu, M.D.	Resident
Mona Ahmad, M.D.	Resident	Dane Hellwig, M.D.	Resident	Darryl A. Outlaw, M.D.	Resident
Jonathan Antonetti, M.D.	Resident	Chase Henderson, M.D.	Resident	Deep Patel, M.D.	Resident
John C. Bahakel, M.D.	Resident	Cindy Hlavacek, M.D.	Resident	Mr. Khruv P. Patel	Medical Student
Sofya Baisheva, M.D.	Resident	Allison M. Hunter, M.D.	Resident	Barrett Paulk, M.D.	Resident
Christopher Baker, M.D.	Resident	Jennifer Ibara, M.D.	Resident	Richard L. Pearlman, M.D.	Resident
Dallas Blanco, D.O.	Resident	Adam Patrick Jacobs, M.D.	Resident	John M. R. Pierce, M.D.	Fellow
Barton Booth, M.D.	Resident	Mr. Ravi Jariwala	Medical Student	Mr. Marshall C. Pritchett III	Medical Student
Brenda Burnett, D.O.	Resident	Victoria L. Johnson, M.D.	Resident	Gavin T. Reed, M.D.	Resident
Matthew A. Burr, M.D.	Resident	Kyle Jones, M.D.	Resident	Molly E. Reeves, M.D.	Fellow
Bailey Callahan, D.O.	Resident	Joshua Joseph Kain, M.D.	Resident	Ms. Jayla Robinson	Medical Student
Christina Leigh Cochran, M.D.	Pediatrics	Tarun Kapoor, M.D.	Resident	Allison Pace Rogers, M.D.	Resident
Adam W. Cohen, M.D.	Resident	Zachary Keenum, M.D.	Resident	Scott Andrew Sabo, M.D.	Resident
Aaron D. Coleman, M.D.	Resident	Anna Kim, M.D.	Resident	Mr. Kevin S. Shrestha	Medical Student
Joseph Craft, M.D.	Resident	Kane Kleinschmidt, M.D.	Resident	Ms. Alexandra M. Simpson	Medical Student
Jason Neal Crosson, M.D.	Ophthalmology	Jason Ryan Lauer, M.D.	Resident	John Patrick Sisney, M.D.	Resident
Pia Cumagun, M.D.	Resident	Mr. Timothy J. Littmann	Medical Student	Jenny Smith, D.O.	Resident
Arash Davanian, D.O.	Resident	William Chris Lopez, M.D.	Gastroenterology	Robert Lee Smola Jr., M.D.	Resident
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Austin Y. Dennis, M.D.	Resident	Ankit Madan, D.O.	Fellow	Dianela Strebeck, D.O.	Resident
Ariana Diamond, M.D.	Resident	Valeria Makeeva, M.D.	Resident	Leah Strickland, M.D., MBA	Resident
Ryan Dill, M.D.	Resident	Rohit Malik, M.D.	Gastroenterology	Santosh Subramanyam, M.D.	Resident
Ms. Amber A. Dixon	Medical Student	Asish Manne, M.D.	Resident	Amol Sura, M.D.	Resident
Teresa Dolphin-Shaw, D.O.	Fellow	Eleanor Mathews, M.D.	Resident	Jeff Tapley, M.D.	Resident
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Cory Duprey, M.D.	Resident	Kelly A. McCormick, M.D.	Resident	Jacob Thomas, M.D.	Resident
Mr. Benjamin S. Echols	Medical Student	Alex McFarland, M.D.	Resident	John Paul Tortorich, D.O.	Resident
John Evans M.D.	Resident	Noah Scott McGill, M.D.	Resident	Ms. Anna C. Tyson	Medical Student
Jason C. Fain, M.D.	Fellow	Jessica E. McLemore, M.D.	Resident	Shikhar Vohra, M.D.	Resident
Dina Ford, M.D.	Resident	Mukul Mehra, M.D.	Gastroenterology	Ms. Anjali A. Wagle	Medical Student
Andrew Frey, D.O.	Resident	Ms. Natasha Mehra	Medical Student	Jeremey B. Walker, M.D.	Resident
Jonathan Fuerst, M.D.	Resident	Joshua York Menendez, M.D.	Neurosurgery	Marshall K. Walker, M.D.	Resident
Pierre Galea, M.D.	Resident	Jennifer Leigh Michelson, M.D.	Ophthalmology	Caroline Watkins, D.O.	Resident
Thomas F. Garth Jr., M.D.	Resident	Ms. Heather L. Minton	Medical Student	Kevin Michael Wells, M.D.	Resident
Cate Gasper, M.D.	Resident	Mr. Patrick A. Molina	Medical Student	Janelle West, M.D.	Resident
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Michael Lynn Gunter, M.D.	Resident	Hannah Obayangban, M.D.	Resident		

IN MEMORIAM

THE JCMS WANTS TO ACKNOWLEDGE THE RECENT
PASSING OF THE FOLLOWING JCMS MEMBERS:

WILLIAM ERNEST DISMUKES, M.D.
JUNE 19, 2017

GEORGE M. PERRINE, M.D.
JUNE 30, 2017

RICHARD B. SIEGEL, M.D.
JULY 26, 2017

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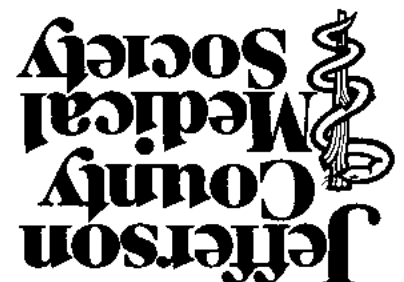
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