Amendments to PIPAEDA, Bill S-4
https://policybase.cma.ca/link/policy11194

POLICY TYPE  Parliamentary submission
DATE  2014-06-09
TOPICS  Health information and e-health
         Ethics and medical professionalism

Documents
Guiding principles for physicians recommending mobile health applications to patients

https://policybase.cma.ca/link/policy11521

POLICY TYPE Policy document
DATE 2015-05-30
TOPICS Health information and e-health
Physician practice, compensation, forms

Background

Guiding principles for physicians recommending mobile health applications to patients

The document is designed to provide guidance to physicians about how to recommend mobile health applications to patients. It outlines the key considerations for physicians in recommending mobile health applications.

Documents

CMA POLICY

GUIDING PRINCIPLES FOR PHYSICIANS
RECOMMENDING MOBILE HEALTH APPLICATIONS
TO PATIENTS

The document provides guidance on the ethical considerations for recommending mobile health applications to patients, including privacy, security, and patient safety.

1. Privacy: Physicians should ensure that patient information is protected and not shared without the patient's consent.
2. Security: Physicians should ensure that mobile health applications are secure and protected against unauthorized access.
3. Patient Safety: Physicians should ensure that mobile health applications are safe and do not cause harm or discomfort to patients.
4. Accuracy: Physicians should ensure that mobile health applications provide accurate and reliable information.
5. Accessibility: Physicians should ensure that mobile health applications are accessible to all patients, including those with disabilities.

The CMA POLICY document provides a comprehensive guide for physicians on how to recommend mobile health applications to patients, ensuring that patients are informed and protected.

CMA Policybase - Canadian Medical Association
Principles for the protection of patient privacy
https://policybase.cma.ca/link/policy13833

POLICY TYPE
Policy document

DATE
2017-12-09

REPLACES
PD11-03 Principles for the Protection of Patients’ Personal Health Information

TOPICS
Health information and e-health
Ethics and medical professionalism

Documents
Best practices for smartphone and smart-device clinical photo taking and sharing
https://policybase.cma.ca/link/policy13860

POLICY TYPE  Policy document
DATE        2018-03-03
TOPICS      Health information and e-health
Ethics and medical professionalism
Principles concerning physician information
https://policybase.cma.ca/link/policy208

POLICY TYPE Policy document
LAST REVIEWED 2019-03-03
DATE 2002-06-02
TOPICS Health information and e-health
Ethics and medical professionalism

Documents

Putting Patients First : Comments on Bill C 6 (Personal Information Protection and Electronic Documents Act) : Submission to the Senate Standing Committee on Social Affairs, Science and Technology
https://policybase.cma.ca/link/policy1979

POLICY TYPE Parliamentary submission
LAST REVIEWED 2019-03-03
DATE 1999-11-25
TOPICS Ethics and medical professionalism
Health care and patient safety
Health information and e-health

Documents
“Putting Patients First”

Comments on Bill C-6
(Personal Information Protection and Electronic Documents Act)

Submission to the Senate Standing Committee on Social Affairs, Science and Technology

Nov 27 1999

Olivia Peterkin

President
Canadian Medical Association

Executive Summary

The comments deal primarily with the ethics of data collection and the need for safeguards when dealing with sensitive medical information.

The Canadian Medical Association supports the principles outlined in Bill C-6, which aim to protect personal information. However, it is important to ensure that the safeguards are robust and that there is proper oversight to prevent misuse of the data collected.

Data collection for research purposes should be transparent and subject to oversight, with appropriate safeguards to protect the privacy and confidentiality of individuals.

In conclusion, the CMA believes that Bill C-6 provides a good framework for protecting personal information, but further clarification and oversight mechanisms are needed to ensure that the principles are effectively implemented.
“Listening to our Patient’s Concerns”

Comments on Bill C-54
(Personal Information Protection and Electronic Document Act)

Submission to the House of Commons Standing Committee on Industry

March 18, 1999

Linda O’Brien, M.D.
Further information: J.C. (Jim) Swanson

For the purpose of this submission, the Canadian Medical Association and the Canada Health and Public Health Physicians’ Association (the Associations) wish to express their concerns about Bill C-54, the Personal Information Protection and Electronic Document Act. The Associations believe that the Bill’s provisions are too broad and could have significant implications for patient confidentiality and physician/patient privilege.

The Associations are concerned that the Bill’s provisions relating to the use of electronic medical records (EMRs) may be too restrictive and could limit the ability of physicians to access and use information necessary for the provision of care. The Associations recommend that the provisions of the Bill be revised to ensure that physicians have access to the information necessary to provide care, while also protecting patient confidentiality.

The Associations are also concerned that the Bill’s provisions relating to the use of health information for research purposes may be too restrictive and could limit the ability of researchers to conduct important research. The Associations recommend that the provisions of the Bill be revised to ensure that researchers have access to the information necessary to conduct research, while also protecting patient confidentiality.

The Associations believe that the Bill’s provisions relating to the use of health information for public health purposes may be too restrictive and could limit the ability of public health authorities to conduct important public health activities. The Associations recommend that the provisions of the Bill be revised to ensure that public health authorities have access to the information necessary to conduct public health activities, while also protecting patient confidentiality.

The Associations are also concerned that the Bill’s provisions relating to the use of health information for administrative purposes may be too restrictive and could limit the ability of health care providers to conduct important administrative activities. The Associations recommend that the provisions of the Bill be revised to ensure that health care providers have access to the information necessary to conduct administrative activities, while also protecting patient confidentiality.

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Guiding Principles for Physician Electronic Medical Records (EMR) Adoption in Ambulatory Clinical Practice

https://policybase.cma.ca/link/policy9117

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2008-02-23

TOPICS
Health information and e-health

Documents
Vision for e-Prescribing: a joint statement by the Canadian Medical Association and the Canadian Pharmacists Association

https://policybase.cma.ca/link/policy10670

POLICY TYPE Policy document
LAST REVIEWED 2019-03-03
DATE 2012-12-08
TOPICS Health information and e-health
Pharmaceuticals, prescribing, cannabis, drugs

Documents
Guiding principles for the optimal use of data analytics by physicians at the point of care
https://policybase.cma.ca/link/policy11812

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2016-02-27

TOPICS
Health information and e-health

Guiding Principles for the Optimal Use of Data Analytics by Physicians at the Point of Care

Executive Summary

Electronic records are now being used more widely in making their own medical, in majority of provinces in Canada have implemented electronic medical records (EMRs). EMRs by physicians can facilitate various patient care. EMRs are less extensive and provides an improved understanding of health care costs. The cost of EMRs is still high and can vary significantly from one EMR to another. They can be used to improve cost and access to health care services or to electronic and paper form. However, giving the above EMRs, CMA policy on EMRs may be helpful to providers to choose an EMR that is best for their practice.

Optimized use of EMRs is key to bring the right balance between managing the care of patients, as well as personal and public health. EMRs are designed for the management of care and personal health, and the CMA has a balanced approach to ensure patient care is well-balanced. EMRs can be used to support clinical decision-making and support public health measures when responding to reports from EMRs, including the following:

- May not be used by patients to access their medical information or to request care
- EMRs should only be used by authorized personnel to access confidential health information

CMA Policy on Electronic Medical Records (EMRs) - Canadian Medical Association (CMA)
Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity

https://policybase.cma.ca/link/policy14447

POLICY TYPE   Policy endorsement
DATE          2021-04-30
TOPICS        Population health, health equity, public health
Health information and e-health

Documents
Digital Health Care and Competition – a perspective from The Canadian Medical Association
https://policybase.cma.ca/link/policy14444

POLICY TYPE
Parliamentary submission

DATE
2021-06-25

TOPICS
Health information and e-health

Documents
Virtual Care in Canada: progress and potential. Report of the Virtual Care Task Force
https://policybase.cma.ca/link/policy14470

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**Documents**
CMA Statement on the Governance of Health Information: A patient-partnered health information governance framework
https://policybase.cma.ca/link/policy14485

WHAT IT IS
The purpose of this statement is to outline the key elements of a data-informed, patient-partnered, transparent, collaborative, accountable framework to govern health information. The framework is intended to be flexible, scalable, and adaptable to the needs of diverse settings, including but not limited to, healthcare organizations, health information systems, and the broader health sector.

1. The framework should be designed to support the rights of individuals, including patients, to access and control their health information, while ensuring the confidentiality, integrity, and availability of the information.
2. The framework should be developed in consultation with patients, caregivers, and other stakeholders to ensure that their perspectives and needs are reflected in the governance process.
3. The framework should be aligned with existing policies and regulations, including data protection laws, to ensure compliance.
4. The framework should be supported by robust tools and processes for monitoring and evaluating the effectiveness and impact of governance practices.

The framework represents a comprehensive approach to health information governance, providing a foundation for promoting patient-centered care, trust, and transparency in the health sector.