



## **GES 2007**

# Requirements to Accounting and Billing within MediGRID and Services@MediGRID

Baden-Baden, May 2, 2007

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# Sustainability Problems of competence networks and NGFN-Networks



- •IT infrastructure based in institutes not professional, no IT-center-know how
- Medical computing centers and university ccs move slowly to integrative solutions (DFG Initiative "Integriertes Informationsmanagement")
- •Missing controlling- and billing processes prevent:
  - Adequate ressource discussion
  - industry cooperations



## **Summary (WS sustainability KA)**



## Similarities to product development in Industry

- •It has to work (Technology, Licences, Pricing).
- •"Where is the beef" for providers and for clients?

## **Neccessary preconditions:**

- Academic und industrial Grid Service-users have to be able to use relevant Grid Services (threshold!)
- Billing with respect to heterogeneous funding agencies
- Support with the development of business models
- Relevant law (privacy, archiving, finances)



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## **Dichotome World in the Medical-Community**



#### Research

- Basic equipment via HBFG-(bis Ende 2006!)
- Gap financing via BMBF
- Operating cost via grant money or Länder

#### **Health Care**

- Basic equipment via Länder,
  Uniklinik ca. 150 Mio. davon 5
  Mio IT/anno
- •Operating cost health care via health insurances, University Medical Center app. 250 Mio€.; 10 Mio IT/anno



## Requirements to next Generation networked Research

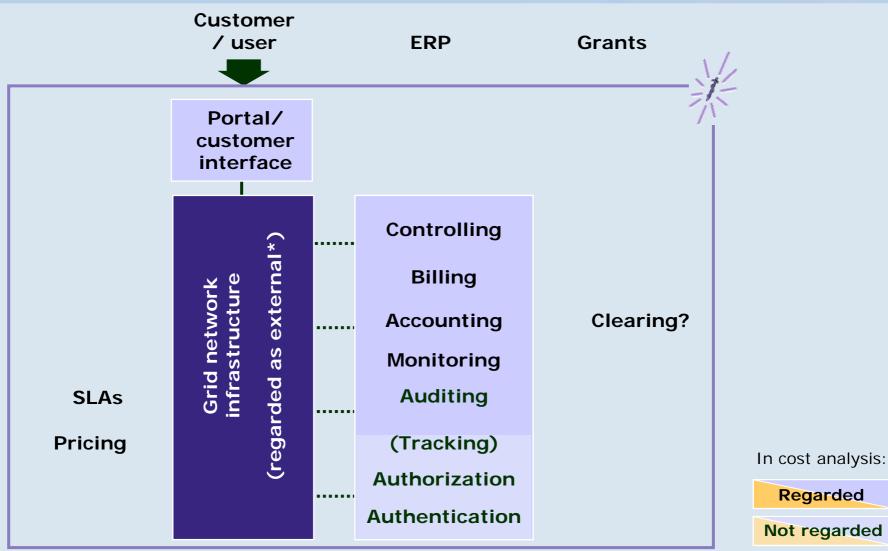


- Research Networks need to develop business plans –
   even with 100% funding
- •IT-cost and management cost have to be made transparent
- Adapted Service-Level-Agreements
- Adequate controlling abilities
- Separation in research share and healthcare part
- Standardized contracts between actors
- Scalability



#### **Framework**





 $<sup>^{\</sup>star}$  Cost approach based on DFN-Grid infrastructure and its respective prices

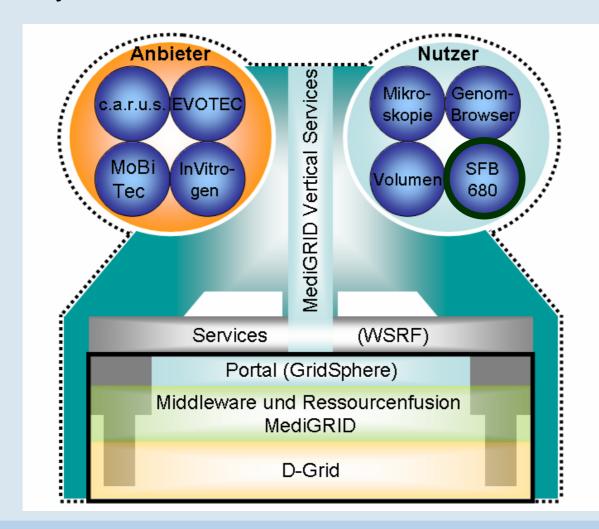




## Use cases (Services@MediGRID)



## Universitary and industrial Research





## Use cases (Services@MediGRID)



#### Services@MediGRID

#### **AP1: Grid Coaching**

- 1.1 Integration der Projekte
- 1.2 Grid Services Coaching
- 1.3 Migration einer Kundenanwendung ins Grid

#### AP2: Business enabling

- 2.1 Service Engineering
- 2.2 Geschäftsmodelle
- 2.3 Grid Service-Portal

#### AP3: Kundenprojekte

- 3.1 Selektion (SNPs)
- 3.2 Evolutionäre Analyse
- 3.3 Mikroskopbildanalyse
- 3.4 Genom-Browser

#### AP4: Faktura

- 4.1 Grid Accounting Shell
- 4.2 Integration in ERP-Systeme
- 4.3 MediGRID in kommerziellen Grids
- 4.4 Volumenorientierte
  Fakturierung
  genetischer und
  HTS\*-Analysen



### **Use Case: Grant Financed Research**



Expensive infrastructure more and more not in included in life science funding

→ The grant applicant is asked to shop this service at a provider

•Example: SFB680 in Köln and at Kirchhoff Institut for Physics in Heidelberg → money for Grid-Services via DFG



## **Use Case: Industry**



Similar facts for (pharmezeutical) industry:

→ need for shopping / offering Grid Services

•Example: HTS drug screenings (HTS=high-throughput screening) at c.a.r.u.s

•s. PharmGrid





## **Specifics**



## Research controlling (not only) in Medicine (user)

- Impact
- Teaching
- Grant Money (so grid credits would be sub-optimal...)

## Specific calculation of cost (provider)

- → Business model
- → IT/Management cost
- → Refuse underfinanced projects





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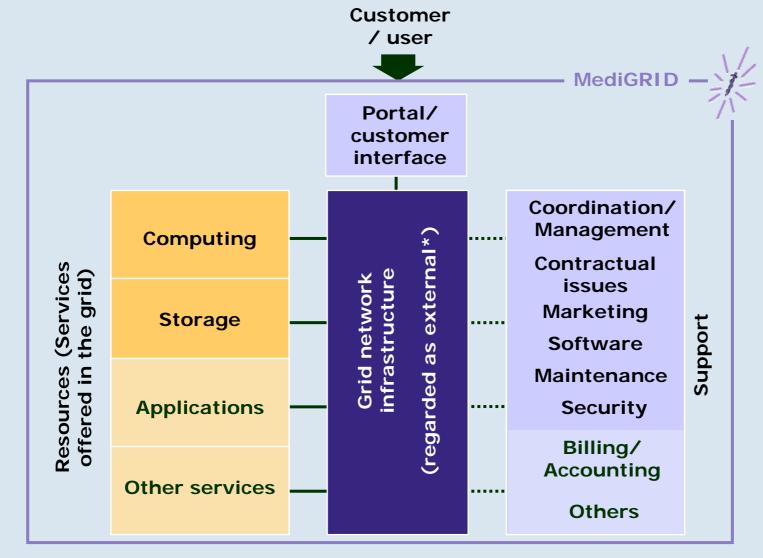
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# MediGRID

# Analyzing the cost structure of MediGRID, not all functional units could be considered





In cost analysis:

Regarded

Not regarded



<sup>\*</sup> Cost approach based on DFN-Grid infrastructure and its respective prices