Summary of Directory, Version and Scale (DVS) Themes and Requirements Brainstorming

DISCUSSION ITEMS (9/20 call):

* How will each tiger team have an implication for our work? (beyond our initial discussion on use case and testing/cert TT) Need to discuss in the next couple of weeks.
* Continue review of draft requirements with goal of expanding version and scaling sections
* Schedule detailed discussion of ‘what should directory contain or be limited to?’

THEMES

1. Input from other P2 Tiger Teams will add to DVS requirements
2. Industry scan efforts will add to DVS Tiger Team requirements and related scope
3. Strive to accommodate 80% of scenarios recognizing remaining 20% will be challenging to address without further experience and reflection

REQUIREMENTS

Directory:

1. Vision for endpoint discovery and related directory services:
   1. Discovery of electronic FHIR endpoints in that any stakeholder using their technology can go to one defined place and discover an endpoint for anyone they have a need to communicate with and determine what that endpoint can support and have confidence it can support it.
2. Assumptions:
   1. Supports information exchange for Treatment and Administrative (VBC related) purposes
   2. Standard HIPAA transactions (adopted X12 and NCPDP EDI transactions, specifically) are out of scope, but FHIR analogs are in scope
   3. Pre-condition of patient and provider identification information readily available, when necessary and appropriate, and aligns with the guidance produced by the P2 Identity Tiger Team
   4. FHIR servers and services accommodated
   5. Support for endpoints that receive and process without use of FHIR server (e.g. operations endpoints)
   6. Capability statement availability at FHIR services/server (and may also available at Directory)
   7. CDS Hooks should be accommodated in the Directory to support CDS services
   8. Support of both fully automated processes and those requiring human intervention to support response generation
   9. Existence of test and production environments with different end-points
   10. Onboarding (to endpoint) ease expected
   11. Inclusion of testing/certification results to be contained in directory contents
   12. Support for mixed models in Directory (see Scale section for three models)
3. Trust and Regulatory Aspects:
   1. Different regulatory/trustmodels needto be accommodated:
      1. publicly available data versus privately held data (for example CMS Medicare model vs. Commercial Payer model)
      2. pre-coordination or registration requirements among trading partners versus no advance registration requirements
      3. Support for multiple trust frameworks (e.g. Federal Bridge, FICAM, Direct Trust, DURSA)
   2. Implementation guidelines adopted covering:
      1. Testing and production environments
      2. Acknowledgement responses (failures, delays, no content available)
      3. Authentication
      4. Authorization
      5. Payload receipt capabilities
      6. Super protected data
      7. Service level agreements (availability, response times)

Version: *(This section of the TT notes is very light. Reflection of focus elsewhere in brainstorming efforts and current efforts at HL7 to advance R4 as a setup for backward compatibility.)*

1. Discover version(s) supported at endpoint
2. Backward compatibility challenges beginning to be addressed with R4 of FHIR
3. Downstream uses of payload

Scale:

1. Three models to support national scaling:
   1. Spoke & hub: one place that everyone can connect to manage all end points
   2. Direct connection: point to point among known trading partners
   3. Mixed Model: combination of one or more routing services and point-point connections available in the marketplace
2. Minimal or no custom work per end-point to support the endpoint
3. Testing and certification framework exists, used and adhered to
4. Costs will vary by model and entity type architecture choices