4-2-2020 - Team working session notes - review proposed solution with the architects and SME session approach

* Endpoint Directory proposed solution dynamics: team to revisit what needs to be build and it needs to be built quickly
* Provider directory vs endpoint directory: what to consider from an endpoint directory?
* There is a need for a source of endpoint directory that can be federated (Paul)
	+ The question therefore is “how” not so much “what” when it comes to endpoint directory
	+ FAST – to provide/support the recommendations on the need of a directory
	+ FAST – to provide documentation to tell the industry “how” will this endpoint directory look like
* Do we want to include Versioning and Scale in the Directory SME session? (Paul)
	+ If yes what do we want to get out of the SME session re Versioning and Scale:
		- Readiness – for what?
		- State?
* Is the Directory document ready for a SME session with focused on “how” do we propose to do it/the endpoint directory?
	+ in contrast with the other teams that may focus on “what”.
	+ and is the “what” being proposed for the endpoint directory enough for us to advance to later conversion on the “how” (after the SME sessions when considering deployment recommendations)
* Tiger team should be able to have visibility and react to the current SME recommendations list that was put together with input from Bob, who provided names to the list that was also augmented be the architects.
	+ Diana to bring the list to the next team meeting
* Versioning solution is final, not reviewed with architects and POCP yet
	+ Diana to socialize the Versioning document with POP and architects as well
* The Scale solutions still being developed among the FAST directory team members
* Did not have time to fully review the Directory document sent on 3/18, but will review
* Paul suggested for today’s call to start with the Directory solution.
	+ stated that Alex Mugge, CMS is interested and primed to listen to what is being proposed
	+ Suggest: Paul to provide more details to the team to help the team understand better what is CMS’s current view point and intent/interest in the Directory of endpoint and carve some targeted discussion questions- if any are appropriate for the SME sessions, considering Alex Mugge/CMS with attend
* Paul suggested to assess if this is the kind/right level of material that we would like to bring into the SME sessions – referring to what is currently considered and included in the endpoint directory proposed solution
* Paul suggested to have a mix of technology and policy people/SMEs in the room to assess the tiger team proposition and help move it forward
* Bob joined at this point and Alix will be looping in Bob on the conversation thus far
	+ The group agree for today that what needs to happen in the SME directory sessions is different than what need to happen in the other sessions (other teams)
	+ Focus should be on the “how to make this happen” ensuring that the “what” being proposed is document at the right level and validated by the SMEs for the “how” to be happen
	+ Today scope to finalize the pending questions related to the directory solution
* Paul asked the team to do a quick share on the directory solutions and how that shapes up since he hasn’t had a chance to fully review
* Paul also asked the team to also identify a list of question that the team would like to validate with the SME group – focus on the “how” perceptive for the endpoint directory based on the “what” team is proposing
* Alix mentioned that the tiger team focused on “what” so far and there will be some pivoting to the “how”, since being suggested by Paul today
* Paul suggested to use the “what” to bring out the “how”
* Paul suggestion that the tiger team can look at the framework for the “how” but at some point, when it comes to the deployment, the FAST should have some guidance on but this can be completed after the SME session feedback is incorporate
* Paul: The tiger team’s job is not the try to govern delivery of the proposed solutions but to push it to the right entity to do that
	+ the teams should think about deployment and operationalization: something that we should think of is a framework for that but the focus should be on finding a “home” for these solutions that are being prosed and that “home” will take over the deployment as well as ensuring that the solutions works to be implemented across the industry
		- SME session to be used to get some consensus across parties
* Paul’s approach to the SME session goals – get consensus that :
	+ Yes, solutions is needed, no debate around this, *rules* calls for it and asks for particular stakeholders how do we get this done, what is needed to do it – like CMS – is there anything you need from us to go ahead and implement it.
	+ What are the ONC and CMS levers that would support the Directory proposed solution
* We have some things we need to update, things we're working on, although these are things that are going to go into a deployment plan (referring to the items in the beginning of the solution document
	+ Need to clarify if the first steps are to support a transition from the current environment -> Bob pointed to the specific section in the document that has boiler plate wording and that needs updating
	+ we've done a current state overview
* Paul asked the team to identify the things that have been debated within the team pretty heavily and still needs assessment -> present these to the architects for feedback and suggestion going further in the SME sessions
	+ Patrick attend the majority of the tiger team call and is familiar with the team’s proposed approach, not expected any surprises
* (Paul)We have examples of different endpoints, providing access to …
	+ (Bob) These are different types of in a directory (referencing the solution document), single endpoint or behind a structure
	+ (Patrick) Access to a formulary access
	+ (Bob) Needs to be support for multiple endpoints for a single organization
	+ Paul: so it will need some curated sort of endpoint type structure that we agree on
		- (Paul) So when people contribute they're checking the box that says it belongs to this kind of use, use type etc.
		- -> yes, we have actually on the definitions that we had done pointing to what use cases support
	+ ->(Paul): I can’t just picture some group, making it their life's mission to maintain the 30 different types of endpoints. So they get added to and version themselves.
	+ ->(Bob): we address content of a future state directory, (remember this stuff is built on top of a payer directory work not as a preplacement for the directory work) with the details being the specifics of the endpoint items
	+ Paul: this work on the endpoint si an assumption that we have agreement on the provider directory that already happen, we do not do that
	+ (Paul): do we have good directory data in the country because we don't -> should consider setting the expectation for a potential debate in the SME sessions – this is being built in a decent directory structure we are not building that-> what we are only saying we need to have a good directory structure to put this work/our solution in place
* Paul: based on the discussion with the Security group and CW – did the team thought about including “trust” definition as consider by the team?
	+ how do we define “trust” ?
		- “trust framework” vs “network” (vested interest in a network)
			* Bob: we refer to a “trust framework” that has not operational capability -> (Bob) I can have a “trust framework” that has no operational capability other than issuing certificate
			* -> (Alix) so there is an assumption/expectation that there should be a trust framework in place ->
			* => (Paul) yes, and suggested that to the team to align/update the document solution to reflect this discussion.
				+ Bob noted in the solution document to read and change the sections as appropriate since there is a change needed.
* (Bob) team has reviewed and consider the barriers and they feel that the barriers are consistent with what was put forward initially and the *rule* doesn’t seem to change these
* Paul – have we found new barriers?
* Bob – probably the only learning pole was that there is the possibility of some severability of the directory
	+ the conversation we had, was that you could, potentially have a payer endpoint directory separate from a provider in point director and maybe a public health directory
	+ certain cleavage point that will work because they are separate and you can still identify only once

* One national source with federated access:
	+ Paul: How will the federation happen? Definition
	+ Bob: look at the pic/diagram
		- Pub sub or evening change?
		- Local directory subscribed, provider and org , and push updates
	+ Local environment can be interpreted, we also discussed distributed solution
	+ Federated access to a common validated set
* Brandon: Are we talking about authenticating and authorizing individual providers Or are we talking about exposing The provider relationship to the Organization to facilitate downstream matching?
	+ Clarify individual and for what purpose?
	+ Solution around federated access, still need to have DUA and security recommendations based on current special use case -> when you put something in the directory you need to be able to protect (to be malleable)
	+ Paul: I like where you are going with matching – when you look up for someone in a directory will need to also match?
		- Should the Identity consider the provider matching
	+ Ensuring that we are not conflating provider directory with the endpoint directory
		- We are depending of the provider directory and we want to attach this endpoint data to it -> we need to explain this to the SMEs joining the session
	+ Bob: when we talk about search criteria: should we define here if you will support end-user directly, if you go to a federated model are we mandated to their search criteria
		- Bob to think about federated search criteria -> capability of the local directory to provide all services (e.g. search, matching) => will go to out of scope.
* Future state – review immediate goals
	+ If you create an access implementation guide may require search criteria and match operation -> if you are directory and comply with the guide you are expected to support
		- IG publishing “how” as long as there is the data for it ->cant risk routing to wrong
* Bob: review trust framework items included in the solution document (from the TLC)
	+ To define the trust framework more deeply
* Overview description wad updated
	+ “There should be only one authoritative national directory …”
	+ Will we allow multiple entities to build this?
		- Example scenario: So if, if there is a nursing home provider association that really has control over all of their membership because they do supply chain management somehow for nursing homes can they sign up to be the endpoint authoritative directory for nursing homes? And they are part of the directory above it – a directory entity
		- Built by markets? By types (e.g. providers etc) and they become part of directory
		- Bob: interim might work , but long term will not work because the individual person may work in multiple places, or change their job and they will no longer know -> it has to be truly bounded to work
		- Bob – for the long therm will not work because the staff changes – can’t manage the relationship -> need to be truly bounded , payers are bounded, public health is probably bounded, but the providers are hard to bound or split up
		- Paul: to add this to the discussion point for the SME group.
* Brandon N: when we build a directory and it's federated or distributed whichever; is in the workflow, an organization that wants to engage in a fire based interoperability transaction with another, would potentially only hit the directory one time to find what’s available and understand via trust framework how to set up that connection and then the directory is no part of my workflow anymore -> if you don’t separate you need to control all the fhir endpoints in and out and the management
	+ Bob: assuming the endpoints are imutable, but endpoints would continue to evolve what they can support, would deprecte
	+ Paul: Brandon are you saying that you don’t need to look it up again or that the place you would go to look would be the same?
	+ Brandon: when you brought in provider directory and authentication this central service will be bottleneck for all the FHIR transaction that happen daylily access the US ? Is that correct
	+ Paul: that’s why we talk about federation. If CMS collect all the endpoints across the nation other companies gets that data and creates a local market where you will go, but they will be going back to a central place to get the data. The access is federated but the source is not. Bottleneck would be there if you don’t get updated regularly
	+ Bob: one will assume a cashing process->may not hit that endpoint for every transaction, you will only hit it sometimes in the day
	+ Brandon: not to make too complex. Many do point to point now – if this infrastructure seems complicated and if this infrastructure mandate it needs to be simplified
		- Avoid the burden by created a single source of data – but we don’t want to go to only one place to get the data, federation to get the data.
	+ For the SME session – supporting the diagram on pages 9 and 10 (architecture and workflow and access) are the “money slide” for the SME session discussion. – orients us on what we want to build
	+ Debate – who will build the “can” in the middle of that graphic and who will need to be federating on this? If we don’t do it everyone will build its own and will not be able to change it.
		- Bob to make changes to the graphics to reflected federate access and other considerations that were discussed here.
	+ Paul: for the SME sessions we should leverage these pictures/graphics and then to pivot to a structured discussion about who is going to build that middle “can” in the graphic and what would be required to operate (what is in the *rule*)? Do we need to do carrot and stick to get people to contribute their data
	+ Bob: could initially be a “carrot”, and the reg could say that if you put your data here no one else can ask for it, they have to come here to get it -> reduces the provider burden because they only have to put the data in one place and nobody can ask for it. Then in 1-2 year you create a “stick”, you don’t get pay if your data isn’t here or it is not updated (Medicaid won’t pay etc).
		- Paul: I don’t think the rule says what happen if ou fo this or you don’t
		- The rule in preamble was questioning if NPPES will even work.
	+ The details of how it happens aren’t what we are looking for here -> we don’t want to burden the FAST team with every deployment detail, the implementer would have to figure that
		- Paul: I just want the team to take this material and use it to facilitate discussion build consensus with the SMEs that “we” want “one of this”/endpoint directory. Hopefully CMS would know that she will have the support if she decide to implement this
			* Paul: As a commercial player I don’t want the job to collect endpoint data from all providers in the country, I want for someone to collect that data I just want to subscribe to that.

**Action items for next week – 4/10/2020**

Alix:

* Identified enhancement to be made offline to the solution document to capture the discussion from today
* We stared to think about how the SME sessions will look like
	+ Team to vet the SME meeting approach
	+ Team to vet the SME list nomination
	+ Team to Discuss and identify the SME discussion points and questions for the SME
* Paul: Identify consideration for how to present the content to get the content across in the right manned
	+ Bob: consider to use an enhance a subset but will discuss further next week