Architecting a Vaccine Website is Harder Than You Think

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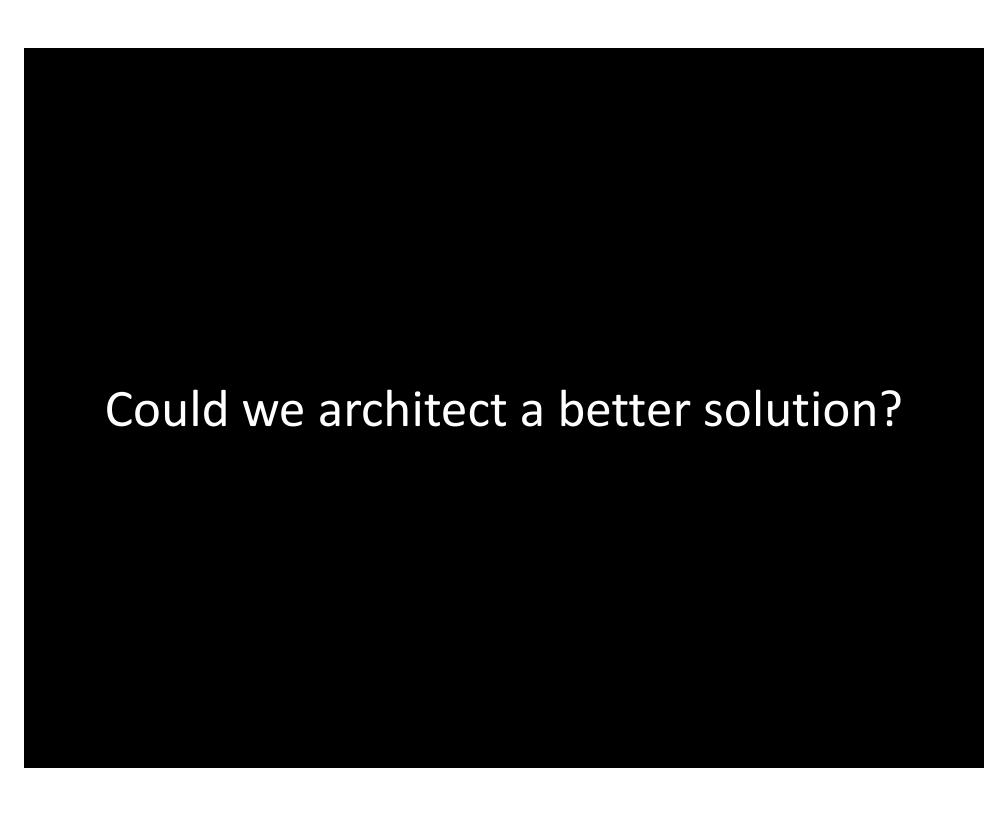
Our Problems Are Over!



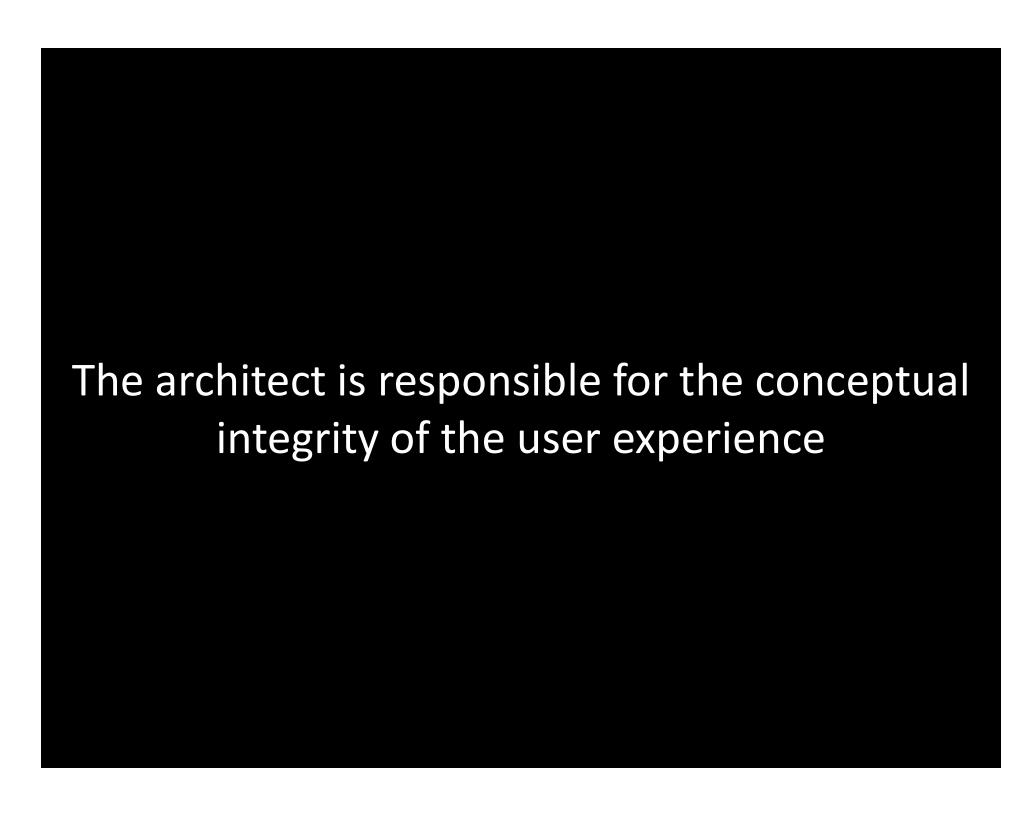
The User Experience Was Initially Horrible

User Interface Often Crashed
User Had to Repeatedly Enter Information
If You Did Not Get Appointment – Start Over!
Many Entry Points – Difficult To Navigate

Why?



What does an architect do?



User Experience Includes Emergent Application Properties

User Interface

Performance

Scalability – Throughput, Geography, Users

Cost

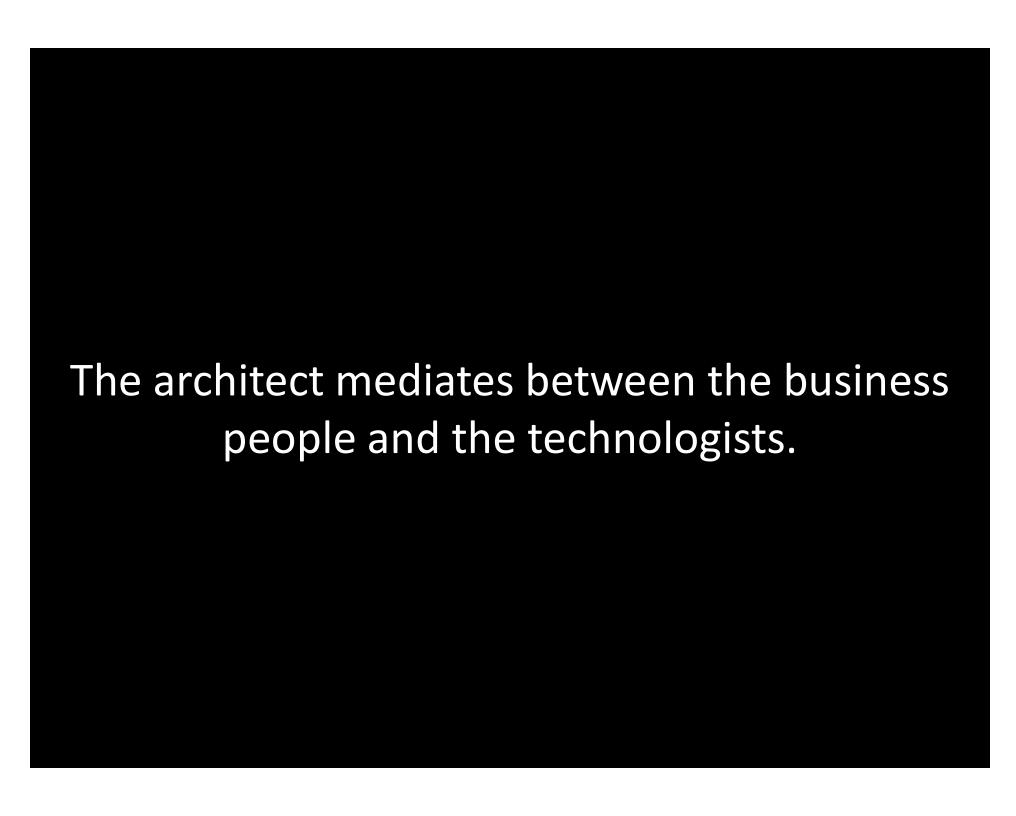
Security

Reliability

Ease of Deployment

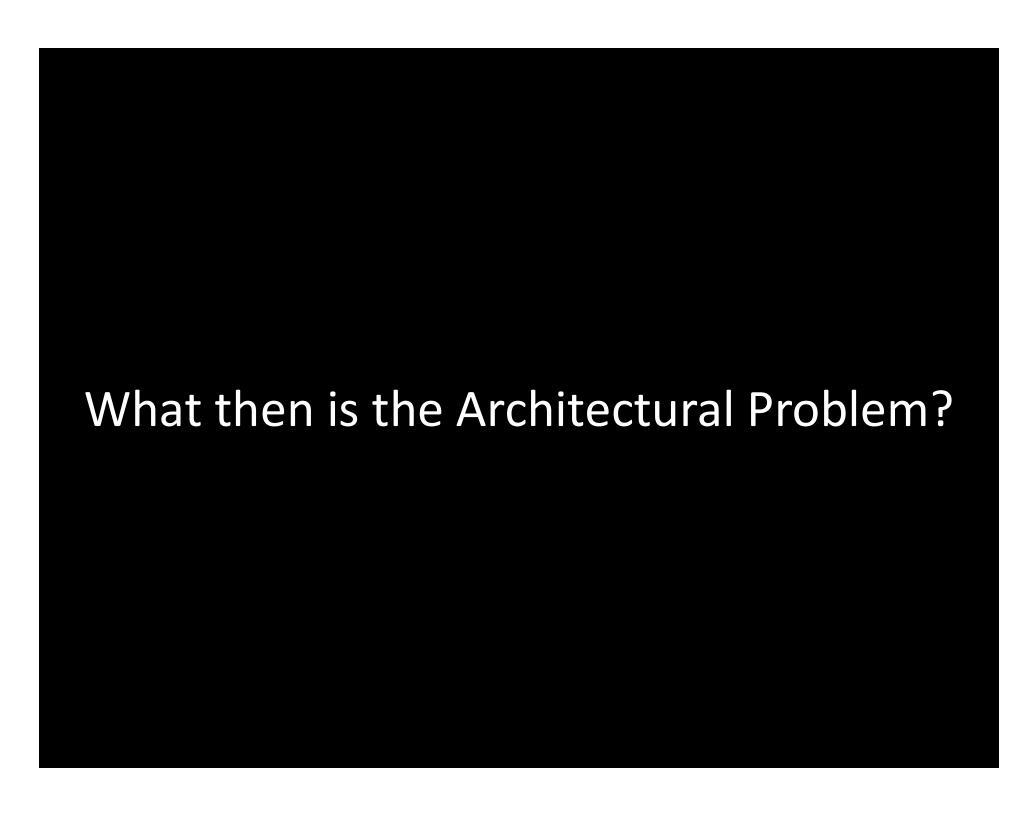
Workflow











Requirements

Vaccine Availability

Vendors report vaccine availability

Efficiency vs. Priority – externally determined

Eligibility Not Validated by the System

Finding Appointments

Filling out Required Information

Schedule Appointments (1 or 2)

Administrators can track progress, diagnose system







When you can no longer vertically scale – it is too late.

Real World Resources

Books

Vaccines

Concert Tickets

Airline Reservations

Computing Resources

Compute

Storage

TCP/IP Connections

Buffers

Queues

Database Connections

Database Locks

Third Party Services and Libraries

The Internet/World Wide Web

Our System Constraints

Allocation of Vaccines

Current Constraint is lack of supply.

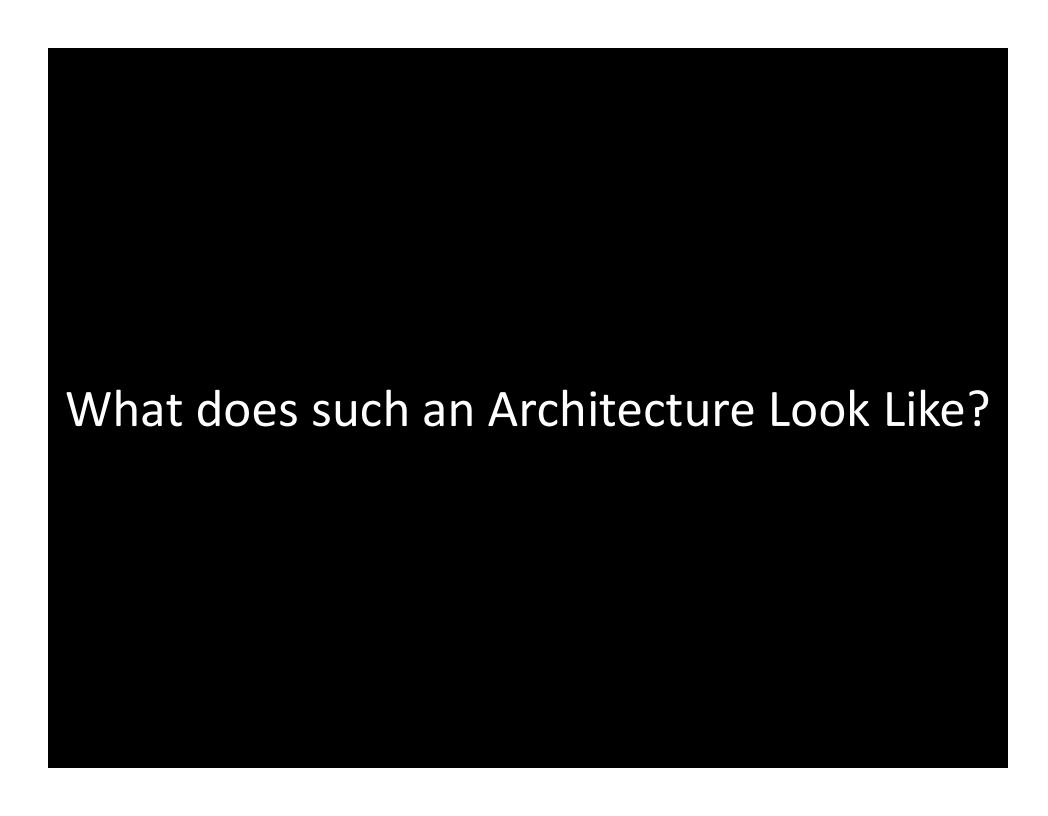
Feds to State

Feds to National Pharmacy Chains

Priority Order

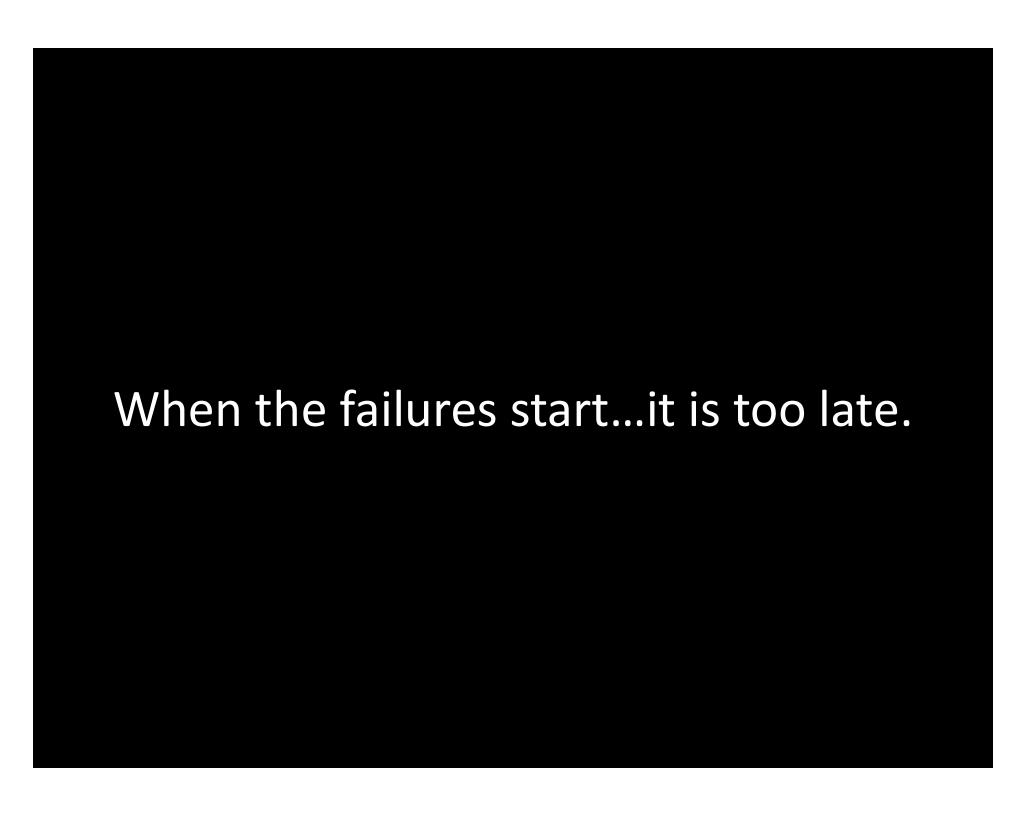






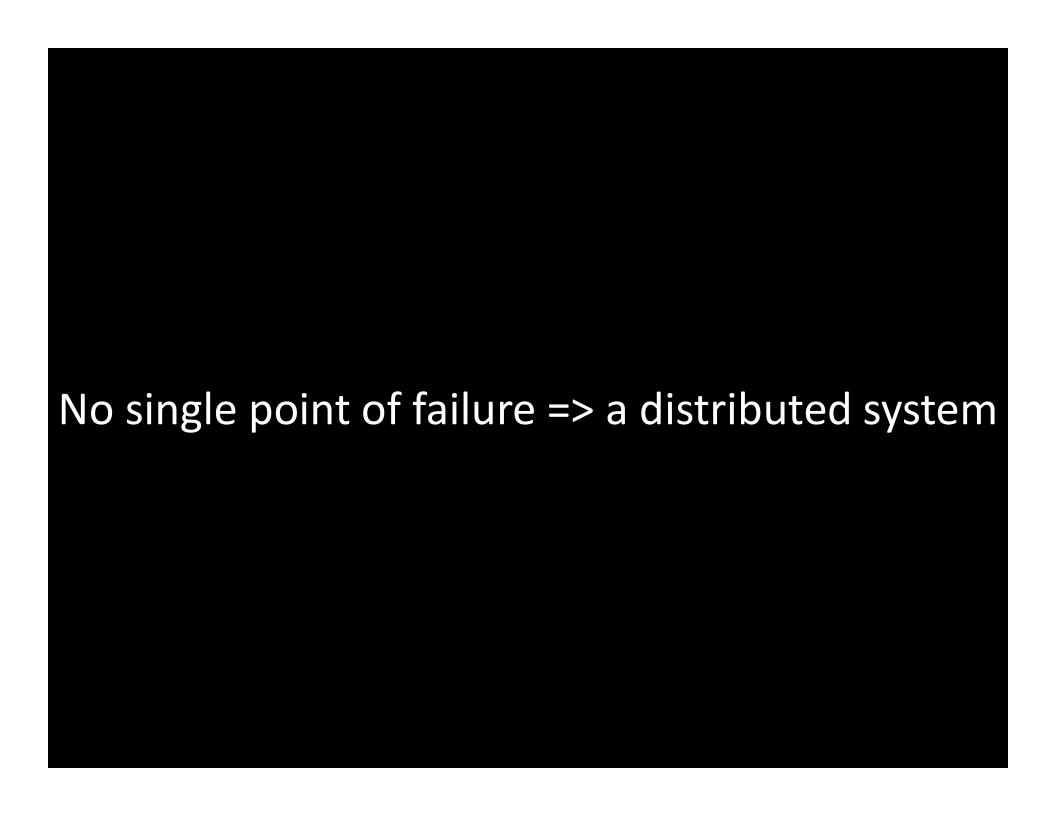
Must Program for Supply < Demand

Must Design For Failure



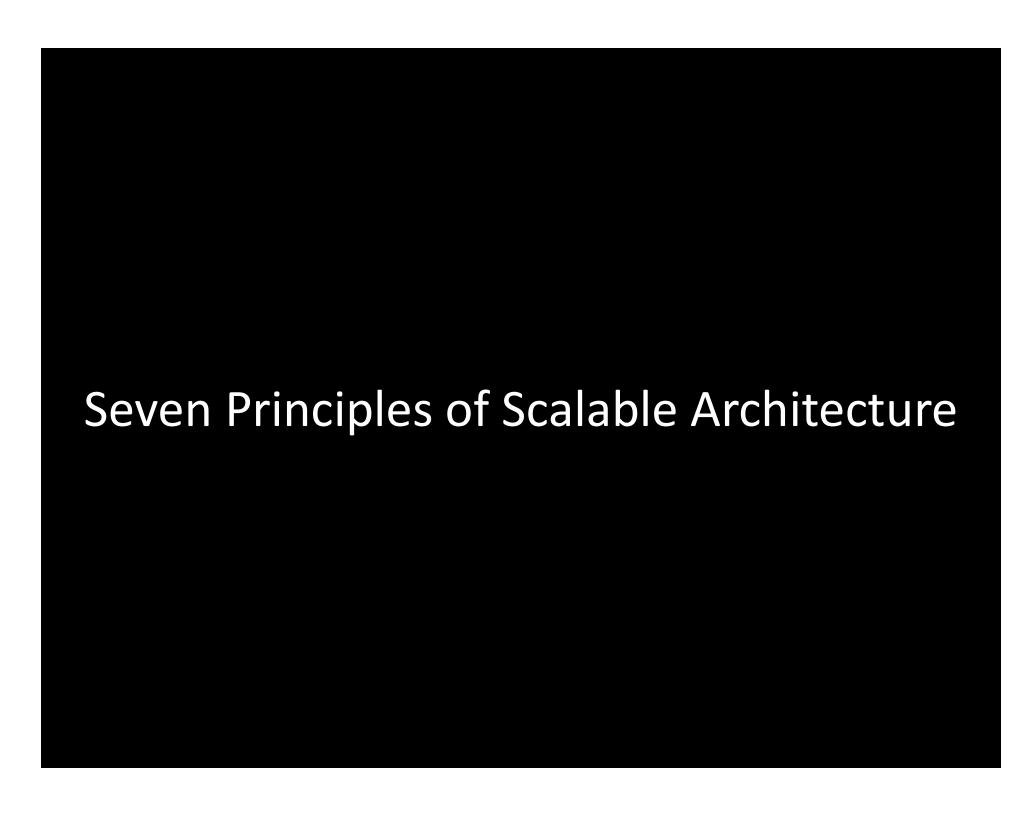
The more dependencies, the more opportunities for failure, the greater the consequences

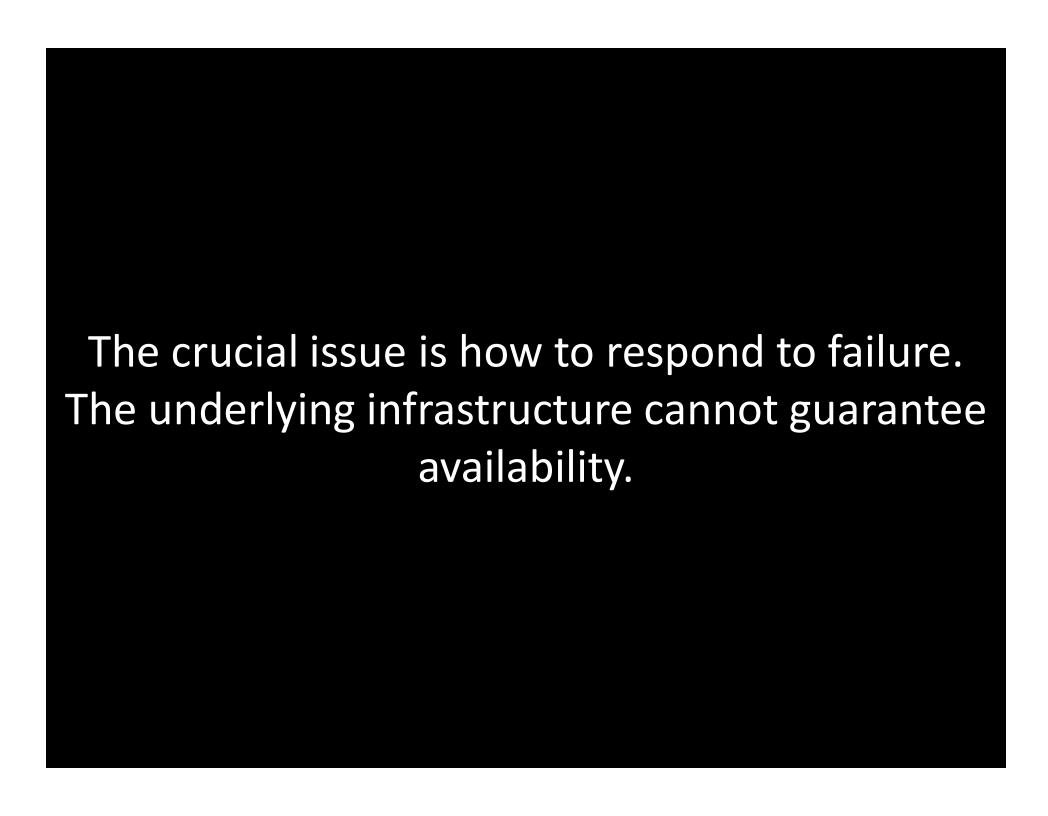
Avoid single points of failure.



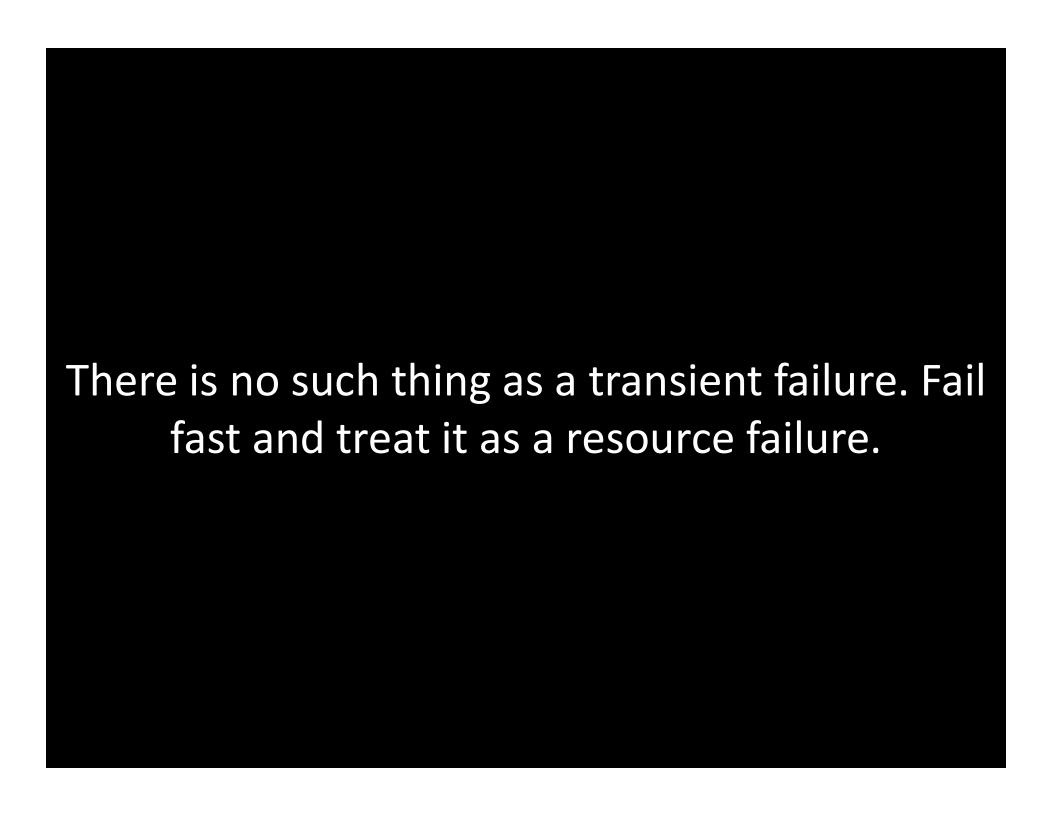
Software State ≠ State of the World

User Interface/Ease of Use/Reasonable Workflow/Driven by Software Services





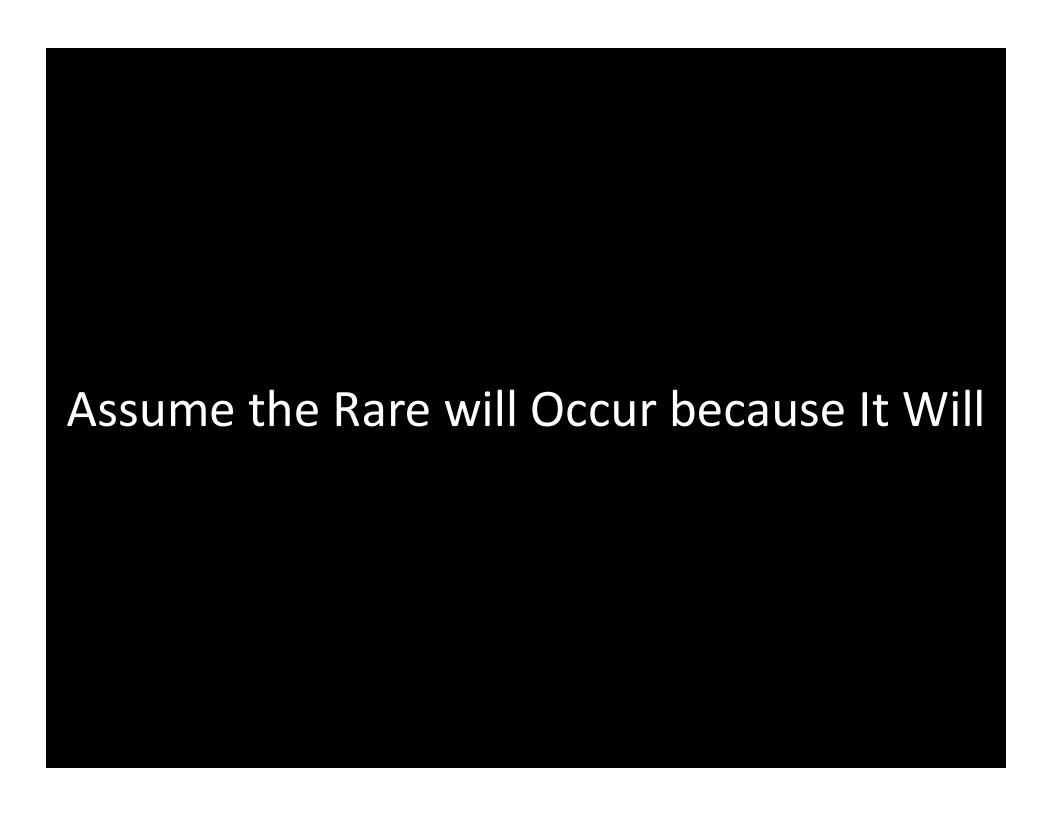
Failures Cascade - an unhanded failure in one part of the system becomes a failure of your application.





Eliminate single points of failure. Accept that you have to build a distributed application





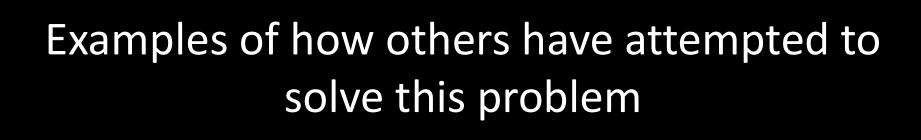


Where does are application need to scale? Where are the points of failure?

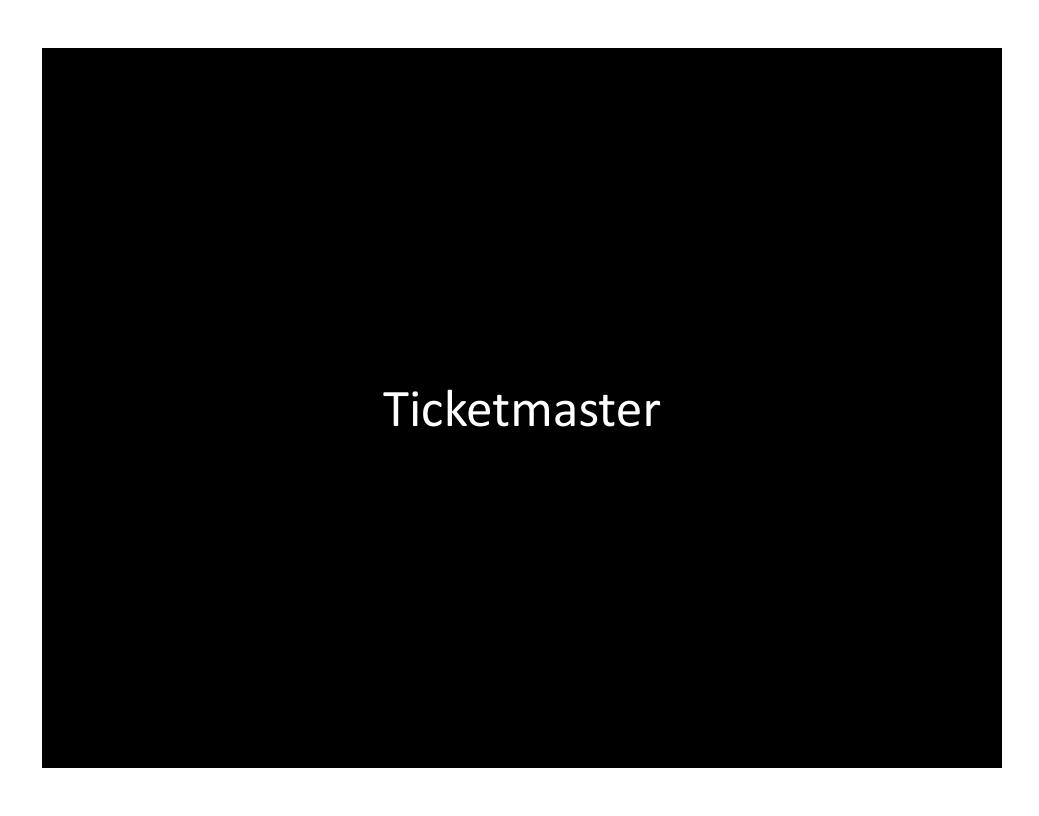
People

Vaccine Availability

Appointment Slots









Healthcare.gov

Why these approaches will not work here

Scarce Supply – No Optimistic Concurrency Vendors unwilling to use Central System Lack of Control Over Supply

Satisfying the Constraints

Portal Based Application

Make clear to the user the threefold opportunities and scheduling difficulties

Direct access to Mass sites through preregistration

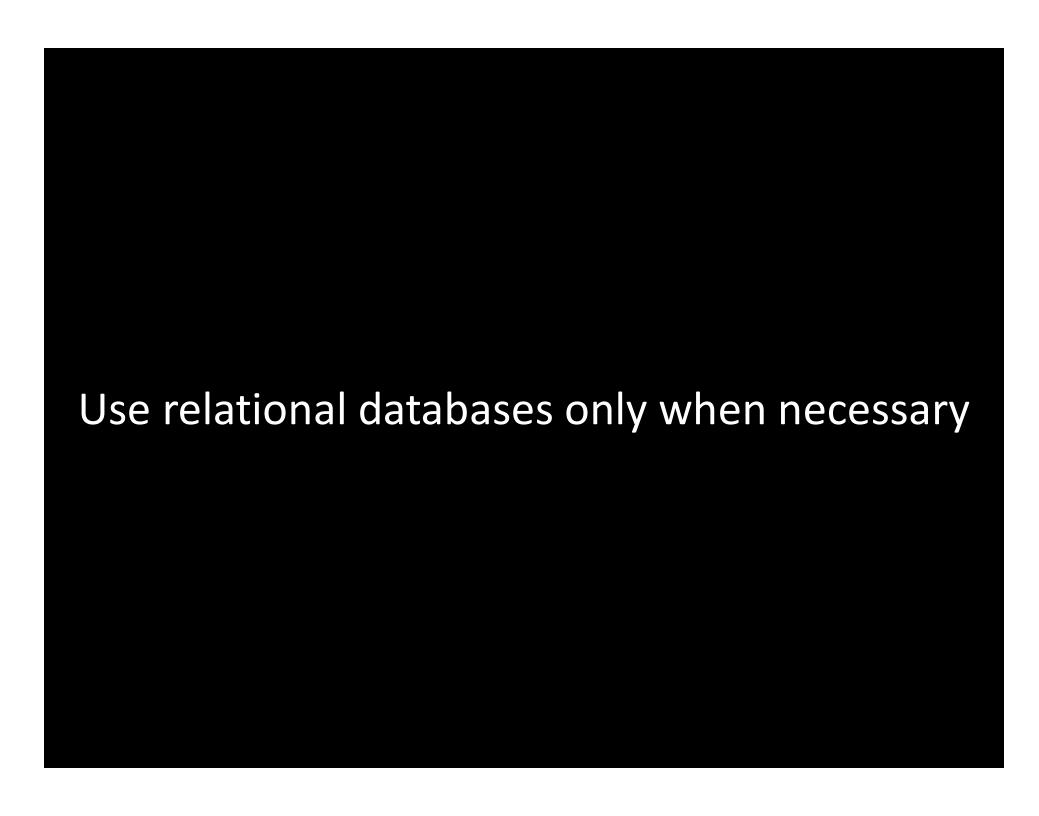
Automated data entry of other web sites

Updated, cached supply information

No time to develop web services

Use cloud for scalability

You cannot afford to buy resources for peak demand.



Use cached information for scheduling availability

Separate data stores to minimize lock conflicts

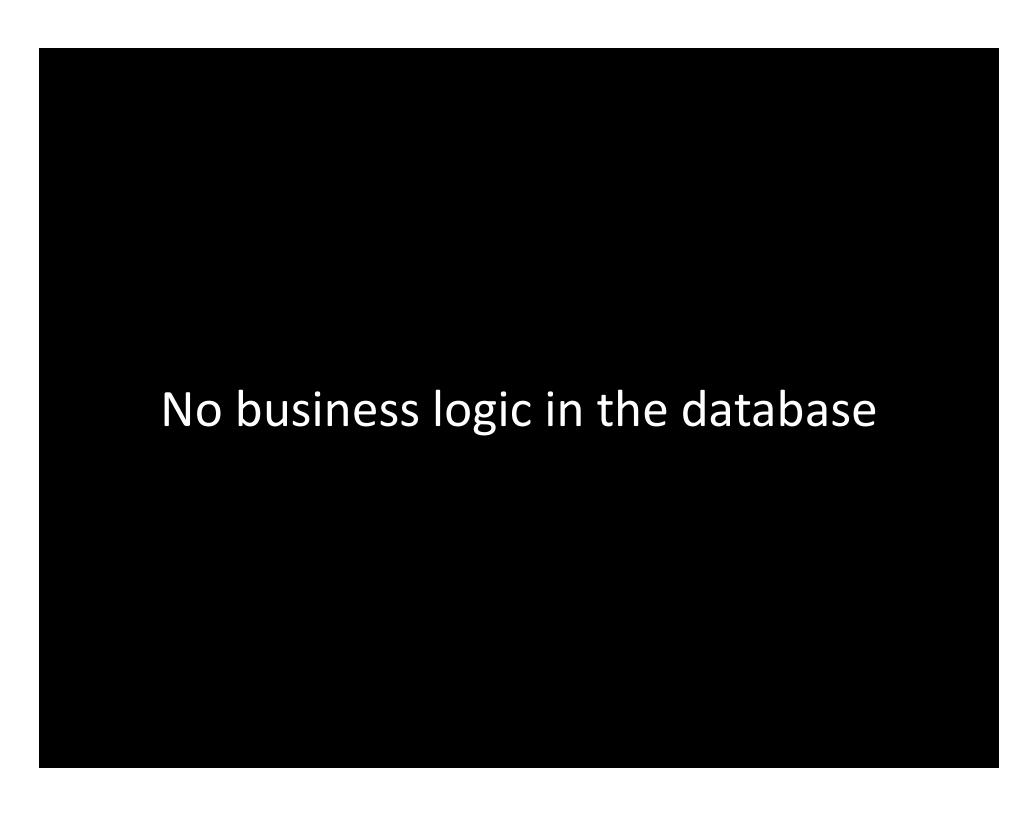
User Information

Allow Pre-registration

Scheduling Locations

Vaccine Availability

Available Appointments



Separate out services by access path

Enter User Information

Query for Appointments

Schedule Appointments

Fail Fast, Aggressive Timeouts

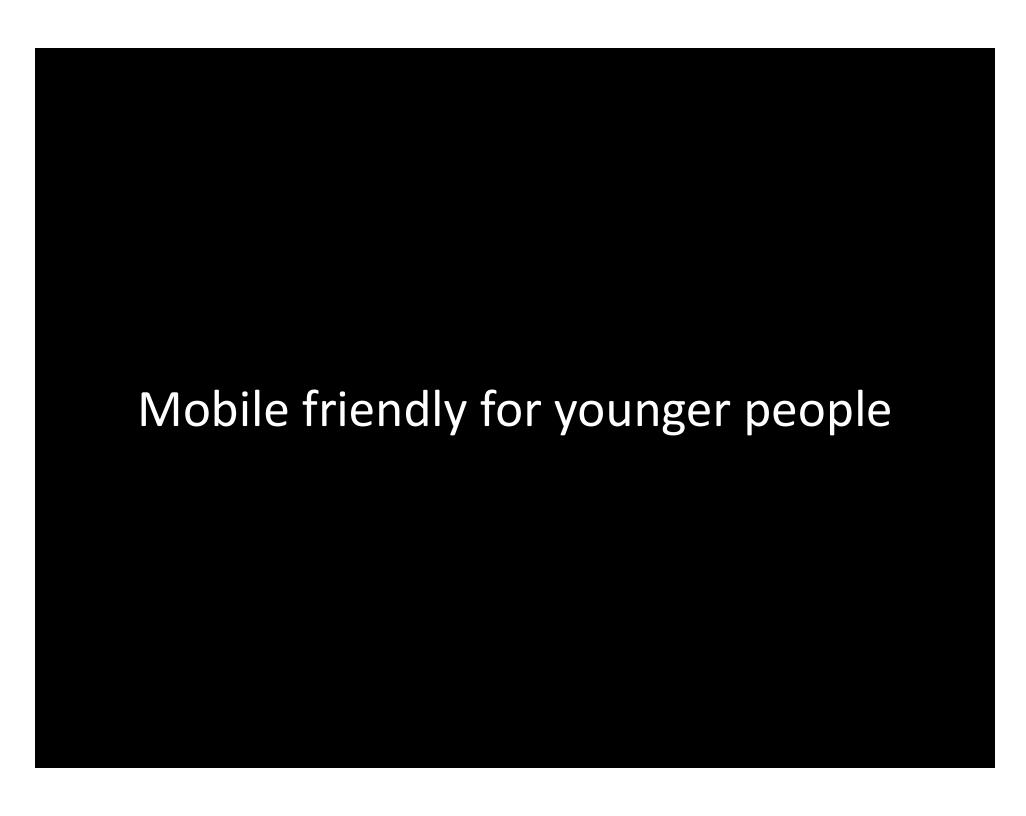
Report back to user as quickly as possible what happened, do not just crash

Can degrade to lower quality service

Prioritize scheduling appointments over entering information

Prioritize sending to a different website over entering information

Disability Friendly



Conclusions

Political, social, economic constraints are real You have to architect for the conditions you have, not the conditions you would like to have You cannot scale after the fact You have to architect for failure Understand the scale boundaries in your application

