DIGITAL HEALTH STRATEGY REVIEW

Pan-Canadian Health Data Strategy: Towards a world-class health data system

Afreen Rehman

Master of Health Informatics

MHI 2021H: Canada's Health System And Digital Health Policy

Pan-Canadian Health Data Strategy: Toward a world-class health data system

Overall Goal of the Strategy

The Pan-Canadian Health Data Strategy aims to create a person-centric, learning health system to access, share and use health data across Canada. Guided by the Canadian Health Data Charter, the strategy endorses principles that promote interoperability, trust, and improved data governance, while incorporating the quintuple aim to enhance personal health experiences, population outcomes, and health equity.

Use of Policy Levers

The strategy uses each of the 4.5 levers as follows:

Lever 1 – Do:
The strategy uses the "Do lever" as the government takes direct action to implement the Pan-Canadian Health Data Strategy. This includes setting up a Health Information Council to give guidance on health data investments and creating the Learning Health System (LHS) Table for coordinating efforts to establish common data standards and harmonized policies across jurisdictions and secure funding in order to achieve a shared vision.

For example, the Health Information Stewardship Council is made up of experts and is facilitated by one or more LHS Tables, which are accountable to the Federal, Provincial and Territorial (FPT) Conference of Deputy Ministers of Health. The Council and LHS Table work together to ensure that First Nations, Inuit, and Métis Nation's data sovereignty is respected, and their representatives or governments are properly involved.

Lever 2 – Fund:
The strategy uses the "Fund lever" by recommending the federal government to allocate significant funds to support infrastructure, build new bodies and jurisdictions, gain community trust and provide data literacy.

For example, approximately $1B funds would be used annually to strengthen the health data foundation, and support all provinces and territories in order to align their system with national standards.

Lever 3 – Mandate:
The strategy uses "Mandate lever" by establishing a common health data policy framework to ensure that data sharing processes drive better health outcomes while safeguarding privacy. This framework would set minimum requirements for addressing priorities and reducing friction in data access and sharing across jurisdictions. It also clarifies the intent of existing legislation and policy to improve data interoperability and proper usage.

For example, strategy recommends that Canada can adopt "Legislation for Interoperability", which is in line with the U.S. regulatory interoperability rule, that requires health technology vendors to ensure data is interoperable and prevents information blocking. Another example

is to mandate a common data collaboration protocol which would establish a universal agreement for organizations and jurisdictions to share data securely and efficiently. This protocol could support research and clinical collaboration, ensuring clear expectations for data access and privacy protection.

Lever 4 – Communicate:

The strategy uses "Communicate lever" by emphasizing the need for transparent and effective communication between the government, the public, health providers, and stakeholders to foster trust and collaboration in health data initiatives. A shared understanding of the benefits, risks, and quality of health data is critical for optimizing health programs and services. .

A key example of this is improving the public's understanding of the value of personal health data and how its secure sharing can lead to societal benefits. Public education campaigns could focus on the importance of data sharing while ensuring privacy protections are in place, enhancing trust and cooperation in public health initiatives.

Another important example is that the technology providers must understand public expectations and their responsibilities regarding data sharing, especially as health policies evolve. This includes clarifying their role in protecting health data while enabling seamless data integration across systems.

Lever 4.5 – Reorganize:

The strategy does not use "Reorganize lever" as the strategy's focus is more on direct governmental actions, such as establishing new councils and tables (under the **Do Lever**) rather than transferring authority to existing entities.

Strategy Assessment

Overall, the strategy is generally clear in its objectives and proposed actions. The strategy gives vision for a world-class health data system by 2030, providing steps toward its achievement. It clearly articulates what the government wants to do: establishing new governance structures, common standards, and policies; improving data literacy; and earning public trust.The strategy provides a strong rationale for why these actions are necessary, citing issues such as fragmentation of health data, ineffective Pan-Canadian governance observed during Covid, and outdated policies that have hindered timely data sharing. However, while the 'what' and 'why' are clear, the 'how' could be more detailed, particularly regarding the specific allocation of funds and the measures of success. Additionally, considering the complex federal-provincial dynamics in Canadian healthcare, the strategy could be more specific about how it will navigate these relationships to achieve its goals. Despite these points, the strategy offers a clear roadmap for transforming Canada's health data system and explains why the government believes this approach will be effective.