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IT INFOSESSION
16TH JUNE 2023

This meeting is recorded for purposes of meeting minutes, delayed viewing by absentees, and internal (HD) knowledge transfer. The recording will be available for download via the DOCS website

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AGENDA

- Q&A
- VPN/CDN Solution

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Q&A

Q01	What is currently delay in answers on issue portal concerning access? over a week?	On average, the current processing time for a ticket is around a week. The user access request process consists of several steps (processing the request, approval by SPOC, account creation). Due to the high amount of requests received recently, there is a delay in each of the different steps. We are working hard to reduce the delay, by expanding our support team.
Q02	Why tickets if it could be possible to manage all these settings locally by our hospital	We noticed that in Architecture 1 that user administration wasn't always done properly. Users were not removed from the user management when they left the organization, for example. Therefore, it was decided that in Architecture 2, that the user information would be stored centrally. In the first phase, the user management was also done (mainly) centrally, but in the next phases this responsibility will be transferred to the hospitals. EAM 3.0 is the first of these next steps.
Q03	Could you let me know how to grant a user access to all registries without them being a Local Study Lead?	There are only two ways to give a user access to all registrations. Firstly, to make them a study lead. The second option is to give the user the role of Local Study Associate for all author groups that are participating in the projects. It's important to note that the organization is accountable for granting access to a user to see all registrations.

Q&A

Q04	What to do with doctors that have multiple accounts, due to the migration of the pacemaker project?	If there are multiple accounts created, a ticket can be logged via the Service Portal to de-duplicate them. In the future, the SPOC will have the ability to deactivate the account. They need to have a single account, which will then be associated with all relevant registries
Q05	Why is there no LDAP integration (like we had in HD4DPv1) ?	LDAP integration has been considered but not yet added to the current roadmap of our end-to-end entity access management program.
Q06	A lot of users require role changes. How do I manage this?	On the EAM roadmap, it is foreseen to provide more user management actions, one of which will be the change of a user's role.
Q07	As a Responsible Access Entity (RAE) I would like to also have phone contact	We are reachable by phone, but due to high workload at the moment we recommend that you create a ticket in Service Desk so that your request can be addressed in due time.
Q08	Please provide statuses that also allow to support a workflow on the hospital side. Now, for example, after validation you have absolutely no idea whether the request has been completed or not	On the EAM roadmap, it is foreseen to provide more user management actions, which will also include better feedback towards the SPOC.

Q&A

Q09	How can different departments work on a single registration (e.g. secretary, pharmacy and doctors)? In the previous Orthopride application everybody had their task when filling in the registration.	There are two ways to support this process. First, make all users that need to contribute to registration a Study Lead. The second option is to give all contributing users the role of Local Study Associate for all author groups that are participating in the Orthopride project. It's important to note that the organization is accountable for granting access to a user to see all registrations. Please also note that HD4DP2 has been designed to transfer data from within the EHR (Electronic Health Records) directly towards healthdata.be and is not designed to be a secondary EHR.
Q10	Can a query be made which exports from all registers the registrations that have been submitted so that the pharmacy can inspect what has to be invoiced? Otherwise, all pharmacists need to be a Local Study Lead.	Local IT can provide you with the required information by accessing the local database of HD4DP2, see link for instructions (https://docs.healthdata.be/documentation/hd4dp-v2-health-data-data-providers/retrieve-data-local-database-hd4dp-v2).
Q11	I would like to go on vacation. The answer that as a spoc you should just use the rules in your email application is absolutely insufficient. It is not only about requests, but also about following up on requests. Delegation must be possible.	It is foreseen in our EAM application that multiple access managers can be determined
Q12	When will this new module be online?	End June-early July

Q&A

Q13	Some of our doctors are waiting for weeks and still have not received their password and username, athough they have opened a ticket. Tickets are closed, without answer. Our doctor received a zip file with an installation software instead of his credentials	This was clearly a misunderstanding as we don't close tickets without a confirmed resolution. If the ticket was indeed closed, please bring this to our attention (along with the ticket number) so that we can address the situation.
Q14	Is it possible to consult end-users to check the upgrades in a test environment, together with you before you go into production?	With the new online acceptance environment it will be possible for end users to familiarize themselves and already start developing automatic data transfers before a project will be launched in production. The projects will be made available on the online acceptance environment after the user acceptance testing has been finalized.
Q15	How do you determine an Author Group?	When a user is created with the role of Local Study Associate or Local Study Lead an Author Group is created automatically using the first name and last name of the user. A Local Study Support can be added to an existing Author Group. All these actions can be performed via EAM.
Q16	All members in the same Author Group can work on the same registration" How do you set this up then? How should this be passed on in the application?	The 'Local Study Support' role can be requested to add a user to a certain author group, and this is done via the EAM portal

Q&A

Q17	Some of our doctors are waiting for weeks and still have not received their password and username, athough they have opened a ticket. Tickets are closed, without answer. Our doctor received a zip file with an installation software instead of his credentials	All users who are classed as Access Managers will have a full overview of all the users' requests in their hospital on their Request Overview tab in EAM, along with the associated roles and the Author Groups to which they are linked. The Access Managers also have the power to approve or reject any requests for access which have been made. There will be a feature added in the future which will allow for the de-activation of user accounts in an upcoming update of EAM.
		For the validation step, since the last release of EAM (beginning of May 2023), an automatic mail is sent to the SPOC and the request is added to the Request Overview tab. Before this upgrade all user requests had to be processed by our Service Desk which resulted in a backlog which has been fully processed by mid-June 2023
Q18	Some registrations need to be done urgently, otherwise it is too late. And we will miss the deadline to be valid. Will the deadlines for registration be postponed?	Healthdata.be is charged with the task of being a technical facilitator for data transfers. For business-related questions regarding Qermid registries, we kindly direct you to reach out to the Qermid team of RIZIV/INAMI.
Q19	How do you add an Author Group?	When a user is created with the role of Local Study Associate or Local Study Lead an Author Group is created automatically using the first name and last name of the user.
		A Local Study Support can be added to an existing Author Group.
		All these actions can be performed via EAM.

Q&A

Q20	We no longer receive XML files for the registers we encode in HD4DP. This is linked to the MyCareNet data flow	The MyCareNet data flow is currently not yet in production. We are working in close collaboration with MyCareNet and RIZIV/INAMI to activate this flow as soon as possible. The way that files will be made available in the future is changed from one file per registration to one consolidated file per day. This is why the creation of xml files was discontinued back in March.
Q21	Where can I find a mapping table for migrating csv files from Architecture 1 to Architecture 2?	There is no need for a mapping table. You can use your Architecture 1 CSV structure to upload in Architecture 2 as we have embedded the mapping internally in HD4DP2. That said, you will need to add 3 Architecture 2-specific fields (TX_AUTHOR_GR, TX_AUTHOR and TX_COAUTHOR). Any DCD changes requested by the researcher when migrating towards Architecture 2 will also need to be added to the Architecture 1 CSV file. Any irrelevant columns in the CSV file won't generate an error message upon upload, they are simply ignored.
Q22	Error messages received from CSV uploads are unclear. For example " field with id 3375". Could you make them clearer?	We have added this request to our roadmap. In the meantime, making use of the API call that retrieves the complete technical information of a DCD is an alternative method to retrieve more information about a certain field. API call: "GET /api/dcd/payload/definition?dcd-id={dcdId};version={version};language-id={languagerId}" More information on DOCS (https://docs.healthdata.be/documentation/hd4dp-v2-health-data-data-providers/1-end-end-process-submit-dcd-registrations).

VPN/CDN SOLUTION

BRIEF PRESENTATION

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Current Situation

At the moment we're dealing with around 20 different VPNs which cover the hospitals and institutions which we are in partnership with.

As a result of this, **significant resources** invested to:

- Get access to affected servers
- Address issues reported by clients

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Current Impacts

Healthdata	Hospital
Restricted to working on one hospital at a time	Time lost while arranging access for HD
Significant time required to get access to a hospital	Delays in registrations for data providers
Lack of uniformity	Increased frustration
Increased incident ticket response time	

SOLUTION DESCRIPTION

1. Encrypted VPN between Sciensano and hospitals
2. Personalized account for each user
3. Generic VPN accounts & fully managed solution
4. WireGuard VPN or OpenVPN

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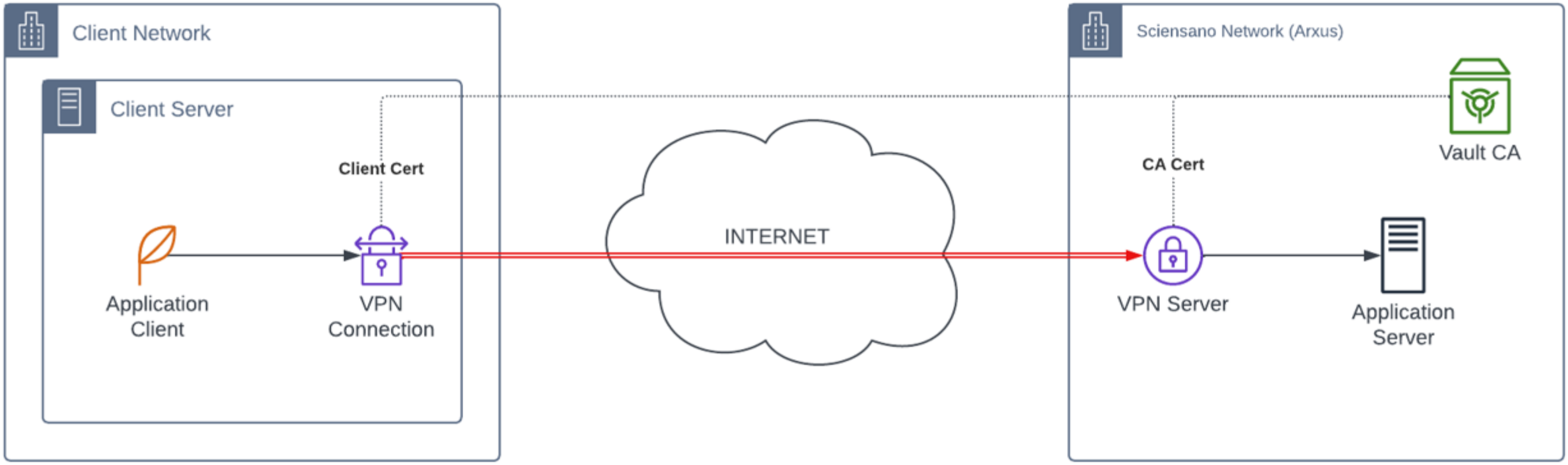
Diagram


Client Network
Client Server
Client Cert
Application Client
VPN Connection
INTERNET
Sciensano Network (Arxus)
Vault CA
CA Cert
VPN Server
Application Server

Benefits – Security & Common Problems

- You are in control
- Totally secure P2P encryption – 100% safe
- Better visibility

- No bottlenecks when it comes to connections
- Fix issues faster
- Significantly reduce incident ticket response times

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Benefits – Deployment, Administration & Pricing

- We do all the work
- We maintain the VPN for you
- Eliminates administrative burden
- Totally free of charge – no cost for you

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CDN - KEY FEATURES

1. API to maintain list of URLs and corresponding origin
2. Local Content Cache for better performance and control
3. HA environment in memory content
4. Content Versioning
5. Content filtering and security
6. Centralised control of all URLs
7. HD4DP Origin protection
8. OPS Admin control panel for URLs redirectsetup

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CDN - KEY FEATURES (2)

1. One time firewall change required at DP sites
2. Content HA-available even if Origins aredown
3. HA environment in memory content
4. Content security and integrity (Compliance)
5. OWASP Top 10 best practices
6. Automated control without firewall changes at DP sites for service quality
7. Content rollbacks

Benefits

- Reduced number of security incidents at DP sites
- HA HD4DP2 services

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Timeline

- Ubuntu needs to be upgraded to latest version – expected to be completed by early-to-mid-June
- Agreement needs to be reached between HD and hospitals to join this standardized VPN solution
- Roll-out of new VPN client software can commence once the previous two items have been taken care of.

- Once agreement has been signed and all admin has been addressed it takes about a week to implement and a week to monitor
- **Beginning July could be a viable target date for roll-out.**

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Don’t forget

All the required information can be found on DOCS page….

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