



# User Requirements Elicitation for Secure and Interoperable Health Data Exchange

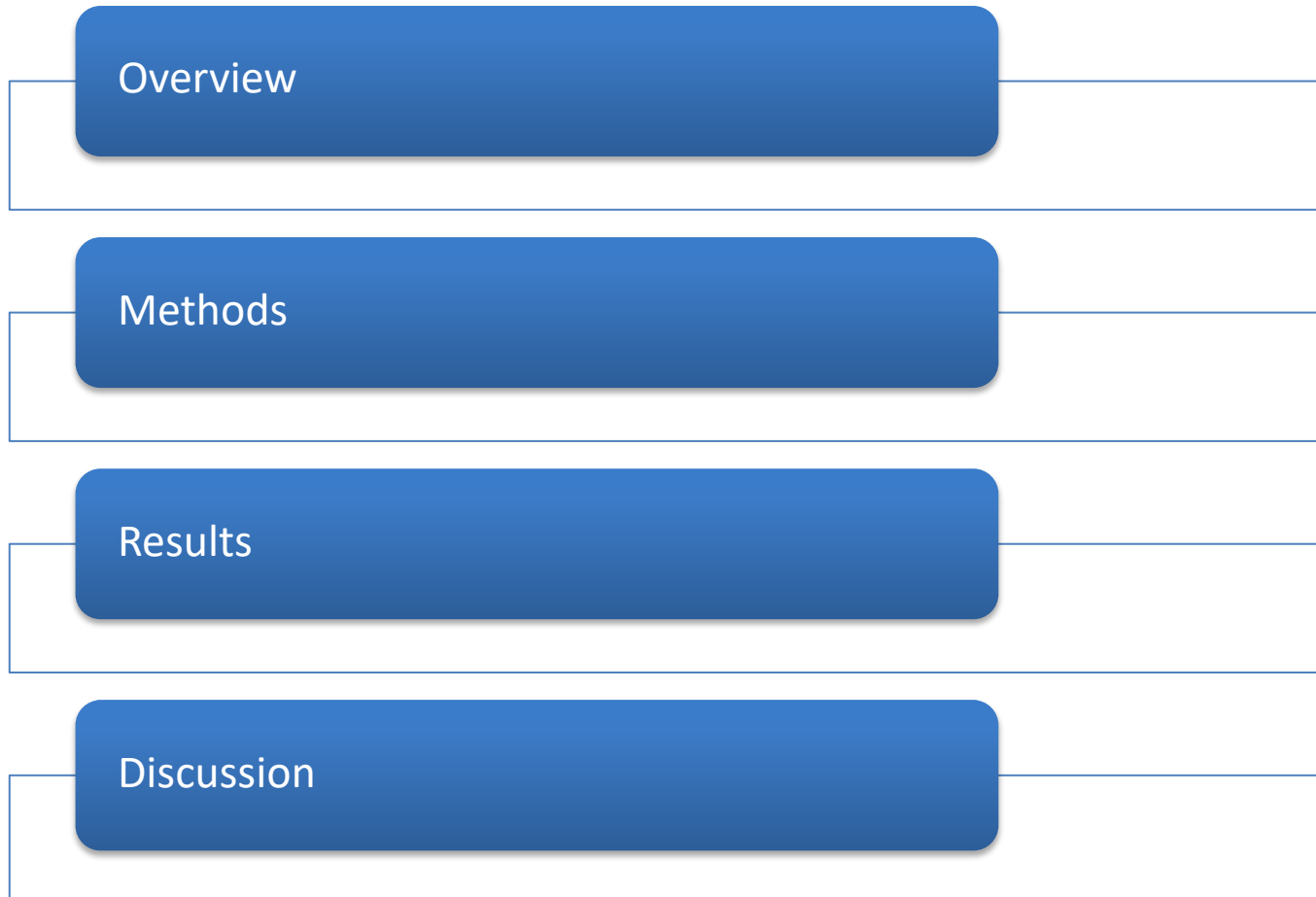
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# Structure



## User requirements elicitation rationale

Definition: User requirements elicitation is the process of exploiting **various information sources**, in order to “... *discover the current **product needs** and agree upon the vision and **goals** of the proposed project*”<sup>1</sup>

<sup>1</sup>Wong, L., et al.: A systematic literature review about software requirements elicitation. Journal of Engineering Science and Technology 12(2), 296–317 (2017).

# Requirements engineering process

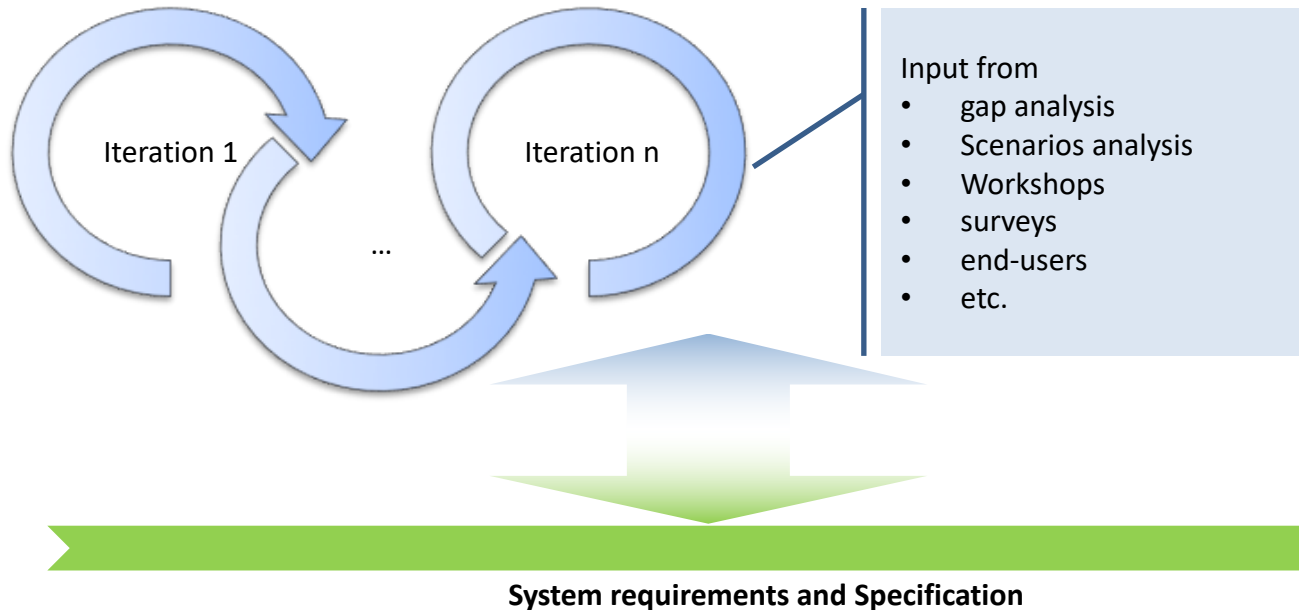
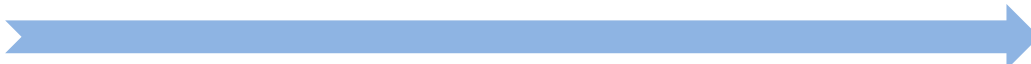
Scenarios definition & analysis



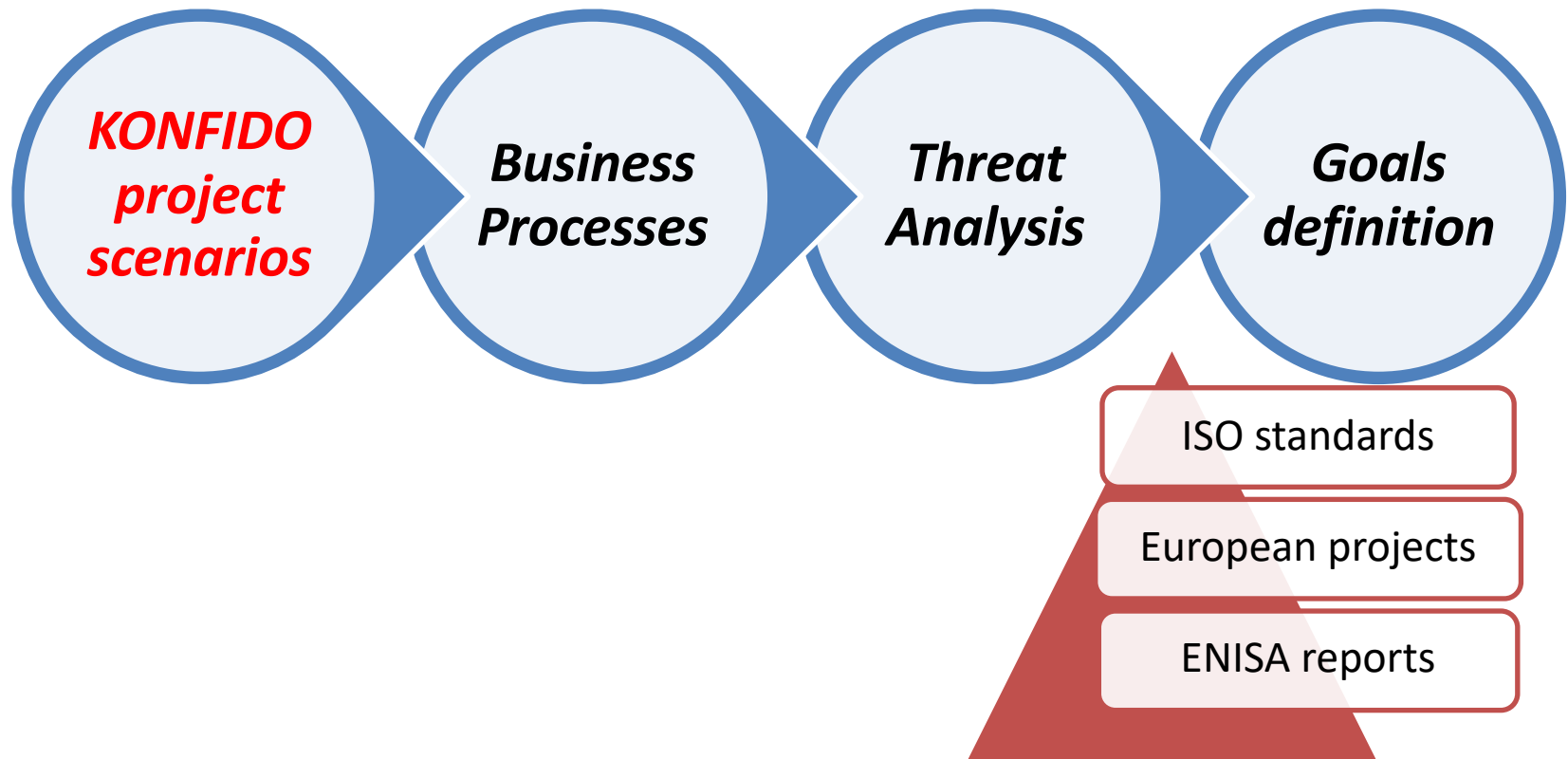
Pan-European eHealth solutions acceptance and KONFIDO adaptation



User requirements elicitation



# Methodology



## Business processes definition

*Kenneth is a 65-year-old citizen ... planning to spend 10 days in Barcelona... His doctor informs him that thanks to the technology developed in KONFIDO which has been deployed nationally in both Denmark and Spain, he can **securely grant access** to healthcare professionals in Barcelona to **view** the necessary parts of his medical record ... Kenneth and the healthcare professionals in Barcelona can **authenticate** themselves with their national issued eID, ... [data] will be **securely transmitted and registered** to his medical record in Denmark, while all the other parts of his record will **remain intact** (the novel auditing mechanism of KONFIDO **will keep track** of all transactions ensuring that medical data are protected against tampering, forging and deletion). This information will be also securely **shared** with the Danish specialist that is taking care of Kenneth, who can **follow-up** the incident and explain him what is the case.*

## Threat analysis: STRIDE model

**Spoofing:** gaining access to a system via a false identity



**Tampering:** unauthorized modification of data



**Repudiation:** denial of actions (legitimate or not) users



**Information disclosure:** exposure of sensitive data



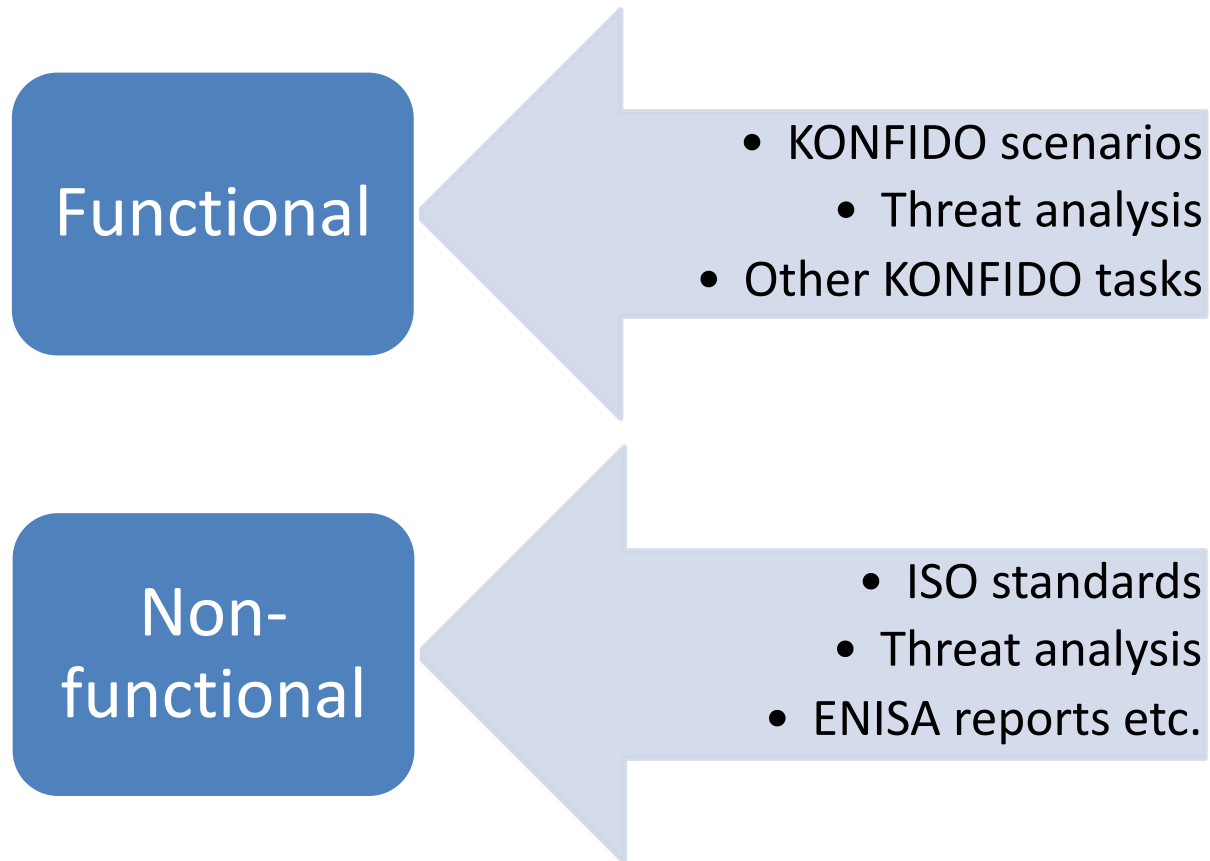
**Denial of service:** making a system unavailable



**Elevation of privileges:** self-assigning more privileges



## Goal definition





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## Results – Business Processes

BP1: Grant access to own Medical Records

BP2: Access foreign patient's medical records

BP3: Authenticate using national eID infrastructure

BP4: Transmit data for tele-monitoring purposes

BP5: Access patient's medical record while transferred in ambulance

BP6: Exchange of triage information while patient transferred to the hospital via ambulance

BP7: Exchange of medical information between HCPs

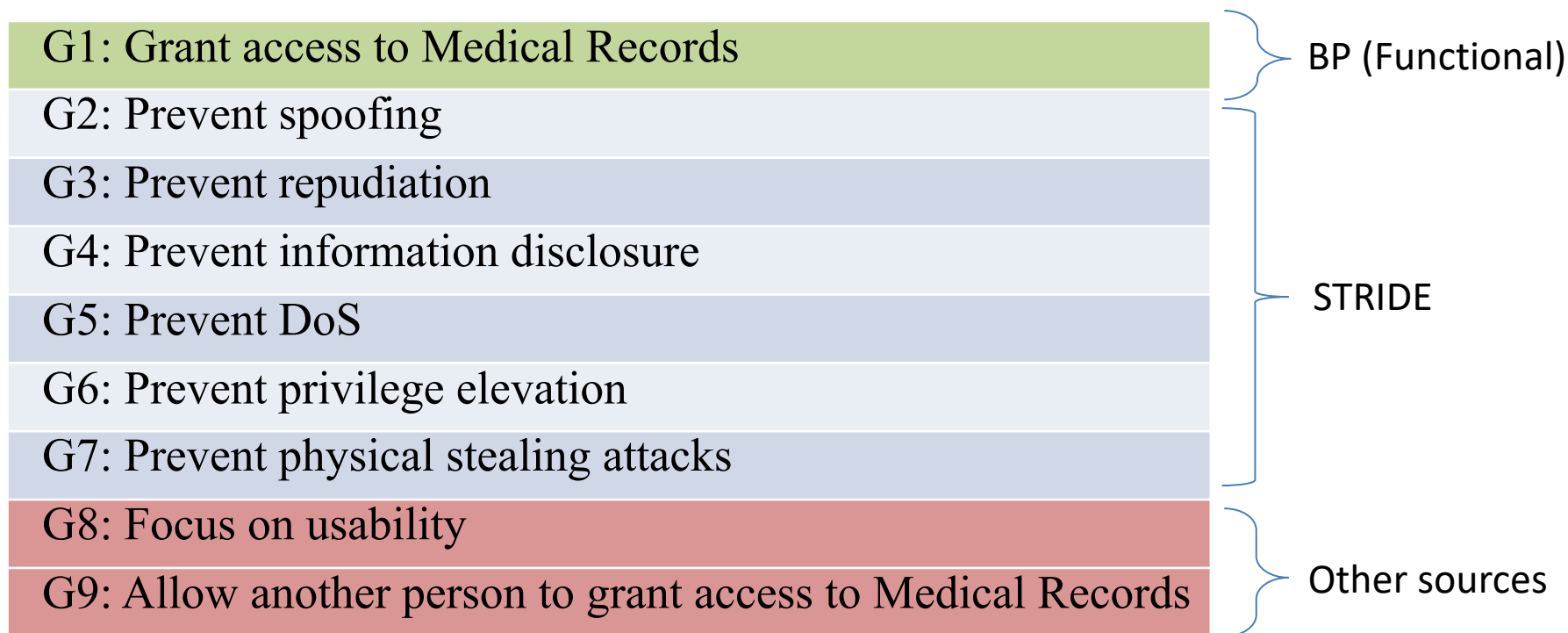
## Results – Assets for BP1

A1: Medical record information	The main asset to be protected.
A2: Patient credentials	For example, usernames, passwords etc.
A3: Patient authentication means	For example, eID card or computer.
A4: Intention of granting access to medical record	The intention of granting access to medical record is crucial. It could imply an attack attempt and the medical record owner should be notified, or it implies that the patient intends to have a medical transaction, and this is also an information to be protected.

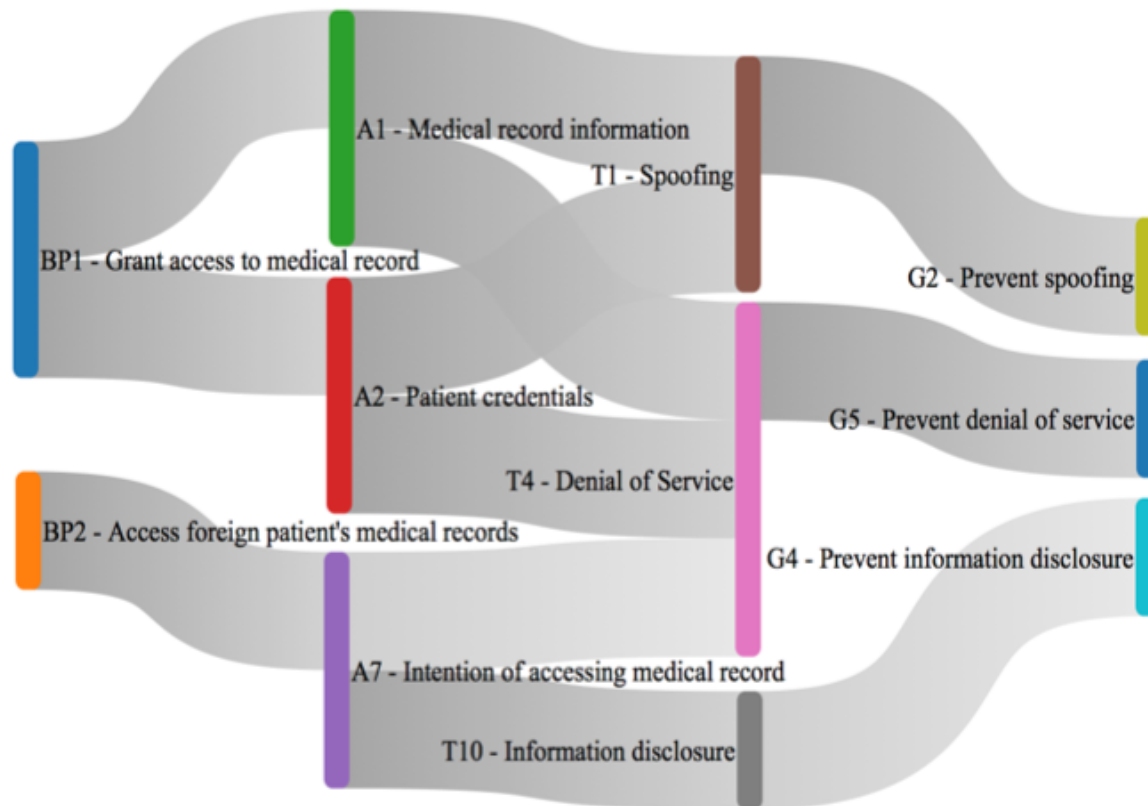
## Results – Threats for BP1

Threat	Malicious actor(s)
T1: Spoofing	HCPs, other actors without a clear role in the BP
T2: Repudiation	Patients
T3: Information disclosure	HCPs, other actors without a clear role in the BP
T4: Denial of Service (DoS)	Other actors without a clear role in the BP
T5: Privilege Elevation	Other actors without a clear role in the BP
T6: Physical stealing	HCPs, other actors without a clear role in the BP

## Results – Goals for BP1



## Meta analysis – partial view



## Conclusion

- Meta-analysis
  - Complex interdependencies
  - High value of standards as a guide
  - The number of interdependencies could be used to guide end-user goal prioritization

# Thank you!



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