

# PZP Volume 2a - Technical Agreements

This volume describes the technical side of the agreements to realize data availability for the use case Advance Care Planning. This volume provides the technical agreement needed for transmitting the data between parties. Technical agreements are made on

- identifying health organizations
- identifying vendors
- identifying professionals
- authenticating vendors & health organizations
- authenticating professionals
- localization
- addressing
- data request

## Exchange pattern: indexed pull

Due to the nature of the use case, the exchange pattern is indexed pull. In short this means that fetching data globally consists of two steps: **Localization**: Localising the data holders (via one or more indices) and then **Data request**: actually requesting the data at each known data holder.

## Identifying health organizations

The use case Advance Care Planning makes use of the generic technical agreement [Identifying health organisations](#).

## Identifying vendor organizations

The use case Advance Care Planning makes use of the generic technical agreement [Identifying vendor organisations](#).

## Identifying professionals

The use case Advance Care Planning makes use of the generic technical agreement [Identifying professionals](#).

## Authenticating health organisations

The use case Advance Care Planning makes use of the generic technical agreement [Authenticating health organisations](#).

## Authenticating vendor organizations

The use case Advance Care Planning makes use of the generic technical agreement [Authenticating vendor organizations](#).

## Authenticating professionals

The use case Advance Care Planning makes use of the generic technical agreement [Authenticating professionals](#).

## Localization

The use case Advance Care Planning does not make use of a generic technical agreement. The use case Advance Care Planning uses the following technical agreements:

### Make data localisable:

- MUST: Every healthcare organisation maintains a CareTeam-resource per patient that contains all known involved relevant healthcare organizations
- MUST: For testing purposes the facilitators of the test make sure that the NVI is filled
- SHOULD: Vendor that wish to do so can register the CareTeams with the NVI (specifications)

### Localise:

- MUST: Get URA's from data holders from local CareTeam
- SHOULD:
  - Send bsn to NVI
  - receive 1 or more URA's from data holders that host a CareTeam
  - fetch at least 1 CareTeam-resource

## Addressing

The use case Advance Care Planning does not make use of a generic technical agreement. The use case Advance Care Planning uses the following technical agreements:

### Publish addresses

- SHOULD: Register at NutsDiscoveryService with X509Credential and DiscoveryRegistrationCredential containing a fhirBaseUrl-element.
- MUST: Parties that choose not to register at the NutsDiscoveryService themselves are registered at the NutsDiscoveryService via a hack
- MUST: make sure you know the fhir base urls of other parties in some way (this can also be done via a local list)

## Retrieve addresses

- MUST: make sure you know the fhir base urls of other parties in some way (this can also be done via a local list)

## Authorization

The use case Advance Care Planning makes use of the generic technical agreement [Authorizing incoming requests](#).

The following access policies are used in ACP:

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to do

## Legal basis: local explicit consent

The use case Advance Care Planning uses an explicit consent that is stored locally in a system of the data holder a legal basis for the processing of data. The use case Advance Care Planning makes use of the generic technical agreement [Local explicit consent](#).

## Data request

In some contexts this is referred to as Pull. TO DO jorrit

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