UC Compile

Explanatory Notes

The figures below depict the flowchart of the use case *Compile* for four different perspectives:

- the overall perspective;
- the perspective of the *Publisher*, who falls under the *Individual's Service Provider* . Insofar as the last-named participant is in the MedMij Appointment System, they can accordingly read this figure as his mandatory participation in the use case *Compile;*
- the perspective of the *Source*, who comes under the *Care Provider's Service Provider*. Insofar as the last-named participant is in the MedMij Appointment System, they can accordingly read this figure as his mandatory participation in the use case *Compile;*
- the perspective of the *Care User.*

The flowcharts show first of all the situation in which all actions are successful, up to and including the final compilation of the health information (this 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. The light grey actions together form the authorisation flow; the light yellow coloured actions form the authentication flow. In the flowcharts for the specific perspectives, only the actions in the path belonging to that perspective have names. The actions in the other paths are compressed and displayed anonymously.

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

Overall perspective (happy flow)

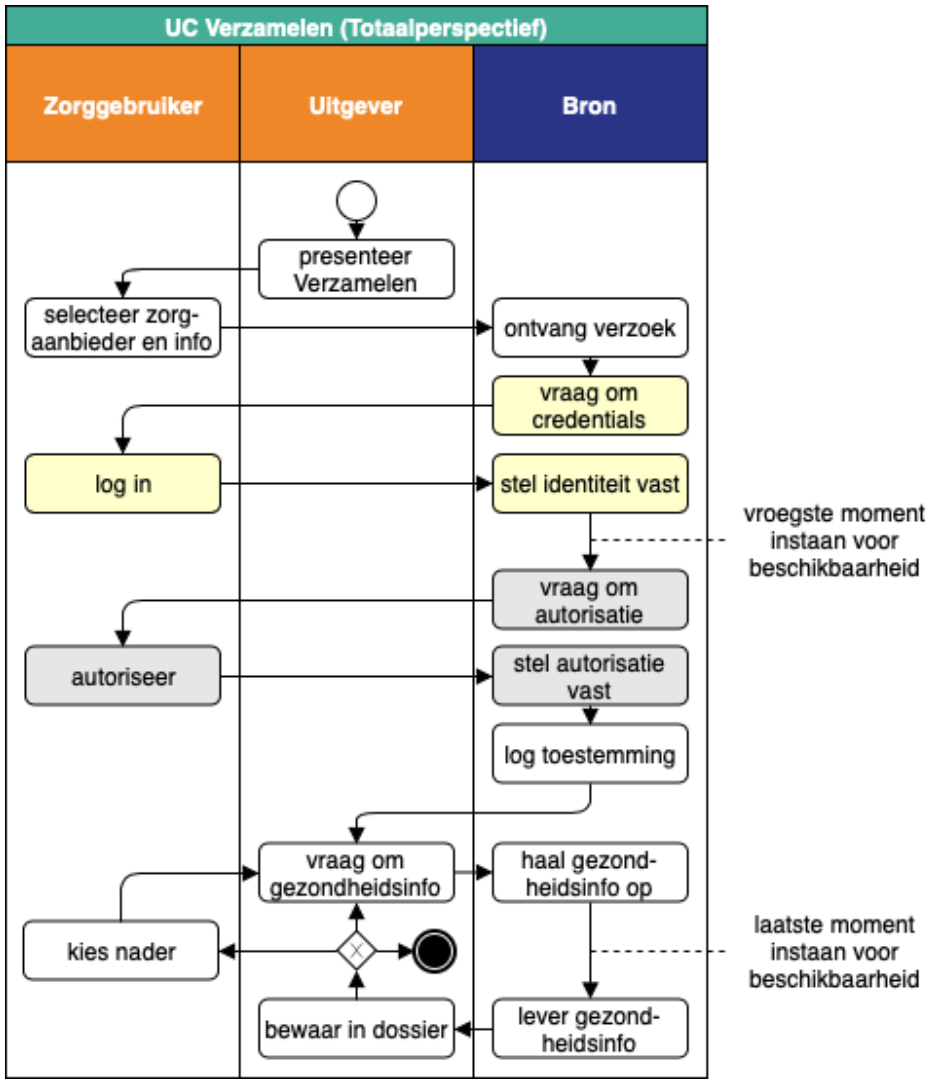
Explanatory Notes

Each execution of the flow described in the diagram, there is always one of each role mentioned above.

The overall process of the UC Compile comprises the following steps:

- The *Publisher* presents the *Care User* the possibility to compile.
- The *Care User* expressly chooses the Care Provider for which they would like to compile information and the specific type of information to be compiled. If desired, the *Data Service Names* from the *Data Service Names List* can be used for this. The request is passed to the relevant *Source*.

- The *Source* allows the *Care User* to authenticate themselves.
- If this is successful, the earliest moment comes at which the *Source* guarantees that the *Care Provider* has - for the relevant *Data Service* - any health information of the *Individual*; otherwise, the happy flow terminates. See separate page for detailed explanatory notes.
- If this is successful then *Source* asks *Care User* whether they consent to the provision (i.e. transfer) of the requested information to the *Publisher*.
- *Source* logs this consent and lets *Publisher* know whether authorisation was successful.
- If this is successful then the *Publisher* can ask *Source* for the health information.
- At the latest after receipt of the request, *Source* will guarantee that the *Care Provider* has some health information available about the *Individual* for the relevant *Data Service*; otherwise the happy flow terminates. See separate page for detailed explanatory notes.
- Upon receipt, *Publisher* stores this information in the personal file.
- If the *Data Service* that *Care User* has authorised consists of multiple *Transactions* then *Publisher* may subsequently ask *Source* again for the remaining *Transactions*, possibly after new user interaction.
- Along with this information, the meta-information will also be stored that is referred to in responsibility 20 of the Processes and Information Layer.



The MedMij Framework recommends that the availability 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* has to be asked in the step “authorise” is stated on the page Consent Declaration. The page Data and performance in UCI Compile and UCI Share specifies how the variables in this declaration are filled in.

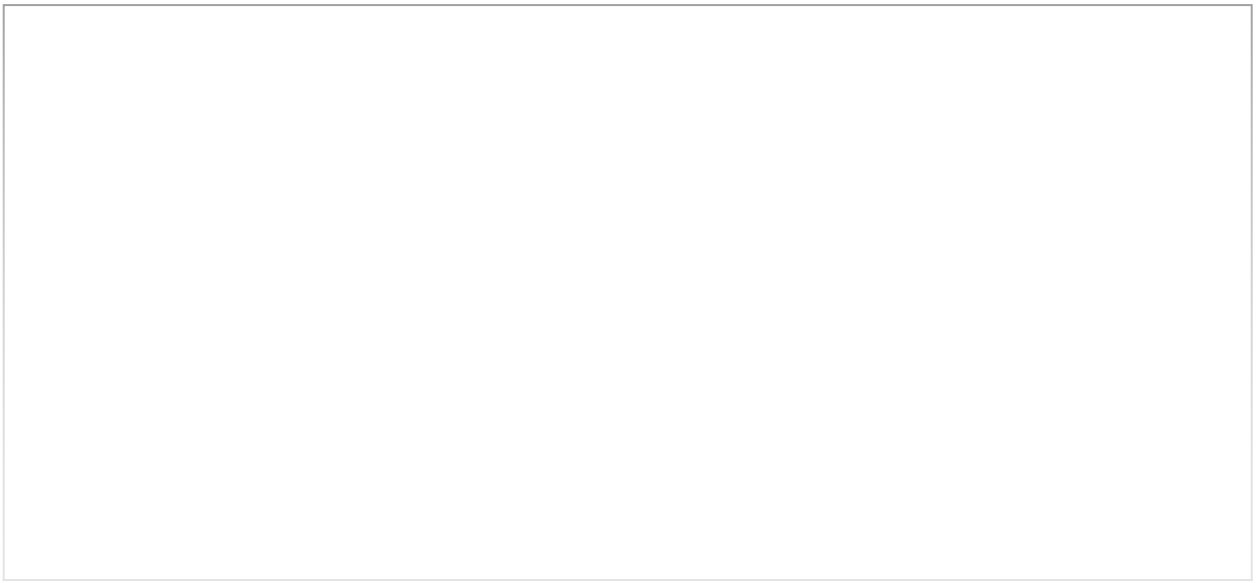
Exceptions (overall perspective)

Explanatory Notes

The table below describes the situations that relate to exceptions. All are discoverable by the *Source*. 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. Before this is done,

however, the other roles must first be informed. In order to prevent *Publisher* from obtaining information about the existence of any handling relationships before consent has been given for this, the distinction between the exceptions 2, 3 and 4 must not be made by *Publisher*.

These exceptions will be discussed again in the Application layer, with the use case-implementation Compile, but in this case now with their precise implementation and format of the error messages too.



The question of whether *Care Provider* makes the requested health information available to the *Individual* is first of all a matter between the *Care Provider* and the *Individual*, who must have a treatment relationship for this. If there is such a treatment relationship then legislation applies to this making available (see Legal framework). Within this framework, there is room for the *Care Provider* to make their own decision. 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 to decide whether to provide the health information or not. For reasons of privacy, however, the MedMij Framework does require a treatment relationship to exist (or have existed) that the relevant health information is part of and that the Individual is at least sixteen years old (see exception UC Compile 3).

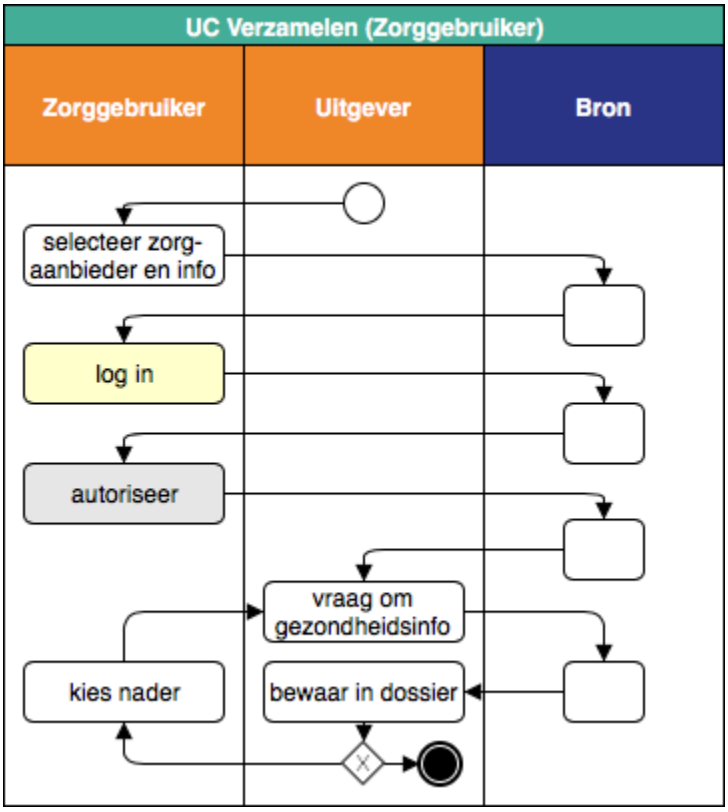
When it comes to providing data about a person less than sixteen years old, consent or an authorisation to give consent must be granted by the person who bears the parental responsibility or statutory responsibility for the person who is less than sixteen years old. Because this version of the MedMij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

nr.	exception	action	follow-up
UC Compile 1	*Source* finds the received request to be invalid.	*Source* informs *Publisher* about this exception. *Publisher* then informs *Care User* about this.	The entire flow stops immediately after being informed about the exception.
UC Compile 2	*Source* cannot establish the identity of the *Care User*.	*Source* informs *Publisher* that compiling will not be permitted.	The entire flow stops immediately after being informed about the exception.
UC Compile 3	*Source* establishes at any moment that there is no health information on the *Individual* with the *Care Provider* available for this *Data Service*. This is always said to be the case if either: • no treatment relationship can be demonstrated that would provide the basis for the compiling; • *Care User* is not yet sixteen years old. See a separate page for detailed explanatory notes.		
UC Compile 4	The authorisation request is denied.		
UC Compile 5	*Source* is unable to determine the answer to the authorisation request.	*Source* informs *Publisher* about this exception. *Publisher* then informs *Care User* about this.	The entire flow stops immediately after being informed about the exception.
UC Compile 6	Even after authorisation, *Source* cannot (yet) make the health information available to the *Publisher*.	*Source* informs *Publisher* about this exception. *Publisher* then informs *Care User* about this, stating the reasons for it.	The entire flow stops immediately after being informed about the exception.

Perspective of the Care User (happy flow)

Explanatory Notes

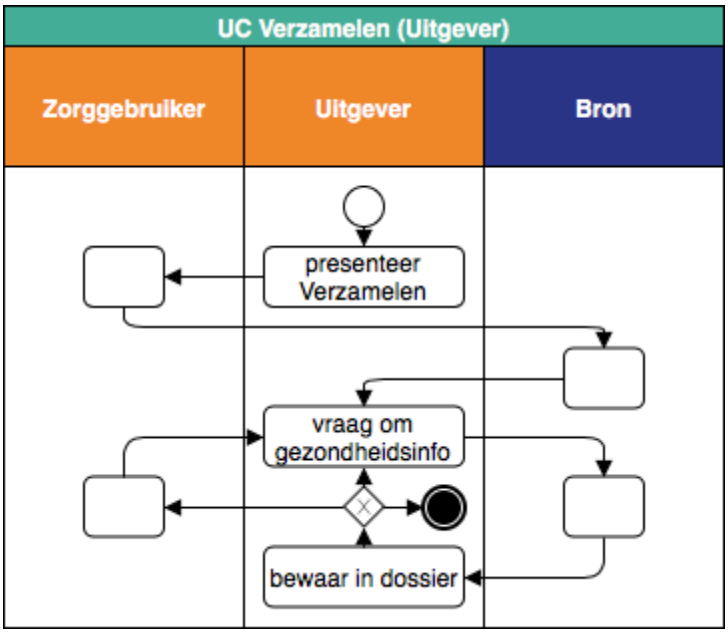
The *Care User* must complete three steps: the selection of the Care Provider and type of information, the login and the authorisation. If all these steps are successfully completed then the Publisher saves both the obtained consent and the health information.



Perspective of the Publisher (happy flow)

Explanatory Notes

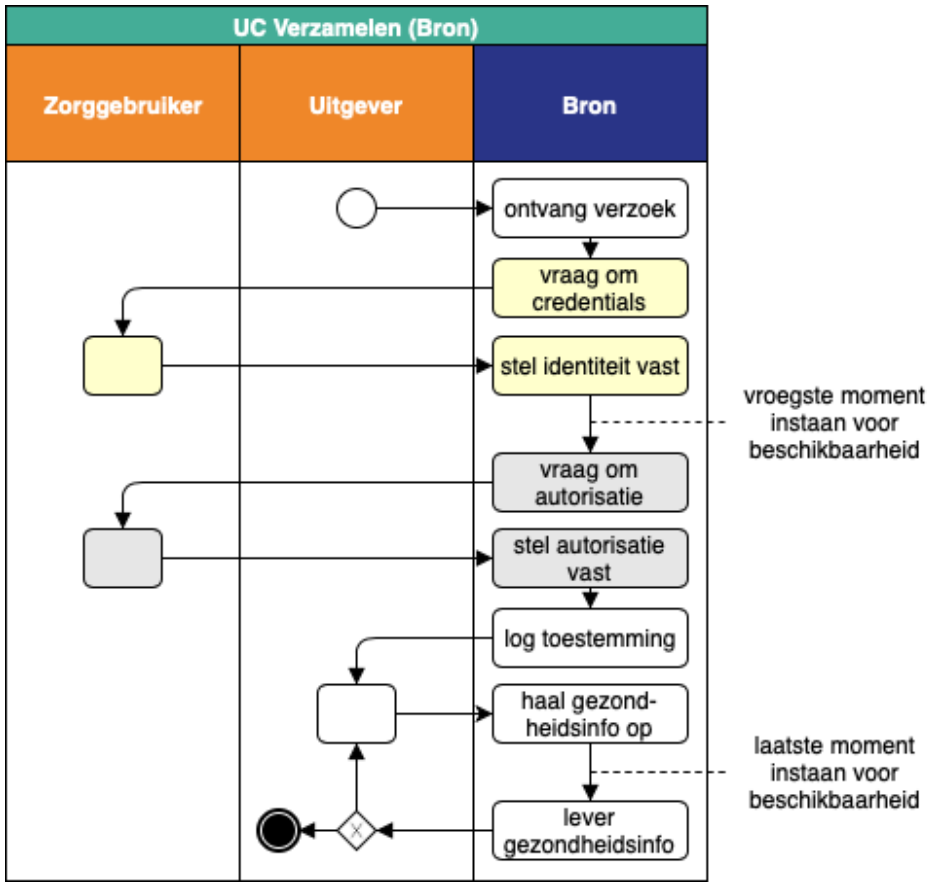
The *Publisher* starts the use case by presenting the *Care User* with the option to compile. After some time, they will receive from the *Source* the message that consent for this has been granted, following which they log this consent and retrieve the health information from the *Source* and saves.



Perspective of the Source (happy flow)

Explanatory Notes

After receiving the request to Compile, the *Source* directs the authentication and the authorisation. If these are successful then they log the consent and send it to the Publisher. Ultimately the latter will return the request and receive the reply.


UC Verzamelen (Bron)
Zorggebruiker
Uitgever
Bron
ontvang verzoek
vraag om credentials
stel identiteit vast
vroegste moment instaan voor beschikbaarheid
vraag om autorisatie
stel autorisatie vast
log toestemming
haal gezond-heidsinfo op
laatste moment instaan voor beschikbaarheid
lever gezondheidsinfo