

Improve The Performance and Security of Medical Records using Fingerprint and Advance Encryption Standart

Ach. Khozaimi, Sigit Susanto Putro and Ainul Yaqin

Informatics Engineering Department, University of Trunojoyo Madura East Java, Indonesia

Keywords: Electronic medical records, Cryptography, Biometrics, Data security, Advance encryption standard.

Abstract: Medical record (MR) is privacy and sensitive data. MR can be read by a doctor, nurse, and that patient only. MR must be store in safety documents and protected from others. MR is stored and identified by a patient's unique id. In Public Health Center Socah, Bangkalan East Java Indonesia uses card medical treatment as a patient's unique id to determine their medical record data. The patient's card medical treatment is easy to lose. In this study will be implemented Advanced Encryption Standard (AES) 256 to protect data electronic medical record, because AES has better performance than Data Encryption Standard (DES), 3DES and RSA (Rivest–Shamir–Adleman). On the other hand, the biometric fingerprint is used as a patient's unique id because the fingerprint is not easy to lose from patients. From the result, this system more efficient in time consumption by 61% when compared to using the administrative system and writing medical record data manually, besides that this system also protects the patient's EMR data from irresponsible parties, because the Electronic medical record (EMR) data is encrypted by AES 256, so EMR data cannot be read directly.

1 INTRODUCTION

According to the regulations Minister of Health Indonesia No. 269/Menkes/PER/III 2008, Medical Record is data containing patient information includes: patient identification, examination, treatment, administration actions, and other services performed by medical personnel to the patient (Rusli et al., 2006). Medical record data is sensitive data and confidential (Dubovitskaya et al., 2017), medical records can be used for various purposes, such as for Memory aid, Communication devices, Quality assurance instrument, Risk reduction aid, reimbursement aid, Evaluation tool and Research tool (Dehn & Asprey, 2007). In addition, medical record data can be used to plan treatment or further examination in the future (Marutha et al., 2017). Besides, the electronic medical record is also used as evidence of disease diagnosis and medical care of patients.

Based on Indonesian law and the importance of medical record data, the data must be stored and protected, so it cannot be accessed by unauthorized parties (Benaloh et al., 2009). Medical record data is stored based on each patient's unique code, handwritten into sheets of paper, and has not used a

database (Putra & Mulyono, 2013). Much research has been done to overcome this problem, one of which is to provide an identity card that is listed with a medical record number (RM). But this method is still not effective enough, because it risks losing the card. This also happened in the public health center Socah, Bangkalan Regency, Indonesia.

This research will apply two methods, namely biometric fingerprint authentication and Advance Encryption Standard (AES). This research use AES 256, because 256 AES is more secure than the other types (Pancholi & Patel, 2016). The biometric fingerprint algorithm is used as a unique code that will mark the medical records of each patient because the fingerprint is an authentication technology based on individual physiological and behavioural characteristics (Soni & Goyani, 2018)(S. Tarare, 2015). So that the unique code will always be there with the owner and will not be lost, AES 256 cryptography algorithm is used to encrypt medical record data because AES 256 has better performance than Data Encryption Standard (DES), 3DES, and RSA (Ahmed Khalid & Rihan, 2017) The acronym of RSA stands for Rivest, Shamir, and Adelman, the inventors of the technique, so medical record data is safe and cannot be read directly. Including the case of theft of medical records database.

2 BACKGROUND

In this section, we will discuss the theoretical basis and methods used in this study. Theories and methods that will be discussed include medical records, public health centers, fingerprints, cryptography, and advanced encryption standards (AES).

2.1 Medical Record

Data privacy of medical records of each patient consists of personal data, medical history, and others. The medical record is sensitive of data and privacy (Dubovitskaya et al., 2017), medical record data can be used for various purposes, such as for Memory aid, Communication devices, instrument Quality Assurance, Risk reduction aid, aid reimbursement, Evaluation and Research tool (Dehn & Asprey, 2007). Besides, medical record data can be used to plan further treatment or investigation at a later date. Medical record data is also used as evidence of disease diagnosis and medical care of patients.

The benefits of medical records very much, and it is essential for the well-managed so that these benefits can be felt by the service provider and the service recipient. Benefits include medical records, first as a basis for planning treatment, care, and preventive action. Secondly, to improve the quality of service and to protect medical personnel. The third medical records can be used for education and research. Fourth, care financing will be more transparent and accountable. Fifth medical records can be used as health statistics. Sixth medical record data can be used for evidentiary law, discipline, and ethics of health personnel (Dehn & Asprey, 2007).

2.2 Public Health Center

Puskesmas stand for public health center, According to the DEPKES-RI Puskesmas Work Guidelines, the Puskesmas is a functional health organization which is a center for community health development which also fosters community participation in addition to providing comprehensive and integrated services to the community in its working area in the form of main activities. puskesmas has three main functions:

1. As a centre for community health development in the working area. The Puskesmas is in the middle of a community that can quickly find out the successes and obstacles faced in building public health.
2. Fostering community participation in the working area for increasing the ability to live healthy.

3. Providing comprehensive and integrated health services to the community in its working area.

2.3 Fingerprint

The fingerprint is a technology that can easily identify someone. Even today fingerprints are widely used by the world's technological development because the use of fingerprints is relatively safe, accurate and convenient for the authentication process compared to other authentication methods, this is because the fingerprint is feasible, distinct, permanent, accurate, reliable, and acceptable (S. Tarare, 2015).

Fingerprint has a function as a verification medium, just like a password or pin. It's just that the fingerprint uses a human fingerprint pattern as the primary key stored in the database (Sifaunajah, 2015). The work process of the fingerprint is to compare the current fingerprint feature with some fingerprint features that have been stored in the database before (Ngantung et al., 2014). Many methods can match the current fingerprint with the fingerprint that has been stored in the database (Soni & Goyani, 2018) (H. kumar, 2013), such as template matching (Leksono et al., 2011), Bank Gabor Filter (Verifikasi et al., 2009), Minutiae Feature (H. kumar, 2013), and so on.

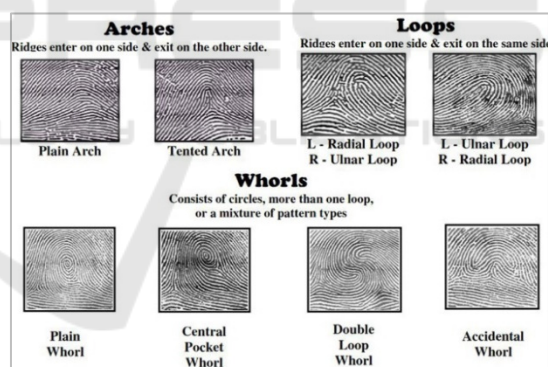


Figure 1: Fingerprint Patterns

Template matching is an image processing technique to find small parts of the image that matches a model that has saved previously. The essential idea template matching explains how the brain recognizes re-shapes or patterns that known before. The Bank Gabor Filter method works by finding fingerprint features based on the Average Absolute Deviation (AAD) value of the fingerprint image. These features are known as finger codes (Verifikasi et al., 2009). Minutiae are some lines that form a pattern of the fingerprint pattern. At one fingerprint may be formed of hundreds of minutiae as an individual characteristic.

Fingerprint has three characteristics, i.e., Perennial nature, Immutability, and individuality. Based on the pattern, fingerprints classified into three forms, namely arch, loop, and whorl (Leksono et al., 2011). A fingerprint is widely used for security access and authentication method.

2.4 Cryptography

Cryptography is a technique for hiding and protecting data information and messages, so that data or messages cannot be read by unauthorized user. The main function of cryptography is not only to protect data, but also to provide solutions for other problems like: data integrity, authentication, non-repudiation (Sharma & Gupta, 2017). Cryptography can be used and implemented in various media, such as software, graphics and. Figure 2 can be seen the cryptography process.

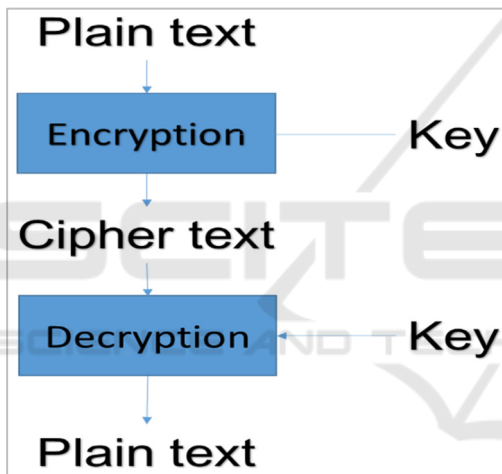


Figure 2: Cryptography Process

There are two key based cryptography techniques used are: symmetric encryption such as DES, 3DES, AES and asymmetric encryption such as RSA, DSA, ECC. Symmetric encryption also called secret key encryption and the second one called public key encryption.

2.5 Advanced Encryption Standard

Advanced Encryption Standard (AES) is a cryptography algorithm to secure and protect files or data information. AES was developed by Vincent Rijmen and John Daemen from Belgia, and it's called the Rijndael algorithm (Ahmed Khalid & Rihan, 2017). AES is a symmetric-key algorithm to encrypt and decrypt data or information. Advanced encryption standard (AES) is the next generation of

Data Encryption Standard (DES), and AES is deference than DES (Ahmed Khalid & Rihan, 2017). In 1997, the National Institute of Standard and Technology (NIST) of the United States had released Advanced Encryption Standard (AES) to replace Data Encryption Standard (DES), because DES has been deemed insecure.

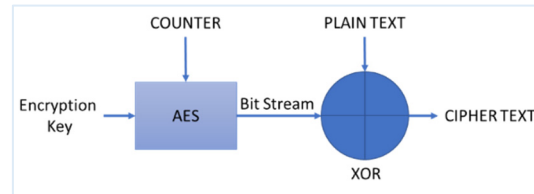


Figure 3: AES Illustration

AES can be implemented in hardware and software, especially in the small device (Emori, 1973), AES has the same performance in both (Padmavathi & Kumari, 2013). AES has a better performance than another cryptography algorithm such as DES, 3DES, and RSA in time consumption, throughput (Patil et al., 2016)(Darma Udayana & Sastra, 2016) , and CPU Usage (Ahmed Khalid & Rihan, 2017).

AES is a block cipher algorithm with a permutation (P-Box) and substitution(S-Box) system. AES is deference than the usual block cipher system. They are three kinds of AES, i.e., (Darma Udayana & Sastra, 2016):

- AES-128 with 10 rounds.
- AES-192 with 12 rounds.
- AES-256 with 14 rounds

	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9	xa	xb	xc	xd	xe	xf
0x	63	7c	77	7b	f2	6b	6f	c5	30	01	67	2b	fe	d7	ab	76
1x	ca	82	c9	7d	fa	59	47	f0	ad	d4	a2	af	9c	a4	72	c0
2x	b7	fd	93	26	36	3f	f7	cc	34	a5	e5	f1	71	d8	31	15
3x	04	c7	23	c3	18	96	05	9a	07	12	80	e2	eb	27	b2	75
4x	09	83	2c	1a	1b	6e	5a	a0	52	3b	d6	b3	29	e3	2f	84
5x	53	d1	00	ed	20	fc	b1	5b	6a	cb	be	39	4a	4c	58	cf
6x	d0	ef	aa	fb	43	4d	33	85	45	f9	02	7f	50	3c	9f	a8
7x	51	a3	40	8f	92	9d	38	f5	bc	b6	da	21	10	ff	f3	d2
8x	cd	0c	13	ec	5f	97	44	17	c4	a7	7e	3d	64	5d	19	73
9x	60	81	4f	dc	22	2a	90	88	46	ee	b8	14	de	5e	0b	db
ax	e0	32	3a	0a	49	06	24	5c	c2	d3	ac	62	91	95	e4	79
bx	e7	c8	37	6d	8d	d5	4e	a9	6c	56	f4	ea	65	7a	ae	08
cx	ba	78	25	2e	1c	a6	b4	c6	e8	dd	74	1f	4b	bd	8b	8a
dx	70	3e	b5	66	48	03	f6	0e	61	35	57	b9	86	c1	1d	9e
ex	e1	f8	98	11	69	d9	8e	94	9b	1e	87	e9	ce	55	28	df
fx	8c	a1	89	0d	b5	e6	42	68	41	99	2d	0f	b0	54	bb	16

Figure 4: S-BOX of AES Algorithm

Figure 5. Show the step of the AES algorithm to encryption and decryption. AES Encryption step has four states in each round, i.e., SubBytes, ShiftRows, Mixcolumns, and AddRoundKey.

- SubBytes: Byte substitution using S-Box (Figure 4).
- ShiftRows: Shifting lines are wrapping state array.

- MixColumns: scrambles the data in each column of the array state.
- AddRoundKey: do XOR between the first step (plain text) and cipher key. This step also called initial round Sub Bytes.

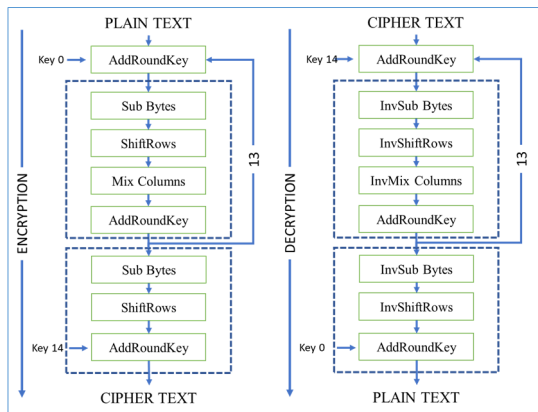


Figure 5. AES Encryption and Decryption

AES Decryption Process is a cipher transformation that is in the opposite direction of the encryption process. It's called an inverse cipher. Transportation procs that used in the inverse cipher are InvShiftRows, InvSubBytes, InvMixColumns, and AddRoundKey (Muharram et al., 2018).

3 IMPLEMENTATION

In this study, two special methods used to identify and protect the electronic medical record. First, the fingerprint is used to identify the patients and their data electronic medical records. Fig. 4. Second, the Advanced Encryption Standard (AES) 256 Algorithm to encrypt Patient's Electronic Medical record (EMR) that stores in the database Figure 6.

The fingerprint is used to identify patients and their electronic medical records, the fingerprint is implemented in this system. When a patient comes to Public Health Center Socah Bangkalan, they will be scanned their finger to identify they have ever visited and get treatment before or not. If they ever visited, they will get the queue code and will get treatment. But if the new patient first came to Public Health Center Socah Bangkalan, then the patient will fingerprint is scanned and registered in advance. After the data collection process and the registration is completed, the patient will receive a code queue.

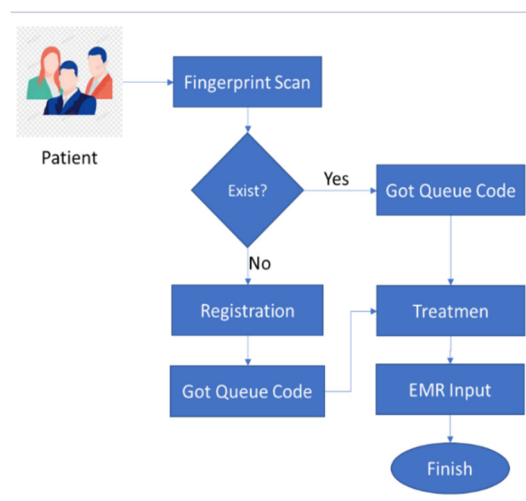


Figure 6: Fingerprint as patient's id

The process of health services will be given if the patient had had his share. All information on the results of testing, treatment, and all the services that have been granted is inserted into the electronic medical record database.

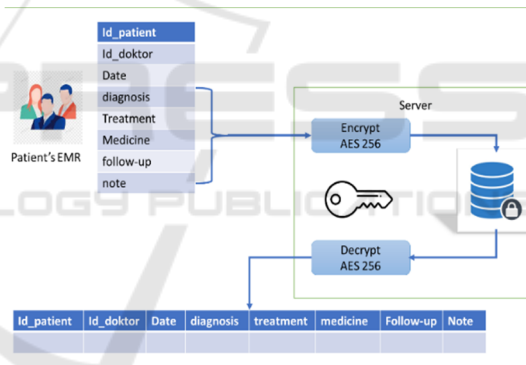


Figure 7: AES 256 to Encrypt the patient's EMR.

Each patient's information after got treatment from the doctor, such as diagnosis, treatment, medicine, follow-up, and other information will be encrypted and stored to the database using the AES algorithm. AES will protect the electronic medical record. Data electronic medical record that stores in the database can be read by the user whose AES key. See Figure 7.

4 RESULT AND DISCUSSION

This session will explain the result of the application and discussion. In this system, the verification and authentication process uses fingerprint, see figure 8.

if the patient has visited and treated at public health center Socah Bangkalan, Indonesia, before, he will be directed to the Poly registration page, and they will get queue code. However, if they have never visited and treated before, it will be directed to the new patient registration page. After registration is complete, the patient will be registered at the destination poly and will get the queue code.

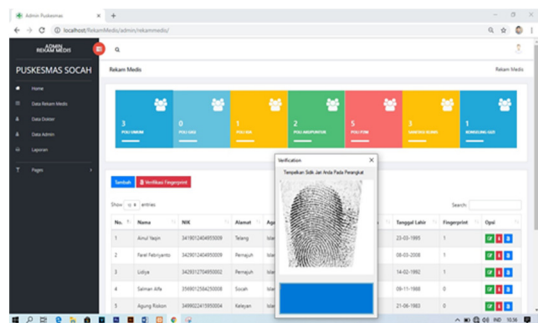


Figure 8: Authentication Process using fingerprint

The results of the examination and treatment of each patient's medical records will be generated. Medical record data entered into the database is encrypted using the Cryptographic Algorithm Advanced Encryption Standard (AES) 256. See Figure 9.

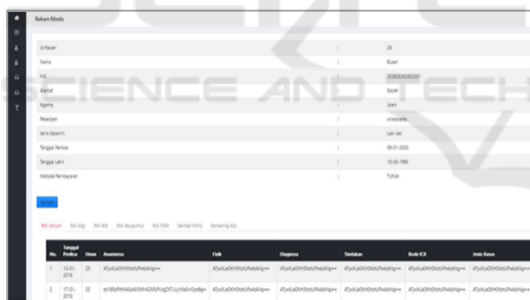


Figure 9: EMR Encrypted by AES 256

5 CONCLUSION

This application can improve the performance of the service since it can efficiency time by 61% when compared to the service without the system. In addition, this system can increase the number of services each day.

This application can secure the patient's electronic medical record. Electronic medical records that store in the database can be read by the user who has the key only. It's mean the data in the database cannot be read directly.

ACKNOWLEDGEMENTS

Thanks delivered to the Informatics Engineering Department, the University of Trunojoyo Madura, who has supported this research. Special thanks to the director of the Public Health Service Socah Bangkalan, Indonesia as a case study of the research.

REFERENCES

Ahmed Khalid, & Rihan, S. D. (2017). A Performance Comparison of Encryption A Performance Comparison of Encryption Algorithms AES and DES. *International Journal of Engineering Research & Technology (IJERT)*, 4(November), 151–154.

Benaloh, J., Chase, M., Horvitz, E., & Lauter, K. (2009). Patient controlled encryption: Ensuring privacy of electronic medical records. *Proceedings of the ACM Conference on Computer and Communications Security*, 103–114. <https://doi.org/10.1145/1655008.1655024>

Darma Udayana, I. P. A. E., & Sastra, N. P. (2016). Comparison of LPSE Backup File Security Performance Using DES and AES Algorithms. *Majalah Ilmiah Teknologi Elektro*, 15(1), 111–117. <https://doi.org/10.24843/mite.1501.19>

Dehn, R. W., & Asprey, D. P. (2007). Essential Clinical Procedures. In *Essential Clinical Procedures*. <https://doi.org/10.1016/B978-1-4160-3001-0.X5001-1>

Dubovitskaya, A., Xu, Z., Ryu, S., Schumacher, M., & Wang, F. (2017). Secure and Trustable Electronic Medical Records Sharing using Blockchain. *AMIA ... Annual Symposium Proceedings. AMIA Symposium, 2017*, 650–659.

Emori, R. I. (1973). Scale models of automobile collisions with breakaway obstacles - Investigation indicates that scale models can be used to show the motion of breakaway signposts and lightposts after being struck by automobiles. *Experimental Mechanics*, 13(2), 64–69. <https://doi.org/10.1007/BF02322384>

H. kumar, V. P. and K. J. (2013). Fingerprint Matching Using Minutiae Feature. *International Journal of Engineering and Innovative Technology (IJEIT)*, 2(11), 49–53.

Leksono, B., Hidayatno, A., & Isnanto, R. R. (2011). Application of Matching Template Method for Fingerprint Classification. *Aplikasi Metode Template Matching Untuk Klasifikasi Sidik Jari*, 13(1), 1–6. <https://doi.org/10.12777/transmisi.13.1.1-6>

Marutha, N. S., Ngoepe, M., Africa, S., & Ngoepe, M. (2017). The role of medical records in the provision of public healthcare services in the Limpopo province of South Africa Research problem. *South African Journal of Information Management, December 2011*, 1–8.

Muharram, F., Azis, H., & Manga, A. R. (2018). Algorithm Analysis of File Encryption and Decryption Process Using Advanced Encryption Standard (AES).

- Prosiding Seminar Nasional Ilmu Komputer Dan Teknologi Informasi*, 3(2), 112–115.
- Ngantung, K. A., Najoan, M. E. I., Sugiarto, B. A., & Paturusi, S. D. E. (2014). Design and Implementation of Fingerprint Attendance System in Campus Network and Integrated with Elementary Information System. *E-Journal Teknik Elektro Dan Komputer*, 3(1), 81–86. <https://doi.org/10.35793/jtek.3.1.2014.4050>
- Padmavathi, B., & Kumari, S. R. (2013). A Survey on Performance Analysis of DES, AES and RSA Algorithm along with LSB Substitution Technique. *International Journal of Science and Research*, 2(4), 2319–7064. www.ijsr.net
- Pancholi, V. R., & Patel, B. P. (2016). Enhancement of Cloud Computing Security with Secure Data Storage using AES. *International Journal for Innovative Research in Science & Technology (IJIRST)*, 2(09), 18–21.
- Patil, P., Narayankar, P., Narayan, D. G., & Meena, S. M. (2016). A Comprehensive Evaluation of Cryptographic Algorithms: DES, 3DES, AES, RSA and Blowfish. *Procedia Computer Science*, 78(December 2015), 617–624. <https://doi.org/10.1016/j.procs.2016.02.108>
- Putra, D. K., & Mulyono, S. (2013). Designing an Outpatient Registration Information System at the Clinic dr. Sri Widatik Sukoharjo Web-based. *Jurnal Rekam Medis*, VII(2), 18–36.
- Rusli, A., Rasad, A., Enizar, Irdjati, I., Subekti, I., Suprpta, I. P., & Mohammad, K. (2006). Manual Rekam Medis. *Jurnal Rekam Medis*, 2(10), 3–6. https://doi.org/10.1163/q3_SIM_00374
- S. Tarare, A. A. and H. T. (2015). Fingerprint Based Gender Classification Using DWT Transform. *International Conference on Computing Communication Control and Automation*, 689–693.
- Sharma, S., & Gupta, Y. (2017). Study on Cryptography and Techniques. *International Journal of Scientific Research in Computer Science, Engineering and Information Technology* © 2017 IJSRCSEIT, 1(2), 2456–3307. www.ijsrcseit.com
- Sifaunajah, A. (2015). *Integration Fingerprint Technology in Payroll Systems. 1*.
- Soni, U. A., & Goyani, M. M. (2018). A Survey on State of the Art Methods of Fingerprint Recognition. *International Journal of Scientific Research in Science, Engineering and Technology*, 4(2), 189–200.
- Verifikasi, S., Jari, S., & Metode, D. (2009). Fingerprint Verification System Using Gabor Filter Bank Based Matching Method. *Majalah Ilmiah Teknologi Elektro*, 5(2), 20–25. <https://doi.org/10.24843/10.24843/MITE>