



pan-Canadian Health Data Strategy:

**Expert Advisory Group Plenary Meeting:
May 28, 2021**

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What We Heard

Overview of the Fifth Plenary Meeting of the Expert Advisory Group

The fifth plenary meeting of the Expert Advisory Group (EAG) for the pan-Canadian Health Data Strategy (pCHDS) took place on May 28, 2021. This report presents a summary of the feedback received during the plenary meeting. Discussion included the way forward for the EAG, outlining timing for the publication of the first EAG report and work to be undertaken to support future reports. The EAG also heard from Richard Alvarez, a Canadian health informatics leader, who spoke on the challenges and opportunities present in Canada's health data systems.

The Way Forward for the Expert Advisory Group

The EAG will be releasing reports that consolidate their advice to FPT jurisdictions that describes specific actions to strengthen Canada's health data foundation. The first report, to be released in June 2021, will **outline the EAG's vision for health data in Canada in 2030**, the persistent barriers that have prevented Canada from achieving this in the past, the initial areas for action to **strengthen Canada's health data foundation**, and the principles to guide the development and implementation of the pCHDS.

This first report serves to help draw attention to the issues highlighted in the report that must be addressed as part of a successful strategy. When released, the report will allow future discussions to **focus on how to overcome these longstanding issues rather than continuing to discuss what the issues are**. Following the release of the first report, the EAG will develop a second report, planned for fall 2021, that focuses on advice for action to be taken to strengthen Canada's health data foundation.

To develop that advice, the EAG will be working on articulating a future state of Canada's health data foundation in more detail and identify early steps to move toward that future state, considering **potential solutions to the longstanding issues**. This work will include envisioning health data governance in a digital age, articulating the current state of data policy and data sharing in Canada, and listening to the public for requirements for the trusted collection, sharing, and use of health data for individual care and the public good. Further work will support the business case for a culture of data sharing and protection, as well as reflecting on how Canada's health data systems fare in comparison to other countries in the Organization for Economic Co-Operation and Development. In addition, effective health data systems that already exist within Canada could be studied and highlighted.

Finally, the importance of engaging with **First Nations, Inuit, and Métis peoples in a distinctions based approach** was highlighted. This should build on existing collaborations and **support the opportunity to identify fora and approaches to discuss specific health data issues**.

Preliminary Advice and Embedding Equity

The EAG reviewed feedback received from members to **prioritize potential actions that could be taken under each of the four health data foundation components**: social license; data policy for the digital age; accountable alliances; and data interoperability and architecture. Members agreed to further refine, prioritize and sequence these actions over the coming months. Members emphasized that **equity needs to be deeply embedded as an outcome** from these actions.

Discussion with the Front Line of Data – Richard Alvarez

The EAG heard from Richard Alvarez, former president of Canada Health InfoWay and the Canadian Institute for Health Information. Based on his over 30 years of experience in health data systems, he provided several insights to the EAG as they develop their advice for the pCHDS:

- COVID-19 has clarified the **urgent need for health data systems change**, but the case for stronger systems will require ongoing support and momentum.
- **The policy environment has not kept pace** with the evolution of health information technology.
- Health data systems need leadership at the political, administrative and clinical levels. **Policy change needs champions and sponsors.**
- Both **FPT partners and the health sector must be at the governance table**. There should be an organization dedicated to data governance, staffed by those with experience in risk management.
- **Solutions need to be supported by the funding necessary for ongoing operation and maintenance** and the costs must be shared among jurisdictions.
- Incentives need to be put in place to **encourage adoption of digitized solutions**.
- There is a need to consider **how solutions affect the workflow of care providers at the front line**.
- **Trust is an important issue**, both between provinces, territories, and the federal government and between providers and the level of government to which they are accountable.
- **Coherent data and communication standards are achievable if you mandate them**. Provinces and territories will mandate standards if they make sense.
- Selection of priorities will be crucial to **establish meaningful scope**. Clearly stating the value proposition of changing data management will be key to securing support.

Next steps

The next EAG plenary will be held June 16th with a focus on establishing working groups to support the EAG's second report. It is expected that working groups will continue the work over the summer with plenaries resuming in September.