

UC Share

Explanatory Notes

This page contains the flowcharts for the *UC Share*. The use case is a reflection of [UC Compile](#). However, this 'reflection' does not mean that the roles of *Publisher* and *Source* will now be allocated conversely, that is to say respectively the *Care Provider's Service Provider* and *Individual's Service Provider*. Such a turnaround would create a weaker, more process logistics-oriented form of management, and with this role reversal also take away the initiative from the *Individual's Service Provider* and thus from the *Care User*. The MedMij Framework supports a stronger form of management and control, whereby also in the case of the *UC Share* the initiative lies with the *Publisher*. However, instead of dealing with a *Source* from where the *Publisher* obtains health information, they now deal with a *Reader* that makes such information available. Just like the *Source* role in [UC Compile](#), the *Reader* role in this version of the MedMij Framework is now only linked to the legal role of the *Care Provider's Service Provider*.

A second benefit of choosing this option is that the *UC Share* has largely the same set-up as the [UC Compile](#). As a result, this applies respectively to use case-implementations too, which accordingly can be re-used from each other. This does not affect the fact that there are some significant differences. At the level of [Processes and Information](#) they are as follows:

- Before the start of the use case, *Care Users* should be able to simply indicate the information in their *File* that they wish to share with a *Care Provider* still to be specified, and in doing so may assume that the *Publisher* knows which *Data Service* applies.
- In contrast to [UC Compile](#), the *Care Provider* must be given the opportunity to decide whether to 'open himself up' to the receipt of the relevant information. The *Reader* must - after authentication of *Care User* - be able to determine whether the relevant information is welcome for the relevant *Care Provider*. This check on receptiveness will be carried out using automated means, with the accent on achieving the synchronous user experience but the implementation method can be freely chosen.
- From a legal point of view, no explicit consent by the *Care User* needs to be given to the *Care Provider* for being allowed to receive the health information; this follows the provision by the *Care User*. However, there are consent requirements in the relationship *Care User-Publisher* (regarding permission to provide the health information) but these relate to the relevant legislation and regulations. Nevertheless, just like in [UC Compile](#), the *Care User* is asked to provide a confirmation. When this question is presented to the *Care User*, they may conclude from this that the relevant *Care Provider* is receptive to the relevant information. If they aren't then another message will appear. In this way, the *Care User* does not remain 'in the dark' for too long about the progress being made on the use case.
- At the end of the use case, provided that the *Care Provider* turns out to be receptive to this, the relevant information will be placed at the *Publisher* with the *Care Provider*, via the *Reader*. Just like with [UC Compile](#) - where no further requirements are set in the way

in which the information is to be retrieved by the *Source* from the *Care Provider* - this applies in the *UC Share* too for the placement. All that is important here is that the *Care User* can assume that the *Care Provider* has taken note of the relevant information. The question of how to ensure this is not trivial, but is left to the arrangements that the *Care Provider's Service Provider* makes and to the *Service Provision Agreement* that they enter into in regard to the *Care Provider*.



The figures below depict the flowchart for the use case *Share* in four perspectives:

- the overall perspective;
- the perspective of the *Care User*;
- the perspective of the *Publisher*, who falls under the *Individual's Service Provider*. Insofar as the last-named is a participant in the MedMij Framework, can they accordingly read this figure as their mandatory participation in the use case *Share*;
- the perspective of the *Reader*, who falls under the *Care Provider's Service Provider*. Insofar as the last-named is a participant in the MedMij Framework, can they accordingly read this figure as their mandatory participation in the use case *Share*.

First of all, the flowcharts show the situation in which all actions are successful up to and including the ultimate sharing of the health information (this situation is known as the 'happy flow'). In line with the MedMij corporate identity, the two orange paths belong to the *Individual's Domain* and the blue to the *Care Provider's Domain*. Many actions in the flowcharts are shown in colour. Together, the actions coloured in light grey form the authorisation flow with the actions coloured in light yellow together forming the authentication flow. In the flowcharts for the specific perspectives, it is only those actions within the path that belongs to that perspective that are named. The actions in the other paths are compressed and depicted without names.

Finally, we will discuss the exceptions to the happy flow. Here, we will only work from the overall perspective.

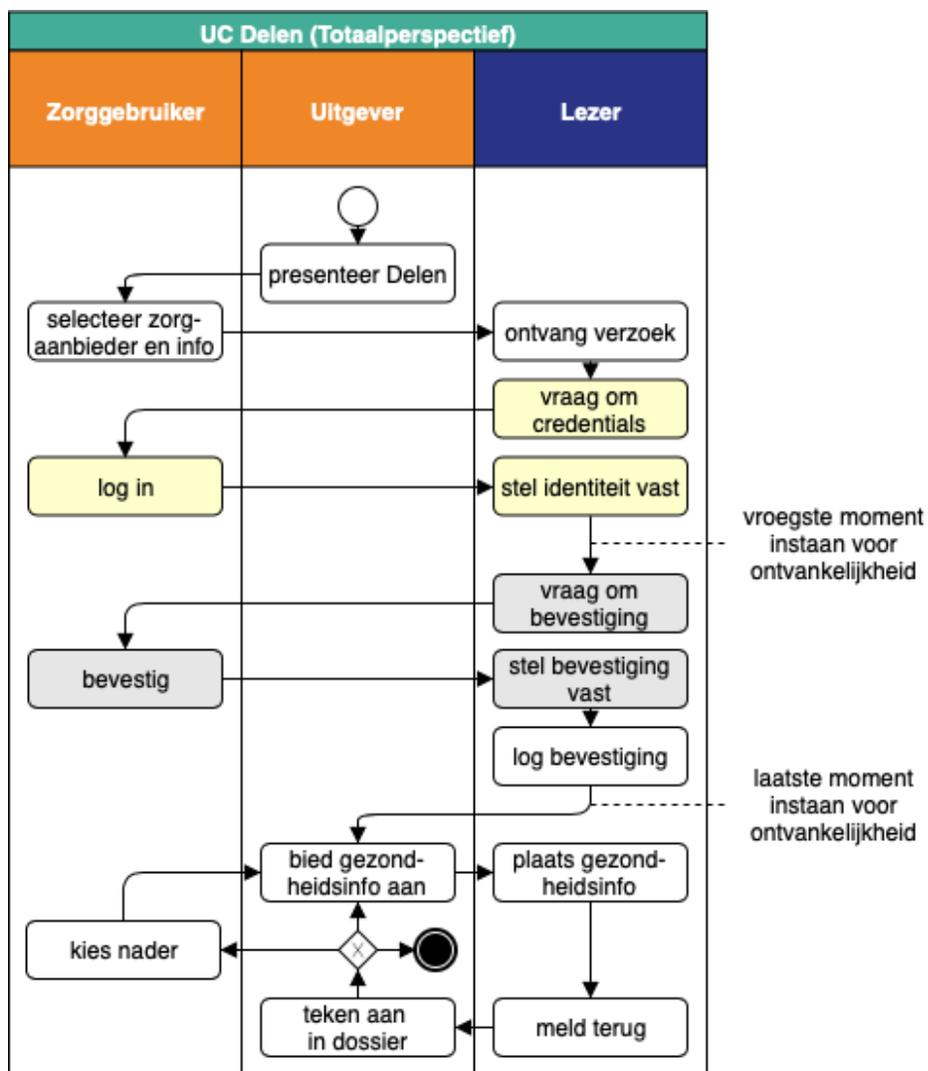
Overall perspective (happy flow)

Explanatory Notes

In each execution of the flow described in the diagram, there is only a single one of each of the roles named above.

The overall process of the UC Share has the following steps:

- The *Publisher* presents the *Care User* with the option to share.
- The *Care User* expressly chooses the Care Provider with whom they wish to share the information and the information to be shared. If desired, the *Data Service Names* from the *Data Service Names List* may be used for this. The request goes to the relevant *Reader*.
- The *Reader* lets the *Care User* authenticate themselves.
- If this is successful, the earliest moment comes when the *Reader* guarantees that the *Care Provider* wishes - for the relevant *Data Service* - to receive any health information at all from the *Individual*; otherwise, the happy flow terminates. See [separate page](#) for detailed explanatory notes.
- If this is successful then the *Reader* asks the *Care User* whether they confirm the wish to have the information provided to the *Care Provider*.
- The *Reader* logs this confirmation and lets the *Publisher* know whether it was successful.
- Before the flow is handed over to the *Publisher*, the *Reader* will guarantee that the *Care Provider* wishes to receive - for the relevant *Data Service* - any health information at all from the *Individual*; otherwise, the happy flow terminates. See [separate page](#) for detailed explanatory notes.
- If this is successful then the *Publisher* can place the health information with the *Reader*.
- If the *Data Service* that *Care User* has authorised consists of multiple *Transactions*, then the *Publisher* may again subsequently place with the *Reader* the remaining *Transactions*, possibly after new user interaction.
- Along with the information, the *Publisher* also records the meta-information that is referred to in responsibility 20 of the [Processes and Information layer](#).



The MedMij Framework recommends that the accessibility condition be made effective from the earliest stated moment. In release 1.1.1, the MedMij Framework permits this condition to become effective later on but not later than the final moment stated in the figure.

The question that the *Care User* must be asked in the step “confirm” is stated on the page [Confirmation declaration](#). On the page [Data and performance in UCI Compile and UCI Share](#), it is specified how the variables in this declaration are filled in.

Exceptions (Overall perspective)

Explanatory Notes

The table below describes the situations where there are exceptions. All are discoverable by the *Reader*. In this release of the MedMij Framework, it has been determined that they will always lead to the fastest possible termination of the flow by all the roles involved. However,

the other roles must first be informed. In order to prevent the *Publisher* from obtaining information about the existence of treatment relationships without confirmation (already or otherwise) being given for this, the distinction between exceptions 2, 3 and 4 must not be made by the *Publisher*.

In the case of the [use case-implementation Share](#), these exceptions will be discussed again in the Application layer, but now also in respect of their precise implementation and the format of the error messages.



The question of whether the *Care Provider*, in the check on accessibility, declares himself receptive for the health information provided by the *Individual*, is first of all a matter between the *Care Provider* and *Individual*, who must have a treatment relationship for this. Given such a treatment relationship, legislation applies to this receptiveness (see [Legal framework](#)). Within this framework, the *Care Provider* has his own decision space. However, because *Care Provider* and *Individual* are not *Participants* in the MedMij Framework, the MedMij Framework does not specify the precise logic to be used for the decision of whether to be receptive for the health information or not. However, for privacy reasons, the MedMij Framework does require that a treatment relationship must (have) existed in which the relevant health information belongs and that the Person is at least sixteen years old (see exception UC Share 3).

When it comes to the sharing of data of a person who is less than sixteen years old, consent or authorisation to give consent must be granted by the person who bears the parental responsibility or statutory responsibility for the person who is less than sixteen years old. Since this version of the MedMij Framework does not yet provide for such consents or authorisations, at the current time this check can be made part of the accessibility condition. If a future release of the MedMij Framework does actually include such consents or authorisations then the age condition must be kept separate from the accessibility condition.

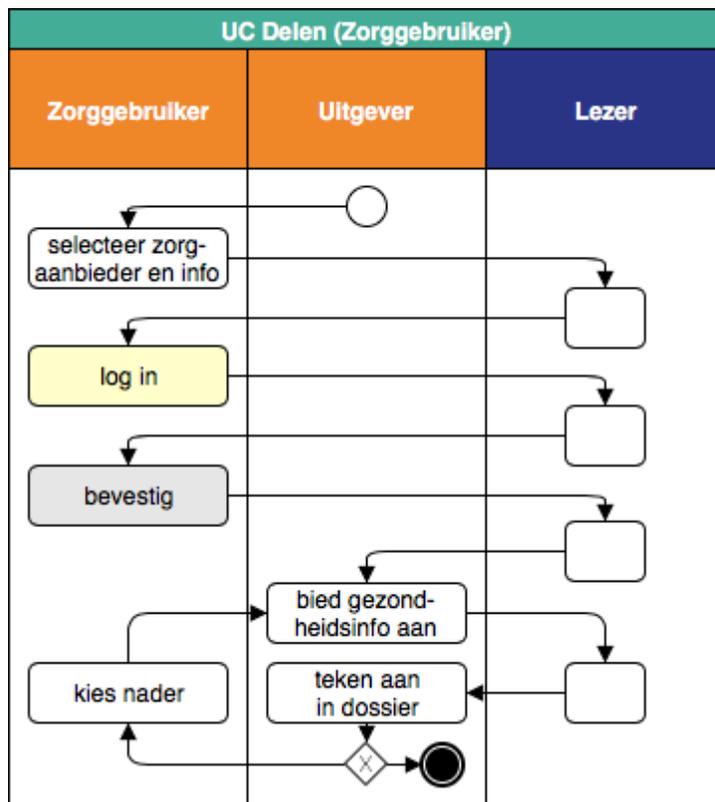
nr.	exception	action	follow-up
UC Share 1	<i>Reader</i> finds the received request to be invalid.	<i>Reader</i> informs <i>Publisher</i> about this exception. <i>Publisher</i> then informs <i>Care User</i> about this.	All stop the flow immediately after being informed about the exception.
UC Share 2	<i>Reader</i> is unable to establish the identity of the <i>Care User</i> .		
UC Share 3	<p><i>Reader</i> establishes at any time that relevant information of the <i>Individual</i> from the <i>Care Provider</i> is not welcome. This is always said to be the case if either:</p> <ul style="list-style-type: none"> • no treatment relationship can be demonstrated that would provide the basis for the sharing; • <i>Care User</i> is not yet sixteen years old. <p>See separate page for detailed explanatory notes.</p>	<i>Reader</i> informs <i>Publisher</i> dat sharing will not be permitted.	All stop the flow immediately after being informed about the exception.
UC Share 4	The confirmation request is denied.		
UC Share 5	<i>Reader</i> is unable to determine the answer to the confirmation request.	<i>Reader</i> informs <i>Publisher</i> about this exception. <i>Publisher</i> then informs <i>Care User</i> about this.	All stop the flow immediately after being informed about the exception.

nr.	exception	action	follow-up
UC Share 6	Even after confirmation, <i>Publisher</i> cannot yet place the health information with the <i>Reader</i> .	<i>Publisher</i> then informs <i>Care User</i> about this, stating the reasons for it.	All stop the flow immediately after being informed about the exception.

Perspective of the *Care User* (happy flow)

Explanatory Notes

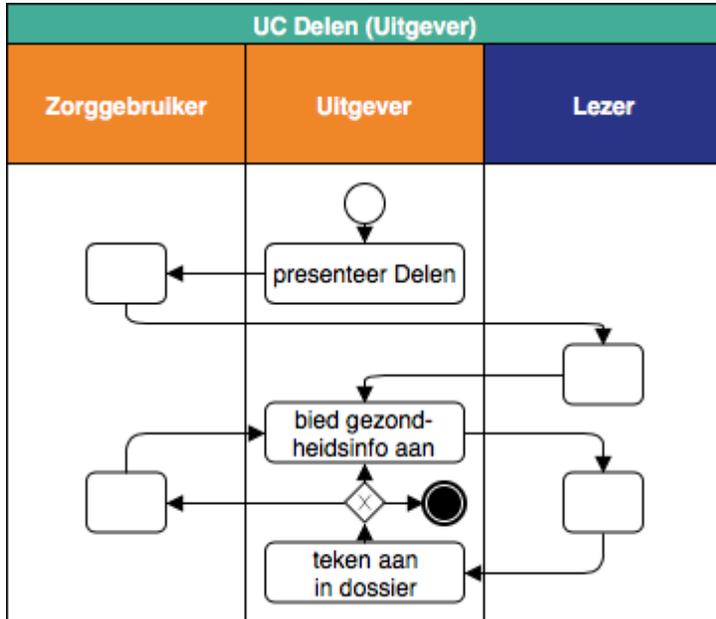
To start with, the *Care User* must complete three steps: selection of care provider and information, logging in and confirmation. They may subsequently opt to have further information placed.



Perspective of the *Publisher* (happy flow)

Explanatory Notes

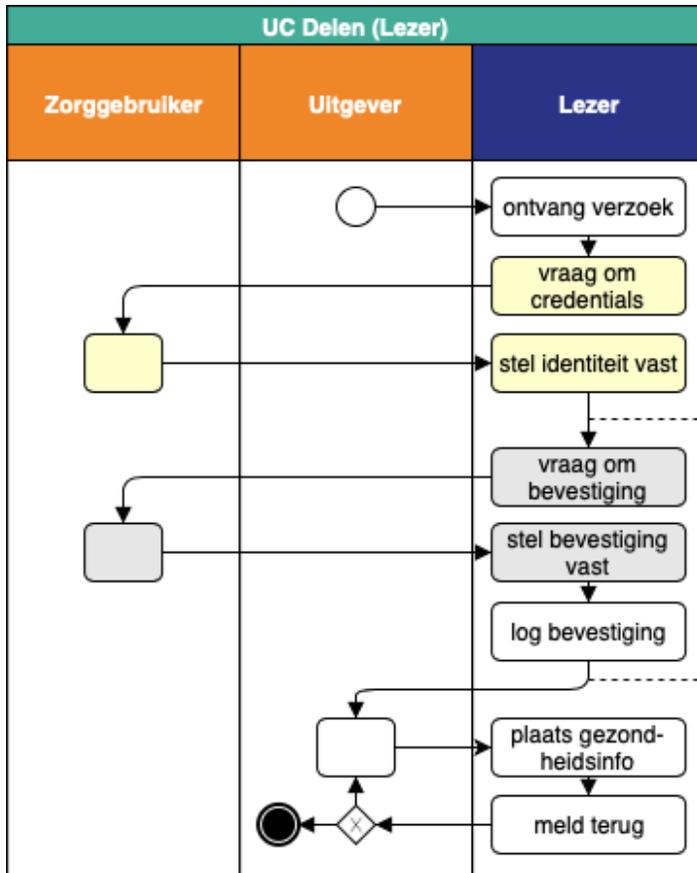
The *Publisher* starts the use case by presenting the *Care User* with the option to share. After some time, they will receive from the *Reader* the message that the wish has been confirmed by Care User, following which they provide the health information to the *Reader*. They record the response to this in the *File*.



Perspective of the *Reader* (happy flow)

Explanatory Notes

After receiving the request to share, the *Reader* directs the authentication and the confirmation. If these are successful then they log the confirmation. Ultimately the *Publisher* provides them with the health information for placement with the *Care Provider*. The *Reader* reports the result of this.



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