### A Risk-aware Access Control Model for Biomedical Research Platforms

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Abstract: Data sharing and collaboration are important success factors for modern biomedical research. As biomedical data contains sensitive information, any mechanism that governs biomedical data sharing should protect subjects' privacy while providing high-utility data in an efficient and prompt manner. The use of biomedical data for research has been studied extensively from the legal aspect. Several regulations control its use and sharing to limit privacy risks. However, current sharing mechanisms can be a barrier to the research community needs. Going through the IRB process is time consuming and will become a bottleneck for the intensive data need of the biomedical research community. Alternatively, creating a universal de-identified research sub-dataset accessible through honest-broker-systems will not satisfy all research use-cases, as stringent de-identification methods can reduce data utility. A risk-aware access control model is a good alternative toward making data more available. In such a model, data requests are evaluated against their incurred privacy risks, and are granted access after the application of appropriate protection levels. In this paper, we describe a formal risk-aware model that will be used in the access control layer and describe the different risk components that can be combined to provide a decision against a data access request.

## 1 INTRODUCTION

Data-sharing and collaboration are important key success factors for modern biomedical research (Lynch, 2011). The scientific community realized the importance of data sharing and many international initiatives are focusing on new policies and procedures to promote biomedical data sharing among the research community, such as, the International Cancer Genome Consortium (ICGC) ("International Cancer Genome Consortium," n.d.) and the Global Alliance for Genomics and Health (GA4GH) ("Home | Global Alliance for Genomics and Health," n.d.). These initiatives reflect, on one hand, the desire to capture a wide spectrum of detailed biomedical data and on the other hand, the need of collaborating across disciplines and institutions.

This emerging context poses new challenges toward safeguarding the privacy and security of the data subjects, complicating the traditional institutionbased oversight system. Institutional Review Boards (IRBs) or ethical committees are in charge of analysing and evaluating research proposals in terms of their risk and benefit. In general, the approved research projects are the ones that present consequent benefit with minimal risk and that comply with the ethical standards and the local policies.

However, going through the IRB process is time consuming and with the intensive data consumption need of modern biomedical research, it is expected that the IRB process will become a bottleneck for the research activity (He et al., 2014). A current mechanism to overcome the burden of the IRB process is to share a universal de-identified subdataset with the research community. An IRBapproved honest broker system is in charge of the distribution and the access to the de-identified data. Although this mechanism reduces the time to acquire data, it treats all requests equally in terms of deidentification, thus disregarding the individualities of the different data requests.

In a more efficient data-sharing scenario, the level of granted access has to reflect the risk that we incur with this data sharing and has to be compatible with the research purpose. Moreover, it is not reasonable to seek IRB approval for each research proposal especially when it is in the exploratory phase. In

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(Dankar and Al-Ali, 2015; Dankar and Badji, 2017), the authors describe a theoretical multi-level privacy protection framework for biomedical data warehouses. The objective of the proposed framework is to create a responsible data-sharing mechanism through an <u>electronic Honest Broker</u> System (e-HBS) that will enable the researchers' timely access to biomedical data while lowering the data access-related risk to an acceptable level. Briefly, the cited model evaluates the risk posed by a data request using all contextual information surrounding the request and presents it to an access control module that applies mitigation measures to counter the posed risk.

Thus the risk-aware access control system (RAAC) allows the mitigation of risks while previous existing systems concentrate on the worst-case scenario in the system design, and their access decisions are consequently exclusively binary: allow or deny. With the RAAC model, low-risk access requests will be granted and high risk access requests will be denied or granted after the enforcement of some risk mitigation measures, such as: scaling-up the security applying data de-identification, and/or enforcing constraints on data access.

In this paper, we propose a formal risk aware access-control model for the risk aware information disclosure framework proposed in (Dankar and Badji, 2017). The model incorporates two use cases: (i) the e-HBS case (described earlier), in which access control decisions are made to counter the risk associated with the different requests, and (ii) the IRB case, which is the usual IRB manual application process. The IRB use-case is useful for investigators who are not happy with the level of protection offered by the automated process, or the investigators who are willing to endure the extra time taken by the IRB.

Our work extends prior work (Armando et al., 2015; Chen et al., 2012) in risk aware access control to the field of biomedical research. One of the distinctive features in our model is the introduction of the legal risk, which represents the decision of the IRB. Specifically, our system allows the IRB as an approved authority to override access decisions made by the system at any point in time under specific conditions. Thus realizing the above two scenarios.

The rest of the paper is organized as follows: Section 2 describes a high-level overview of our RAAC-based model; Section 3 presents the model formally and defines the proposed authorization function; Section 4 summarizes related work in the field and compares it to our model; and Section 5 concludes the paper and presents future research directions.

### 2 RISK-AWARE SYSTEMS FOR BIOMEDICAL DATA SHARING

Privacy preservation and legislation compliance are key aspects in the development of biomedical research platforms. Research Data requests will be granted, if and only if, the risk incurred by such access is acceptable and controlled. In (Cheng et al., 2007) the authors define the risk of a data request as a predictive function of the expected value of damage (equation 1).

# $Quantified \ risk = (probability \ of \ damage) \times (1)$ $(value \ of \ damage)$

Risk estimation is of the responsibility of the policy writer and is domain and application dependent. In our case, the IRB is responsible of the estimation. Nevertheless, our model has to be able to define all the necessary components used in this estimation.

In equation 1, the risk is associated with a probability and represented as a metric value. The damage in the equation can be caused by a number of circumstantial factors that are specific to the data sharing episode. In (Dankar and Badji, 2017), the authors define and measure these factors, they establish that the risk of granting data access to a user is dependent upon the data requested, the stated purpose for the access, the motives of the user (can we trust the user?) and on the security of the user's environment (check Figure 1). For example, access to highly sensitive data at the data-holder's location by a trusted user is inherently less risky than providing the same user with a copy of the dataset. Similarly, access to de-identified clinical data from a secure remote system is inherently less risky than access to identifiable data from an unknown location.

The authors then define the risk-aware access control as realized on a risk scale divided into multiple risk bands (or classes). These risk bands are determined according to the organization risk tolerance levels and can be dynamically adjusted. Every access request falls into one of these risk bands according to its risk estimate. The access decision is made accordingly and will deny, allow with or without risk mitigation-measures the access (See Figure 1, which is an adaptation from (Cheng et al., 2007)). For a detailed description of the different risk dimensions, ways to calculate the risk and an illustration, refer to (Dankar and Badji, 2017).



Figure 1: Risk scale associated with an access request.

### 3 RISK-AWARE ADAPTIVE ACCESS CONTROL MODEL

We take the definition of the formal model for riskaware access control (RAAC) developed in (Chen et al., 2012) and its subsequent refinement proposed in (Armando et al., 2015) as the basis of our model. We add a new function called *IRBapproved* to represent the legal risk. This function allows the access in the context of risky situations as long as, the IRB, as a legal entity, has authorized that. We then define the final data sharing decision as a combination of individual risk functions. The components of the formal model are defined as follows:

- U: a set of users.
- D: denotes a dataset and  $d \subseteq D$  denotes any subset
- *O*: is a set of operations that can be applied to a dataset *d*, *o* ∈ *O* denotes a particular operation.
- A: a set of access purposes representing all the possible access purposes in our platform and a ∈ A is a particular data access purpose.
- *P*: a set of permissions represented as operationdata-purpose tuples *p* = (*o*, *d*, *a*).
- Q: a set of access requests represented as a pair q = (u, p)
- *M*: a set of risk mitigation methods. A risk mitigation method *m* ∈ *M* is any action that can be taken by the user or/and the system to reduce risk. Such as data de-identification or constraints on data access time and mode (Dankar and Badji, 2017).
- $L = \{l \in R; 0 \le l \le 1\}$ : a risk domain where 0 represents no risk and 1 is the maximum risk. A

risk interval [l, l'] is defined as  $\{x \in L; l \le x \le l'\}$ 

- $\pi = [(l_0, m_0), (l_1, m_1), \dots, (l_{n-1}, m_{n-1}), (l_n, m_n)],$ where  $0 = l_0 < l_1 < \dots < l_{n-1} < l_n \le 1$ , and  $m_i \subseteq M$  ( $m_i$  is a set): is a list that associates risk levels with mitigation methods and represents the risk mitigation strategy. Note that a risk level l can be associated with multiple mitigation measures. The choice of what mitigation measure to apply is left to the user.
- $\Sigma$ : a set of states represented as tuples of the form  $(U, P, \pi, \tau)$  where a state  $\sigma = (u, p, \pi, \tau)$ represents а request q = (u, p)in an environment adopting strategy and π implementing rules  $\tau$ . In our case,  $\tau$  represents the features of a Role-Based Access Control model (RBAC) (Chen and Crampton, 2011). It defines a set of roles R, the user-role assignment relation  $UA \subseteq U \times R$ , the role permission assignments relation  $PA \subseteq P \times R$ , and the role hierarchy  $\geq \subseteq R \times R$ . In other words,  $\tau$  defines who has the right to request data, and the kind of data they can request based on their role.
- granted<sub>τ</sub>(u, p): a boolean function that holds if and only if u is granted access to p according to τ.
- *IRBapproved*(*u*, *p*): an authorization function where *IRBapproved*: *U* × *P* → *E* and for each tuple (*u*, *p*), the IRB approval status *e* ∈ *E* = {0,1} is returned. *IRBapproved*(*u*, *p*) will be set by default to 0, unless the user has an explicit IRB approval for the data. This function reflects somehow the legal risk of a granted data access. If the IRB approves the request, then the legal risk is minimal.
- *risk*: a risk function with  $risk: Q \times \Sigma \rightarrow [0,1]$ that returns for each access request q in a particular state  $\sigma$ , the risk  $risk(q, \sigma) = l$ . This function is the core of our system and will be defined next.
- *auth*: an authorization decision function where *auth*:  $Q \times \Sigma \longrightarrow D \times 2^M$  and for each access request q in a particular current state  $\sigma$  an *authorization decision*  $d\epsilon D = \{allow, deny\}$  is returned along with a set of mitigation methods  $m \in M$ . Formally:

$$auth(q,\sigma) = \begin{cases} (d_i,m_i) & \text{if } risk(q,\sigma) \in [l_i, l_{i+1}[, i < n, d_{i+1}], i < n, d_{i+1}], i < n, d_{i+1} \end{cases}$$

Several parameters can be taken into account in the estimation of the risk associated with a data

request (Chen and Crampton, 2011). In prior work (Dankar and Badji, 2017), we identified the different risk categories in the context of biomedical research and data sharing. We proposed also different methods to calculate the different risks associated to these categories. The aim of this model is to use the values of these different risks to calculate an access decision. We define briefly each risk category and then we propose an equation (risk) to combine them:

 User risk: the user risk is related to the trustworthiness of the user. The risk associated to the user trustworthiness is defined as follows:

$$risk_{T}(u) = \begin{cases} 1 & if not granted_{\tau}(u, p), \\ 1 - \alpha(u) & otherwise \end{cases}$$
  
where  $\alpha(u)$  reflects the degree of trustworthiness  
of user  $u$ .

Security risk: is the risk associated with the request session, such as: network security, connection location, connection time, etc. Defining a precise method to calculate this kind of risk is not an easy task. Nevertheless, several works in the literature have proposed methods to calculate such risk ("Google Android: A Comprehensive Security Assessment - Google Scholar," n.d.). It is out of the scope of this paper to adopt one of these methods. However, we use the formal definitions of the associated risks to define our model.

$$risk_{S}(u,p) = \begin{cases} 1 & if \text{ not } granted_{\tau}(u,p), \\ 1 - \beta(\delta) & otherwise \end{cases}$$

where  $\beta(\delta)$  reflects the security level of the request session under the current state  $\delta$ .

 Data sensitivity risk: There are many ways to estimate the data sensitivity: data classification, statistical metrics, etc [8]. The formal definition of the risk associated to data sensitivity is as follows:

$$risk_{P}(u,p) = \begin{cases} 1 & if not granted_{\tau}(u,p), \\ \gamma(p) & otherwise \end{cases}$$

Where  $\gamma(p)$  reflects the data sensitivity level.

 Access purpose risk: we consider that in biomedical research some tasks are riskier than others. For example, exploratory research is less risky than the creation of public data sets out of the requested data. Whenever the data request could be followed by data publication the risk has to be higher. This necessitates of course a classification of the different data access purposes and the estimation of their incurred risk. Hereafter is a formal definition of the access purpose risk that will be used in our model:

$$risk_{A}(q, a) = \begin{cases} 1 & if not granted_{\tau}(u, p), \\ \lambda(a) & otherwise \end{cases}$$

Where  $\lambda(a)$  reflected the degree of risk associated with the access purpose *a*.

# - Legal risk: is reflected with the function *IRBapproved*(*u*, *p*).

The IRB is the authority that will define how we calculate the risk associated to each situation and the combination of them. The combined risk will be defined as a function of the different risk elements. The authorization decision is made based on the combined risk estimation:

$$risk((u, p), \sigma) = \begin{cases} 1 & if not granted_{\tau}(u, p) \lor IRBapproved(u, p), \\ \theta((u, p), a, \sigma) & otherwise \end{cases}$$
(2)  
Where  $\theta((u, p), a, \sigma) = 0$   
max {min ( $risk_{P}(u, p), (1 - IRBapproved(u, p))$ ); min ( $risk_{T}(u), (1 - IRBapproved(u, p))$ ); min ( $risk_{T}($ 

 $IRBapproved(u, p)); min (risk_A(q, a), (1 - IRBapproved(u, p))); risk_S((u, p), \sigma) \}$ 

Using Equation 3, we take the approach of maximizing the risk. If the data is very sensitive and the researcher has the IRB approval, she will be able to access the data. By the same manner, we can link the other risk components with the IRB approval. For example, a less trusted person will be able to access sensitive data if she has the IRB approval and so on. Embedding the IRB approval into the equation will allow us to check for the IRB approval for every access and the privileges will be revoked as soon as the IRB approval is suspended or expired for example. The IRB approval will be able to lower the risk associated to the data access purpose, the data sensitivity and the user trustworthiness but not the security one. Even if a researcher has an IRB approval we cannot take the risk of disclosing sensitive data into an unsecure connection for example.

### 3.1 Illustration

Assume that a biomedical platform holds different data sets of different sensitivity levels ranging fro 0 to 1 (with 1 being the highest sensitivity), such as:

- $D_1$ : a public data set with sensitivity level 0
- D<sub>2</sub>: a de-identified dataset of flu patients with low sensitivity level 0.2
- $D_3$ : a de-identified dataset of kids with ADHD with sensitivity level 0.5
- D<sub>4</sub>: a de-identified dataset of HIV patients with high sensitivity level 0.8

When a researcher requests a permission to access a dataset, Equation 3 is used to calculate the risk associated with her request. The decision is made according to the risk band corresponding to the request risk level. For this example, let us suppose that the researcher is highly trusted and is requesting data for exploratory research purposes. Therefore, the risks associated with the user trustworthiness and the access purpose are minimal (say both are equal to 0). Assume that the researcher is trying to access dataset  $D_4$  which is highly sensitive.

If the role associated to the researcher doesn't allow her to access the data set and she has no IRB approval to do so, then the risk to access this data is maximum = 1 and therefore has to be denied. Otherwise, a risk calculation will be performed according to the equation 3:

We have two possible cases:

- The researcher has IRB approval for this particular dataset. Therefore: IRBapproved(u, p) = 1, and  $risk((u, p), \sigma) =$  $max\{min(0.8,0)\}; min(0,0);$  $min(0,0)); risk_S((u, p), \sigma)\}$ It means that the only risk considered here is the security risk to avoid the disclosure of

the security risk to avoid the disclosure of sensitive data in case of high security risk.

 The researcher does not have IRB approval for this particular data set. Therefore: *IRBapproved*(u, p) = 0, and:

 $risk((u,p),\sigma) =$ 

 $\max\{\min(0.8,1)\}; \min(0,1);$ 

 $\min(0,1)$ ;  $risk_S((u,p),\sigma)$ } In this situation, we choose the maximum of the risks related to data sensitivity and security.

### **4 RELATED WORK**

With the pressing need of data sharing and collaborative data computing there is a growing interest from the scientific community to develop novel data-access models and efficient data sharing mechanisms while maintaining data privacy and legislation compliance. In the literature, the notion of risk in the context of access control is of two types:

- First, the risk of hindering the performance of a task if the information is not disclosed. For example, the exceptional disclosure of sensitive medical information in some urgent situation like in (Choi et al., 2015) or (Kayes et al., 2015).
- 2. Second, the risk of privacy leakage associated with data disclosure.

In our case, we focus on the second point, that is, the risk associated with data disclosure.

In existing systems, the risk is either explicitly taken into account by the system by having a risk calculation function or implicitly taken into account by enforcing context-aware policies, where the context captures some risk-related situation information. Our proposed model is based on the formal meta-model developed in (Chen et al., 2012) The instantiation of the meta-model allows the creation of RAAC models with different risk mitigation strategies. The authors focus on system obligations and user obligations as risk mitigation strategies and propose the models to implement these strategies.

In (Armando et al., 2015), the authors consider the risk of leaking privacy-critical information when querying a dataset. The risk is calculated according to the query result and using anonymity metrics related to personal-identifiable information. The model includes adaptive anonymization operations as risk mitigation methods to lower the risk associated with a particular data request. In (Kandala et al., 2011), the authors rely on an attribute-based framework to capture the different elements needed to implement an adaptive risk-based access control mechanism. The attributes capture information about different components that can impact the risk level associated with a particular data request. These components are related to the data access purpose, the security level and the situational factors reflecting any contextual factors that can increase the risk related to a data request.

### 5 CONCLUSIONS/FUTURE WORK

In this paper we depicted the need for risk-aware access control models that support the regulation, development, and deployment of access control procedures for data sharing in biomedical research platforms. We proposed a method that identifies the essential risk components, necessary for such access control procedures and extended existing models to overcome the limitations of the "manual" biomedical data sharing processes, such as the IRB, and the "automated" ones based on e-HBS.

Currently we are working on coming up with efficient equations to calculate the different risk elements. This work is challenging and requires significant efforts on many fronts:

- Assigning data sensitivity to datasets is the main challenge. As a start, we are currently working on classifying data into a set of pre-defined sensitivity classes.
- Creating local (and ideally universal) user records for storing data breach information is another theoretical/practical challenge.
   Analogous to credit scores, the risk associated with individual users should indicate the gravity of their past breaches, and should reward users' progress. Our approach is to standardize all data breaches (i.e. create a breach classification) and create an account system for all users that can be accessed by data holders when required.
- The security of the user's environment is related to the user's institution (the research institution to which a user is affiliated). Thus, the risk can benefit from having universal security certification programs for research institutions. Such programs would provide certifications to different institutions based on their privacy and security practices. Refer to (El Emam et al., 2009) for a list of parameters to take in consideration when evaluating institutions' privacy and security practices.

Another necessary task is to extend the system to provide Omics data. For that, we need to study the reidentification power of this data to be able to annotate it with any privacy risk. Some work has already been done along these lines for single nucleotide polymorphisms (SNPs) (Lin et al., 2004).

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