

Intelligence MEMOS



From: Will Falk and Trevor Jamieson

To: Canadian Healthcare Observers

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Re: **A NATIONAL DIGITAL HEALTH ARCHITECTURE IS LONG OVERDUE. LET'S GET GOING**

Digital health is vital for healthcare and its governance and legislative framework should be a broader federal government responsibility – not just a healthcare issue.

Canada's national digital health legislation should not be cobbled together from the various provincial efforts. Modern health data architecture and governance enables better healthcare, ensures patient data rights, promotes competition, and meets our country's international trade and security obligations.

First, it's crucial to recognize that access to usable and shareable personal digital health data is a core patient right regardless of where care is received. Governments should guarantee this right by a specific date, as one of us [recommended](#) in a 2021 Health Canada report that suggested a two-year time frame. Set the date for 2025.

Second, our trading partners have set out specific formats for usable digital data rights and technical specifications for programming interfaces that allow the exchange of meaningful data. The [Global Digital Health Partnership](#) (GDHP) is an example. We should adopt an aligned and national set of these standards now, and not allow distracting and hindering divergence across provinces or other jurisdictions. Eighty percent of our public health data resides in systems built by just 15 to 20 software providers. Most of these companies already have obligations to meet these standards in other locales; the rest are \$250-million plus corporations that are ready to pivot if and when there is a signal from government to switch.

Third, core systems such as prescribing and labs need to be electronic-only by a specific date – again 2025. A hybrid model is eroding many, if not all, efficiencies gained by forcing us to manage multiple channels and related reconciliation workflows. The same can be said about electronic referral systems and the long-discussed elimination of fax technology. Incremental shifts are often harder for the system; hard cutover dates seem drastic but allow IT managers, administrators and clinicians to develop a proper plan to realize efficiencies and not to juggle multiple models.

Fourth, digital health modernization and matching international standards are critical for national security and international trade, not just for healthcare. The OECD Health Ministers recognized this in 2022 and the GDHP has been built around these needs. Regulating the digital health software industry, valued at over \$20 billion in Canada, is also an important national competitiveness issue. The industry is creating thousands of good high technology jobs each year. Meeting accepted international standards at home prepares Canadian firms to compete globally, while meeting an idiosyncratic local set of rules forces a do over in order to scale. Our Canadian companies have the skills to compete, and several are now global leaders – Mississauga's PointClickCare and Montreal's AlayaCare are examples.

Fifth, implementing separate standards and reporting systems at the provincial level is unnecessary and counterproductive. It is quite literally a waste of time, adds no meaningful value to patient care, and erodes digital innovation. Larger, established global health IT companies have no interest in producing software for smaller markets, and not uncommonly refuse or demand their own rules anyway. Smaller, less established entrants with great ideas waste valuable effort, and put their companies at risk, by reworking their solutions again and again. A national framework based on well-designed legislation and regulations from US and European trading partners (and built on decades of work from highly respected standards organizations), using the GDHP, [HL7](#), [FIHR](#) and the [Cures Act](#) as foundation stones, should be built.

Federal health agencies and related non-health agencies, such as StatsCan and the Competition Bureau, will need to adapt. A rethink of the federal health agency structure has been recommended in two reports to Health Canada. One consolidated health agency should manage the governing principles of our national digital health architecture and produce monthly reports around metrics that push forward patient data access, patient care, innovation and competition, costs and efficiencies and, of course, big data and the learning health system.

In the past six months, we have seen immense innovation in generational artificial intelligence. Our lack of a national health data architecture will hobble us in this internationally competitive field. We need to solve our old problems so we can spend our time and effort on the new challenges being brought by these innovations.

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