Canada Health Infoway

CA-FeX
Review of Comments

August 27th, 2025

Welcome & Agenda

- Purpose:
  - Resolve public comments on CA:FeX v2.2.0-DFT-Ballot
- Today's goals:
  - Review 3 remaining submitted comments
  - Agree on disposition & follow-up actions
  - Record vote results for ballot reconciliation

Disposition Categories (HL7 Terminology)

Category	Definition
Persuasive	Comment accepted; implement exactly as requested
Persuasive with Modification	Comment accepted conceptually; implement with changes
Not Persuasive	Comment rejected; no change
Not Persuasive with Modification	Comment rejected; other clarifying/editorial change made
Considered – Question Answered	Clarification provided; no spec change
Considered – No Action Required	Issue acknowledged; no change needed
Considered for Future Use	Valid point; defer to future release
Duplicate	Same as another tracker
Out of Scope	Outside guide scope
Withdrawn by Submitter	Commenter retracted before vote

Voting Procedure for Each Comment

1. Review the comment under discussion, including the original submission, its interpretation, and the proposed disposition with any associated actions.
2. The chair invites working group members to raise any objections or request further discussion on the proposed resolution.
3. If a member raises an objection that cannot be resolved quickly, the comment is deferred for offline discussion and will not proceed to a vote in the current session.
4. If no objections are raised, the chair invites a motion to approve the proposed disposition.
5. A working group member makes the motion to accept the proposed resolution.
6. A different member seconds the motion.
7. The chair then calls for:
    1. Abstentions (recorded by count)
    2. Objections (recorded by name and count)
    3. All others are assumed to be affirmative votes.
8. If there is a quorum and no blocking objections, the motion carries. The disposition is recorded, and the JIRA tracker is updated accordingly.

Current Voting Block

Ticket #	Comment	Status
ATS-363	Tying tokens to certs needs more discussion, if it is intended	Resolved – Passed
ATS-364	Images aren't viewable in tabs	Resolved – Passed
ATS-365	Mandatory transactions without use cases	Resolved – Passed
ATS-366	Broken link	Resolved – Passed
ATS-367	Sub-sections should show in dropdowns	Resolved – Passed
ATS-368	Prefer SMART over IUA	Resolved – Passed
ATS-370	Don't require searching Bundle	Resolved – Passed
ATS-371	What does it mean to require search on an optional resource.	Resolved – Passed
ATS-372	Checkmark instead of conformance language	Resolved – Passed
ATS-373	Require clients to search by category, not type.	Resolved – Passed
ATS-374	Clients should be free to choose what they consume.	Resolved – Passed
ATS-376	Require code and system when searching on tokens.	Resolved – Passed
ATS-377	Don't use "subscribed" since we are not suggesting FHIR subscriptions.	Resolved – Passed
ATS-382	Bundle type feedback	Resolved – Passed
ATS-369	Don't duplicate FHIR Core Search Parameters	In Progress
ATS-375	Don't require searching by _id or identifier.	In Progress
ATS-378	Use Patient $match for finding a specific patient.	In Progress

Issue ATS-369 — Don’t Duplicate FHIR Core Search Parameters

Original Comment

“Several of the search parameters duplicate search parameters in the base FHIR specification: CAFeXPatientName, CAFeXPatientFamily, CAFeXPatientGiven, CAFeXPractitionerName. These should be derived from the Base FHIR Specification rather than defined by CA:FeX.”

Interpretation

The CA:FeX specification defines its own versions of common search parameters that already exist in the FHIR core specification. This duplication creates confusion for implementers, may trigger validation issues, and makes it unclear which parameter canonical URL should be used. The intent was to clarify expected search behavior, not redefine the parameters, similar to the approach used in US Core.

Issue ATS-369 — Don't Duplicate FHIR Core Search Parameters

Proposed Disposition → *Persuasive with Modification*

#	Action	Detail / Rationale
1	Retire the CA:FeX-specific search parameter resources listed above.	Removes redundancy and avoids ambiguity between CA:FeX and FHIR core definitions.
2	Reference the core FHIR parameters (name, family, given) directly in CapabilityStatements and must-support declarations.	Ensures implementers rely on canonical FHIR definitions, which improves compatibility and tooling behavior.
3	Add a short clarification on the "Search Parameters" page stating that these core parameters are reused unchanged, in alignment with US Core.	Maintains transparency while removing unnecessary artefacts.

Motion Raised	To be filled	Votes For	To be filled	Objections	To be filled
Seconded	To be filled	Abstentions	To be filled		

Issue ATS-375 — Don’t Require Searching by _id or identifier

Original Comment

“It is strange to require support for searching on _id for clients; clients that know ids are likely to simply use the read interaction. Furthermore, clients might never search by identifier. Suggest changing _id and identifier search parameters to MAY for clients.”

Interpretation

The commenter is pointing out that requiring clients to support search interactions using _id and identifier is unnecessary and inconsistent with expected usage:

- If a client already knows the _id, a read operation is simpler and more direct than search.
- Not all clients will ever need to search by identifier, especially outside the Patient resource.
- Requiring these searches burdens implementers without clear benefit in many client scenarios.

Issue ATS-375 — Don’t Require Searching by _id or identifier

Proposed Disposition → *Persuasive with Modification*

#	Action	Detail / Rationale
1	Change support for _id and identifier searches to MAY for all resources.	Clients are not expected to perform these searches in most real-world workflows.
2	Exception: For Patient.identifier, retain a higher conformance expectation (SHALL or SHOULD).	Patient lookup by identifier is a common and expected use case. Id is also commonly used to identify a unique patient in the presence of multiple identifiers.

Motion Raised — To be filled

Seconded — To be filled

Votes For — To be filled

Abstentions — To be filled

Objections — To be filled

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Issue ATS-378 — Use Patient $match for Finding a Specific Patient

Original Comment

"Instead of requiring the :exact modifier for patient-name search, it is recommended to use the Patient $match operation with parameter onlyCertainMatches=true to find a single patient with high confidence."

Interpretation

The commentor proposes replacing the current exact-name search requirement with the $match operation, which offers probabilistic matching and a deterministic flag (onlyCertainMatches) for higher accuracy. Implementing $match would introduce:

- A new FHIR operation not presently defined in CA:FeX transactions.
- Potential need for an additional use case and actor interaction.

Given the scope and timelines for v2.2.0-DFT, this change is larger than a simple parameter tweak.

Issue ATS-378 — Use Patient $match for Finding a Specific Patient

Proposed Disposition → *Considered for Future Use*

#	Action	Detail / Rationale
1	Defer adoption of Patient $match to a future release.	Requires new operation definition, use-case alignment, and implementer consultation.
2	Retain current :exact search guidance in v2.2.0.	Ensures ballot scope stability while still enabling deterministic lookup. Additional examples to be provided in the guide.

Motion Raised	To be filled	Votes For	To be filled	Objections	To be filled
Seconded	To be filled	Abstentions	To be filled		

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Thank you!

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