



Push authorization - the Whitebox model

Guido van 't Noordende

Decentralized **push autorisation**

#how? pull after push

Decentrale autorisatie #principe/concept

Basisprincipe: iedere
geautoriseerde partij krijgt een
eigen unieke autorisatie (URL)
per patient



autorisatie



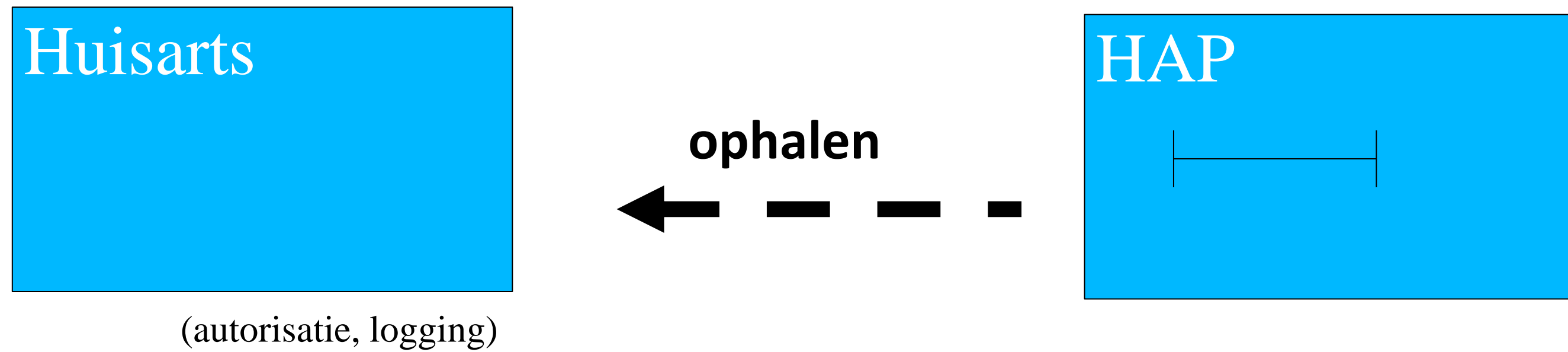
Autorisatie-URLs #technisch/schematisch

Eerste stap: autorisatie HAP



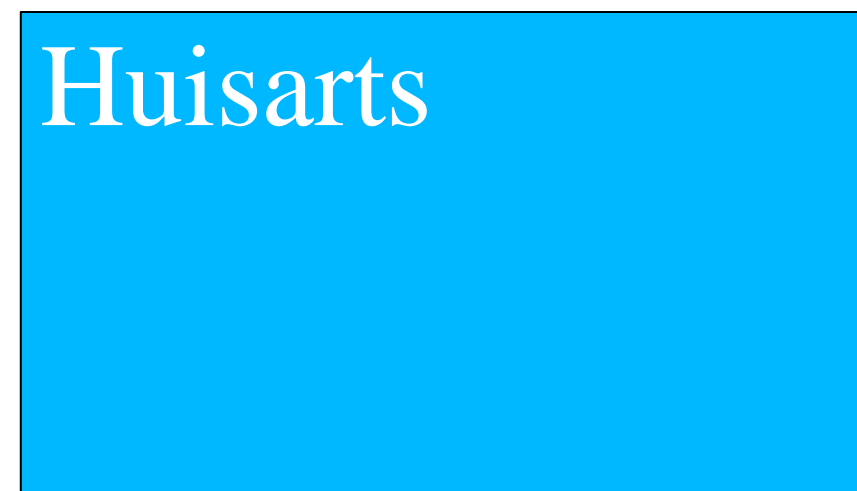
Autorisatie-URLs #schematisch

Op later moment, ophalen



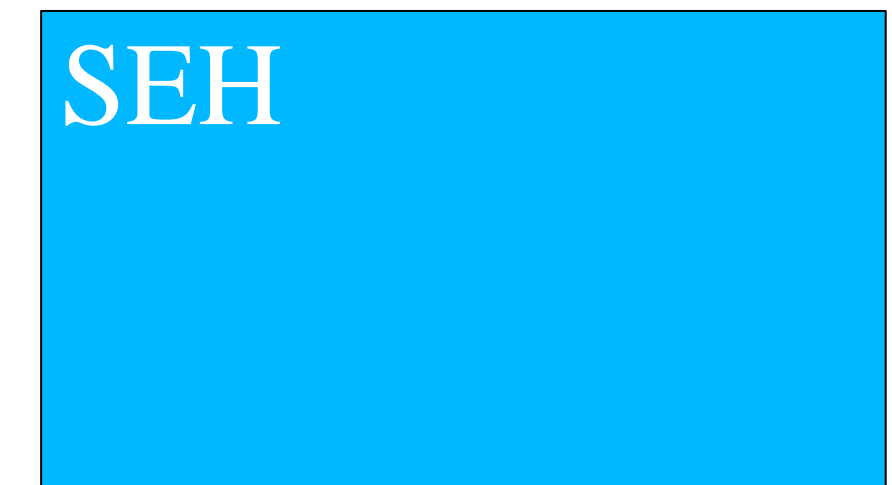
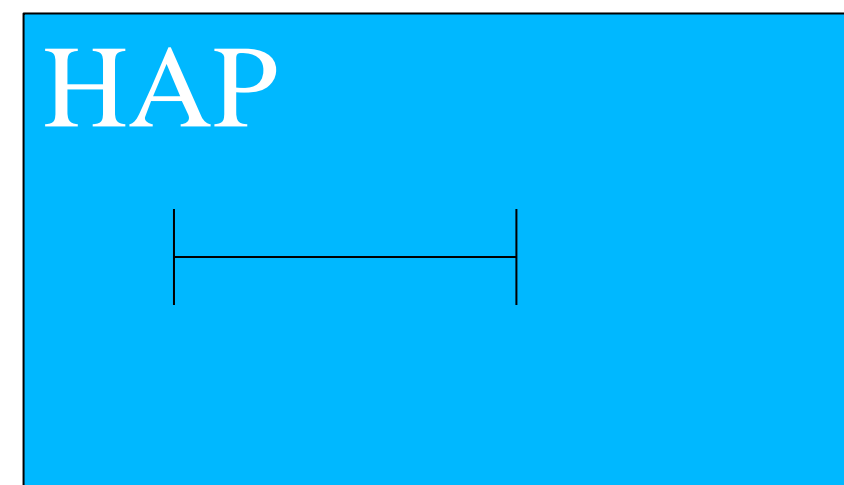
Autorisatie-URLs #schematisch

Doorautoriseren (naar SEH)



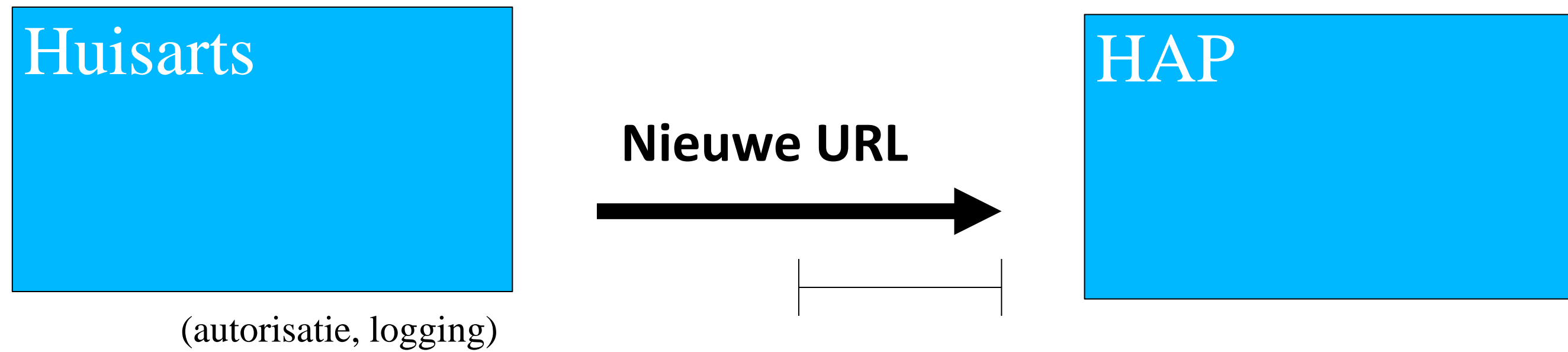
(autorisatie, logging)

Request copy
← — — — —



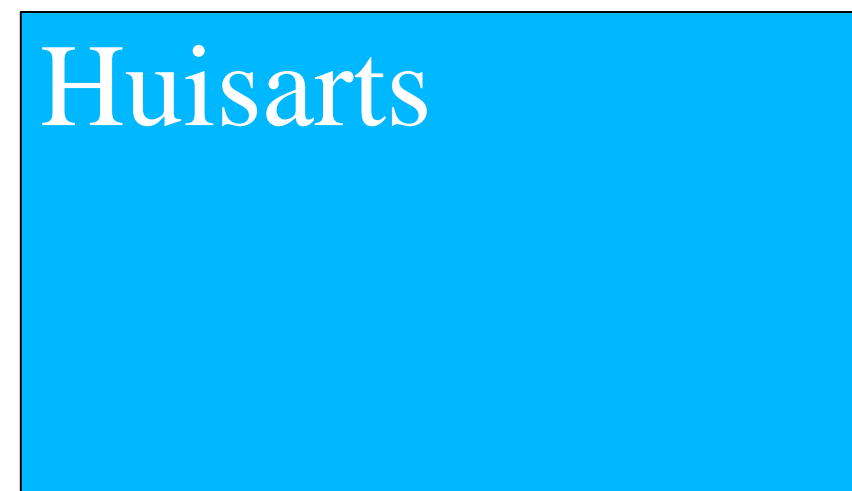
Autorisatie in ketens #principe/concept

Doorautoriseren (naar SEH)

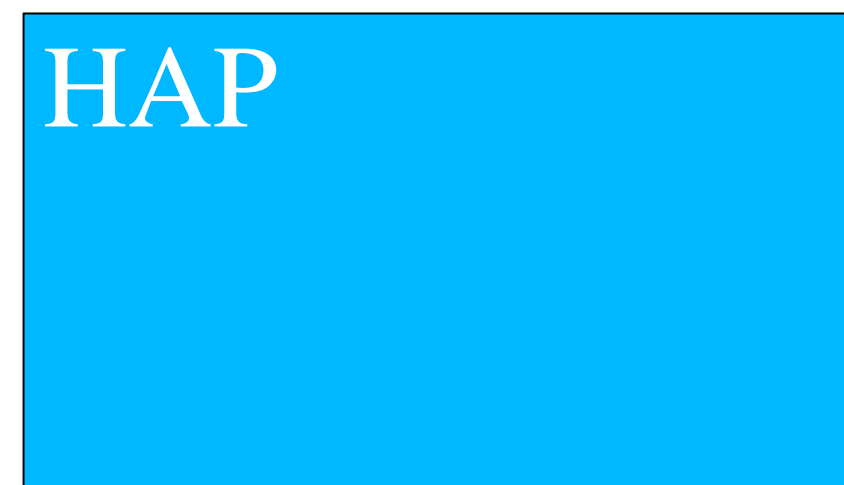


Autorisatie in ketens #principe/concept

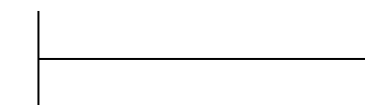
Doorautoriseren (niet data doorkopieren!)



(autorisatie, logging)

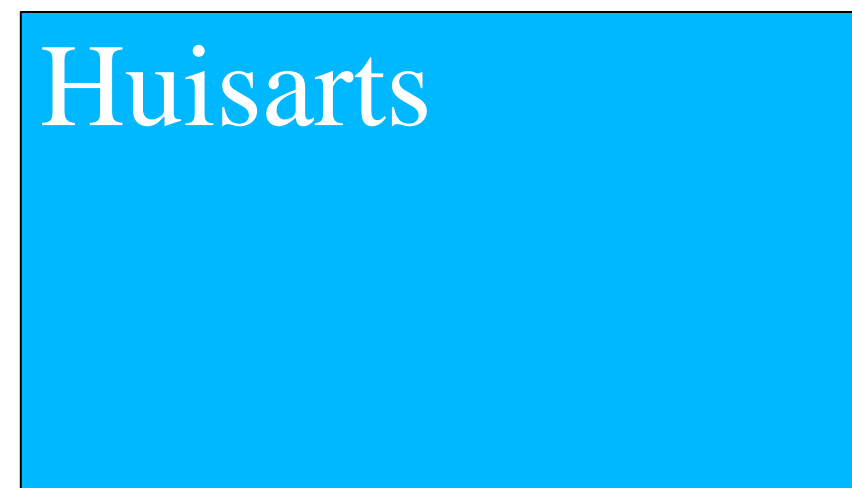


doorautorisatie

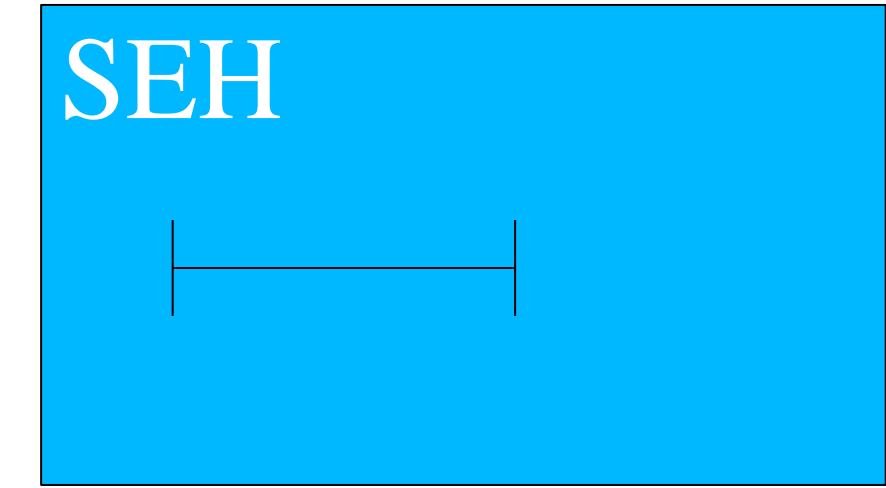
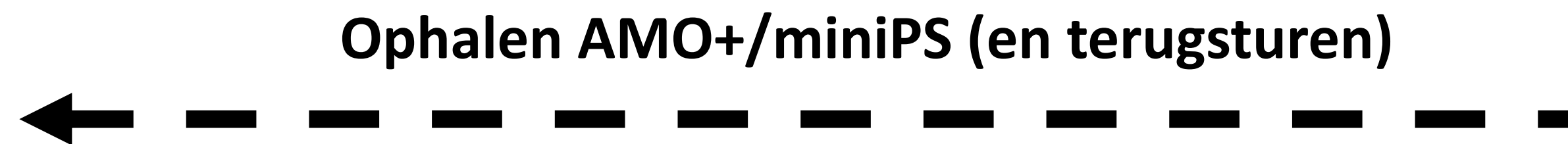


Autorisatie in ketens #principe/concept

Doorautoriseren (niet data doorkopieren!)



(autorisatie, logging)



Decentrale autorisatie #principe/concept

Baisprincipe: elke partij krijgt
een unieke autorisatie (url)

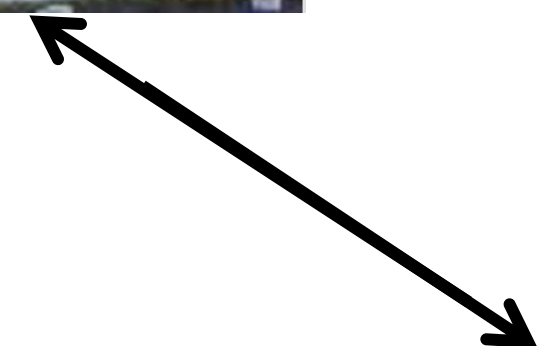


← ophalen



Decentrale autorisatie #principe/concept

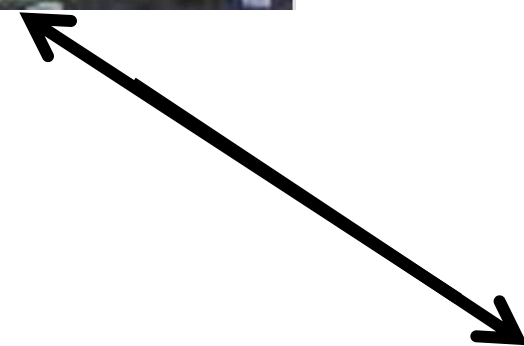
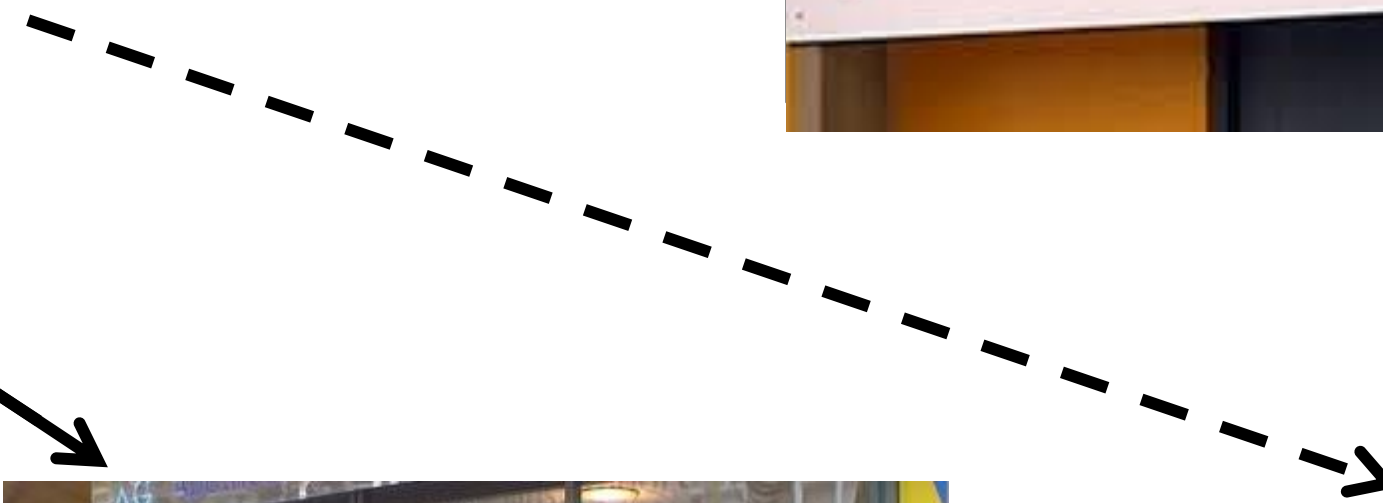
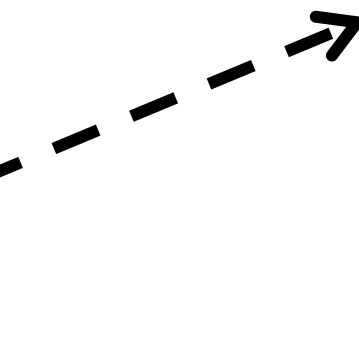
Basis: vast netwerk (vaste partners)
rond huisarts/patient



Decentrale autorisatie #principe/concept

Dynamisch uitbreidbaar

- Soms tijdelijk
- Soms permanent



Indexloos communiceren #dynamisch

Trusted partners



Indexloos communiceren #dynamisch



verwijzing



Indexloos communiceren #dynamisch



verwijzing



doorverwijzing



Indexloos communiceren #dynamisch

Trusted partners



doorverwijzing



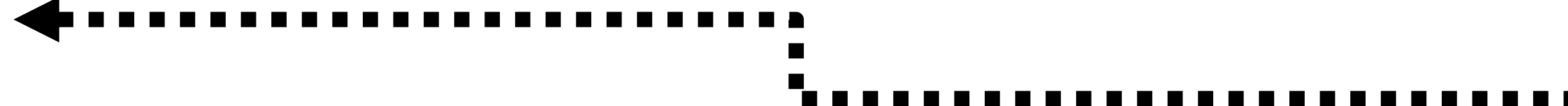
verwijzing



recept



Afschrift (MP9!)



Terugcommuniceren

Authorisatie bij spoed #dynamische doorautorisatie

Trusted partners

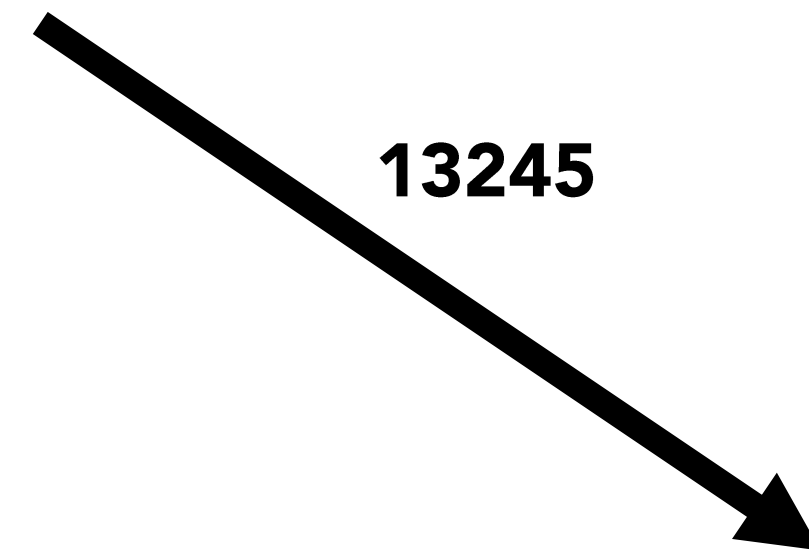


24/7 availability
of GP in case of
emergency



Autorisatie bij spoed **#dynamische** doorautorisatie

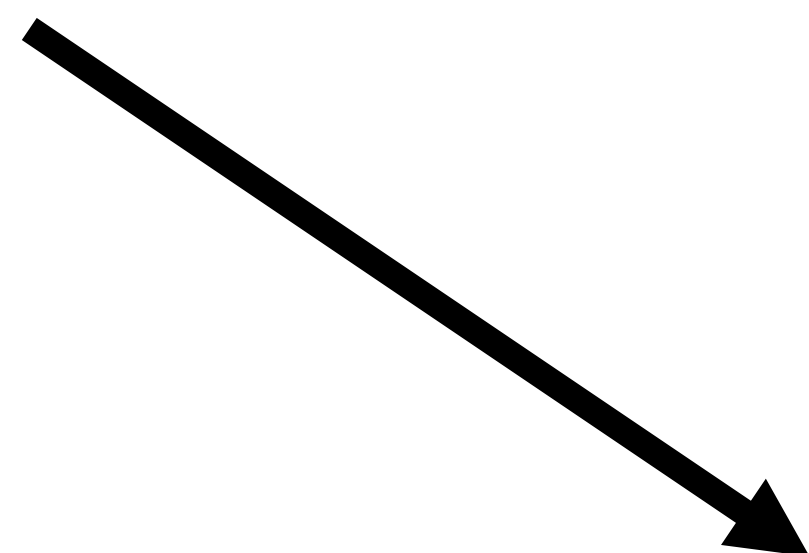
Trusted partners



* De technologie voor vertalen van een autorisatie URL naar een code is buiten scope voor deze presentatie

Autorisatie bij spoed #dynamische doorautorisatie

Trusted partners



13245



Authorisatie bij spoed #dynamische doorautorisatie

Trusted partners



Patient may also carry (permanent) authorizations, or generate these using an App that is connected to the GP



456723



Autorisatie bij spoed #dynamische doorautorisatie

Trusted partners



fetch dossier

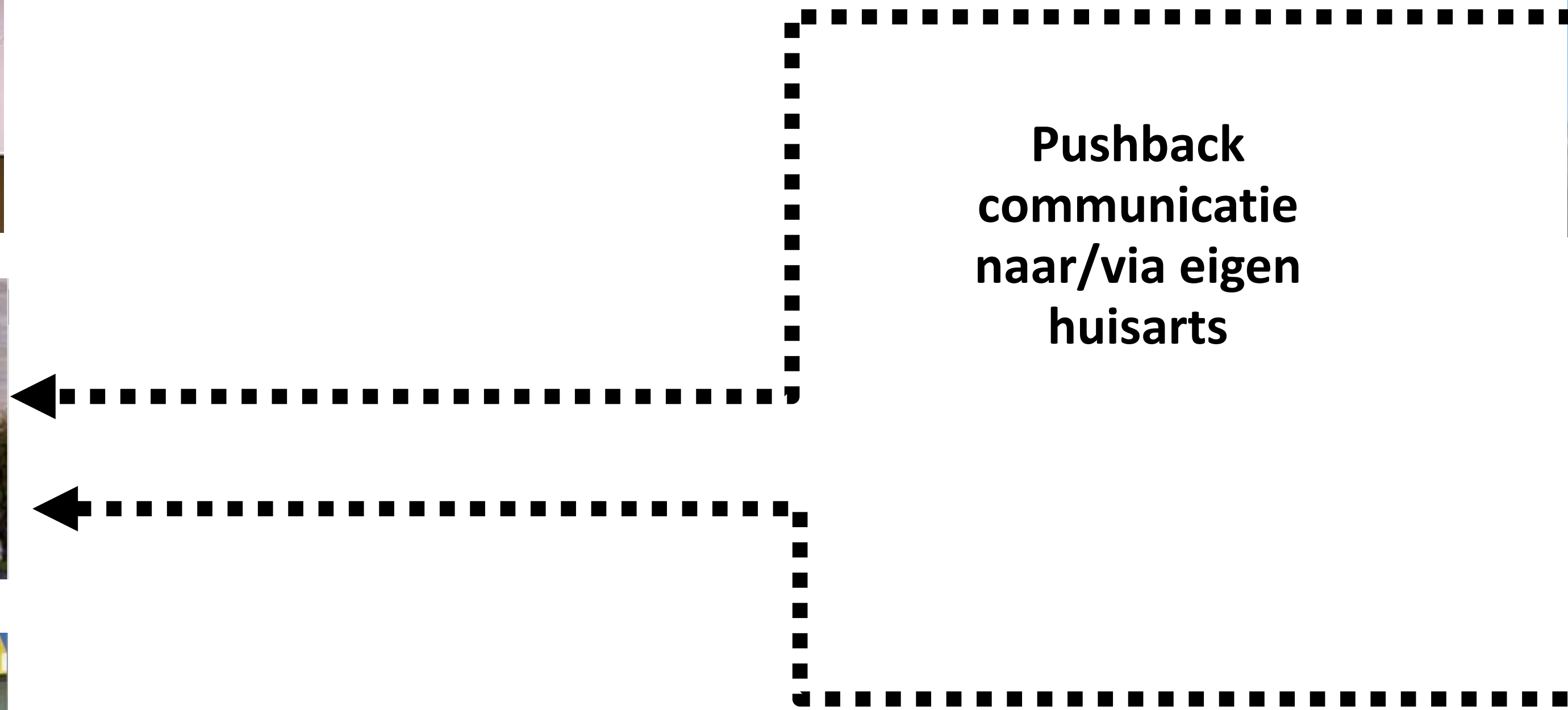
Autorisatie bij spoed #dynamische doorautorisatie

Trusted partners



Pushback
communicatie
naar/via eigen
huisarts

verwijzing



Sharing data in an organized way (or: replacing the data broker)

(medical) research data management

- Microdata often identifiable (Koot et al.)
- Pseudonymized data is considered personally identifiable

Often no transparency over the full data processing pipeline / chain

- Consent often too broad; data (re)combination often untraced
- Data brokers: mixed interests?

What to do?

- Transitive authorization and policy enforcement
- Avoid 'copying out of sight'
- Separation of concerns

Secondary use #datamanagement

Separation of
roles

Coordinating
research requests



Trust link*

Research
coordinating
party

Secondary use #datamanagement

Separation of
roles

Coordinating
research requests



Trust link*

Research
coordinating
party

Does not process
(broker) actual
data

Secondary use #datamanagement

Separation of
roles

Coordinating
research requests



Research
coordinating
party

Research party
(requires data)

←
Request
(query, purpose
description,
description of
constraints)

Secondary use #datamanagement

Separation of
roles

Validation of
research request



Research
coordinating
party

Research party
(requires data)

←
Request
(query, purpose
description,
description of
constraints)

Secondary use #datamanagement

Separation of
roles

Validation of
research request



Research
coordinating
party

Query and
purpose and
constraint
specification,

Other details like
pseudonymization
key may also be
communicated to
source system

Secondary use #datamanagement

Separation of
roles

Validation of
research request



Research
coordinating
party

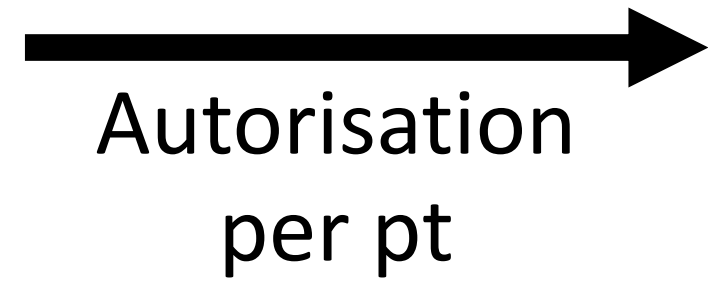
Implements query
and constraints,
possibly vetted by
doctor

With microdata:
permission patient

Secondary use #datamanagement

Separation of
roles

Validation of
research request



Research
coordinating
party

Secondary use #datamanagement

Separation of roles

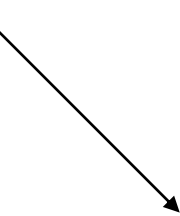
Validation of research request



Research coordinating party

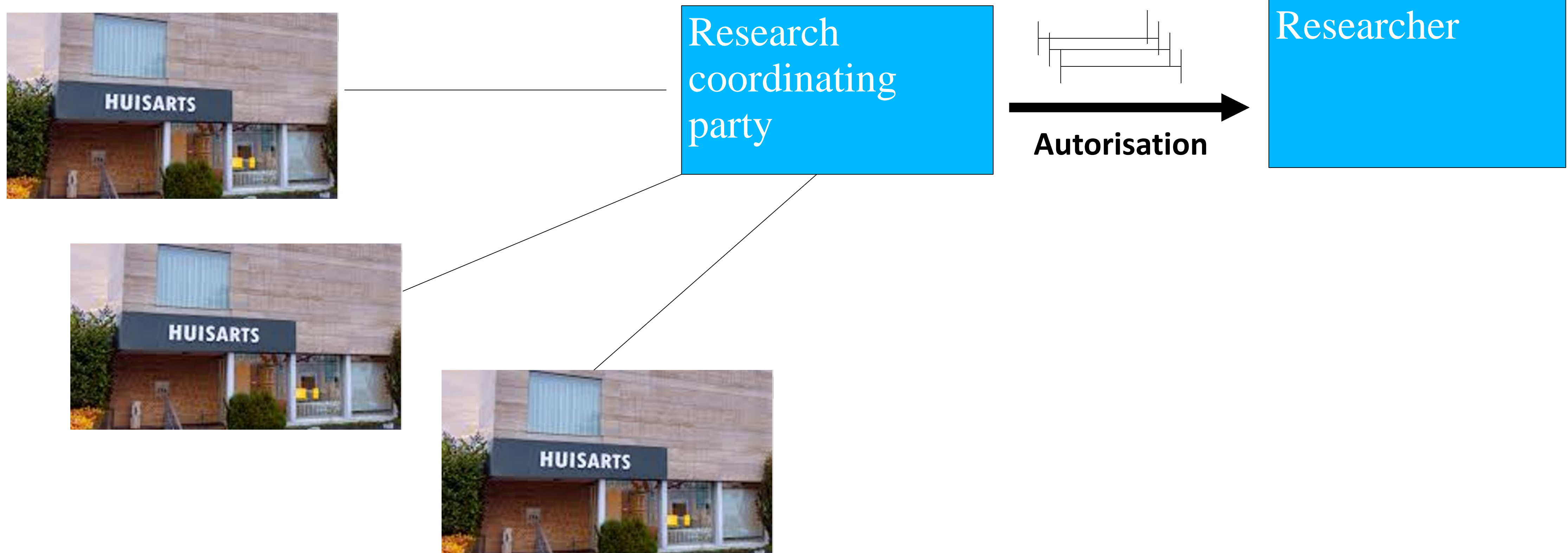


Researcher



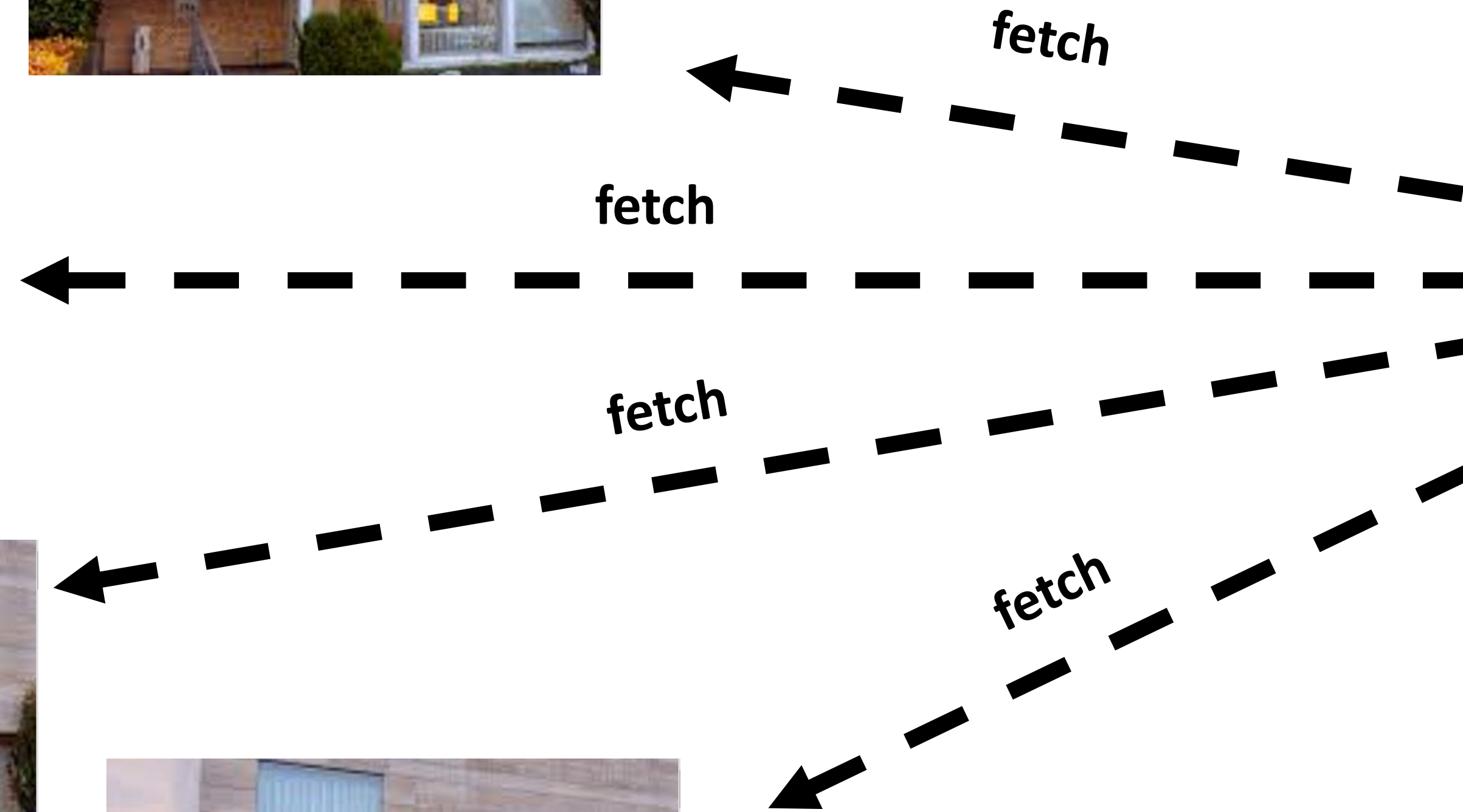
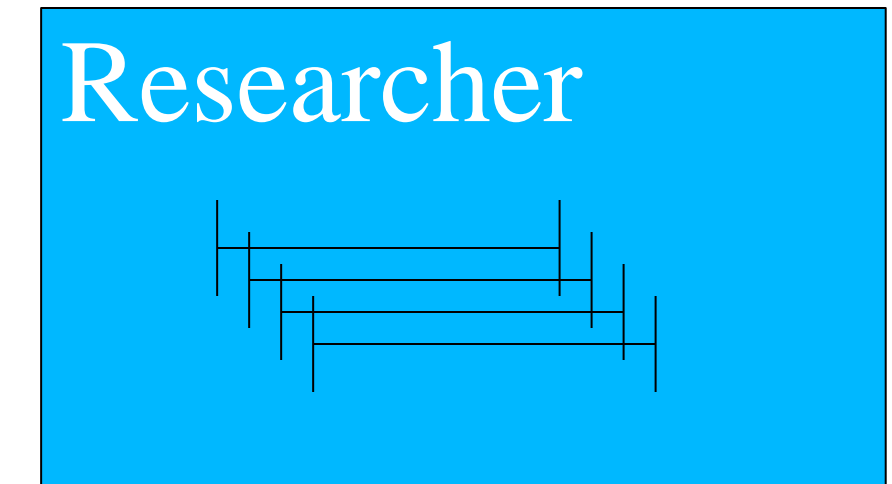
Secondary use #datamanagement

The process is replicable



Secondary use #datamanagement

All sources audit
(log) the
requests



Secondary use #datamanagement



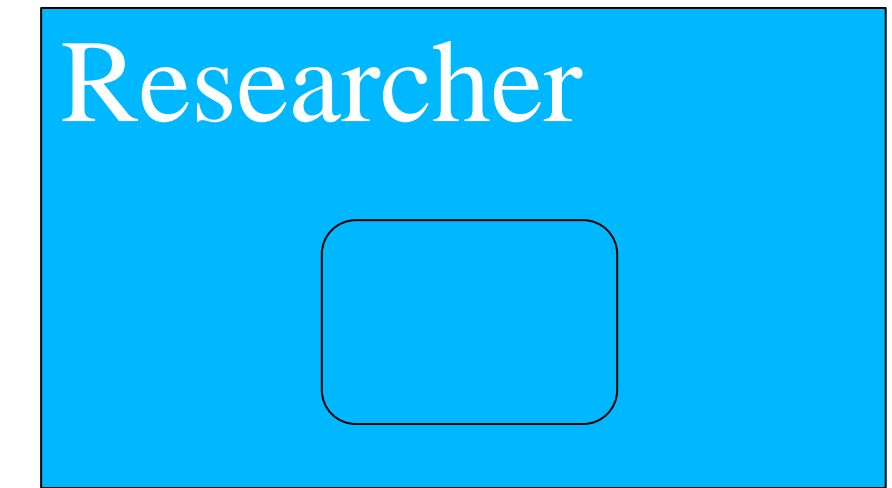
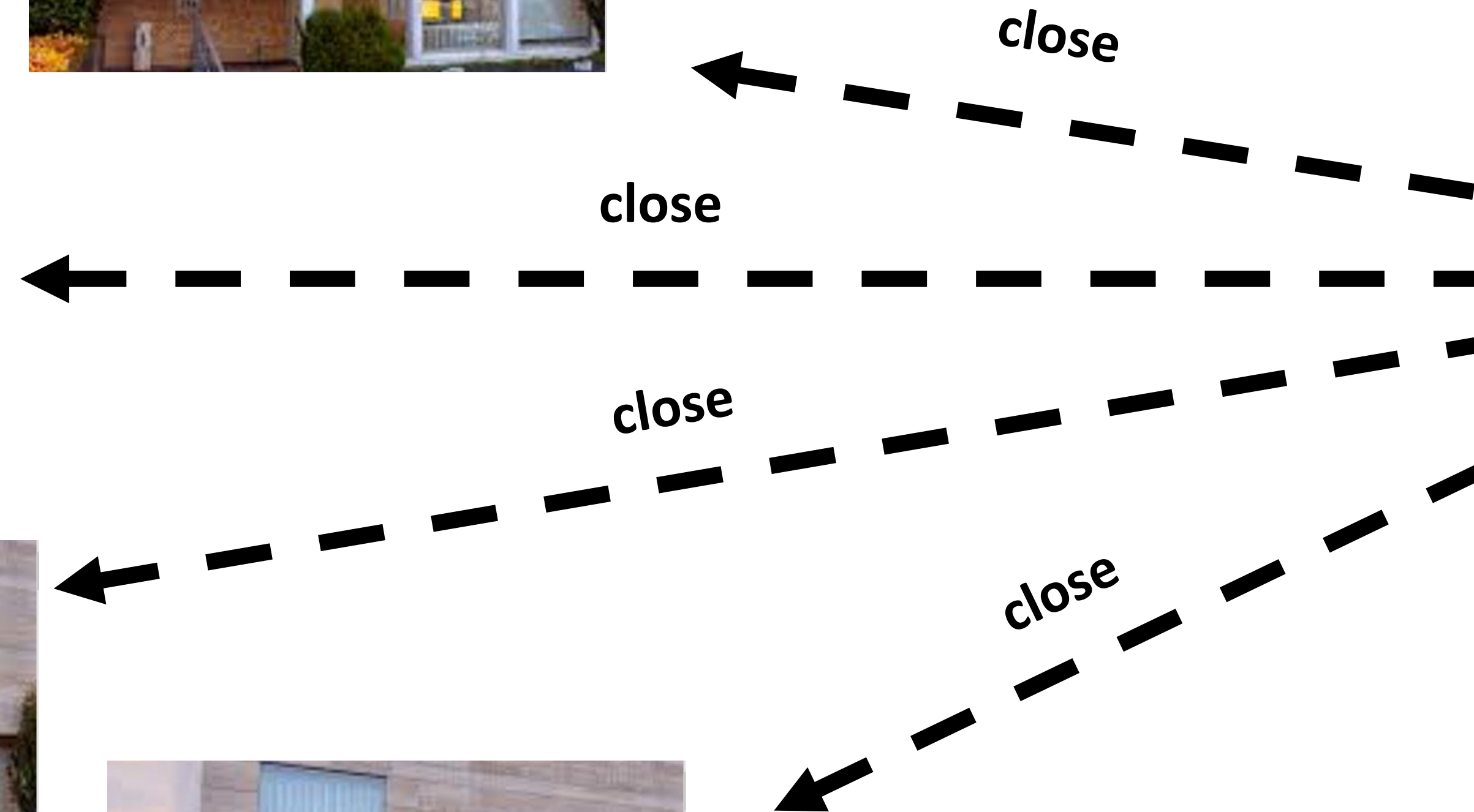
Note: the computation for the researcher may actually be done in a secure container of a trusted third party (Freek's example).

Researcher

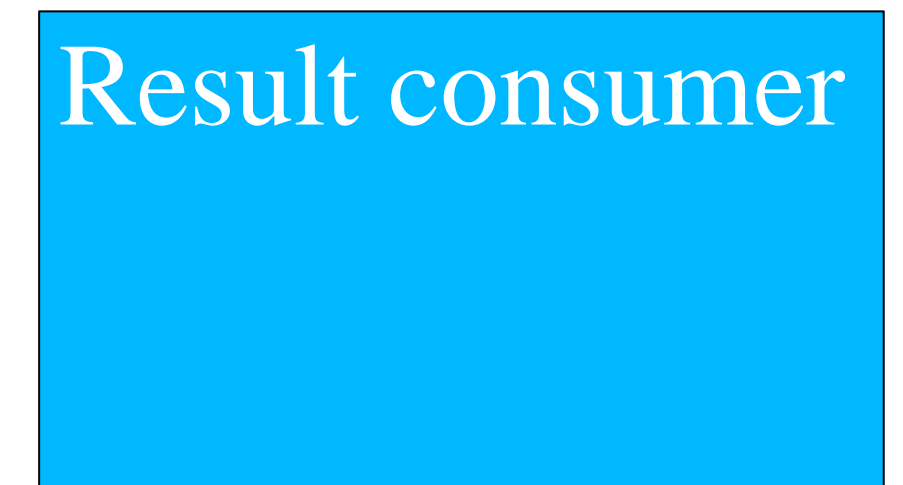
This may actually be a constraint imposed by the research request coordinator

Secondary use #datamanagement

Wrapping up



Aggregation, ..



Secondary use #datamanagement



Researcher

Data cleanup.

Result consumer

Secondary use #datamanagement



Done.

Results

Privacy by design in healthcare.



- **Track (audit) all data transitions** through the data processing pipeline
- **Tracking and responsibility** at the source
- **Authorize** within existing, clear and well-defined (health) workflows (clinical context: Wgbo)
- **Separate concerns/incentives** Separate policy specification and authorization from policy enforcement / processing
- **(Formal) query validation processes;** certification, governance

Thank you

Overview of some of my current work:

<https://blog.gidsopenstandaarden.nl/2020/03/Guido-van-t-Noordende-ketentransparantie-data-essentieel.html>