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# Protecting Users' Privacy in Electronic Prescribing Systems with Active Privacy Bundles

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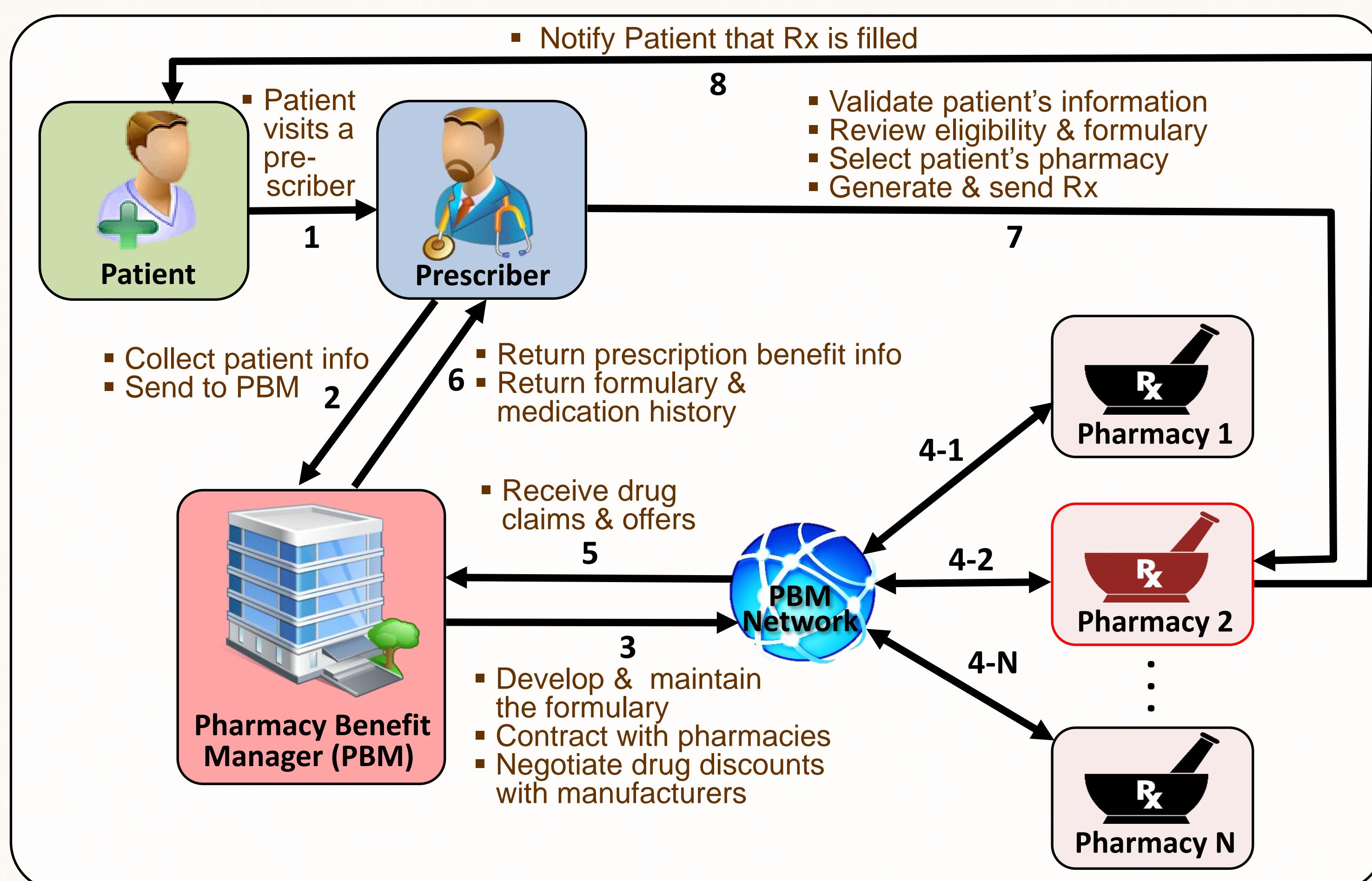
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## Introduction

➤ **Electronic prescribing (e-Rx) systems** — record and transmit *electronic prescriptions* among *prescribers*, *pharmacy benefit managers*, and *pharmacies*

- **Prescriber** — the subject (e.g. a physician) who writes prescriptions (Rx) for a patient
- **Pharmacy benefit manager (PBM)** — a third-party administrator responsible for developing and maintaining the formulary, contracting with pharmacies, and negotiating discounts and rebates with drug manufacturers
  - Also responsible for processing and paying prescription drug claims

➤ **The current e-prescribing workflow**



➤ **User privacy** — a user's right to control what information she reveals about herself, and who can access that information

- **Patient privacy** (a special subcase of user privacy) — deals with data that are or include a patient's healthcare-related data (incl. Rx data)

➤ **An active privacy bundle (APB)**

- A software construct

**Sensitive data:** include e-prescription to be protected from privacy violations

**Metadata:** describe sensitive data and prescribe their use; include an **APB privacy policy (APBPP)** for e-Rx, as well as the rules for APB dissemination

**Virtual machine (VM):** makes its APB active by controlling and managing how the APB behaves; its essential task is enforcement of APBPP and other policies specified by metadata

## Motivation and Problem Statement

➤ **Data privacy in an e-Rx system** — a critical challenge

- Users must be sure that the e-Rx system does not disseminate or share their private data (e.g., name, home address, names of mental illness medications) to unauthorized entities
- Users do not know who/what controls their data physically
  - Do not know where data are sent in an e-Rx network, and who manages them
  - Some companies profit from selling physician's prescribing routines to pharmaceutical companies

➤ **Security = confidentiality + integrity + availability (CIA)**

- This is a classical definition of security

➤ **Problem Statement**

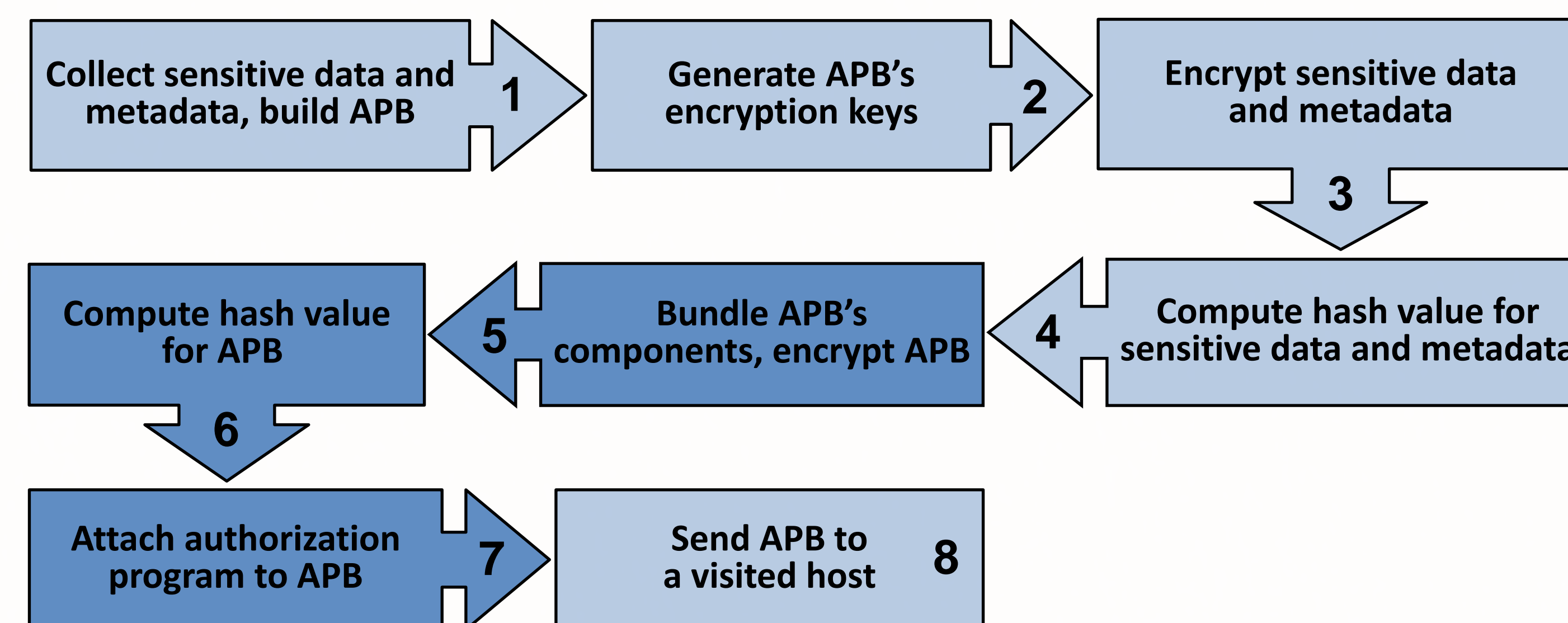
- Assure that an e-Rx system provides all 3 components of security
- Assure that private data are not disclosed to unauthorized parties by an e-Rx system

## The Proposed Solution

➤ **Modifications of the Active Privacy Bundle**

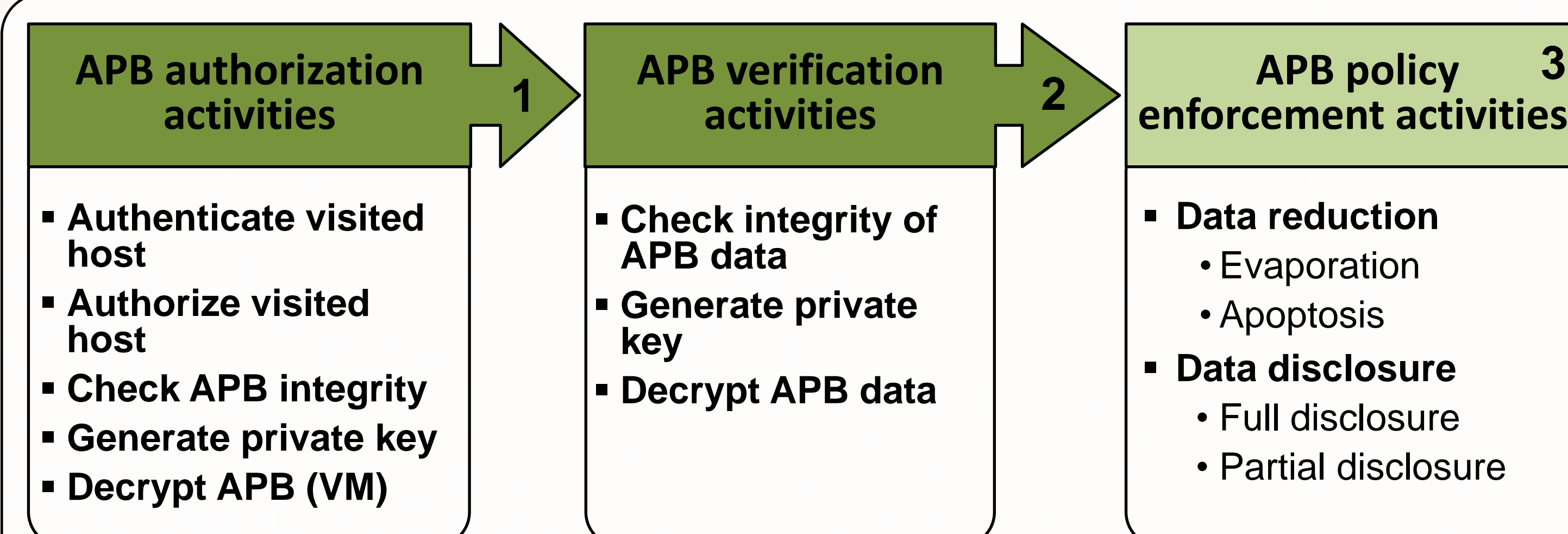
- Modified two **APB execution phases**

- 1) **APB creation:** APB constructed in user space with APB creator software (either automatically or interactively)
  - The APB creation **steps**
    - Darker color indicates modified steps



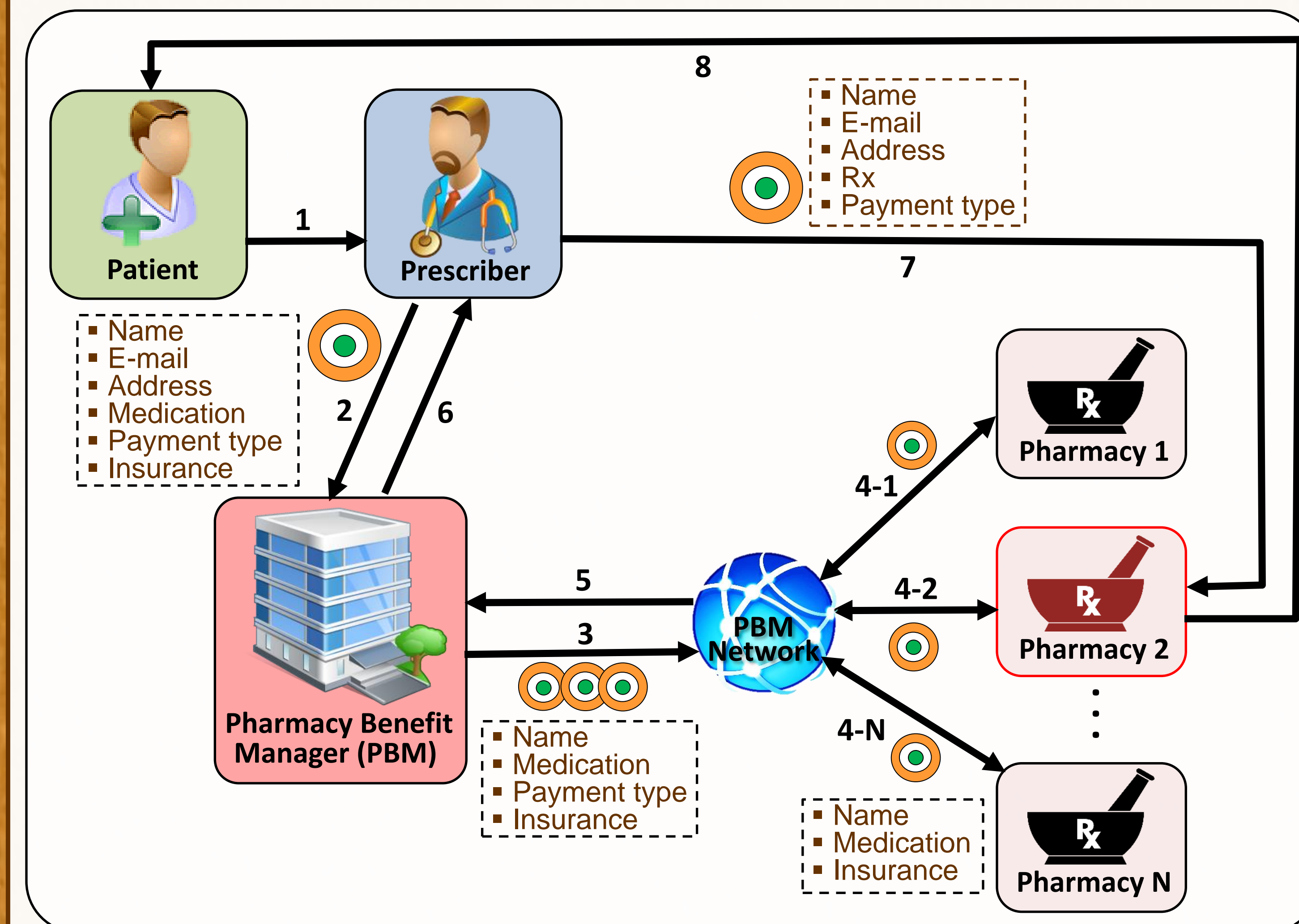
- 2) **APB enabling:** APB automatically enabled on the visited host

- The APB enabling **steps**
  - Darker color indicates modified steps



➤ **The e-prescribing workflow with APBs**

- Analogous to „The current e-prescribing workflow” but ...
  - Activities (drawn as arrows) are not labeled below
  - Contents of APB data are described in the broken-line boxes shows
- Different APB sizes — due mostly to different sizes of APB's data and metadata components



➤ **Requirements for APB creation**

- Using domain names, addresses & associated certificates
- Key derivation
- Key stretching
- Detached signatures

➤ **Requirements for APB enabling**

- Message disposition notification (MDN)
  - Provides indications of message delivery (read or discarded) to the sender
- Using certificate authority (e.g., X509)
- Certificate discovery
  - Through DNS and LDAP
- Trust verification

➤ **Salient Solution Features**

- Attribute-based access control (ABAC)
- No need for trusted third party (TTP)

## Work Status and Future Work

➤ **Status**

- Nearing completion of a pilot APB implementation
- Developing **active privacy bundles with multi-agent system (APB-MAS)**

➤ **Future work**

- Adding to APB privacy policy inclusion
- Adding to APB privacy policy verification
- Adding to APB automatic negotiation of privacy policies
- Using APB-MA for protecting patients' privacy in e-Rx systems