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

POLICY TYPE: Policy endorsement
DATE: 2022-02-26
TOPICS: Health information and e-health

Documents
Study on Bill S-209, An Act respecting Pandemic Observance Day
https://policybase.cma.ca/link/policy14467

POLICY TYPE  Parliamentary submission
DATE  2022-02-09
TOPICS  Health care and patient safety
Ethics and medical professionalism

Documents

Appearance before the Senate
Standing Committee on Social
Affairs, Science and Technology

Study on Bill S-209, An Act
respecting Pandemic
Observance Day

Dr. Kyle Tousignant
President of the Canadian Medical Association

February 04, 2022
Disclosure: None
CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities’ study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code
https://policybase.cma.ca/link/policy14464

POLICY TYPE
Parliamentary submission

DATE
2021-12-15

TOPICS
Health care and patient safety
Ethics and medical professionalism

Documents
Vaccine acceptance

https://policybase.cma.ca/link/policy14450

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
Return to school during COVID-19
https://policybase.cma.ca/link/policy14452

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents

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Full policy recommendation

1. The CMA, in light of current evidence and safety data, endorses vaccine interchangeability in situations where health-care services and products are provided and vaccines are recommended to be used in health-care settings. Interchangeability should be supported by a comprehensive strategy to ensure that vaccines are available and accessible.

2. The CMA encourages the adoption of a national strategy to ensure that vaccines are available and accessible to all Canadians. This strategy should include actions to support vaccine supply and distribution, enhance vaccine education and awareness, and strengthen vaccine delivery systems.

3. The CMA supports continued research and monitoring of vaccine safety and effectiveness, including investigations into the potential for vaccine interchangeability.

4. The CMA encourages provincial and territorial health authorities to develop and implement policies and guidelines for vaccine interchangeability that are consistent with national standards.

5. The CMA recommends that vaccine providers and health-care professionals be trained to recognize and address the potential for vaccine interchangeability.

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Interchangeability of vaccines (vaccine mixing)

Policy document

2021-08-21

Health care and patient safety
Population health, health equity, public health

Interchangeability of vaccines (vaccine mixing)

Policy position recommendation

1. The CMA supports the recommendation issued by the National Advisory Committee on Immunization (NACI) that vaccine doses be stored in the cold chain (refrigerated), based on the best available evidence and data.

2. The CMA and its members are committed to vaccine equity. In the context of vaccine interchangeability, members should ensure that any decisions are made in the best interest of patients and the health system, taking into account the available evidence and data.

Interchangeability of vaccines

- interchangeability of vaccine doses: substitution of different COVID-19 vaccine types
- vaccine interchangeability: interoperability in administration
- vaccine interchangeability: use of vaccine doses to fulfill the immunization schedule

Interchangeability of vaccines is important for public health, including:
- public health
- patient safety
- equity
- maximizing supply
- minimizing waste
- cost efficiency
- adapting to real-world scenarios

Interchangeability of vaccines (vaccine mixing)

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
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
The Canadian Interdisciplinary Palliative Care Competency Framework
https://policybase.cma.ca/link/policy14439

POLICY TYPE        Policy endorsement
DATE              2020-12-05
TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
CMA Pre-budget Submission
https://policybase.cma.ca/link/policy14259

POLICY TYPE
Parliamentary submission

DATE
2020-08-07

TOPICS
Physician practice, compensation, forms
Health information and e-health
Health care and patient safety
Health systems, system funding and performance

Documents
CMA Statement on Racism

The Canadian Medical Association (CMA) has issued a statement on health care and anti-racism. The statement highlights the need for equitable access to health care and the importance of addressing systemic racism in the medical profession and health care systems.

The statement notes that systemic racism is a major barrier to equitable care and that healthcare professionals must work to address this issue. It calls for the implementation of policies and practices that promote equity and reduce disparities in health outcomes.

The statement also calls for greater diversity and inclusion in the medical profession, including increasing the number of Black, Indigenous, and racialized professionals in leadership roles.

In conclusion, the CMA emphasizes the importance of addressing systemic racism in healthcare and calls for the collective effort of all stakeholders to work towards a more equitable and just system.
Responding to the COVID-19 pandemic: Federal measures to recognize the significant contributions of Canada’s front-line health care workers

https://policybase.cma.ca/link/policy14211

POLICY TYPE  Parliamentary submission
DATE  2020-05-28
TOPICS  Health care and patient safety

Documents
Framework for Ethical Decision Making During the Coronavirus Pandemic

https://policybase.cma.ca/link/policy14133

POLICY TYPE  Policy document
DATE        2020-04-01
TOPICS      Ethics and medical professionalism
            Health care and patient safety

Documents
Emergency federal measures to care for and protect Canadians during the COVID-19 pandemic

https://policybase.cma.ca/link/policy14132

POLICY TYPE
Parliamentary submission

DATE
2020-03-16

TOPICS
Health care and patient safety

Documents
Appropriateness in health care
https://policybase.cma.ca/link/policy11516

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2014-12-06
TOPICS  Health care and patient safety

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

Data analytics are now being used more widely in medicine than ever before. A majority of physicians in Canada have incorporated analytics into their practice. PACL, a
pharmaceutical software company, and other industry players, have begun to automate
the identification of potential clinical risk factors and provide this information as part
of the medical record for the point of care. This approach can provide physicians
with early warning signals and potential solutions for management of patient care.

By also analyzing, new resources are available to the process of rendering clinical care. In
this new context, physicians may seek advice from their colleagues, diagnostic and
therapeutic interventions are more carefully studied, and treatment data is used to
shape decisions that improve the quality of care. However, the use of data analytic
techniques in medicine needs to be thoughtful and deliberate. This involves
recognizing potential new risks such as adverse drug reactions and identifying
opportunities to improve care and patient outcomes.

Optimal data analytic care is based on the right balance between managing the
complexity of clinical care, maintaining patient privacy, and ensuring that evidence
is presented in a meaningful way. The key to achieving this balance is the creation of
specific guidelines that provide direction on the use of data analytics for clinical
decision-making. These guidelines should be based on evidence, expert opinion,
and stakeholder input. They should also be reviewed and updated regularly to
communicate the latest information and practices.

1. Data privacy and confidentiality: Data analytics must be conducted in a way
that protects patient privacy and confidentiality. This includes ensuring that all
identifiable data is removed, and that data is stored in secure and encrypted
formats.

2. Data quality: The accuracy and completeness of data are critical for effective
analytics. Data must be validated and cleaned to ensure that it is of high
quality.

3. Data security: Data analytics systems must be secure to prevent unauthorized
access and to protect patient data.

4. Data ownership: Data ownership is a key consideration when using data
analytics. Physicians should be aware of who owns the data and how it will be
used.

5. Data sharing: Data sharing is essential for the advancement of healthcare.
Physicians should be able to share data with trusted partners and researchers
in order to improve patient outcomes.

6. Data governance: Data governance is necessary to ensure that data is used
ethically and effectively. This includes establishing clear policies and
procedures for data use.

7. Data interpretation: Data analytics must be interpreted in a way that is
understandable and useful. Physicians should be trained in the use of data
analytics tools and be able to interpret the results of these analyses.

8. Data literacy: Data literacy is essential for physicians to understand and
interpret the results of data analytics. This includes knowledge of statistical
methods and data visualization techniques.

9. Data accessibility: Data analytics should be accessible to all relevant parties,
including patients, healthcare providers, and researchers.

10. Data transparency: Data transparency is necessary to ensure that data
analyses are conducted ethically and transparently. This includes disclosure of
methodology and results.

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

- Description: Data analytics are now being used more widely in medicine than ever before. A majority of physicians in Canada have incorporated analytics into their practice. PACL, a pharmaceutical software company, and other industry players, have begun to automate the identification of potential clinical risk factors and provide this information as part of the medical record for the point of care. This approach can provide physicians with early warning signals and potential solutions for management of patient care.
- Importance: By also analyzing, new resources are available to the process of rendering clinical care. In this new context, physicians may seek advice from their colleagues, diagnostic and therapeutic interventions are more carefully studied, and treatment data is used to shape decisions that improve the quality of care. However, the use of data analytic techniques in medicine needs to be thoughtful and deliberate. This involves recognizing potential new risks such as adverse drug reactions and identifying opportunities to improve care and patient outcomes.
- Recommended Actions:
  1. Data privacy and confidentiality: Data analytics must be conducted in a way that protects patient privacy and confidentiality. This includes ensuring that all identifiable data is removed, and that data is stored in secure and encrypted formats.
  2. Data quality: The accuracy and completeness of data are critical for effective analytics. Data must be validated and cleaned to ensure that it is of high quality.
  3. Data security: Data analytics systems must be secure to prevent unauthorized access and to protect patient data.
  4. Data ownership: Data ownership is a key consideration when using data analytics. Physicians should be aware of who owns the data and how it will be used.
  5. Data sharing: Data sharing is essential for the advancement of healthcare. Physicians should be able to share data with trusted partners and researchers in order to improve patient outcomes.
  6. Data governance: Data governance is necessary to ensure that data is used ethically and effectively. This includes establishing clear policies and procedures for data use.
  7. Data interpretation: Data analytics must be interpreted in a way that is understandable and useful. Physicians should be trained in the use of data analytics tools and be able to interpret the results of these analyses.
  8. Data literacy: Data literacy is essential for physicians to understand and interpret the results of data analytics. This includes knowledge of statistical methods and data visualization techniques.
  9. Data accessibility: Data analytics should be accessible to all relevant parties, including patients, healthcare providers, and researchers.
  10. Data transparency: Data transparency is necessary to ensure that data analyses are conducted ethically and transparently. This includes disclosure of methodology and results.

References:

- CMA Policybase - Canadian Medical Association
- Report of the Virtual Care Task Force

CMA Policybase - Canadian Medical Association
Report of the Virtual Care Task Force
https://policybase.cma.ca/link/policy14440

POLICY TYPE
Policy endorsement

DATE
2020-02-29

TOPICS
Health information and e-health

Documents
Health Canada consultation on proposed vaping products promotion regulations
https://policybase.cma.ca/link/policy14128

POLICY TYPE: Response to consultation
DATE: 2020-01-20
TOPICS: Health care and patient safety, Population health, health equity, public health

Documents