

# Access policies in archetype-based systems

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# Privacy of health data

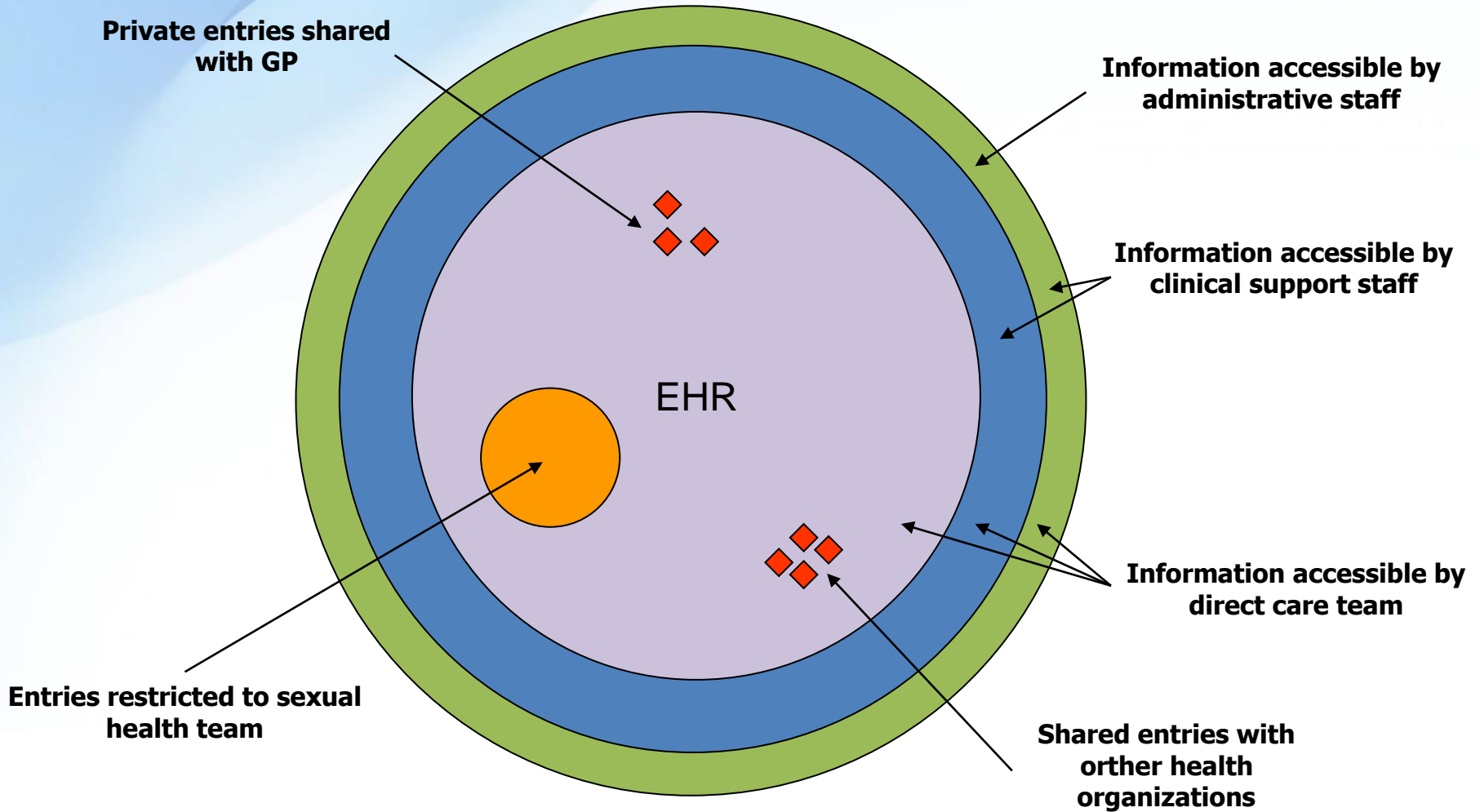
- We are the owners of (most of) our clinical data.
  - National and international laws recognize our right to control the access and use of that data.

Article 5.3. The patient is entitled to object to the disclosure of his or her medical records or information in the records.

*Act of 2 July 1999 No. 63 relating to Patient's Rights (Norway)*

- How could we effectively control who access and uses that information easily?

# Privacy of health data

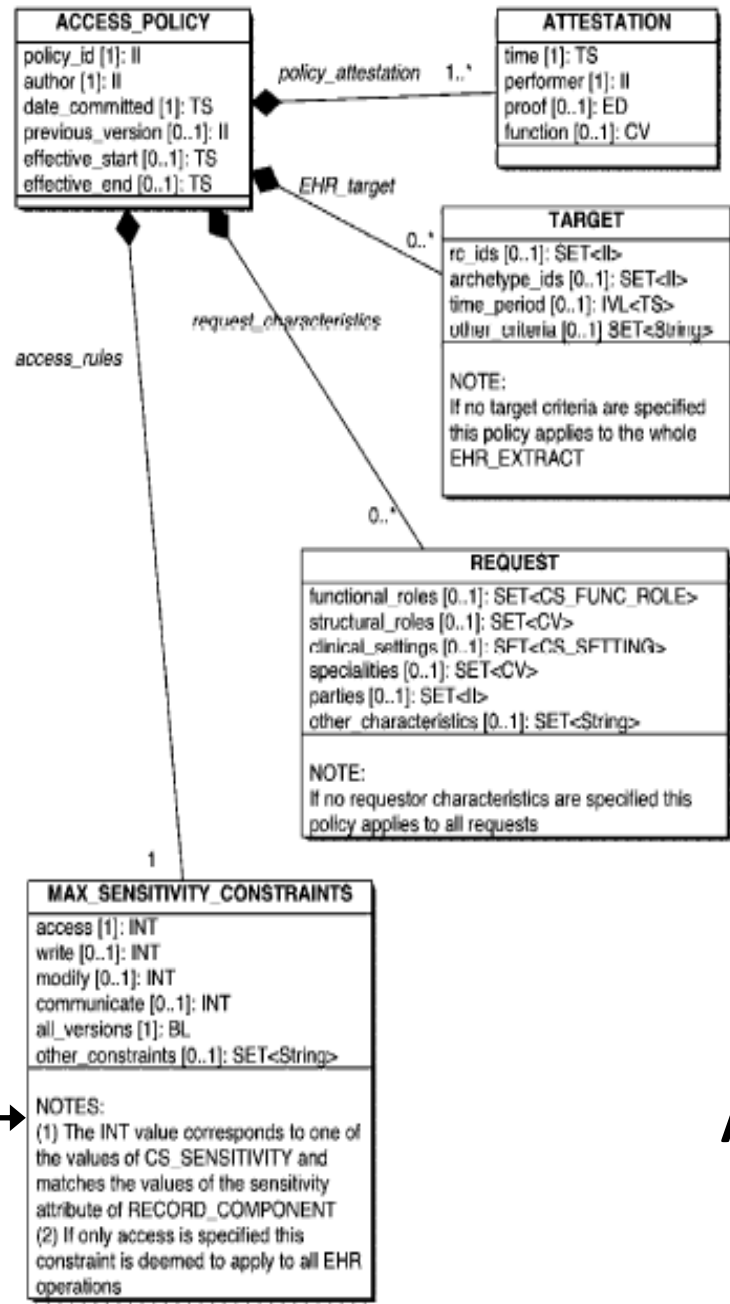


# It is a complex problem

<b>AP models</b>	Identity Based Access Control (IBAC), <b>Role Based Access Control (RBAC)</b> , Context Based Access Control (CBAC), Attribute Based Access Control (ABAC)...
<b>Technologies</b>	Security Assertion Markup Language (SAML), <b>eXtensible Access Control Markup Language (XACML)</b> , eXtensible rights Markup Language (XrML)...
<b>Standards</b>	ISO/TS 22600 (Privilege management and access control), ISO/CD 22857 (Guidelines on data protection to facilitate trans-border flows of personal health information), ISO 27799:2008 (Information security management in health using ISO/IEC 27002)...
<b>Legislation</b>	National Data protection Laws, National Health Data Laws, National Health Research Laws, Directive 95/46/EC on the protection of individuals with regard to the processing of personal data and on the free movement of such data. Directive 2001/20/EC on good clinical practice in the conduct of clinical trials on medicinal products for human use...

- An **Access policy (AP)** defines what, who, where, when and how some interaction can be done with an information resource.
- Can we take profit of the **archetype approach** for the definition of access policies for the EHR?
  - Based on a common reference model.
    - EN ISO 13606 access policy model was designed to communicate access policies, but we can also use it to create new access policies.
  - Facilitates the definition by clinicians and patients.
  - Specialization capabilities.

## **Access Policy Archetypes (APA)**



WHERE it can be done

WHO can do it

WHAT can be done

# EN ISO 13606-4 Access Policy model

- Who defines those policies?
- We can distinguish **three levels of responsibility**:
  - Organization/Legislation level
  - Clinical level
  - Personal level



- Organizational level
  - Organizations are responsible of enforcing data privacy laws.
  - They also manage information that is not clinical (administrative information).
  - They can create Organizational APAs (O-APA) that define which archetypes are potentially accessible.



- Clinical level
  - Health professionals are in charge of deciding which information is clinically relevant or that can be legally hidden to the patient.
  - They create Clinical APAs (C-APA)

Article 5.1. The patient may be denied access to information in his or her medical records if this is absolutely necessary in order to avoid endangering the patient's life or serious damage to the patient's health, or if access is clearly inadvisable out of consideration for persons close to the patient.

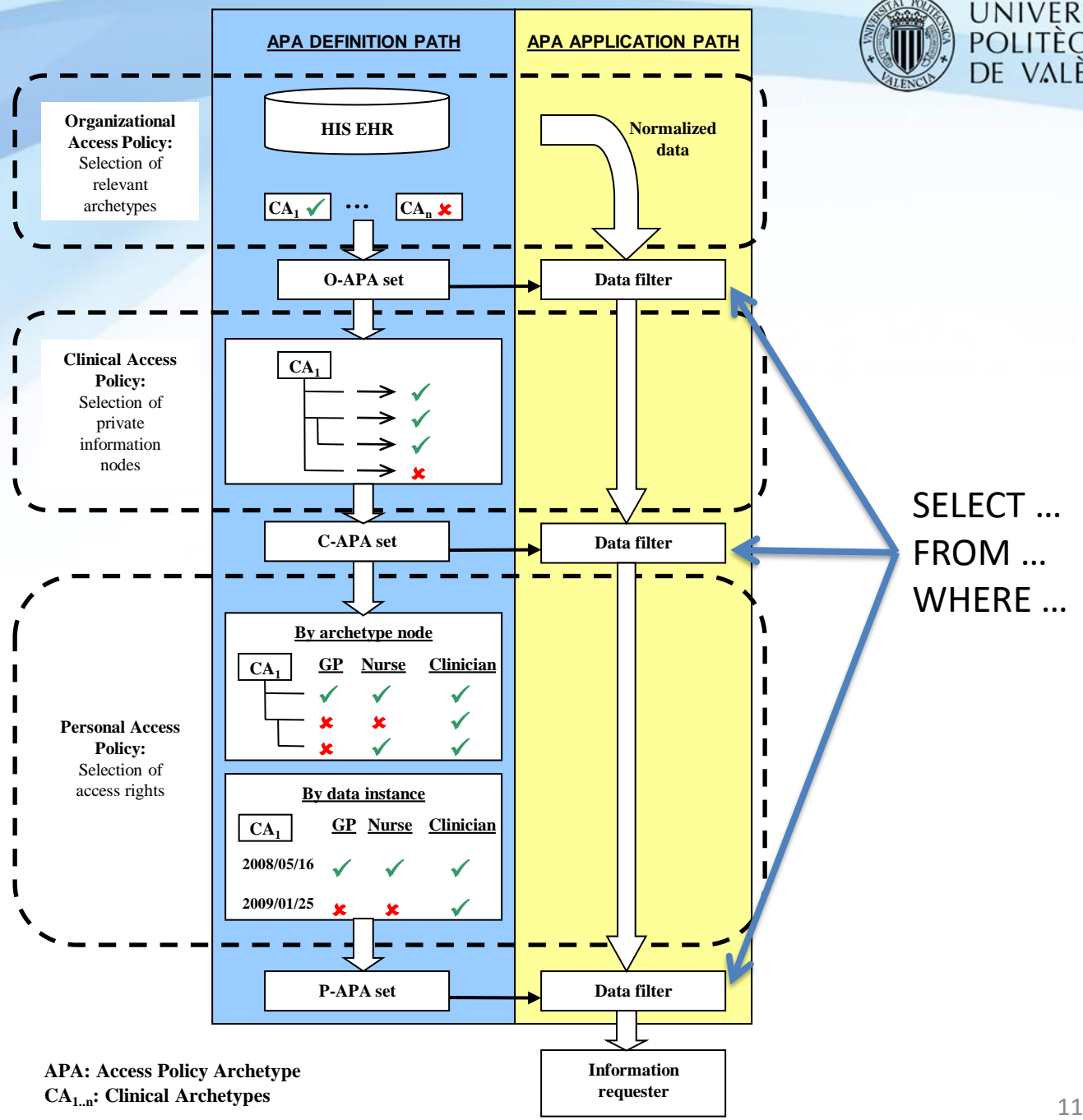
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- Personal level

- This is the level that enables patient empowerment of access policies.
- Any person should be able to define fine-grained rules about who can access to what and under which circumstances.
- These will be the Personal APA (P-APA).

	<u>By data instance</u>		
<b>CA<sub>1</sub></b>	<u>GP</u>	<u>Nurse</u>	<u>Clinician</u>
2008/05/16	✓	✓	✓
2009/01/25	✗	✗	✓

	<u>By archetype node</u>		
<b>CA<sub>1</sub></b>	<u>GP</u>	<u>Nurse</u>	<u>Clinician</u>
├──	✓	✓	✓
├──	✗	✗	✓
└──	✗	✓	✓



APA: Access Policy Archetype  
CA<sub>1..n</sub>: Clinical Archetypes

- Definition
  - All the EHR must be archetyped.
  - Shared ontology for professional roles.
  - Shared infrastructure for professional identifiers.
- Execution
  - Convert APAs into XACML or other industry-standard compliant AP.
  - Ensure that the filtered results are still clinically and technically valid.

**Thank you for your attention!**  
**Questions?**



*This presentation has been supported by a grant from Iceland,  
Liechtenstein and Norway through the EEA Financial Mechanism.  
Operated by Universidad Complutense de Madrid*

