

TMF-Workshop am 11. Dezember 2006, Berlin
Sicherheitskonzepte in der vernetzten medizinischen Forschung

Sicherheitskonzepte für zukünftige Systemarchitekturen in der medizinischen Forschung

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Background

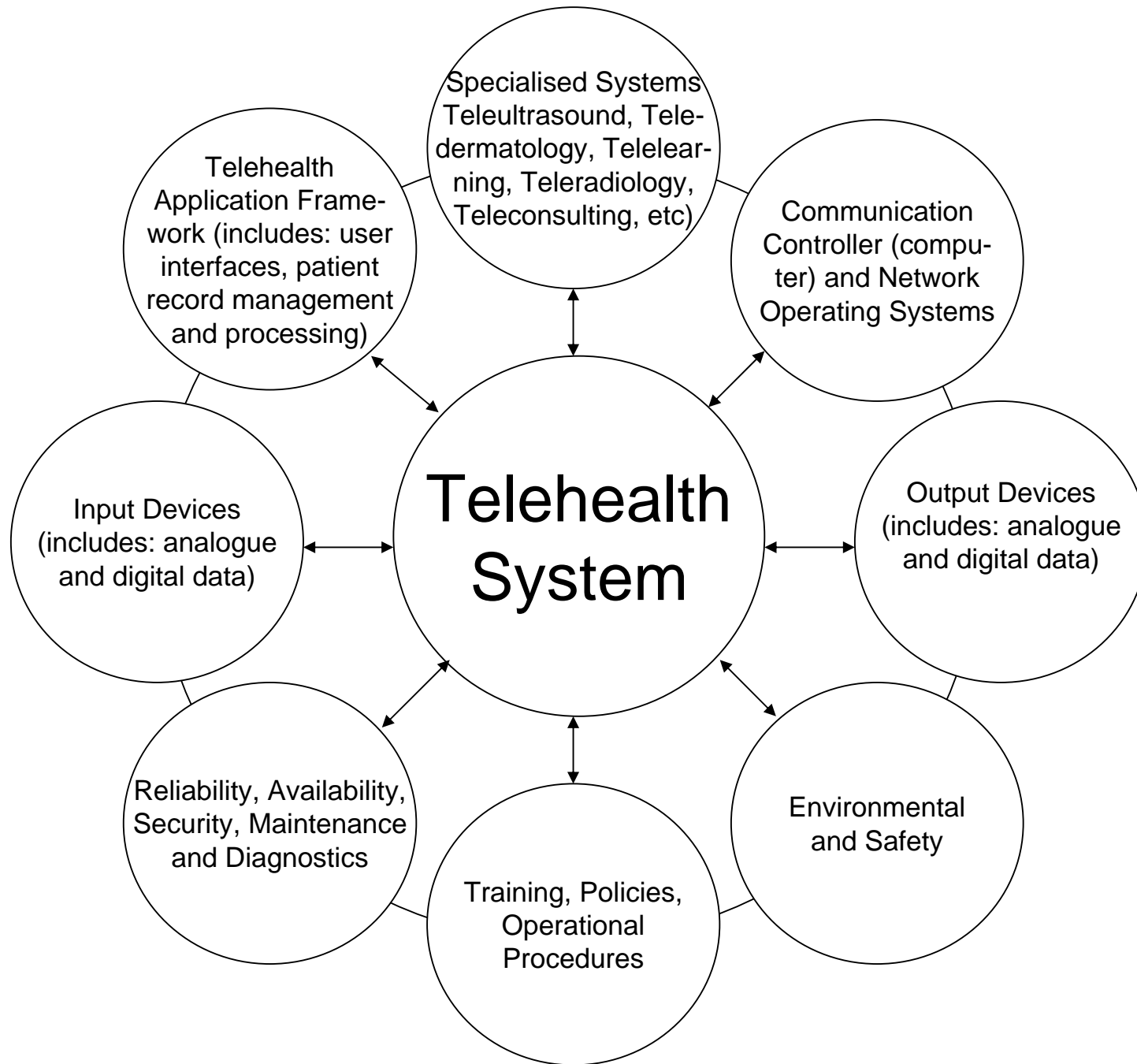
- 30 years CIO at Magdeburg University Hospital
- Director of the Institute for Biometry and Medical Informatics
- Past-Co-Chair, Security Working Group, German Medical Informatics Association
- Chair, WG "Security and Privacy in Health", German Society for Privacy and Security
- Governmental Advisor, German National Health Telematics Platform Project
- Governmental Advisor, National eHealth Programmes in USA, Australia, Denmark, Finland, Malaysia, ...
- Past-Chair CEN/ISSS eHealth Standardization Focus Group
- Chair, EFMI WG Security, Safety and Ethics
- Chair, EFMI WG Electronic Health Records
- Past-Chair, HL7 Germany
- Co-Chair, HL7 Security TC
- Member Security WG at ISO, CEN, CORBA, ASTM
- President, PROREC-DE

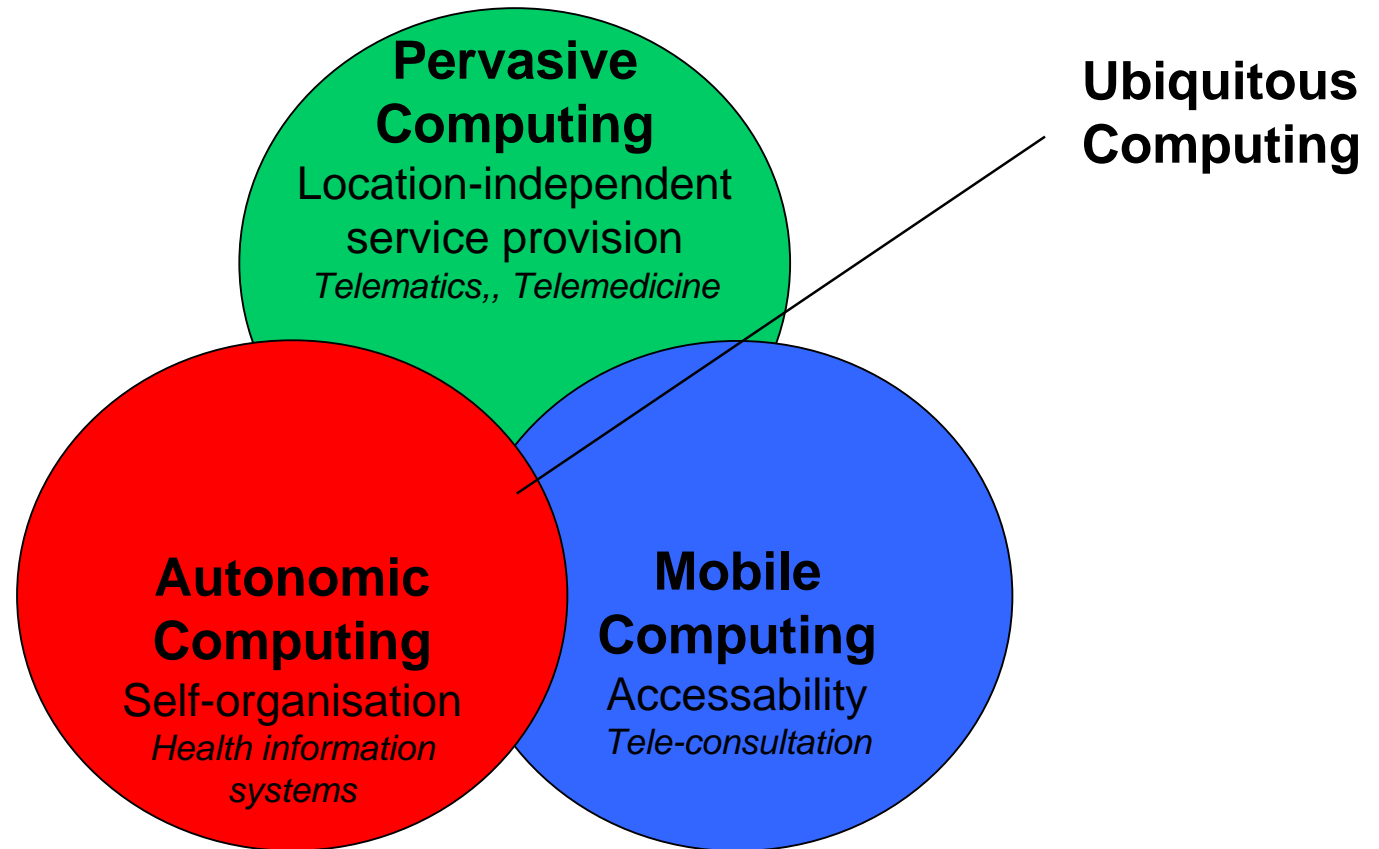


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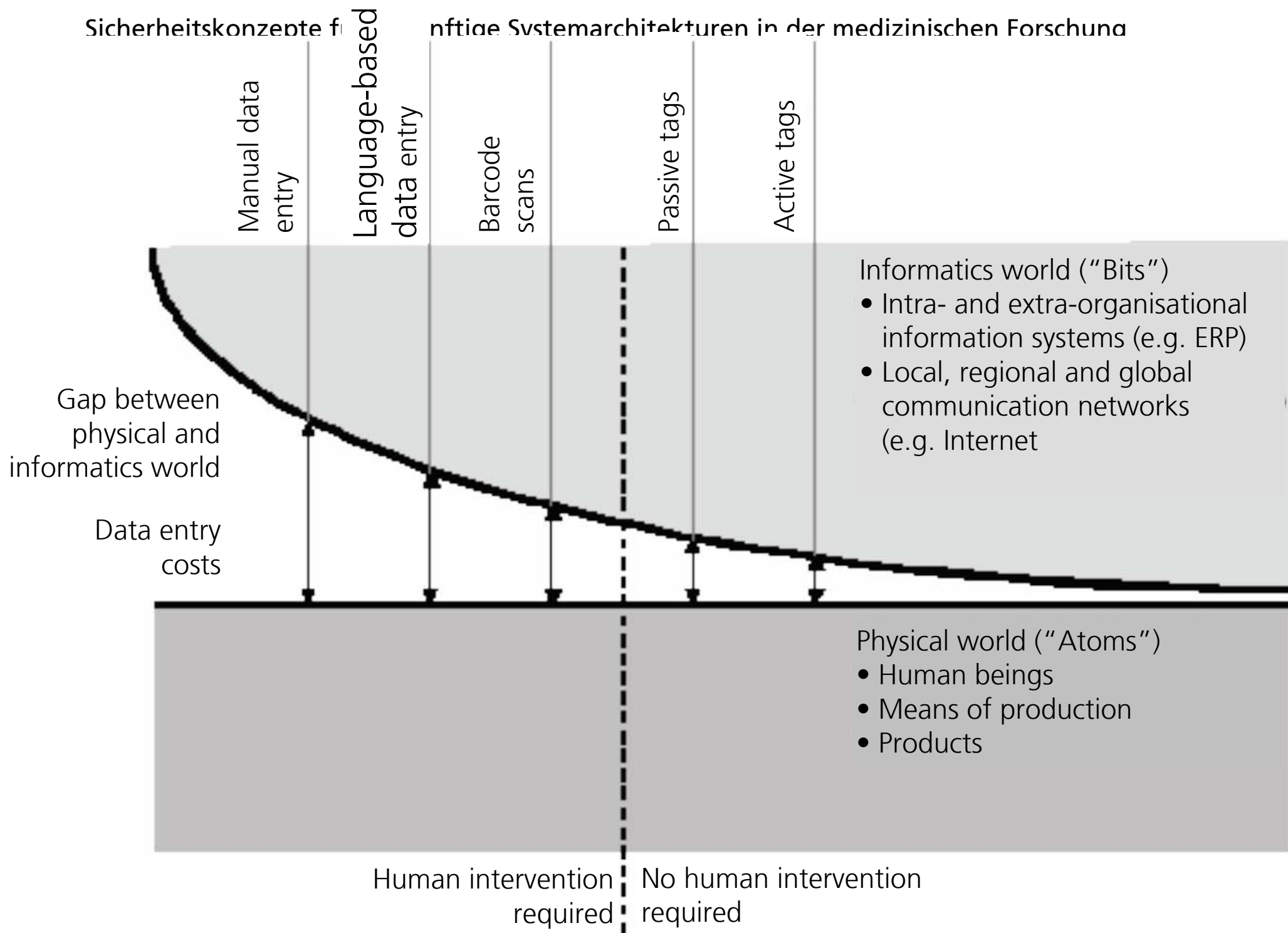


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Sicherheitskonzepte für virtuelle Systemarchitekturen in der medizinischen Forschung



Policy-Controlled Security and Privacy Requirements in the Context of Model-Driven Architectures



Architecture Definition

An architecture of a system describes its components, their functions and relationships.



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System Requirements

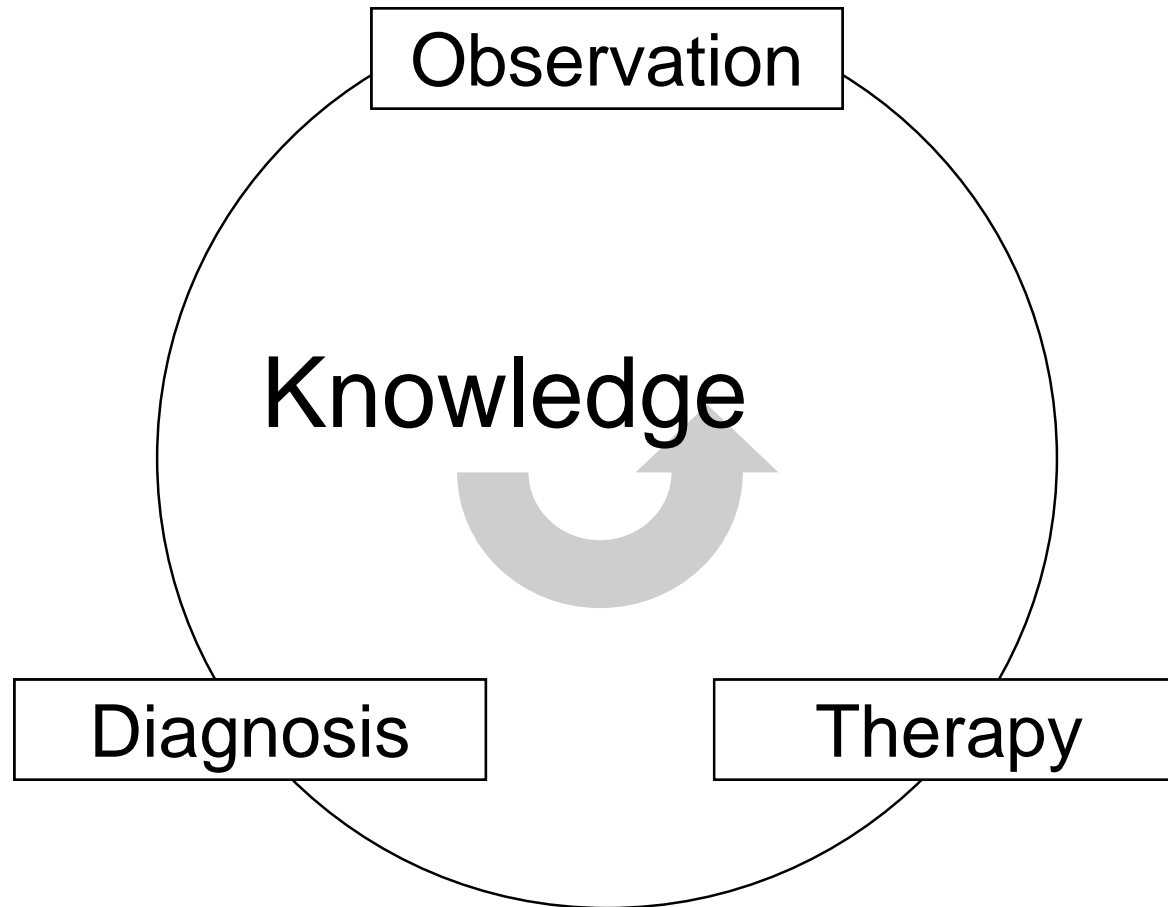
- Openness
- Flexibility
- Scalability
- Portability
- User acceptance
- Service orientation
- Distribution at Internet level
- Based on standards
- Service-oriented interoperability
- Appropriate security and privacy services

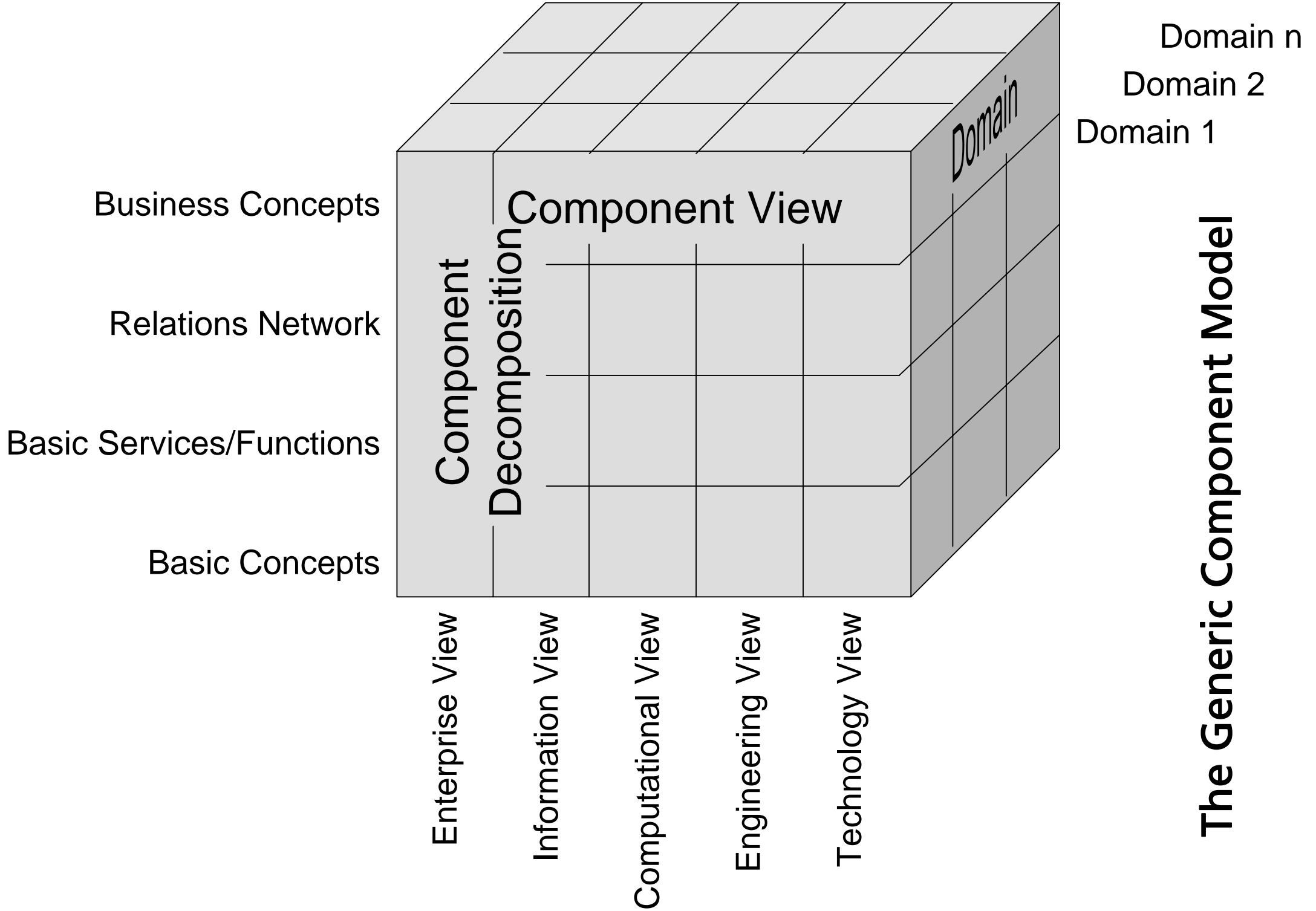


Model-driven approach

Model

A model is a partial representation of reality. It is restricted to attributes the modeller is interested in. Defining the pragmatic aspect of a model, the interest is depending on the addressed audience, the reason and the purpose of modelling the reality and using the resulting model for a certain purpose and for a certain time instead of the original. Therefore, the model as a result of an interpretation must be interpreted itself.



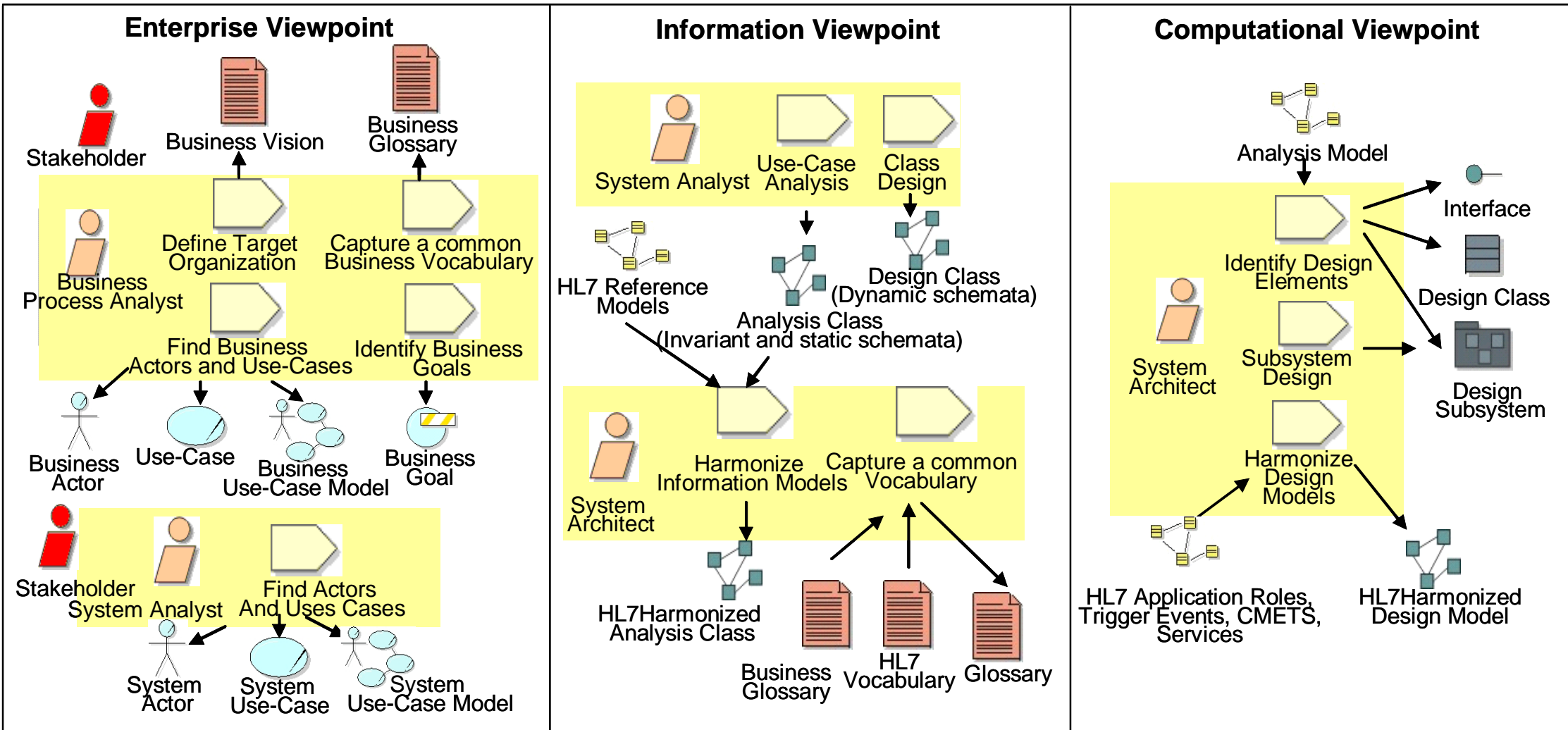


The Generic Component Model

Architectural Paradigms for Future-Proof Health Information Systems

- Distribution
 - Component-orientation (flexibility, scalability)
 - Separation of platform-independent and platform-specific modelling
→
 - Separation of logical and technological views (portability)
 - Specification of reference and domain models at meta-level
 - Interoperability at service level (concepts, contexts, knowledge)
 - Enterprise view driven design (user acceptance)
 - Multi-tier architecture (user acceptance, performance, etc.)
 - Appropriate multi-media GUI (illiteracy)
 - Common terminology and ontology (semantic interoperability)
 - Unified process (semantic interoperability)
 - Appropriate security and privacy services
-

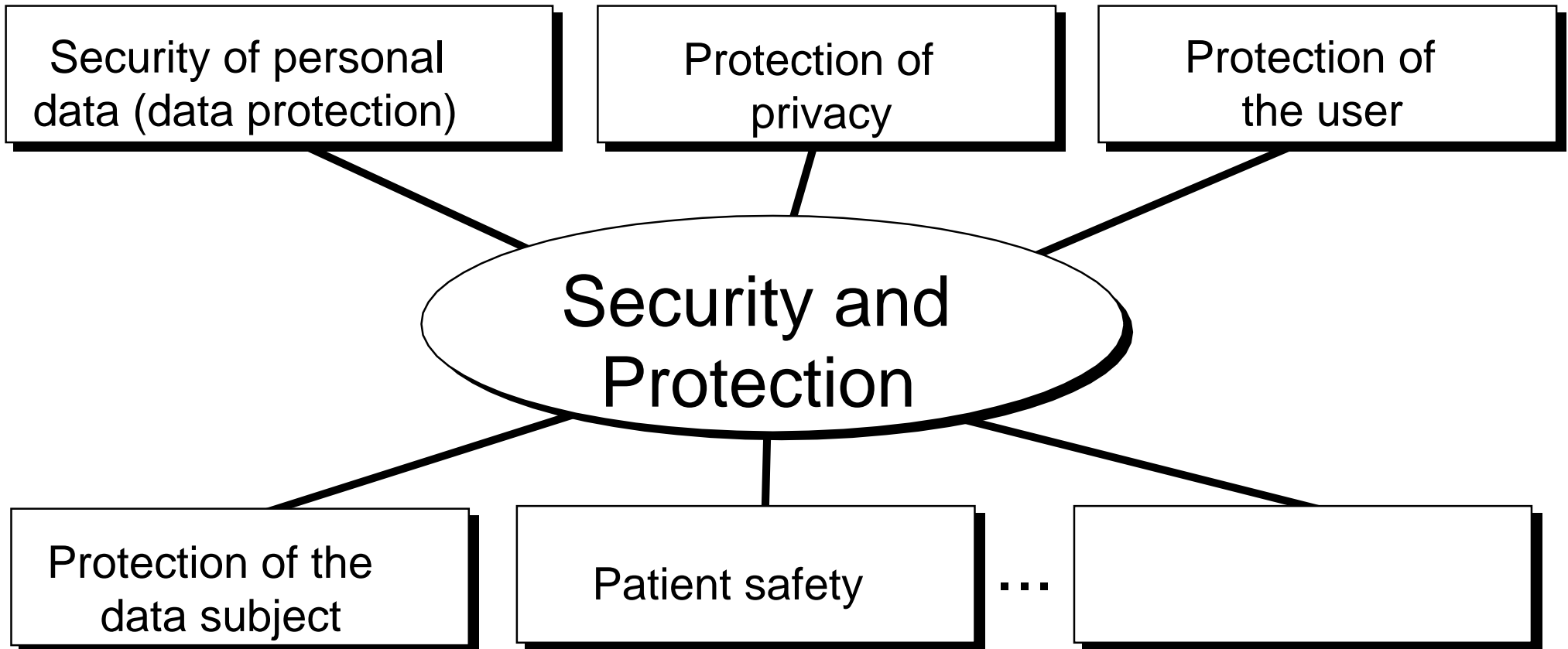
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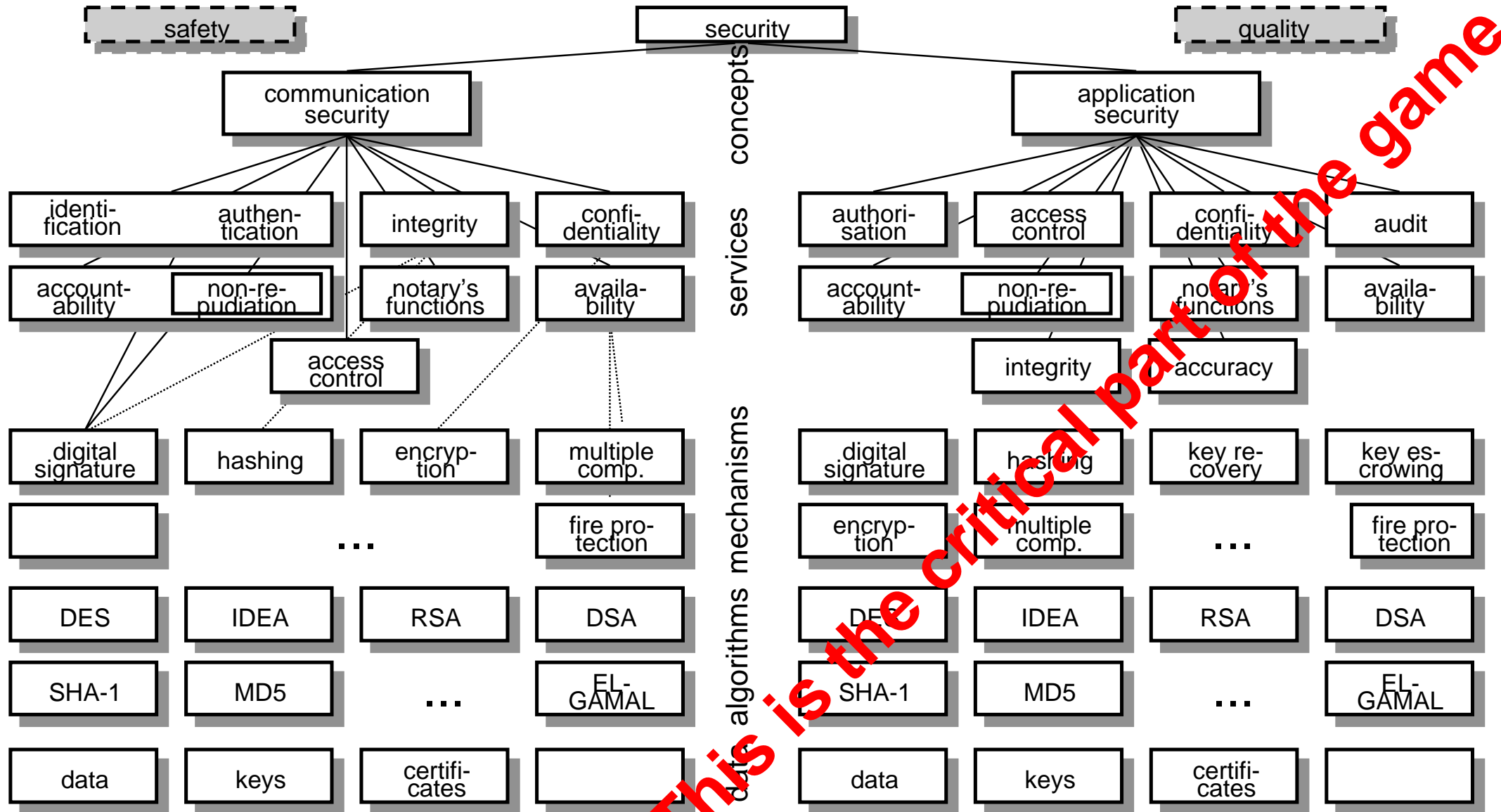


Key Principles for Improving and Developing a Culture of NIS

- Legal
 - Privacy and security are a prerequisite for guaranteeing fundamental rights on-line
- Economic
 - Present NIS as a virtue and an opportunity
- Social
 - Individual users need to understand that their home systems are critical for the overall security chain
- Technical
 - Promote diversity, openness and interoperability as integral components of security

Aspects of Protection and Security (after C. Laske)





Security Modelling for Analysis and Design



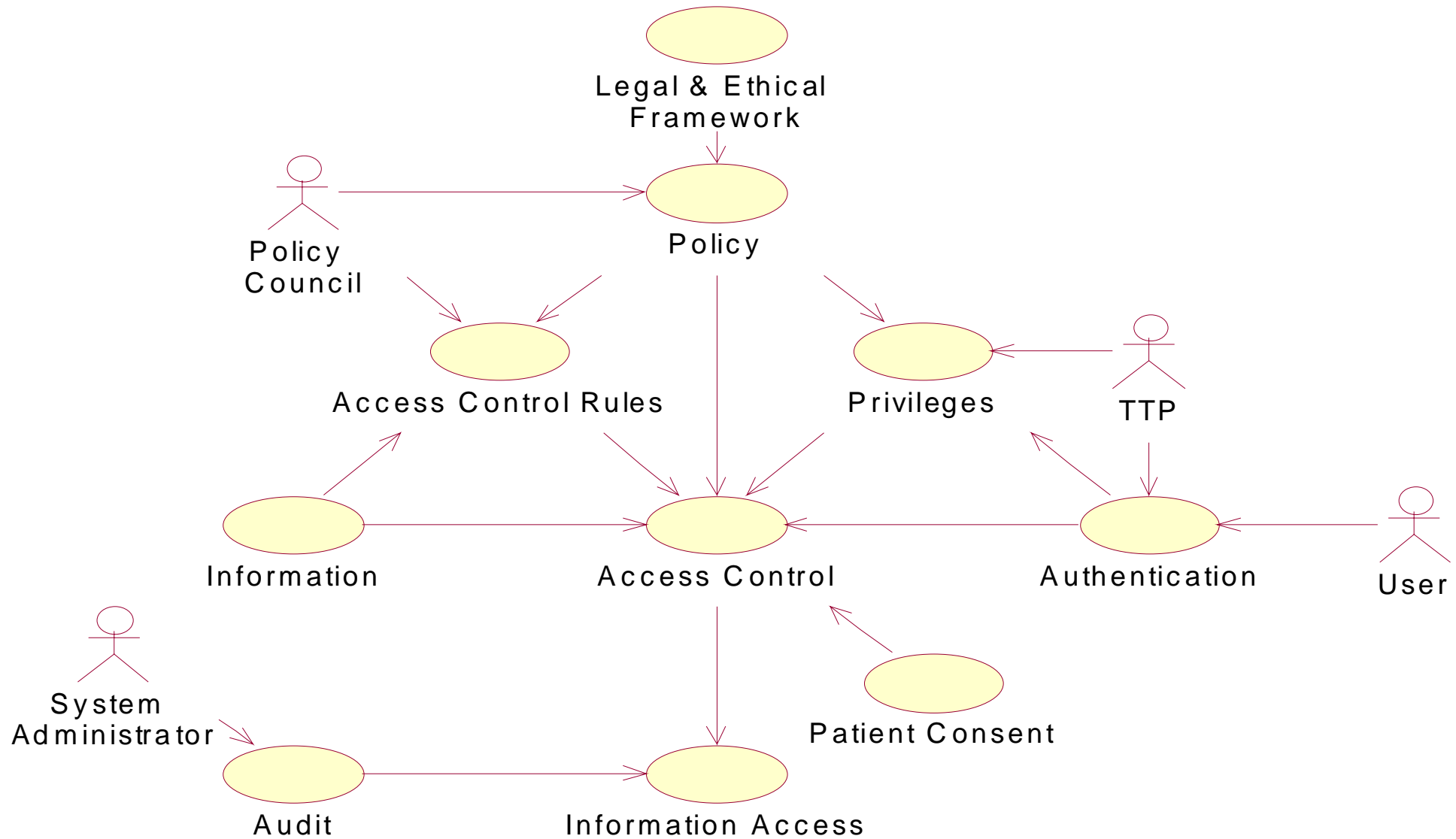
Models Used

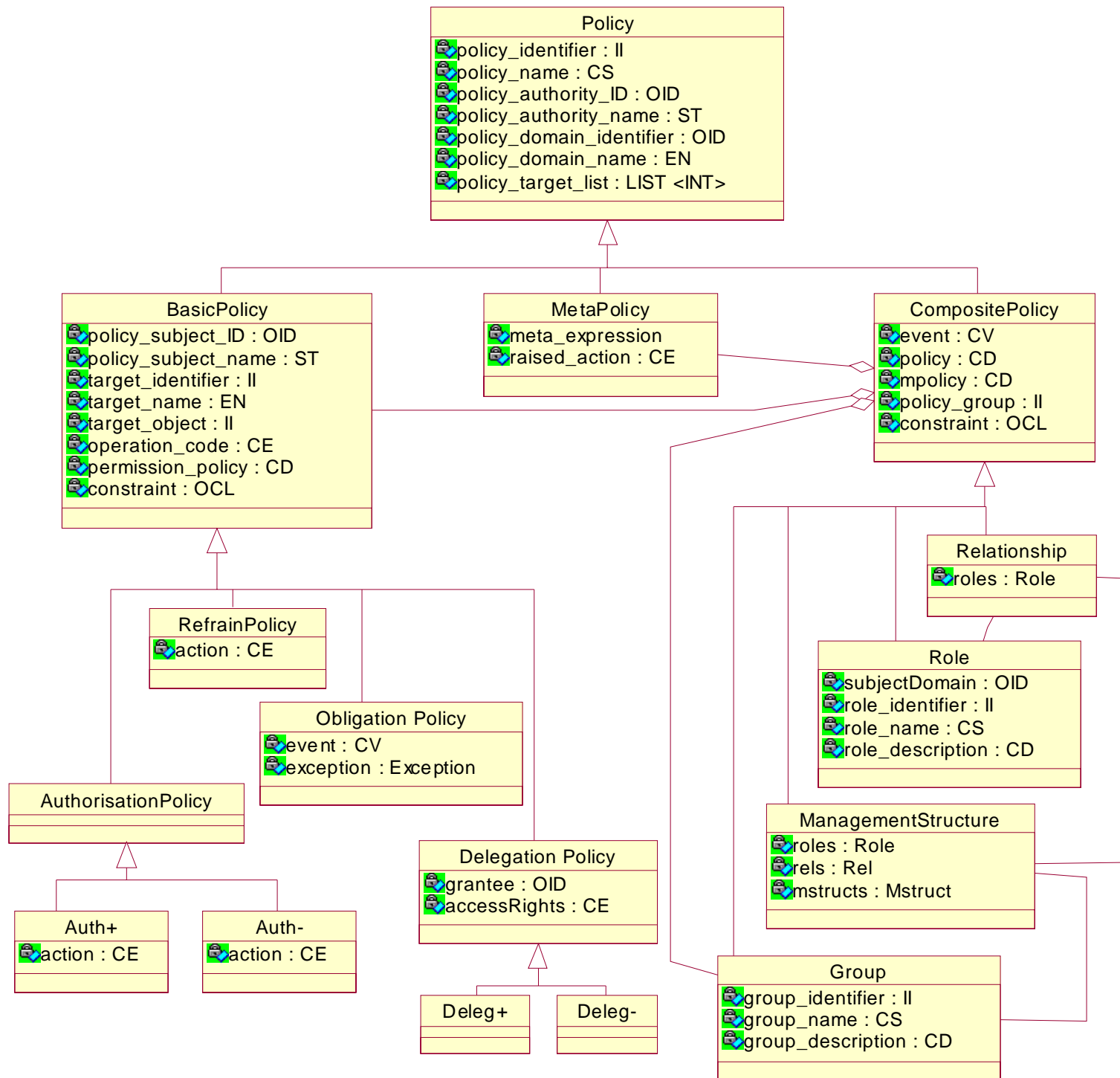
- Domain Model
- Document Model
- Information Distance Model
- Authentication Model
- Authorisation Model
- Communication Model
 - Secure Object
 - Secure Channel
- Policy Model
- Role Model
- Delegation Model
- Control Model
- Access Control Model
- Audit Model

Domain Model

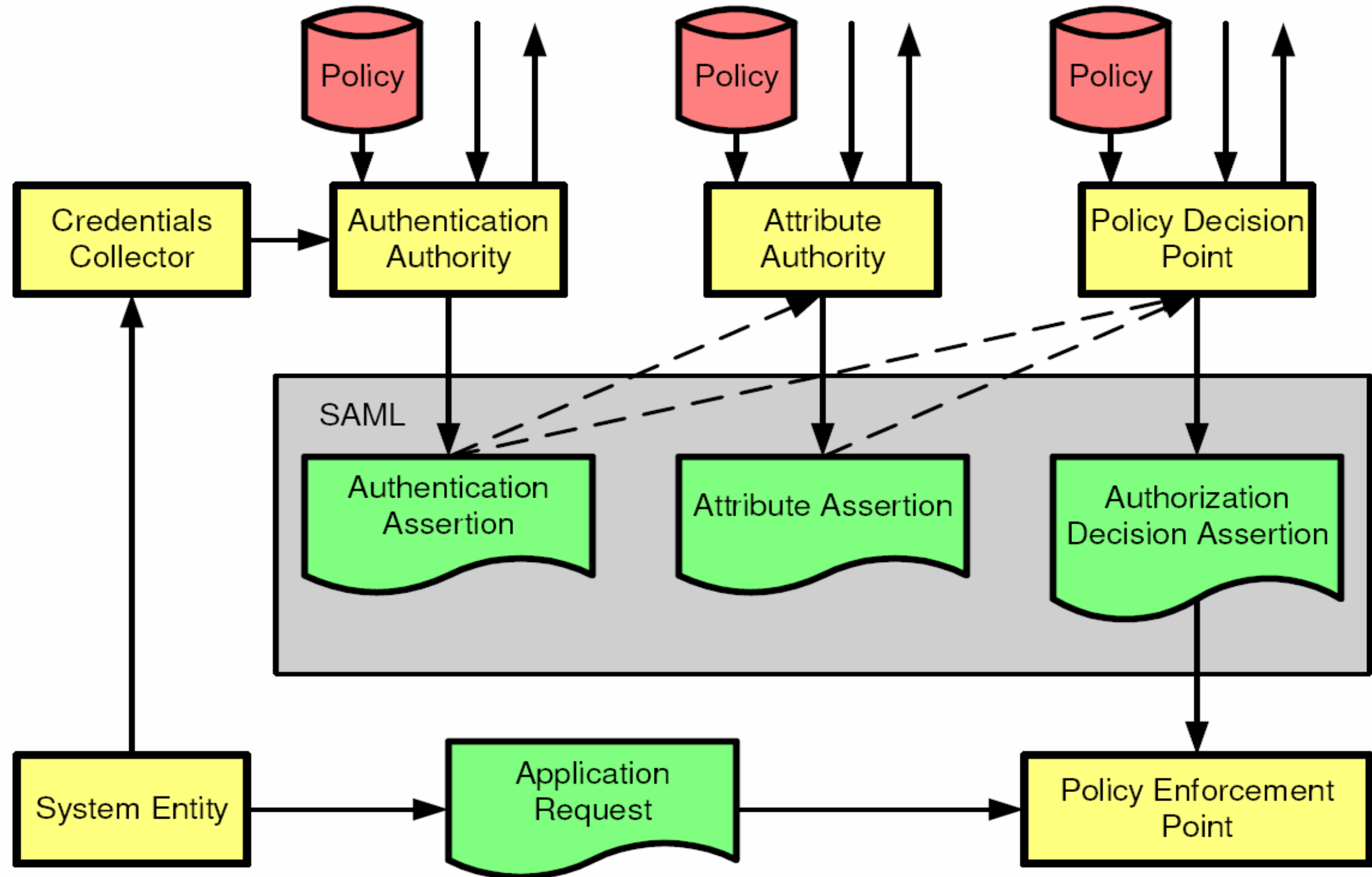
- The domain model describes the domain-specific constraints resulting from domain-specific requirements and representing the domain-specific knowledge for all the levels of abstraction mentioned. This concerns medical knowledge as well as legal basics, organisational relationships and the specific workflow.
- OMG has specified environmental domains, policy domains and technology domains.

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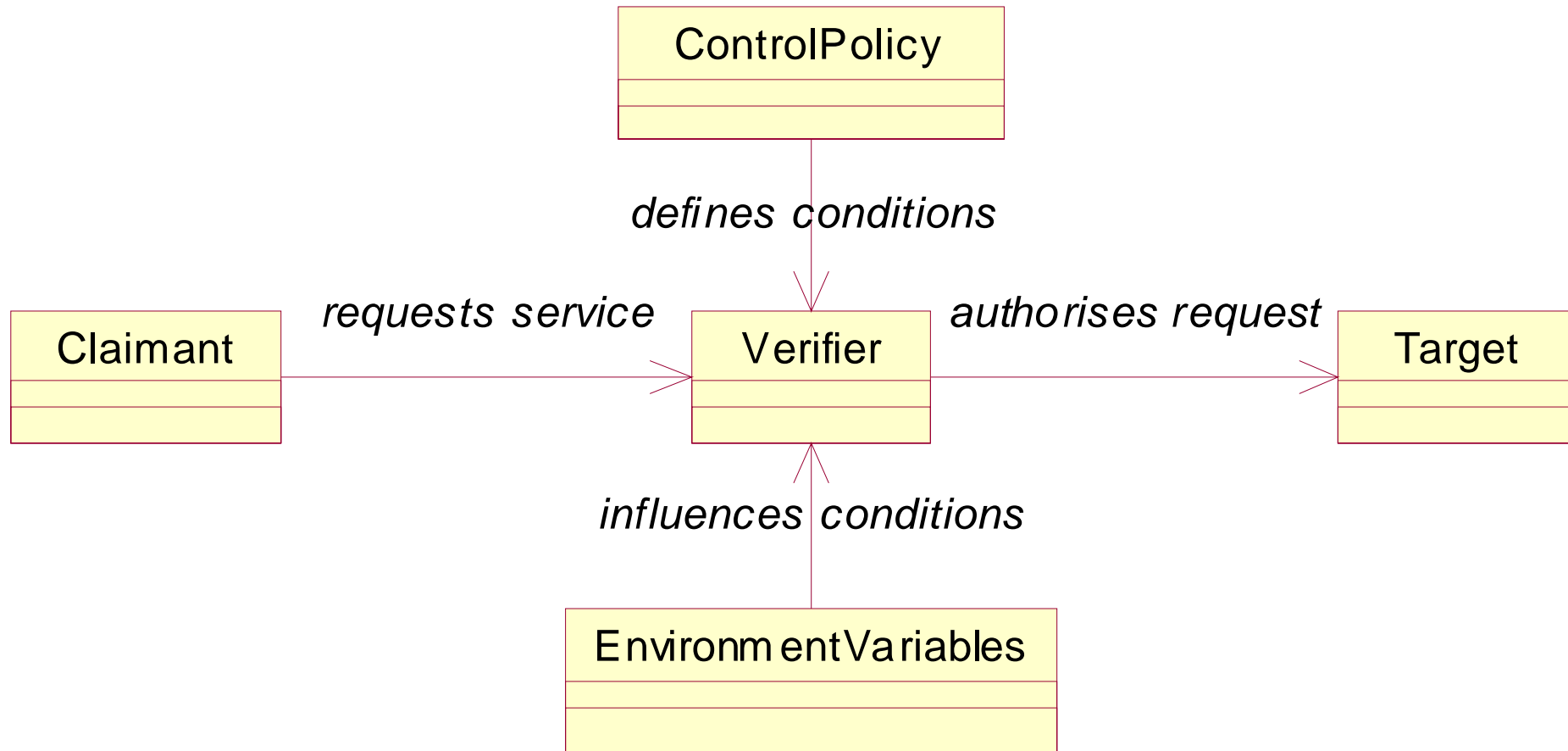


SAML Domain Model

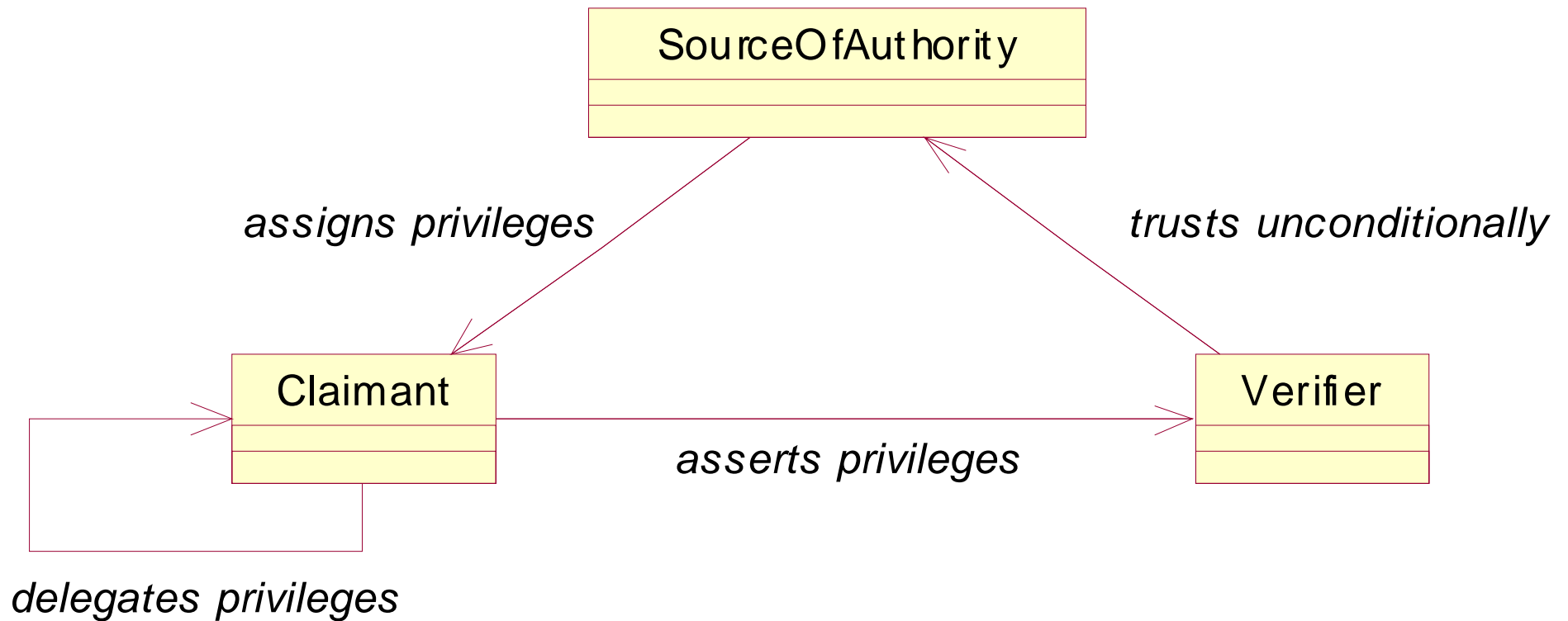


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Control Model



Delegation Model



Roles

- For managing role-relationships between the entities, organisational and functional roles can be defined.
- Organisational roles specify relations between entities in the sense of competence (RIM roles) often reflecting organisational or structural relations (hierarchies).
- Functional roles are bound to an act. Functional roles can be assigned to be performed during an act. They correspond to the RIM participation.

Structural Role (ISO TS 17090)

- Regulated Health Professional
- Non Regulated Health Professional
- Sponsored Health Care Provider
- Supporting Organisation Employee
- Patient / Consumer



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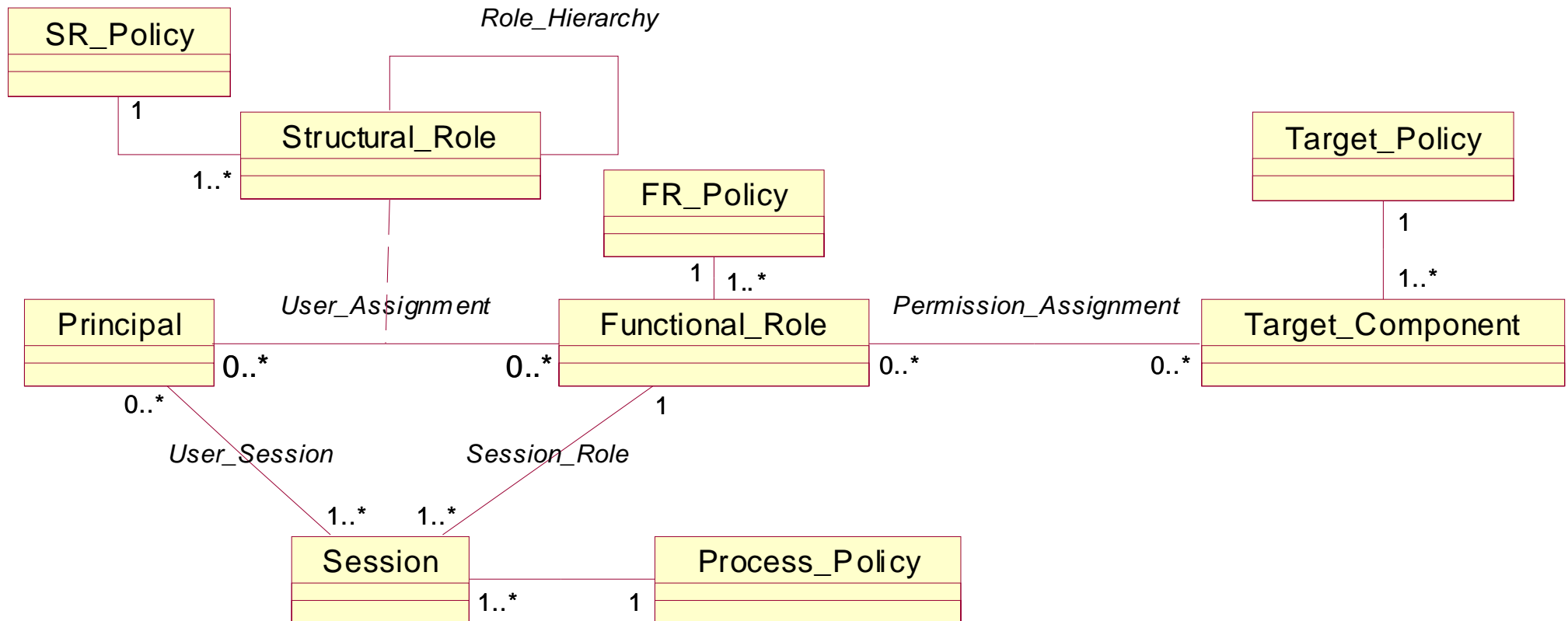


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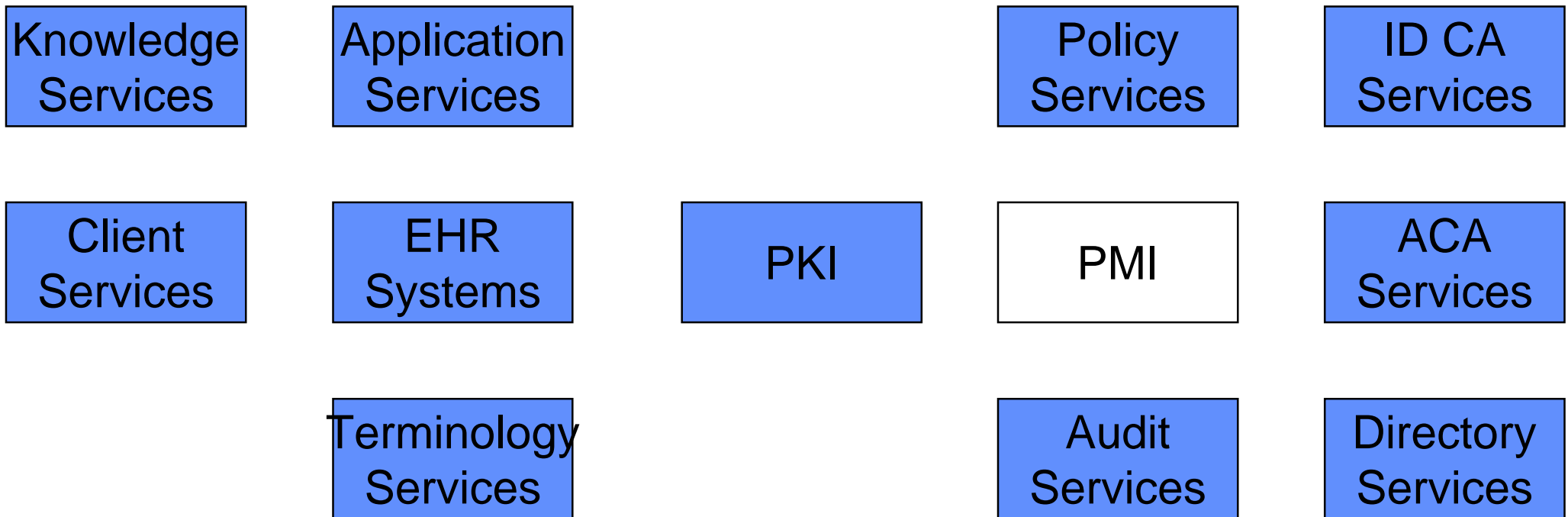
“Functional Roles” Established in the CEN ENV 13606 Revision

- Subject of care (normally the patient)
- Subject of care agent (parent, guardian, carer, or other legal representative)
- Responsible (personal) healthcare professional (the healthcare professional with the closest relationship to the patient, often his GP)
- Privileged healthcare professional
 - nominated by the subject of care
 - nominated by the healthcare facility of care (there is a nomination by regulation, practice, etc.)
- Healthcare professional (involved in providing direct care to the patient)
- Health-related professional (indirectly involved in patient care, teaching, research, etc.)
- Administrator (and any other parties supporting service provision to the patient)

Policy-Driven, Role-Based Access Control



Important eHealth Components (logical view)



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Conclusions

- Based on the Shared Care paradigm, health information systems require advanced security solutions
- Using cryptographic techniques, products are available for provision of both communication security and application security even on the open Internet
- Within projects funded by the European Commission and international standardisation bodies, the security infrastructure needed has been specified and implemented
- The security infrastructure of security tokens and TTP services is currently under standardisation
- Security complains legal, social, organisational, technical and psychological aspects
- Awareness, education and training of the health professionals are important security issues and challenges



BioHealth

Security and Identity Management Standards including Biometrics - Specific Requirements in eHealth having an Impact on the European Society and on Standardisation

BioHealth

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Announcement

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