

FHIR + Security in NodeJS

 **HL7 FHIR DevDays 2018**

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Asymmetrik Secure FHIR server



**Security
Focused**



**NodeJS/Express
Framework**



**Data Source
Agnostic**



Extensible

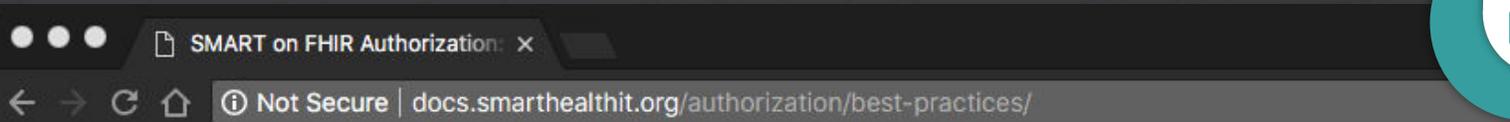
Winner of ONC Secure Server Challenge

Open Source: <https://github.com/asymmetrik/node-fhir-server-core>

FHIR is making interoperability better



Security is incomplete



2.5.2 [RFC6750](#) describes this threat more broadly as “token redirect” – when “an attacker uses a token generated for consumption by one resource server to gain access to a different resource server that mistakenly believes the token to be for it.” To deal with token redirect, it is important for the authorization server to identify the intended recipient (or recipients) of the access token, typically a single RS (or a list of RSs), in the token. This may be done through use of the `aud` parameter or by some other means devised by the authorization server, in coordination with its RSs. Then, upon receipt of an access token, the RS needs to check to assure that the access token it has received is intended to be used by that RS.

3.0 Best Practices for FHIR Resource Servers

4.0 Best Practices for End Users

4.1 Token Protection

4.1.1 Sometimes apps obtain tokens that enable them to access EHR and other sensitive information. While most tokens are effective for only a limited period of time, other tokens remain on a device for a longer period of time. To avoid misuse of the access privileges these tokens

**And now,
some technical stuff**

Configure the server



Set up audit logging



Define profiles, &
supported
FHIR versions



Go!



```
const { VERSIONS } = require('@asymmetrik/node-fhir-server-core/src/constants');  
const fhirServerCore = require('@asymmetrik/node-fhir-server-core');  
const eventService = require('./audit/event.service.js');
```

```
const config = {  
  server: {  
    port: 443,  
    ssl: { key: 'path/to/key.pem', cert: 'path/to.cert.pem' }  
  },  
  events: {  
    auditEvent: eventService.writeAuditEventRecords,  
    provenance: eventService.writeProvenanceRecords,  
  },  
  profiles: {  
    patient: {  
      service: path.resolve('./profiles/patient/patient.service.js'),  
      versions: [ VERSIONS.STU3 ]  
    }  
  }  
};  
// Now start the server  
const server = await fhirServerCore(config).catch(console.error);
```

This is available on our Github [Wiki](#)

How to ensure conformance

Automate conformance statements

Validate payloads

Run conformance tests

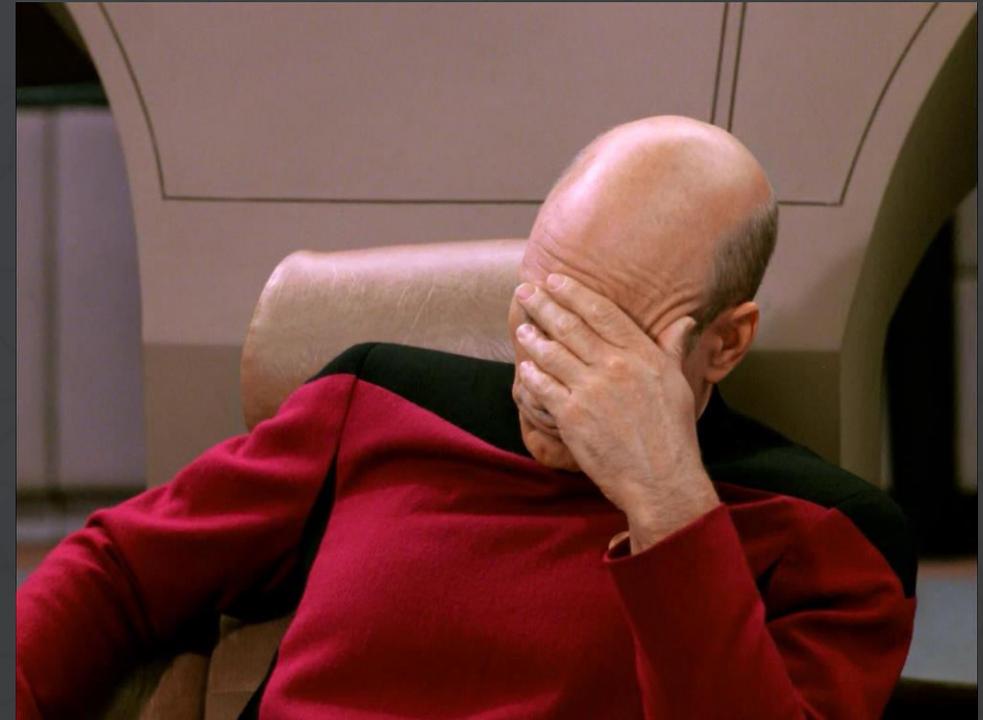


Goal

Data is trusted by

- Database
- Client app

Learn from our mistakes



CHALLENGE

FHIR is

a beast

+100 Resources

+100 Extensions

+50 Profiles

&

evolving

Frequent new versions

Breaking changes



WHAT WE DID

Self-Writing Code

```
var scrollHeight = ...  
element.clientHeight + 0.02 ^ W...  
window.scroll(0, scrollHeight);
```

Each version of FHIR has JSON Schemas

Automated scripts write validation code

- Added to repo
- Unit tests included

LESSONS LEARNED

But robots can't do everything



We must add definitions by hand after script runs

LESSONS LEARNED

JSON Schemas are not complete

Code fields:

- Not enforceable

Search params:

- Not parseable

✓ **Let's fix
this!**

```
"language": {  
  "description":  
    "The ISO-639-1 alpha 2 code in lower case for the  
    language, optionally followed by a hyphen and the  
    ISO-3166-1 alpha 2 code for the region in upper  
    case; e.g. \"en\" for English, or \"en-US\" for  
    American English versus \"en-EN\" for England  
    English.",  
  "$ref": "CodeableConcept.schema.json#/definitions/  
    CodeableConcept"  
}
```

CHALLENGE

Which versions should you support?

- DSTU2: still used by most EHRs
- STU3: mature, but not widely adopted
- R4: ready any day now



WHAT WE DID

Why not all of them?

Our server lets you
implement several at a time

Separate endpoints for each:

- /dstu2/patient
- /stu3/patient
- /r4/patient



Goal

**Translate between
versions**

LESSONS LEARNED

FHIR doesn't make versioning easy

- Breaking changes between versions
- No version info presented with records
- No client/server version negotiation

 **Let's fix
this!**

LESSONS LEARNED

Building a secure OAuth2 in production is hard

- Many dev tools for FHIR consumers
- Few dev tools for FHIR producers

 **Let's fix this!**

- Need to add patient info
- Several ways to return scopes from tokens
- Limited support from test tools

BEST PRACTICE

Encrypt your communications

DON'T



Use self-signed certs in production
It's worth the hassle and cost to
get a real certificate

Use **TLS 1.0**

DO



Always, *always*, *always* use
SSL/TLS

At least **TLS 1.2** with **256-bit**
AES keys

We recommend **TLS 1.3** support

We recommend **512-bit** AES
keys

BEST PRACTICE

Filter out bad requests

DON'T

-  Write URL params directly to the database or the screen
-  Let hackers outside your memory sandbox

DO

-  Block SQL/No-SQL Injections
 - Filter out database commands
-  Block Cross-Site Scripting (XSS)
 - Filter out JS and other unsafe HTML
-  Block buffer overflow attacks
 - Truncate values longer than your variables can support

BEST PRACTICE

Guard against vulnerable packages

DON'T



Trust that other people's code is secure

DO



Use a static code analysis tool



Analyze your dependencies for vulnerabilities

We use snyk.io as part of our CI build pipeline

Asymmetrik FHIR API Server

A Secure Rest implementation for the [HL7 FHIR Specification](#). For API documentation see <https://github.com/Asymmetrik/node-fhir-server-core/wiki>.

build passing vulnerabilities 0

The Asymmetrik Extensible Server Framework for Healthcare allows organizations to build servers that can aggregate and expose healthcare resources via a common HL7® FHIR®-compliant API.

BEST PRACTICE

Store logs separate from data

DON'T

-  Store logs in the same place as your data
 - If your server is ever compromised, a hacker could change your logs
-  Store secrets or PHI in your logs
 - Unless they are stored in a secure place

DO

-  Store audit, provenance and system logs in a separate database
 - If possible, a separate environment
-  Scrub PHI and secrets out of your system logs

BEST PRACTICE

Return token to server to get scopes

DON'T



Blindly trust OAuth2 tokens

A hacker could spoof and re-sign token if they have the client secret

DO



Send tokens back to the OAuth2 server to verify them

Ask server to give you scopes and patient ID

There are several ways to do this, depending on your OAuth server

BEST PRACTICE

Define scopes for every endpoint

DON'T

-  Allow access to any data without checking user's scopes
-  Allow patients to access the records of other patients

DO

-  Define and check scopes for every endpoint
 - user/Observation.*
 - patient/Observation.read
-  Return a 403 Unauthorized code if user doesn't have sufficient scopes
-  Consider allowing finer-grained control based on user object

BEST PRACTICE

Hide the existence of records

DON'T



Allow a hacker to figure out whether a user or patient is in your database

Never say why access is denied

Never imply there are other records the user can't access

DO

What if a patient visits **/patient/_search?**



Only return 1 or 0 results

The patient's own record, or no records



Or, completely prevent patients from accessing the patient search endpoint

BEST PRACTICE

Test the unhappy paths

DON'T

- ✘ Assume that incoming requests are valid
- ✘ Assume that the user has permission to access resources

DO

- ✔ Write tests for:
 - Bad parameters
 - Bad data
 - Unauthorized access
 - Compromised tokens

PROBLEM

Let's fix this!



Make FHIR easier to develop

- Spec entirely parseable
- Versions forward and backward compatible
- More development tooling



Make FHIR more secure

- Best practices
- Use FHIR checklist
- Security tests
- OAuth2 reference servers

Please Contribute!

Code: FHIR Open-Source Secure Server

- <https://fhir.health>
- <https://github.com/Asymmetrik/node-fhir-server-core>

About Us

- <https://asymmetrik.com/healthcare>

Asymmetrik Healthcare Podcast

- <https://soundcloud.com/asymmetrik-healthcare>

Song: We Didn't Start the FHIR

- <https://soundcloud.com/asymmetrik-healthcare/we-didnt-start-the-fhir>

Thanks!



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