

Development of a Unified Framework for Business

Motivation Driven Business/IT Alignment

-An application in Healthcare service sector



By

Tudawe Dantanarayana Gilmini Geethika

Thesis submitted to the University of Sri Jayewardenepura for the award of the Degree of Master of Philosophy in Computer Science on 2015.

Declaration by Supervisor

I certify that the candidate has adequately addressed all comments and incorporated all corrections, additions & amendments recommended by the examiners.

17/11/2015

Date

37 J. [Signature]

Signature

TABLE OF CONTENT

LIST OF FIGURES	VI
LIST OF TABLES	VIII
ACKNOWLEDGMENTS	IX
1 INTRODUCTION	1
1.1 General Background.....	1
1.2 Research Domain	4
1.3 Problem Statement.....	5
1.4 Research Question:	7
1.4.1 Purpose topic 1: How to derive goal oriented e-Service designing.....	7
1.4.2 Purpose topic 2: How to design & deploy complete and comprehensive e- Services.....	8
1.4.3 Purpose topic 3: How to develop SAIF compliance and sound e-Service deployment framework.....	8
1.5 Research Objectives	9
1.6 Research Benifits.....	10
2 RESEARCH BACKGROUND AND METHODOLOGY	12
2.1 Scientific Method.....	12
2.1.1 Applicability of Scientific Method to IS research.....	13
2.2 Grounded Theory.....	13
2.2.1 Applicability of grounded theory to Information System Research.....	14
2.3 Design Science Research Methodology	14
2.3.1 Applicability to IS research	15
2.4 Research Procedure	16
2.4.1 Design as an Artifact:.....	16

2.4.2	Problem Relevance:	17
2.4.3	Design Evaluation.....	17
2.4.4	Research Contribution:.....	18
2.4.5	Research Rigour:	19
2.4.6	Design as a Search Process.....	19
2.4.7	Communication of Research:.....	20
2.5	Disposition.....	20
2.6	Scientific Publications.....	21
3	LITERATURE SURVEY.....	22
3.1	Introduction.....	22
3.2	Running Scenarios.....	23
3.2.1	Surgery service in Healthcare organization.....	23
3.2.2	Infant immunization service.....	24
3.3	Business Ontology.....	25
3.3.1	Resource-Event-Agent (REA) enterprise ontology.....	25
3.4	Goal and Motivation modeling of the business.....	26
3.4.1	Business Motivation Model (BMM).....	27
3.4.2	i* goal modeling.....	29
3.4.3	Reasons for choosing BMM as a goal modeling methodology.....	30
3.5	Business Value modeling.....	31
3.5.1	Value Theory.....	32
3.5.2	e ³ -Value modeling.....	32
3.5.3	UMM –Business Requirement View.....	35
3.6	Business Process Modeling.....	36
3.6.1	UMM- Business Transaction View.....	36
3.6.2	PBMN.....	37
3.7	Service Oriented Architecture.....	37
3.8	Service Aware Interoperability Framework (SAIF).....	38
3.9	Meta-models and Meta meta-models.....	42
3.9.1	UN/CEFACT Modeling Methodology.....	44

4	ENTERPRISE MODELING METHODS IN HEALTHCARE DOMAIN ...	46
4.1	Introduction	46
4.2	Healthcare 3-Tier Modeling perspectives based REA.....	47
4.3	Proposed Healthcare modeling methods with SAIF framework.....	48
4.4	Healthcare Motivation Modeling (HMM)	49
4.5	Actors in Healthcare Domain.....	52
4.6	3-tier Actor Perspectives in HC	54
4.6.1	Primary Perspective	55
4.6.2	Governing Perspectives	56
4.6.3	Auxiliary Perspectives:.....	57
4.7	Value Actor classification	59
4.8	Summary	60
5	VALUE MODELING FOR HEALTHCARE DOMAIN	61
5.1	Introduction	61
5.2	Value Modeling for Healthcare.....	62
5.2.1	Values in Healthcare Industry:	63
5.3	Importance of Values in Service Identification	65
5.4	Value Object Classification	66
5.4.1	Intrinsic Value Objects (IVO)	67
5.4.2	Recurrent value objects (RVO):	69
5.4.3	Co-created Value Objects (CVO).....	70
5.4.4	Affirmative Value Objects (AVO)	72
5.5	Healthcare Value modeling guidelines	74
5.5.1	Guideline 1	74
5.5.2	Guideline 2	75
5.5.3	Guideline 3	75
5.5.4	Guideline 4	76
5.6	Advantages of Value Object Classification in Healthcare.....	76
5.7	Application of the proposed VO classification	77
5.8	Summary	83

6	HC SERVICE PROCESS MODELING	84
6.1	Introduction	84
6.2	Value activities in Healthcare	85
6.2.1	Service acquisition value activities (SAVA).....	86
6.2.2	Decision Making Service Activities (DMSA).....	87
6.2.3	Directing value activities (DVA).....	87
6.2.4	Service supportive value activities (SSVA)	88
6.3	Healthcare Collaboration Meta-modeling	89
6.4	Application of Value Modeling Sub frameworks	91
6.5	Choreography of VA	93
6.6	Authority Level Hierarchy (ALH)	96
6.6.1	In-category delegation.....	97
6.6.2	In-category override	97
6.6.3	Cross-category delegation	97
6.6.4	Cross-category override.....	97
6.6.5	Delegation of Execution without Authority	97
6.6.6	Shared Authorized Execution.....	98
6.7	Summary	98
7	REFERENCE INFORMATION MODELING (RIM) SUB FRAMEWORKS	100
7.1	Introduction	100
7.2	Reference Information modeling on healthcare value objects	101
7.2.1	Recurrent Value Object Referencing Information Model (RVO _{RIM})....	103
7.2.2	Co-created Value Object Referencing Information Model (CVO _{RIM})..	103
7.3	Application of Proposed Value object referencing information models	105
7.3.1	Application of RVO _{RIM}	105
7.3.2	Application of CVO _{RIM}	106
7.4	Summary	108
8	EVALUATION OF PROPOSED FRAMEWORK	109

8.1	Introduction	109
8.2	Evaluation Strategies	109
8.3	Evaluation Procedure	110
8.4	Evaluation of the proposed framework.....	112
8.4.1	Healthcare Motivation Modeling and Healthcare Value Modeling	113
8.4.2	Healthcare Service Process Modeling (HSPM)	114
8.5	Implications for different stakeholders.....	116
9	CONCLUSION AND FUTURE DIRECTIONS	117
9.1	Conclusion.....	117
9.1.1	Comparison on System Development Approaches	117
9.1.2	Actor perspectives and value orientation	118
9.1.3	Service process designing.....	120
9.1.4	RIM for interoperability	121
9.2	Future Directions	121
10	REFERENCES.....	123
11	APPENDICES	1
11.1	Appendix 1 –List of Publications and Communications from thesis	i

LIST OF FIGURES

Figure 2.1: Design Science Research Process Model [11]	14
Figure 2.2: Summary of the research publications	21
Figure 3.1: optimal conceptual REA model [14].....	26
Figure 3.2: BMM Overview [22].....	29
Figure 3.3:e ³ -Value model for the surgery case in Healthcare	35
Figure 3.4: The 3+1 MDA organization [30].....	43
Figure 3.5:Meta-model Architecture [31].....	44
Figure 4.1:Modeling ontologies of Enterprise modeling.....	47
Figure 4.2: Interconnectivity between SAIF and enterprise modeling layers.....	49
Figure 4.3: Motivation model for surgery case.....	51
Figure 4.4: HC Three-tier Actor Perspective	55
Figure 4.5: Meta-model for Value Actors.....	59
Figure 5.1: transferring of RVO s	70
Figure 5.2: Patient Health Record.....	72
Figure 5.3 : Meta-model for Value Object Classification.....	74
Figure 5.4 : Example -IVO	75
Figure 5.5 : Examples -RVO.....	75
Figure 5.6 : Example -CVO	76
Figure 5.7 : Example -AVO	76
Figure 5.8: e ³ -Value model based identified VOs for surgery case.....	79
Figure 6.1: Meta-model for value activity classification	89
Figure 6.2: Metameta-model of Actor, VA and VO	90
Figure 6.3: MetaMeta-model for Healthcare Service	91
Figure 6.4: Meta-model for Healthcare Service.....	92
Figure 6.5 : Identification Paths SAVA.....	93
Figure 6.6: Identification Paths among activities SAVA, DMVA, DVA.....	94
Figure 6.7: Physician ALH, Figure6.8:NursingALH.....	96

Figure 7.1: Composition of Recurrent Value Object Referencing Information Model..
..... 104

Figure 7.2: composition of Co-created Object Referencing Information Model..... 104

Figure 7.3: composition of Co-created Object Referencing Information Model for
EHR..... 108

Figure 8.1: HC modeling layers..... 111

LIST OF TABLES

Table 3.1: RACI model for basic healthcare services.....	41
Table 5.1: Comparison between values in healthcare context and values in ordinary business	65
Table 5.2: VO category for surgery case	82
Table 5.3: VO category for immunizing infants	83
Table 6.1: Identification Paths SAVA	94
Table 6.2 : Identification Paths among activities SAVA, DMVA, DVA	95
Table 8.1 : Comparative evaluation on value and actor perspectives of the framework	114
Table 8.2: Comparative evaluation on service process and value activity perspectives of the framework	115

ACKNOWLEDGMENT

First of all I would like to offer many sincere thanks to my academic supervisor, Dr. Prasad. M. Jayaweera of University of Sri Jayewardenepura and for his excellent assistance received during my research work, and for the knowledge I gained. He always been available to look at my research work and has helped me to restructure my thoughts whenever necessary.

I would also like to thank the Vice Chancellor, Dean of the Faculty of Science and Head of the Department of Computer Science at University of Ruhuna, Sri Lanka granting me study leave and giving permeation to conduct my research work using University facilities.

At last but not least, I express my gratefulness to my husband Reshan, to my loving daughters, Risandi and Hesanya for their unwearied support and forbearance.

**Development of a Unified Framework for Business Motivation
Driven Business/IT Alignment
-An application in Healthcare service sector**

T.D.G.Geethika

ABSTRACT

Ever increasing complexities and dynamic nature of business operations with the adoption of technological advancements has resulted very many challenges on business service solution designers. Although this situation is common to any business domain when investigating healthcare (HC) service domain, it is overwhelmed e-Health service designers' burdens due several reasons. Among these, involvement of larger numbers of healthcare service providers, continuous introduction of medical service specialties and the need of their integration, as well as complex, dynamic and un-structured nature of information exchanges are prominent. Another facet of these issues is the difficulty of integration and interoperability with legacy and new HC applications mainly due to noncompliance deployments with global standards. In order to rectify aforementioned issues, there is a long standing necessity for a framework that could facilitate systematic alignment between higher level strategic and motivational requirements with lower technical level realizations while overcoming e-Health service designers' burdens.

This research work is an initiative contributing to get established a framework catering different modeling aspects of service design workflow. The proposed framework uses value orientation as the basis of the proposed approach. The framework

consists of three modeling layers HC Motivation Modeling (HMM), HC Value Modeling (HVM) and HC Service Process (HSP) Modeling together with related artifacts. For HMM three folded actor perspective; primary, governing and auxiliary has been proposed. The adopted value orientation and in particular HVM in the proposed framework is detailed out by means of Value Object (VO) classification schema. A Value Activity (VA) classification and an initial intuition on VA choreographing are fundamental for successful service designing effort that has been introduced in the framework as the foundation of HSP. Further, one of the promising approaches to tackle afore mentioned interoperability issues are the development of complete and sound enterprise-wide ontologies. However, in the proposed framework this requirement has been accomplished by means of defined set of healthcare related meta-models. These meta-models have also been extended with Reference Information Models based on VO schema that are capable of covering information modeling aspect of HSP layer.

The proposed framework could be considered as a designer assistant for successful HC service solution design and deployment. The framework provides a mechanism to capture higher level motivational requirements thereby systematic transformation of them into technical service system while ensuring completeness and correctness of the solution. The proposed framework also facilitates bi-directional traceability between higher level motivational requirements and subsequent lower level value and service modeling layers.

The development of proposed framework is completed by adopting Design Science methodology while aligning with globally accepted technological standards and HC specific recommendations. Comparative evaluation has been carried out for the proposed framework against well known generic approaches for system development.

1 INTRODUCTION

1.1 General Background

This chapter presents the background objectives and motivation of this research, and the work completed with respect to the “Development of a Unified Framework for Business Motivation Driven Business/IT Alignment -An application in Healthcare service sector”.

Increasing complexity of business results in ambiguity of the requirement identification, which is a critical challenge in designing e-business systems. Therefore, most e-business solution development focuses on requirement engineering phase in order to systematically identify, analyze and represent system requirements based business goals.

A business organization offers goods or services to consumers, which can be referred to as common business; but deviations can exist depending on the type of business required to design e-commerce solutions accordingly. Mainly e-commerce solutions can be categorized into two main categories, Business-to-Business (B2B) and Business-to-Customer (B2C). Electronic transactions between two or more businesses, referred to as Business-to-Business (B2B), are more popular than Business-to-Customer (B2C). Both require standard solutions that offer goods or services electronically to overcome time or distance barriers. However, the complexity of replacing human interaction by computer is a reason that slows the expected adoption of electronic buying. Therefore, it is hard to obtain the expected advantages by utilizing them in real world. In the real world, dialogue is structured by grammatical, semantic, and syntactic rules that live in a shared context of social and cultural conventions [1]. There is a lack

of background to realize this type of rules in e-commerce which is the main reason of tendency to less use of these applications. Therefore, people are compelled to use well-structured standard frameworks to increase the applicability of e-commerce applications.

E-commerce applications are information systems, which are needed to be analyzed, designed, implemented and managed for the ultimate solution. Requirement engineering is the initial and most important step, and many modeling methodologies are available at this step. Conventional requirement analysis provides models that describe the operational aspects of a technology. But it is required to consider the actors having strategic interests, and also the bottom level involvement with the proposed system [2].

In order to fulfill strategic level requirements of the proposed system in business, several approaches are used nowadays. Among them enterprise modeling done with respect to different layers is a common approach. The different layers have different views of the system and these different layers can be modeled with different modeling techniques. For example, goal models are used to address the why aspects of the business; business models are used to model the aspects of the business and the process models are used to model the how aspects of the business. The literature concluded systematic mapping methodologies among these discrete layers are necessary in order to achieve business – IT alignment focusing higher level motivational requirements of the business. However, still there is lack of systematic guidance to framing services in healthcare ensuring the alignment between aforesaid modeling layers.

When considering the e-Solution designing for healthcare (HC) domain it has a lot of consequences in addition to the issues arising in common business solution