

Health informatics - Privilege management and access control - Part 2: Formal models (ISO 22600-2:2014)

EESTI STANDARDI EESSÕNA

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English Version

Health informatics - Privilege management and access control -
Part 2: Formal models (ISO 22600-2:2014)

Informatique de santé - Gestion de privilèges et contrôle
d'accès - Partie 2: Modèles formels (ISO 22600-2:2014)

Medizinische Informatik - Privilegienmanagement und
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Foreword

This document (EN ISO 22600-2:2014) has been prepared by Technical Committee ISO/TC 215 "Health informatics" in collaboration with Technical Committee CEN/TC 251 "Health informatics" the secretariat of which is held by NEN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by April 2015, and conflicting national standards shall be withdrawn at the latest by April 2015.

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Endorsement notice

The text of ISO 22600-2:2014 has been approved by CEN as EN ISO 22600-2:2014 without any modification.

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Introduction

The distributed architecture of shared care information systems supporting service-oriented architecture (SOA) is increasingly based on corporate networks and virtual private networks. For meeting the interoperability challenge, the use of standardized user interfaces, tools, and protocols, which ensures platform independence, but also the number of really open information systems, is rapidly growing during the last couple of years.

As a common situation today, hospitals are supported by several vendors providing different applications, which are not able to communicate authentication and authorization since each has its own way of handling these functions. For achieving an integrated scenario, it takes a remarkable amount of money, time, and efforts to get users and changing organizational environments dynamically mapped before starting communication and cooperation. Resources required for the development and maintenance of security functions grow exponentially with the number of applications, with the complexity of organizations towards a regional, national, or even international level, and with the flexibility of users playing multiple roles, sometimes even simultaneously.

The situation becomes even more challenging when inter-organizational communications happens, thereby crossing security policy domain boundaries. Moving from one healthcare centre to another or from country to country, different rules for privileges and their management can apply to similar types of users, both for execution of particular functions and for access to information. The policy differences between these domains have to be bridged automatically or through policy agreements, defining sets of rules followed by the parties involved, for achieving interoperability.

Another challenge to be met is how to improve the quality of care by using IT without infringing the privacy of the patient. To provide physicians with adequate information about the patient, a virtual electronic health care record is required which makes it possible to keep track of all the activities belonging to one patient regardless of where and by whom they have been performed and documented. In such an environment, a generic model or specific agreement between the parties for managing privileges and access control including the patient or its representative is needed.

Besides a diversity of roles and responsibilities, typical for any type of large organization, also ethical and legal aspects in the healthcare scenario due to the sensitivity of person-related health information managed and its personal and social impact have to be considered.

Advanced solutions for privilege management and access control are required today already, but this challenge will even grow over the next couple of years. The reason is the increase of information exchanged between systems in order to fulfil the demands of health service providers at different care levels for having access to more and more patient-related information to ensure the quality and efficiency of patient's diagnosis and treatment, however combined with increased security and privacy risks.

The implementation of this International Standard might be currently too advanced and therefore not feasible in certain organizational and technical settings. For meeting the basic principle of best possible action, it is therefore very important that at least a policy agreement is written between the parties stating to progress towards this International Standard when any update/upgrade of the systems is intended. The level of formalization and granularity of policies and the objects these policies are bound to defines the solution maturity on a pathway towards the presented specification.

The policy agreement also has to contain defined differences in the security systems and agreed solutions on how to overcome the differences. For example, the authentication service and privileges of a requesting party at the responding site have to be managed according to the policy declared in the agreement. For that reason, information and service requester, as well as information and service provider on the one hand, and information and services requested and provided on the other hand, have to be grouped and classified in a limited number of concepts for enabling the specification of a limited number of solution categories. Based on that classification, claimant mechanisms, target sensitivity mechanisms, and policy specification and management mechanisms can be implemented. Once all parties have signed the policy agreement, the communication and information exchange can start with the existing systems if the parties can accept the risks. If there are unacceptable risks which have to be eliminated before the information exchange starts, they shall also be recorded in the policy agreement

together with an action plan stating how these risks shall be removed. The policy agreement also has to contain a time plan for this work and an agreement on how it shall be financed.

The documentation of the negotiation process is very important and provides the platform for the policy agreement.

Privilege management and access control address security and privacy services required for communication and cooperation, i.e. distributed use of health information. It also implies safety aspects, professional standards, and legal and ethical issues. This International Standard introduces principles and specifies services needed for managing privileges and access control. Cryptographic protocols are out of the scope of this International Standard.

This three-part International Standard references existing architectural and security standards as well as specifications in the healthcare area such as ISO, CEN, ASTM, OMG, W3C, etc., and endorses existing appropriate standards or identifies enhancements or modifications or the need for new standards. It comprises of:

- ISO 22600-1: describes the scenarios and the critical parameters in information exchange across policy domains. It also gives examples of necessary documentation methods as the basis for the policy agreement.
- ISO 22600-2: describes and explains, in a more detailed manner, the architectures and underlying models for privilege management and access control which are necessary for secure information sharing including the formal representation of policies.
- ISO 22600-3: describes examples of implementable specifications of application security services and infrastructural services using different specification languages.

It accommodates policy bridging. It is based on a conceptual model where local authorization servers and cross border directory and policy repository services can assist access control in various applications (software components). The policy repository provides information on rules for access to various application functions based on roles and other attributes. The directory service enables identification of the individual user. The granted access will be based on four aspects:

- the authenticated identification of principals (i.e. human users and objects that need to operate under their own rights) involved;
- the rules for access to a specific information object including purpose of use;
- the rules regarding authorization attributes linked to the principal provided by the authorization manager;
- the functions of the specific application

This International Standard supports collaboration between several authorization managers that can operate over organizational and policy borders.

This International Standard is strongly related to other ISO/TC 215 work such as ISO 17090 (all parts), ISO 22857, ISO 21091, and ISO 21298.

This International Standard is meant to be read in conjunction with its complete set of associated standards.

Health informatics — Privilege management and access control —

Part 2: Formal models

1 Scope

This multi-part International Standard defines principles and specifies services needed for managing privileges and access control to data and/or functions.

It focuses on communication and use of health information distributed across policy domain boundaries. This includes healthcare information sharing across unaffiliated providers of healthcare, healthcare organizations, health insurance companies, their patients, staff members, and trading partners by both individuals and application systems ranging from a local situation to a regional or even national situation.

It specifies the necessary component-based concepts and is intended to support their technical implementation. It will not specify the use of these concepts in particular clinical process pathways.

This part of ISO 22600 introduces the underlying paradigm of formal high-level models for architectural components. It is based on ISO/IEC 10746 (all parts) and introduces the domain model, the document model, the policy model, the role model, the authorization model, the delegation model, the control model, and the access control model.

The specifications are provided using the meta-languages Unified Modelling Language (UML) and Extensible Markup Language (XML). Additional diagrams are used for explaining the principles. The attributes used have been referenced to the HL7 reference information model (see ISO 21731:2006) and the HL7 data type definitions.

The role model has been roughly introduced referring to ISO 21298.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 21298:—¹⁾, *Health informatics — Functional and structural roles*

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1

access control

means of ensuring that the resources of a data processing system can be accessed only by authorized entities in authorized ways

[SOURCE: ISO/IEC 2382-8:1998]

1) To be published.