



# Model-Based Design Environment for Clinical Information Systems

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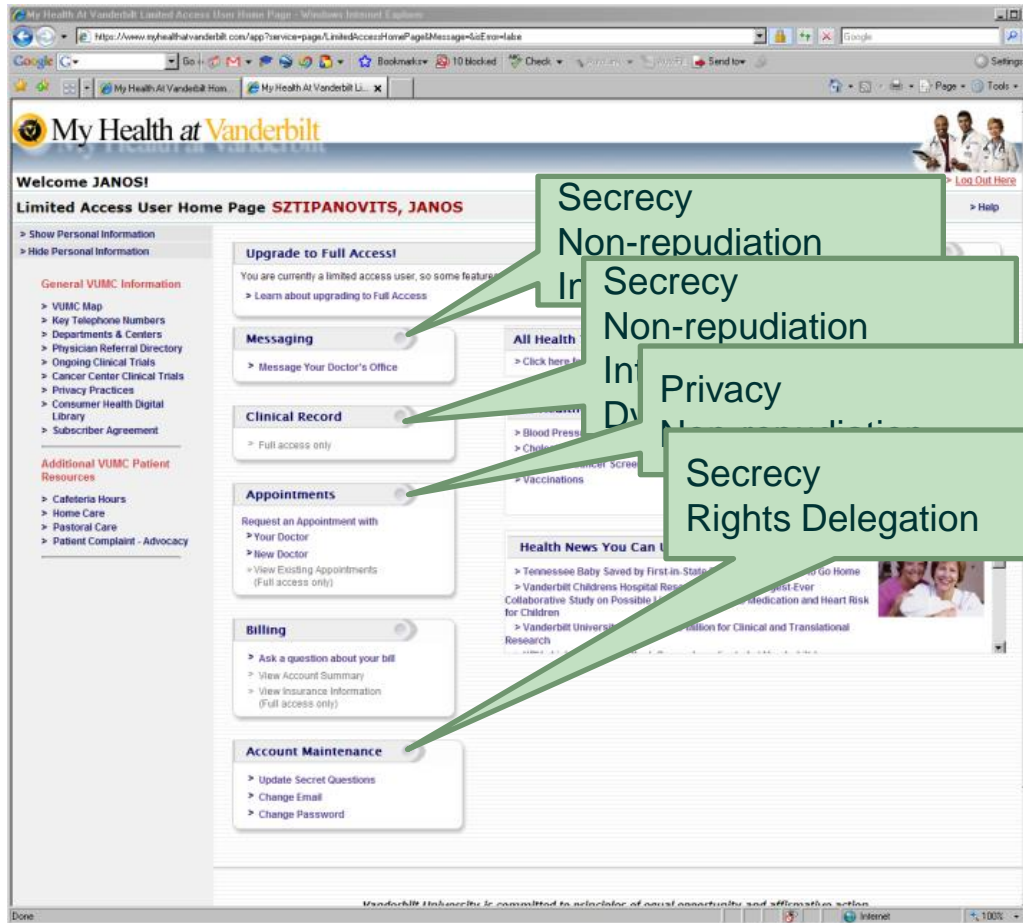
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TRUST Review, October 11, 2007

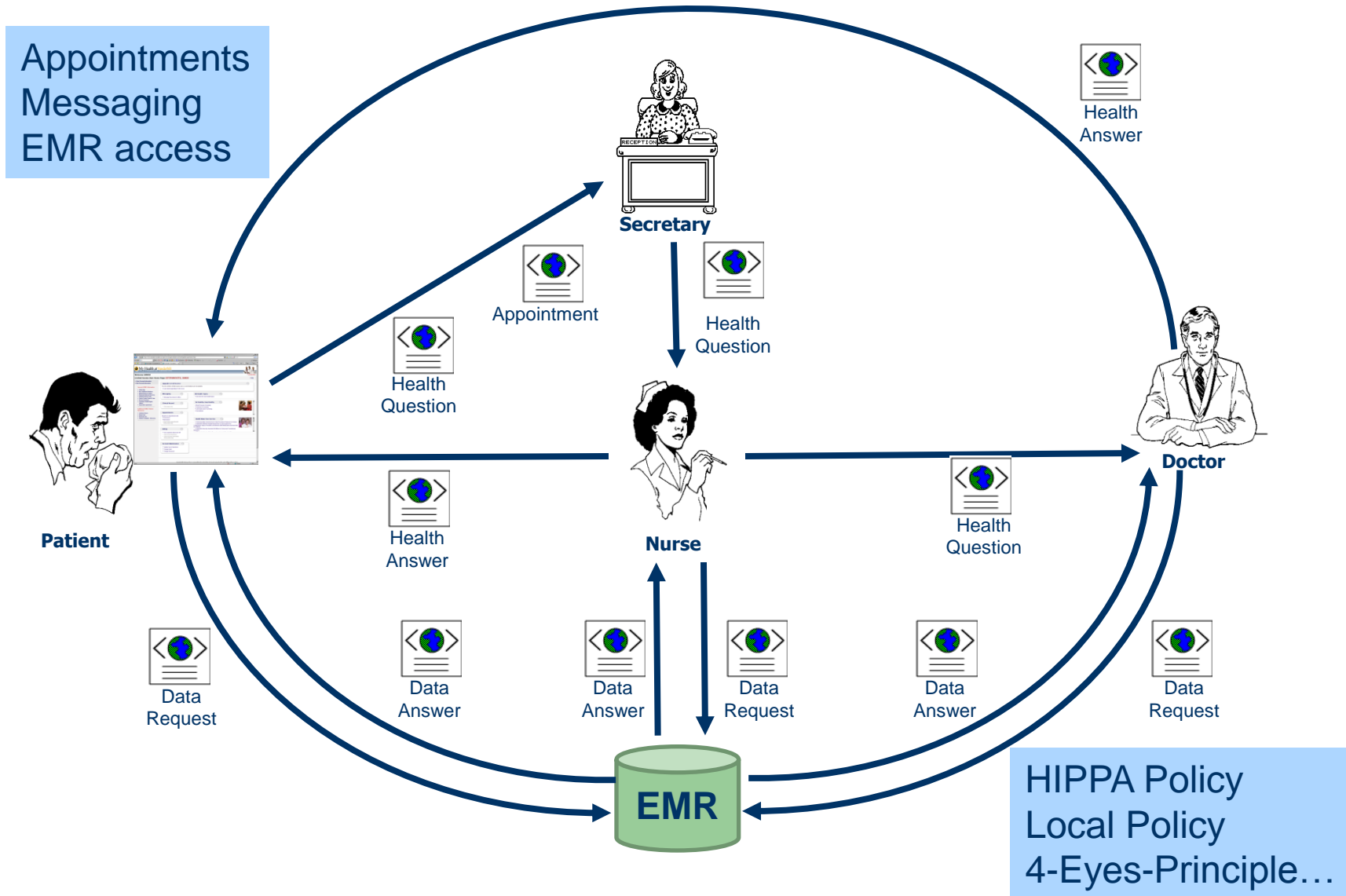
- EMR is an integrative project with three main goals:
  - Build a credible testbed for EMR research
  - Contribute to solving privacy and security challenges of EMR *systems* applications
  - Use EMR application testbeds for the integration, testing and evaluation of new technologies on the following core TRUST research areas:
    - Model-based design for security and privacy
    - Formal modeling, verifying and enforcing privacy and security policies
    - Security and privacy technologies for sensor networks
    - Public policy to technology interactions

# Patient Portal Research Area



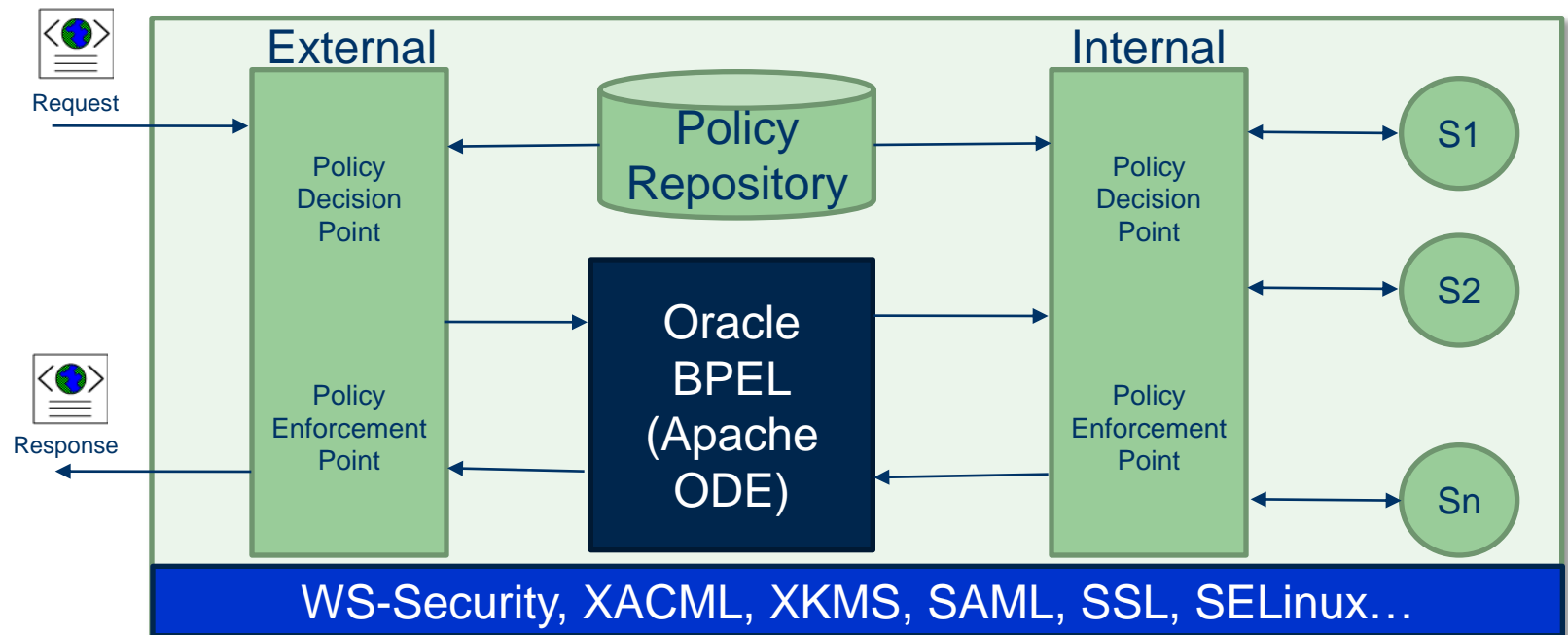
- Goal: systems design satisfying high-level requirements stated for
  - privacy, secrecy,
  - integrity,
  - non-repudiation,
  - dynamic access control,
  - rights delegation
- Last year focus
  - establishing a credible testbed for Patient Portals
  - formal modeling of **Patient Portal designs**
  - formal modeling of **access control** and **privacy policies**
  - Policy-driven control of information flows in Patient Portals

# Behind the Patient Portals: Workflows and Services



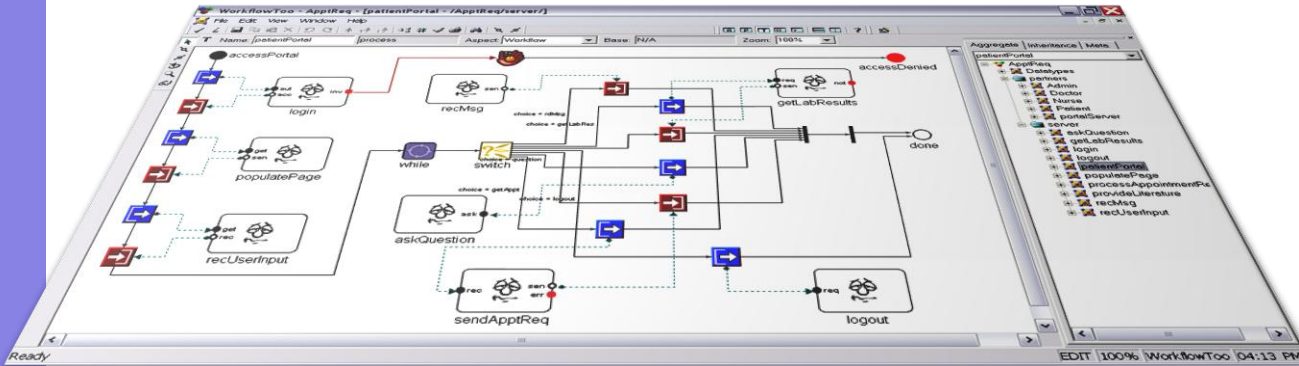
# Building a Credible Testbed

- Architectural Framework: SOA
  - Reliance on existing standards SOAP, WSDL, WS-Security, XACML
  - Exploiting open-source implementation of integration platforms (Active BPEL, **Apache ODE**)

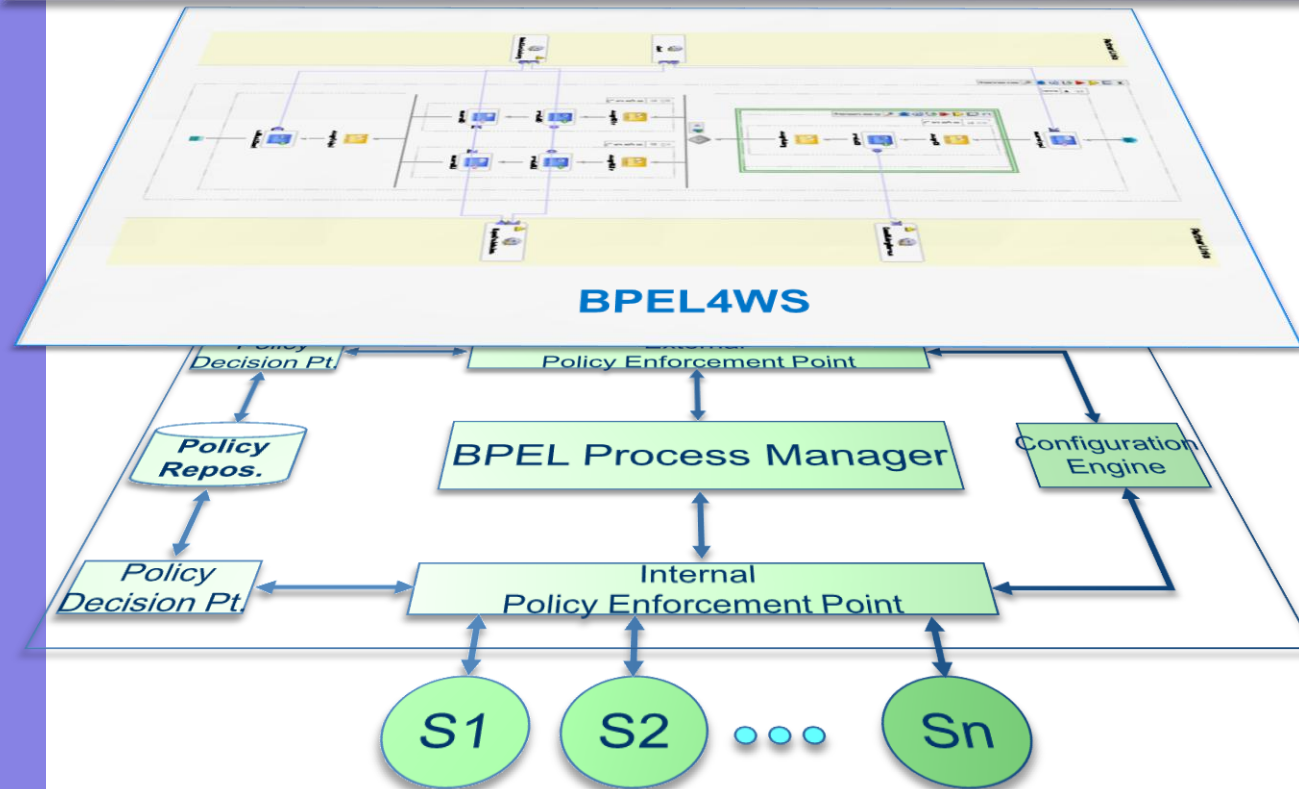


- How to work with the Medical School?
  - They have many, complex, real, live systems that one cannot play with
  - Many legacy systems, no clear overarching architecture
  - The selected platform has to be viable for a wide range of future systems
- SOA can fulfill this role
  - Proven standards-based technology successfully applied in many different domains
  - It enables experimentation with different techniques to deal with security/privacy issues
  - By building on the existing massive infrastructure we can focus on interesting research issues and not on the technical details of the really complex machinery behind it
- Focus: how to build applications
  - How to specify security/privacy requirements and
  - How to tie them to the underlying standard technologies
  - ***Because the standards do not provide guidance on how to integrate security/privacy technologies with applications***
- Value added:
  - Mature, proven, model-based tool environment
  - Automatic generation of many required artifacts
  - New components for policy specification/evaluation

# Abstraction Layers



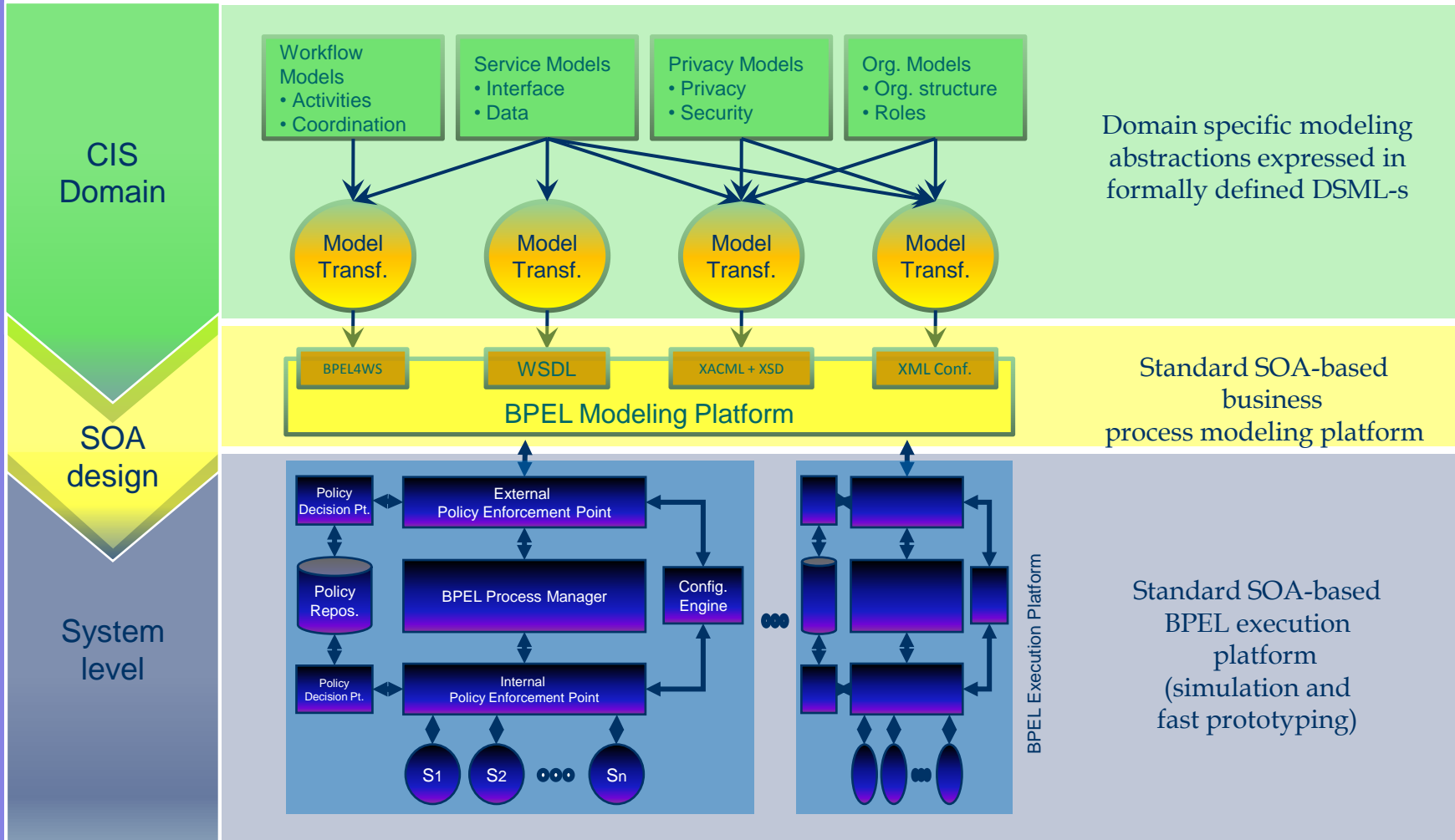
←  
Domain specific modeling  
abstractions expressed in  
formally defined DSML-s.  
TRUST research focus



←  
SOA-based, standard,  
business process  
modeling platform

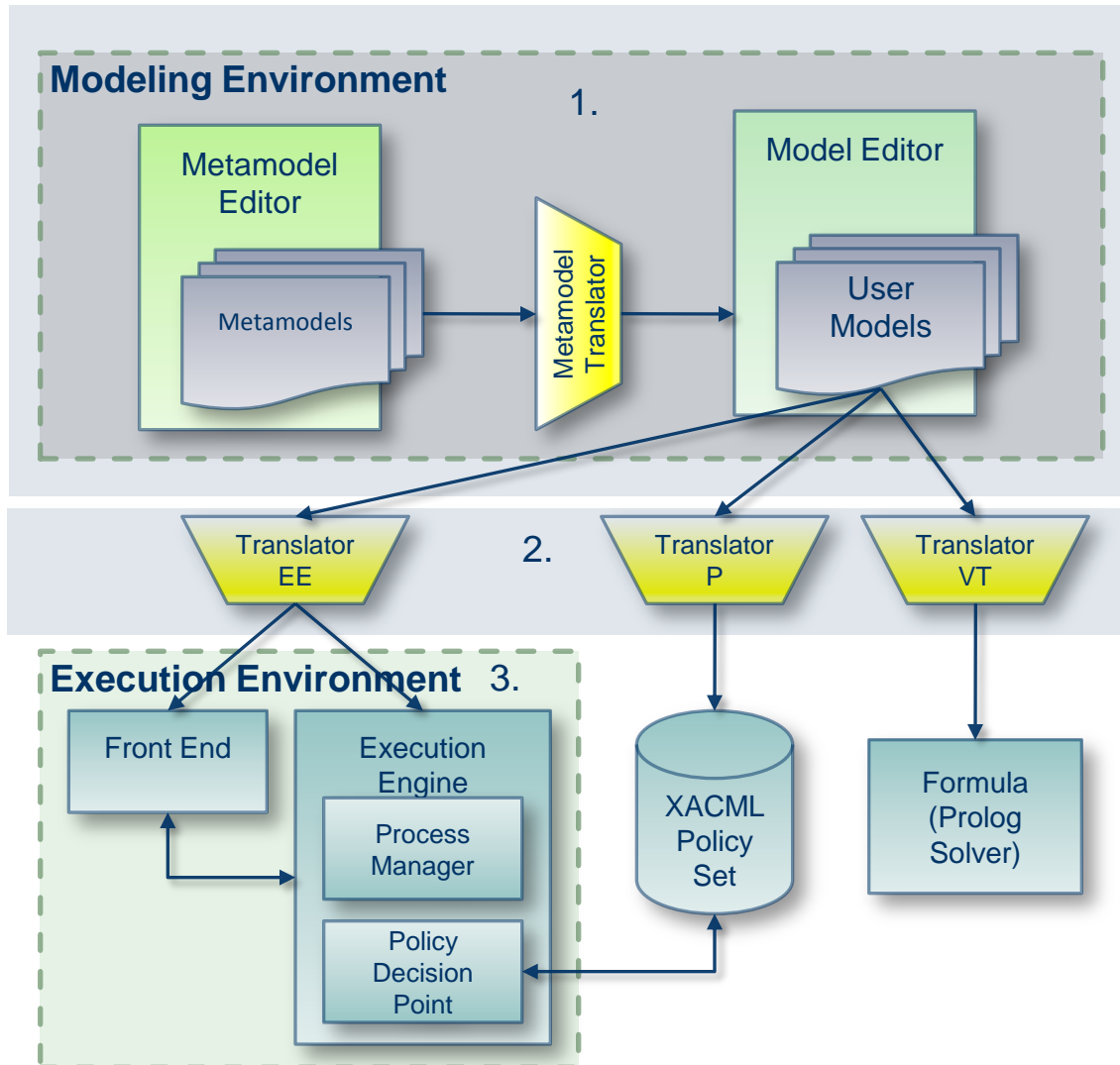
←  
SOA-based, standard,  
execution platform  
(simulation/fast proto.tng)

# Architecture



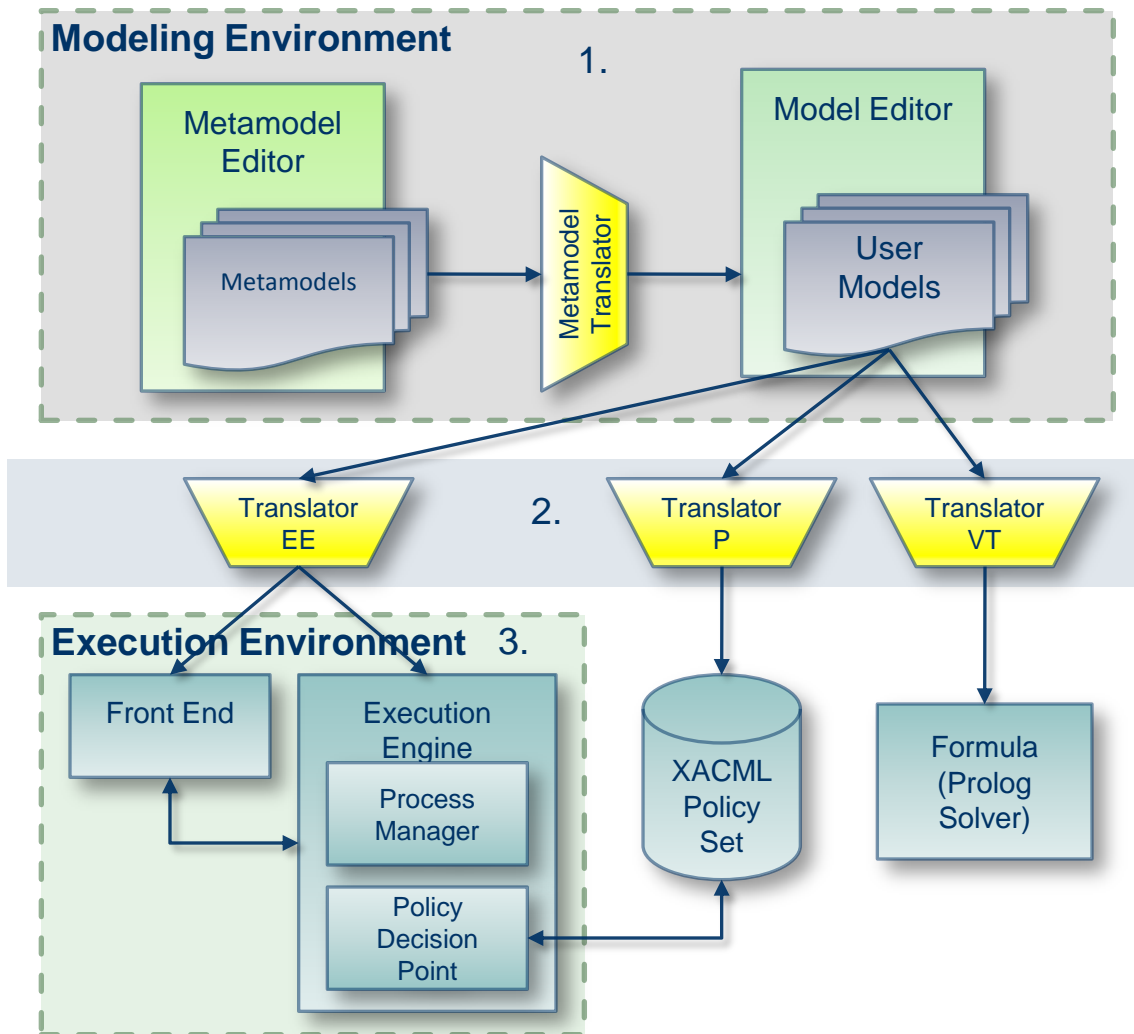


# MICIS Architecture



1. Modeling environment
  - Metamodels define the domain specific modeling language and define the abstract syntax of domain models
  - User models represent a specific CIS instance through a set of modeling abstractions

- Using
  - Generic Modeling Environment (GME)



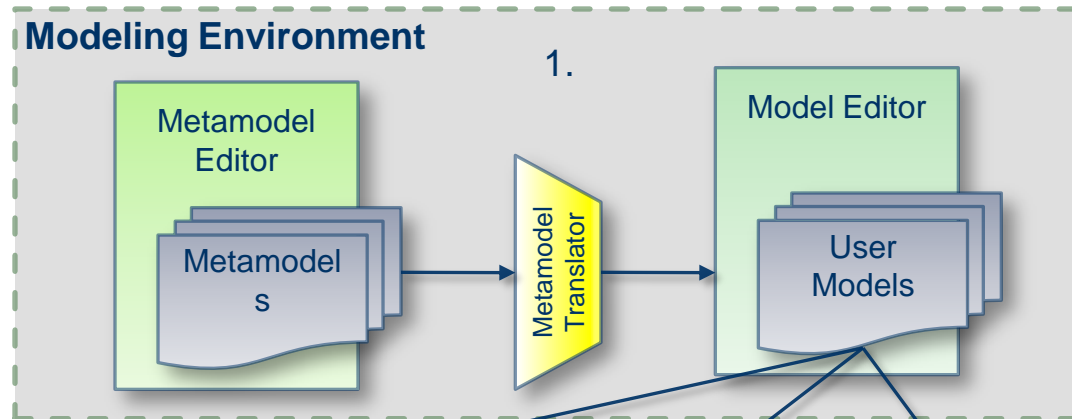
## 2. Translators

- Transform user models into BPEL deployment code
- Create XACML policy decision points

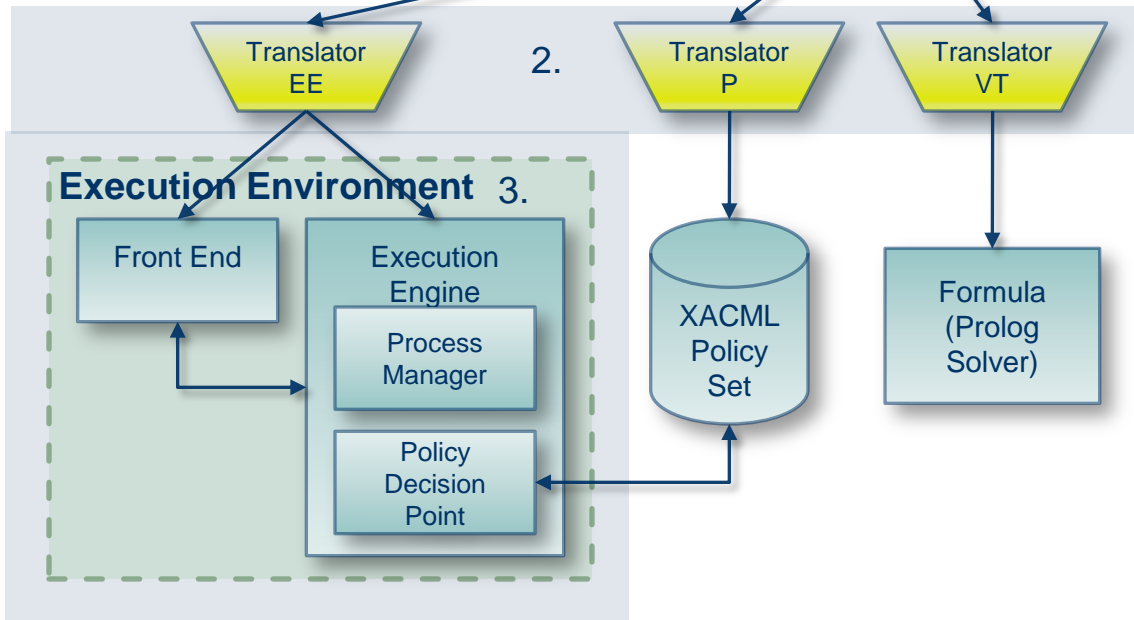
## Using

- GREAT
- Builder Object Network (BON) interface

# MICIS Architecture



3. Execution Environment
- BPEL execution engine
  - Policy execution engine
  - Web server for user interaction



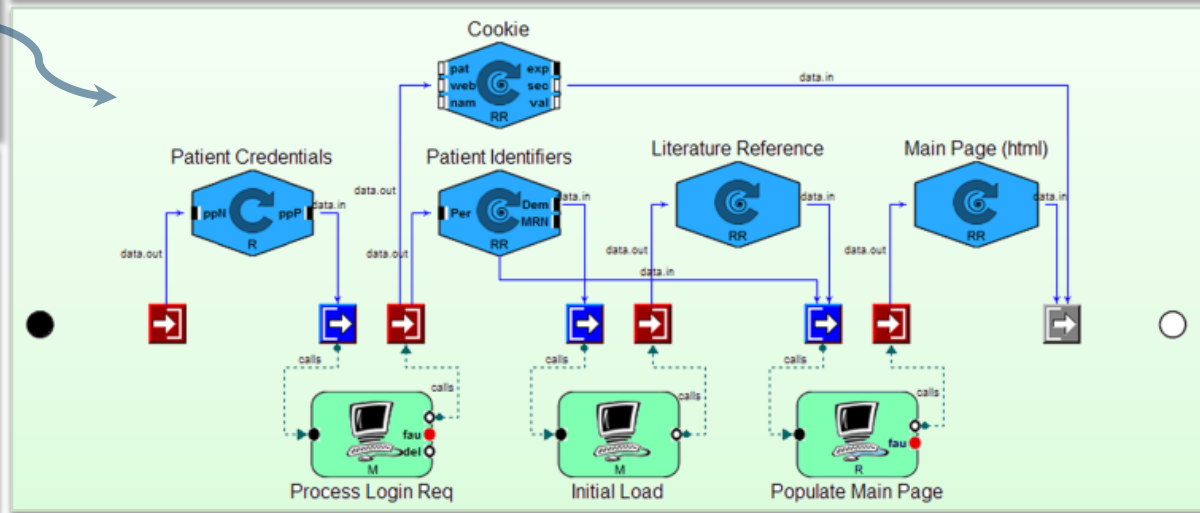
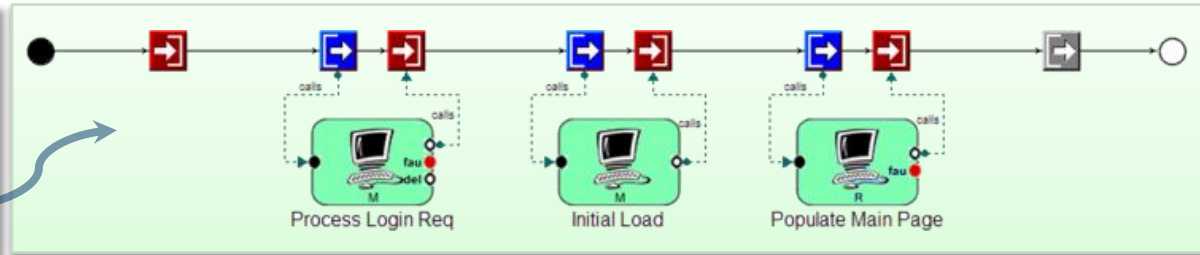
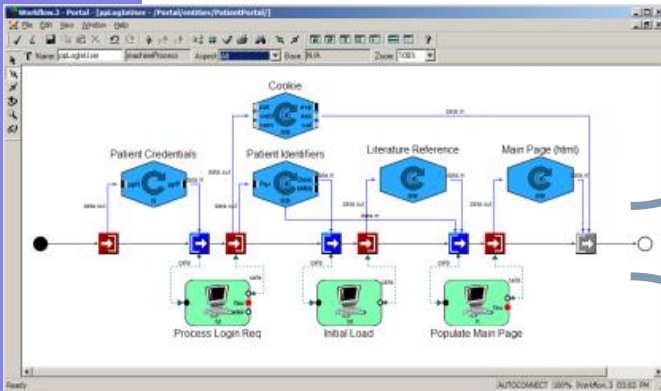
- Using
- OracleBPEL
  - AciveBPEL
  - SunXACML



# MICIS Modeling Abstractions

Design Environment (GME) – Combined View

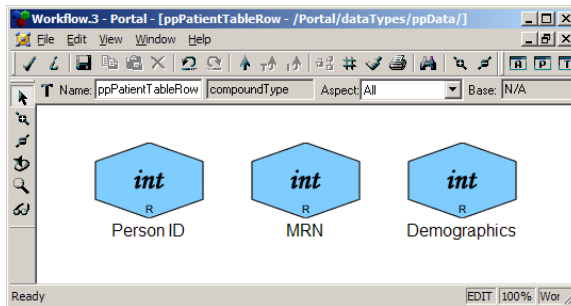
Control Flow View



Component View

Data Flow View

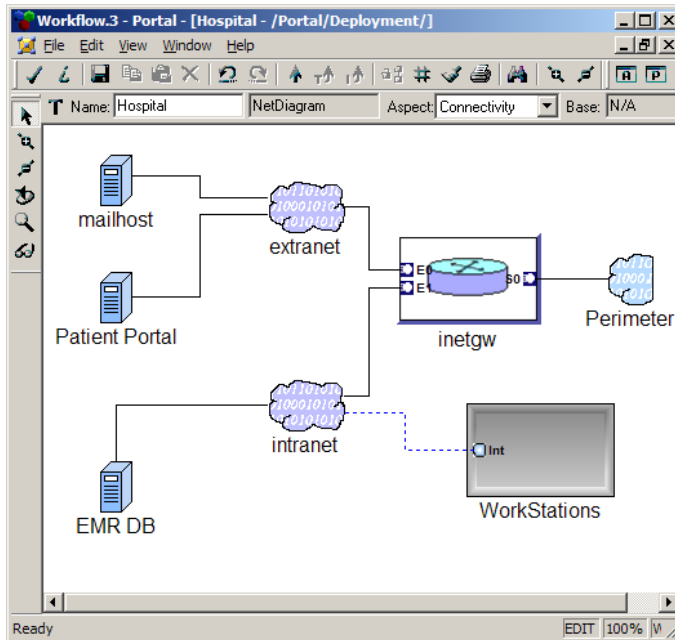
- Service models capture business logic
  - Control flow
  - Data flow



- Data models

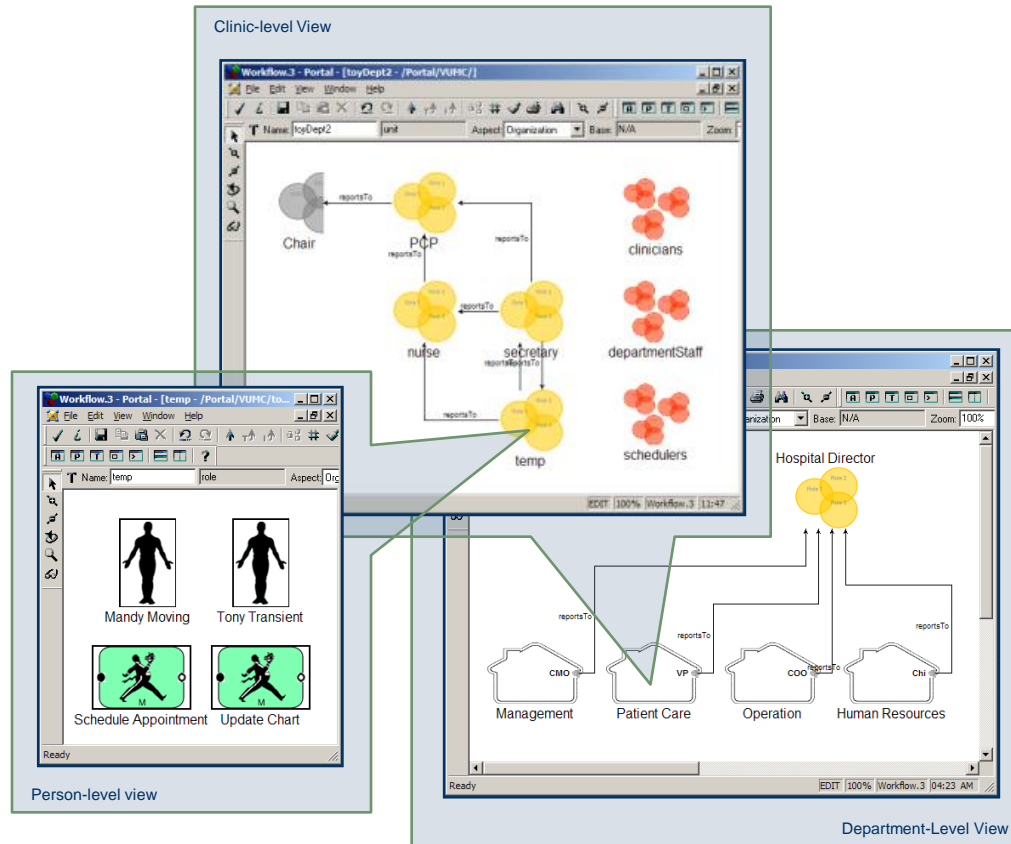
- Specify the information in the CIS
- Represent patient information and system state variables
- Simple and compound data types in hierarchy

# MICIS Modeling Abstractions



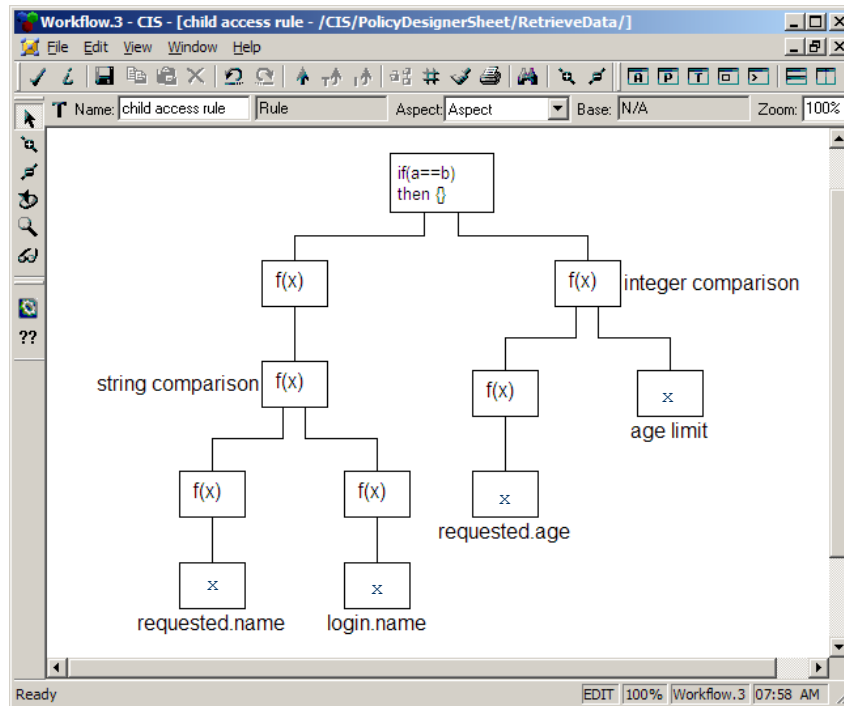
- Deployment models
  - Servers and workstations
  - Service deployment
  - Secure sessions
  - Access control

# MICIS Modeling Abstractions



- Organizational models
  - Specify human coordination within CIS
  - Roles, groups of roles and people within clinics
  - Interaction between roles



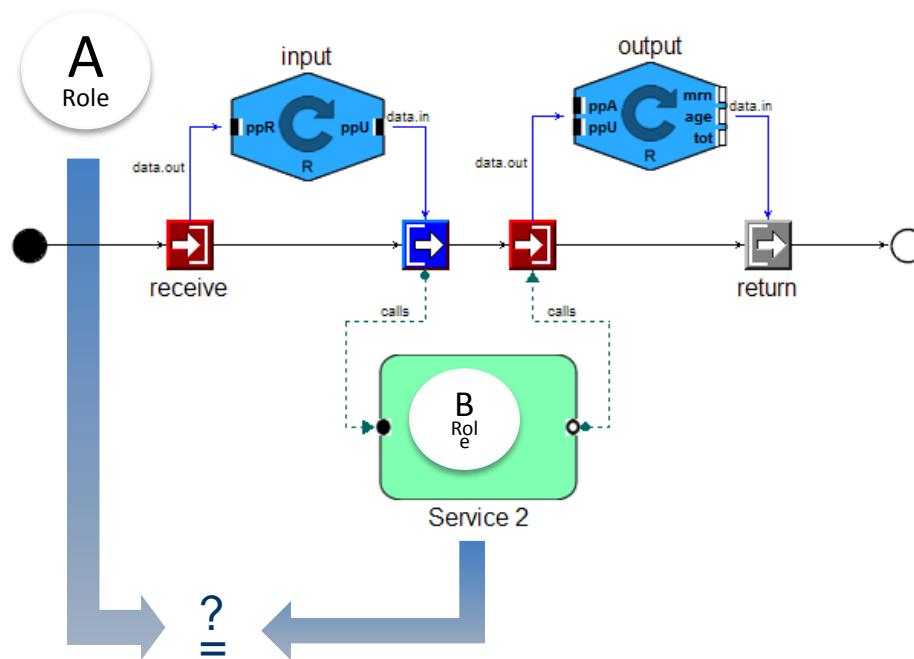


- Policy models

- Static policies that can be evaluated based on system specifications
- Dynamic policies that must be evaluated at run-time

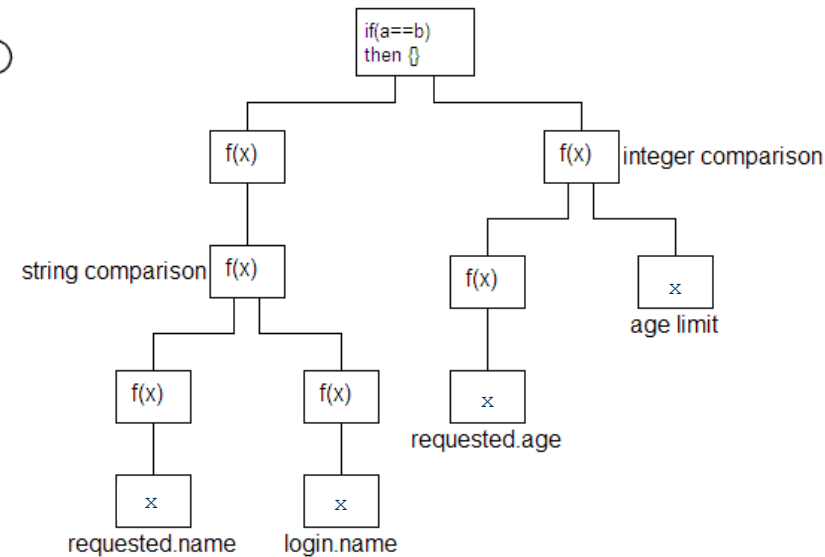
# Policy Models

- Static policy models



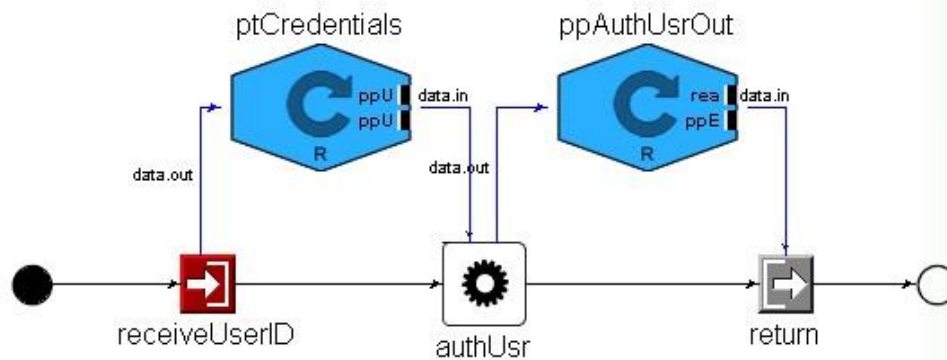
- Ex: A service's workflow and an invoked service have to have matching roles

- Dynamic policy models
  - Ex: Check if the patient whose record is being retrieved is under a certain age



```
[ ( requested.name != login.name ) && ( requested.age < 18 ) ]
```

# MICIS Example



Above:

- a simple service that checks the user's credentials and authorizes access to other services

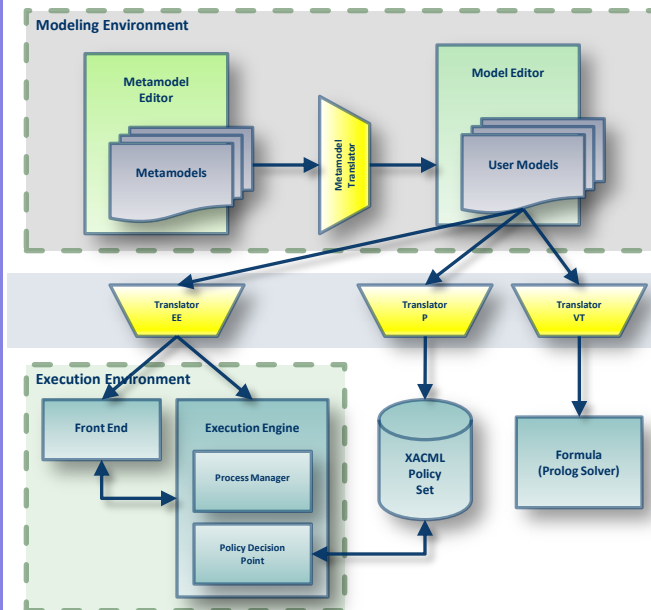


## Symbol Guide

# MICIS Demo



- MICIS forms a testbed for EMR research
  - Helping to solve privacy and security challenges of EMR *systems* applications
  - It can be used for the integration, testing and evaluation of new technologies



## Future work

- Prolog-based policy management
  - Choice of policy languages: XACML, Prolog, OCL, ???
  - How to structure policies
  - Static vs. dynamic
- Analysis/verification tools