Towards Location-Based Access Control in Healthcare Emergency Response

- Position paper -

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ABSTRACT

Recent advances in positioning and tracking technologies have led to the emergence of novel location-based applications that allow participants to access information relevant to their spatio-temporal context. Traditional access control models, such as role-based access control (RBAC), are not sufficient to address the new challenges introduced by these location-based applications. Several recent research efforts have enhanced RBAC with spatio-temporal features. Nevertheless, the state-of-the-art does not deal with mobility of both subjects and objects and does not support the utilization of complex access control decisions based on spatio-temporal relationships among subjects and objects. Furthermore, such relationships change frequently in dynamic environments, requiring efficient mechanisms to monitor and re-evaluate access control decisions. In this position paper, we present a healthcare emergency response scenario which highlights the novel challenges that arise when enforcing access control in an environment with moving subjects and objects. To address a realistic application scenario, we consider movement on road networks, and we identify complex access control decisions relevant to such settings. We overview the main technical issues to be addressed, and we describe the architecture for policy decision and enforcement points.

Categories and Subject Descriptors

H.2.0 [General]: Security, integrity, and protection; H.2.8 [Database Applications]: Spatial databases and GIS; J.3 [Life and Medical Sciences]: Medical Information Systems

1. INTRODUCTION

The availability of mobile devices with positioning capabilities has fostered the development of location-based applications that allow users to access information relevant to their spatio-temporal context. For instance, visitors of a museum may be able to access a electronic on-line guide system as long as they are situated within the museum’s perimeter. Such applications introduce specific security challenges that reach beyond the capabilities of traditional access control systems, such as Role Based Access Control (RBAC).

Several models have been proposed \cite{1, 2, 5} that extend RBAC to allow the specification of policies in which the access decision is determined by the spatio-temporal context of subjects and objects. However, these models relate the role extents to fixed locations, restricting the policies to static zones. Therefore, they may not be suitable for dynamic mobile environments where both subjects and objects are moving continuously. In addition, in certain location-based application scenarios, the access control decision may depend on complex spatio-temporal relationships among subjects and objects. Surveys of access control in location-based services can be found in the literature \cite{3}.

In this position paper, we outline an access control framework for healthcare emergency response that illustrates the requirements to access control in a dynamic environment with mobile subjects and objects. In this scenario, a patient who requires an emergency response triggers an event that results in the creation of an emergency care request in the system. Such an event can be generated by the patients themselves, or by an automatic system designed to alert emergency response teams (e.g., in-vehicle GPS-enabled units such as On-Star provide automatic car crash notification).

The record inserted in the system contains a number of event attributes, for instance, symptoms, vital signs, as well as the age and gender of the patient. Based on the patient identifiers (e.g., cell phone number, or identifier of the reporting On-Star unit) additional information can be associated with the emergency record request, such as the patient’s medical history.

The location of the emergency, the patient symptoms, medical history, etc., represent objects that need to be accessed by several categories of mobile subjects, such as medical doctors, ambulance personnel or medical-trained volunteers. Note that the objects may also be mobile. For instance, a patient suffering from a heart attack may be in a moving vehicle driven by a family member.

An event may refer to a single patient, e.g., an individual with a heart attack, or it may involve several patients, e.g., in the case of a car accident. In response to an event, the emergency response system must find subjects that are authorized to access the event’s attributes and provide on-site help to patients. We identify two key requirements.

First, as medical information is sensitive, the system needs to ensure that access to confidential data is thoroughly controlled. Note that distinct subjects may have different privileges with respect to information disclosure: For example, doctors may be allowed to
access medical history, whereas volunteers should not learn confidential information about the patient that it is not related to the current event.

Second, an emergency requires fast response. The authorized subjects should be able to arrive at the location of the emergency within a maximum period of time. Thus, the decision about which subjects to authorize must take into account the distance between the event location and the subjects.

Two representative types of location constraints are range and nearest-neighbor constraints. For instance, the former corresponds to requirements such as, “A subject is only allowed to access an event record if its distance to the event site is less than one mile,” whereas the latter addresses requirements such as, “A subject is only allowed to access an event record if it is the nearest subject to the event site.”

In addition, the positions of both subjects and objects may change over time. Therefore, the spatial relationship between subjects and objects must be monitored continuously. Note that spatial and non-spatial (e.g., level of medical education, specialization, required equipment) constraints may be combined. For instance, if a volunteer and a doctor are located at the same distance, only the doctor should be granted access. Such complex access control decisions require specialized mechanisms for the design of policy enforcement and decision points (PEP/PDP).

![Figure 1: Emergency Response Scenario](image)

The example in Figure 1(a) shows several volunteers $v_i$ and off-duty doctors $d_j$ driving around a city, in addition to a hospital. Consider that a car accident is reported at location $A$, and the car crash victim has a pre-existing heart condition and suffers from diabetes. In response to the event, the emergency response system takes the following actions: First, an ambulance is requested from the nearest hospital. Next, doctor $d_1$ who is nearest to the accident site is notified, and starts moving towards the site to perform a preliminary evaluation and treatment before the ambulance arrives. The notification sent to $d_1$ includes the coordinates of the accident site together with some basic information about the nature of the emergency, the victim’s age, and pre-existing conditions.

As $d_1$ moves towards the accident site, a traffic jam may occur at intersection $B$, so $d_1$ is no longer able to reach the patient in time (Figure 1(b)). The system considers the additional subjects, such as volunteers $v_1$ and $v_2$. Although $v_2$ is closer to the accident site than $v_1$, the route of $v_2$ crosses the traffic jam, so $v_1$ is chosen instead. In addition, doctor $d_2$ is selected, and both are granted access to the event record. However, doctor $d_2$ is granted permission to access more data about the victim, such as medical history. Such information is not made available to $v_1$.

While the volunteer $v_1$ and the doctor $d_2$ stabilize the patient, the hospital may not find an available ambulance. Then, the system may authorize $d_2$ to drive the patient to the hospital, if the patient is in a stable condition. Otherwise, an additional doctor (e.g., $d_3$) may be authorized to assist in the emergency. The system may decide on the amount of data to be disclosed to a subject based on the proximity to the accident site. This prevents the disclosure of sensitive information to subjects that are not likely to participate in the emergency, such as subjects that are delayed due to environmental conditions (as $d_1$ in the example above). However, some general details can be provided to such entities, in order to provide a backup plan.

This approach applies to location information as well: for instance, only coarse-grained location information may be disclosed to remote subjects, whereas accurate location data is sent only to nearby subjects.

The objective of this position paper is to identify the representative requirements and challenges of location-based access control in a dynamic environment with mobile subjects and objects. We investigate access control decisions and enforcement with respect to a combination of spatial and non-spatial (e.g., role-based) constraints.

Although our focus is on healthcare emergency response, many of the aspects discussed are relevant to other classes of location-based applications as well (e.g., public transportation). We emphasize that our work discusses initial directions and identifies key challenges in location-based access control; the realization of a complete access-control mechanism is beyond the scope of this paper. However, we do give an overview of the architectural components involved, as well as the main functionality offered by each component.

The rest of the paper is organized as follows. Section 2 describes the event and policy models. Section 3 illustrates the proposed architecture of the system and the tasks performed in each component. Section 4 outlines future research directions.

2. EVENT AND POLICY MODELS

As mentioned in Section 1, our envisioned access-control system is event-centric, meaning that objects are generated following the occurrence of an event such as a medical emergency (e.g., car accident). After object creation, the system must decide which subjects (e.g., medical doctors, volunteers) are granted permission to access the event-related data based on a mix of spatial and role-based constraints.

2.1 Event Model

An event is specified as a tuple:

$$E = (\text{location}, \text{category}, \text{maxResponseTime}, \text{attributes})$$

where

- location indicates the position of the event
- category describes the event type (different types require different numbers and types of entities)
- maxResponseTime indicates the maximum allowed time within which the event must be handled (e.g., the maximum allowed time for the responders to arrive)
- attributes is a list of event characteristics

Depending on the required functionality of the system, location may be specified either in physical terms (e.g., as GPS coordinates) or logical terms (e.g., at the corner of Main Street and Elm Drive).

The use of category determines the number of responders and their roles. For example, the organization may stipulate that category = carCrash requires two doctors and one volunteer.
The elements of the schema are defined as follows:

- **Element** 
- **type** denotes an additional parameter of the constraint. For a range constraint, this represents travel time, and \( k \) for (reverse) \( k \)-nearest neighbor constraints.
- **Element** 
- **S** represents the list of **subjects** that participate in the constraint.
- **Element** 
- **object** corresponds to the subject, object, or location under consideration relative to **S**.
- **Element** 
- **sign** indicates if the constraint is **positive** or **negative**.
- **Element** 
- **time** specifies the time validity (expiration), which varies within the interval \((0, \infty)\).

As an example of a policy, consider the rule, “A volunteer is not allowed to access a patient’s symptoms if there is a doctor in less than 10 meters.” This policy would be expressed as the tuple

\[
P = (\text{“event”, “volunteer”, “patient”, “symptoms”, φ, } S_1)\]

The spatio-temporal constraint would be expressed as

\[
S_1 = (\text{“RC”, “10m”, “volunteer”, “doctor”, “negative”, } \infty)\]

Although the subjects in both the policy and the constraint are the same in this example, this will not always be the case. That is, to prevent redundant constraint expressions, \( S_1 \) could also be used in a policy tuple describing the doctor’s permissions given that constraint.

## 3. SYSTEM ARCHITECTURE

### 3.1 Overview

In traditional access control systems, a user initiates a request and submits his or her relevant credentials, such as a username and password. The system then evaluates the combination of the subject, the object requested, the credentials provided, and the relevant policies, and it grants or denies access accordingly. In our proposed approach, a request is automatically generated in response to an event. The system then grants permissions to subjects, given the current spatio-temporal environment and policy constraints.

Our approach encompasses a number of key novelties. First, the system can grant permissions to multiple subjects simultaneously as part of a single request. Second, the subjects receiving access are not known when the request is initiated. That is, the system must determine the most appropriate subjects in response to a request. Finally, the dynamic nature of spatio-temporal environments necessitates continuous monitoring of subjects and objects. For example, if the traffic congestion increases in one location, the system may need to revoke or reassign authorizations in response to this. Despite these differences, we find that the traditional notions of Policy Decision Point (PDP) and Policy Enforcement Point (PEP) are still applicable.

In addition to the PDP and PEP components, we also introduce a Policy Database (PolicyDB) and a Moving Object Database (MOD). PolicyDB contains the access control policies as specified by Section 2.2. On the other hand, the positions of objects and subjects are indexed by the Moving Object Database, where the weights of the edges represent the driving time of each road segment (which forms a travel time network [4]). In our setting, where a timely response to an emergency is essential, the use of travel time is a better choice than the use of network distance, as the former metric captures and estimates the time that is required for a vehicle to travel to a certain location in the network. Moreover, we assume that the database is updated with real-time traffic information.
Figure 2 illustrates the interaction among the PEP/PDP and the rest of the system components when a new event is created (steps 1 and 2). As stated above, the PDP decides which entities will be granted access to the event information (step 3). In order to do this, the PDP queries the MOD to find subjects who have the required skills and are nearby the event location (the number and skills of the subjects that are required in each case are determined by the type of the event). Note that the MOD may need to provide more subjects than are required by the event type, in case one or more of the subjects is unable or unwilling to respond to the event. Then, the access policies involving those subjects are obtained by querying PolicyDB (step 4). As described in Section 2, these policies can contain static (organizational) and spatio-temporal rules that need to be continuously monitored by the PEP. Therefore, the PEP receives the subjects that will be involved in the event and the constraints (step 5). Finally, the monitoring of the constraints is initiated (step 6), and the subjects are notified (steps 7 and 8).

The algorithm performs as follows. First, given the category of the event, the type and number of required entities is retrieved for both the primary and the backup plan (steps 2 and 3). These values are stored in pairs $[t_i, n_i]$, where $t_i$ is a type and $n_i$ is the number of subjects of that type that are still required (i.e., this value will be at its maximum at the beginning of the execution, and it will decrease when subjects are found). The value $k$ represents the maximum number of subject types in the system.

Then, INE is initialized (step 4). The algorithm executes while not all the subjects have been found (represented by the condition in step 5). For the next nearest neighbor that is found (step 6), the type is extracted (step 7). If there is a subject of that type required for either the primary plan (lines 8–10) or the back-up plan (lines 11–13), the subject is added to the corresponding set. The algorithm terminates when all the required subjects are found.

3.2 Access Control Decision

The PDP needs to perform two main decision tasks. When an access request arrives in the system, it decides whether or not to grant the access based on the policies that refer to the subject. The second task, as mentioned previously, finds nearby and suitable subjects that may respond to a new event. The first operation corresponds to the functionality of a traditional access control system and is not considered in this paper.

For the latter, the PDP performs an incremental expansion of the network from the location of the event, using, e.g., the Incremental Network Expansion algorithm (INE) [7]. This algorithm retrieves the nearest neighbors from a starting point incrementally and ordered by distance to the point. We assume that the function retrieve_Next_NN_INE gets the next nearest neighbor that the INE algorithm would return.

In addition to the set of subjects, the PDP builds another set that corresponds to a back-up plan. This set consists of the subjects that will be deployed if any of the subjects in the primary plan fail to reach the emergency location. For example, a subject may not reply to the notification withing a reasonable time limit, or it may get delayed due to traffic. If this is the case, the system can quickly use the back-up plan to choose another subject without re-evaluating the entire request.

The pseudocode for the complete algorithm is shown in Figure 3.
some of these policies will need to be instantiated for the specific objects of the event. From the set of retrieved policies, the spatio-temporal constraints are extracted and sent to the PEP, which will start the monitoring process.

We identify two kinds of location constraints:

- nearest neighbor constraints (e.g., “Volunteer A is a 2-nearest neighbor of the accident site”)
- proximity (range) constraints (e.g., “Volunteer A is within 5-minutes of the accident site”)

Note that as the final decision regarding an access request is done by the PDP, both the PEP and the PDP need to maintain the list of active constraints with their state (however, recall that the active monitoring of the constraints is performed only by the PEP). For example, the policy, “A volunteer is not allowed to access a patient’s symptoms if there is a doctor nearby,” will initially allow the volunteer to access the information, but will revoke the access when a doctor arrives. Similarly, the monitoring of the constraint of the policy, “A volunteer is allowed to access a patient’s symptoms when the arrival time to the patient is less than 1 minute,” will allow the system to send a notification to the subject when s/he is close enough, without the subject requesting it. In other cases, for example if the system detects that a subject is delayed due to a traffic jam, the PDP may choose to send another subject to the emergency.

The PEP monitors the spatio-temporal constraints and notifies the PDP when a constraint changes state (from being met to not being met or vice versa). The factors that may change the state of a constraint, and thus need to be monitored, are the following:

1. movement of the subjects and/or the constraints
2. changes in the environmental conditions (e.g., traffic jams, represented as changes to the edge weights)
3. time expiration of the constraint
4. requirements of the event (e.g., change of the category of the event)
5. a subject becomes unavailable (subject changes status from available to not available)

The location constraints at the PEP can be monitored as described in the literature [6]. In this work, the authors propose two methods to monitor kNN’s in road networks, the first of which maintains the query results by processing only updates that may invalidate the current NN sets, and the second of which follows the shared execution paradigm to reduce processing time. Moreover, the methods support object and query movement patterns and modifications of edge weights (thus supporting factors 1 and 2). Although the structures presented in this work can be applied in range queries and RkNN queries, solutions to efficiently support this functionality still need to be developed.

To monitor the time expiration (factor 3), the PEP can maintain a queue ordered by expiration time. When a constraint reaches its expiration time, it is removed from the system, and the PDP is notified.

For the last two factors (factors 4 and 5), the PEP can maintain two indices, based on the events (factor 4) and the subjects (factor 5). When these entities change status, all the constraints in which they are involved are eliminated from the system (and the PDP is notified as in the previous cases).

The PDP maintains a list of the active policies and constraints and the current state. This list is queried when a subject requests access to an object of the system. When a constraint changes its state, the factor that originated this change is examined. If the reason was a change of the event requirements (factor 4), the entire plan for the event needs to be re-evaluated. For the remaining cases, the system may make use of the back-up plan.

4. FUTURE WORK

In this position paper, we have identified several challenging research issues in location-based access control for healthcare emergency response. In the future, we plan to formalize the proposed event and policy models and to develop and prototype the functionality that must be implemented in the PEP and PDP. We also envision extending our proposal to take into account uncertainty in reporting location data, as well as the privacy issues that arise when subjects are required to report their location to the PEP.

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5. REFERENCES