CMA Statement on the Governance of Health Information: A patient-partnered health information governance framework

https://policybase.cma.ca/link/policy14485

POLICY TYPE: Policy document
DATE: 2022-06-29
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

POLICY TYPE  Policy endorsement
DATE  2022-02-26
TOPICS  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

DIGITAL HEALTH CARE AND COMPETITION – A PERSPECTIVE FROM THE CANADIAN MEDICAL ASSOCIATION

Submission to the Competition Bureau Market Study on Digital Health Care

[Submitter's name]
[Date]
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**
CMA Pre-budget Submission

https://policybase.cma.ca/link/policy14259

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<td>1</td>
<td>A list of recommendations that are aimed at improving health outcomes and reducing healthcare costs.</td>
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<td>A detailed analysis of the current state of the healthcare system and potential areas for improvement.</td>
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<td>An overview of the existing policies and regulations that affect the healthcare sector.</td>
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Guiding principles for the optimal use of data analytics by physicians at the CMA Policybase - Canadian Medical Association

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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 regularly engaged in analytics (e.g. using analytics to inform decisions on patient care, drug use, or financial matters). Physicians and other health-care professionals require support and resources to become proficient in using analytics. The policy provides a framework for the use of data analytics in support of the delivery of optimal care, with particular emphasis on the development of an evidence-based approach to the use of data analytics.

The policy recognizes the importance of data analytics in improving the quality of care, reducing costs, and enhancing patient outcomes. However, the policy also recognizes the potential risks and challenges associated with the use of data analytics, including the need for appropriate safeguards and ethical considerations.

The policy recommends that healthcare providers and organizations develop and implement policies and procedures to support the appropriate and effective use of data analytics. These policies and procedures should be developed in collaboration with relevant stakeholders, including patients, healthcare providers, and regulatory bodies.

The policy also recommends the development of educational resources and training programs to support the use of data analytics by healthcare providers. These resources should be accessible to healthcare providers and should be designed to facilitate the integration of data analytics into clinical practice.

Finally, the policy encourages ongoing evaluation and review of the use of data analytics in healthcare, with the aim of continuously improving the effectiveness and efficiency of data analytics in support of the delivery of optimal care.

Recommendations

1. Healthcare providers should have access to data analytics resources and support.
2. Healthcare providers should be trained in the use of data analytics.
3. Healthcare providers should be involved in the development of data analytics policies and procedures.
4. Healthcare providers should be supported in the use of data analytics to improve patient outcomes.

Conclusion

The policy provides a framework for the use of data analytics in support of the delivery of optimal care. The policy recognizes the importance of data analytics in improving the quality of care, reducing costs, and enhancing patient outcomes. However, the policy also recognizes the potential risks and challenges associated with the use of data analytics, including the need for appropriate safeguards and ethical considerations.

The policy recommends that healthcare providers and organizations develop and implement policies and procedures to support the appropriate and effective use of data analytics. These policies and procedures should be developed in collaboration with relevant stakeholders, including patients, healthcare providers, and regulatory bodies.

The policy also recommends the development of educational resources and training programs to support the use of data analytics by healthcare providers. These resources should be accessible to healthcare providers and should be designed to facilitate the integration of data analytics into clinical practice.

Finally, the policy encourages ongoing evaluation and review of the use of data analytics in healthcare, with the aim of continuously improving the effectiveness and efficiency of data analytics in support of the delivery of optimal care.
Report of the Virtual Care Task Force
https://policybase.cma.ca/link/policy14440

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## Documents

![Virtual Care Recommendations for Scaling Up Virtual Medical Services](image-url)
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. 22, 2000

Olivia O’Toole

Parliamentary Assistant

CMA Policybase - Canadian Medical Association
“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

[Letterhead]

Dr. R. Smith, Chair
Committee on Industry
House of Commons
Parliament Hill
Ottawa, Ontario

Dear Dr. Smith,

I am writing to express our concerns regarding the proposed legislation, Bill C-54, Personal Information Protection and Electronic Document Act. As a member of the Canadian Medical Association, I believe it is essential that the rights of patients be protected in the context of electronic medical records.

The proposed bill, if enacted, could have significant implications for the way in which patient information is managed and used. There are several key issues that we believe require further consideration.

Firstly, there is a need for clarity on definitions and terminology. The bill appears to use terms such as “personal information” and “records” in a way that is not always clear or consistent. This could lead to confusion and potentially restrict the use of electronic medical records for legitimate purposes.

Secondly, we are concerned about the balance between privacy and the need for data sharing. While it is crucial to protect patient confidentiality, there are situations where sharing information is necessary for patient care and research. The bill should provide clear guidelines on when and how information can be shared.

Thirdly, there is a need for robust data protection measures. Electronic medical records pose unique risks to patient privacy, and it is important that the bill includes strong provisions to ensure that sensitive information is not compromised.

In conclusion, we urge the committee to consider these points carefully as it deliberates on the bill. We believe that with some modifications, Bill C-54 can provide a framework that adequately protects patient privacy while facilitating the development of electronic medical records.

Yours sincerely,

Dr. R. Smith
Senior Consultant
Canadian Medical Association

[End letter]

[Policy document reference]

[Additional information]

This policy was approved by the House of Delegates at its meeting on March 18, 1999.

[Links to further information]
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

CMA POLICY

GUIDING PRINCIPLES FOR PHYSICIAN ELECTRONIC MEDICAL RECORDS (EMR) ADOPTION IN AMBULATORY CLINICAL PRACTICE

The Canadian Medical Association’s (CMA) policy on e-health recognizes the responsibilities of physicians, medical educators, and researchers to advance the field of electronic medical records (EMR). This policy highlights the importance of ensuring that EMRs are designed to support physician practice and patient care, and provides guidance on the adoption and implementation of EMRs in ambulatory clinical practice.

PRINCIPLES

1. Patient-centred care: EMRs should facilitate patient-centred care by providing easy access to patient information and supporting effective communication between care providers.

2. Confidentiality and privacy: EMRs should be designed to ensure the confidentiality and privacy of patient information, and to comply with relevant legislation and regulations.

3. Accessibility: EMRs should be accessible to all care providers who need to access patient information, and should be designed to support the needs of diverse patient populations.

4. Security: EMRs should be secure and protected against unauthorized access, use, or disclosure of patient information.

5. Interoperability: EMRs should be designed to support interoperability with other healthcare information systems, allowing for the sharing of patient information across different settings.

6. User friendliness: EMRs should be user-friendly and designed to support the needs of physicians and other healthcare providers.

7. Quality of care: EMRs should be designed to support the provision of high-quality patient care, and to facilitate the delivery of evidence-based practice.

The CMA encourages physicians, medical educators, and researchers to adopt and implement EMRs in ambulatory clinical practice, and to work towards the development of EMRs that are patient-centred, confidential, accessible, secure, interoperable, user-friendly, and support the provision of high-quality patient care.

CMA Policybase - Canadian Medical Association
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
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

Documents
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
Ethsics and medical professionalism

Documents

CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY
See also Background to CMA Policy for the Protection of Patient Privacy

RATIONALE
The protection of personal and health information has become a central concern of the health care profession. The right to privacy is a fundamental human right and part of the personal integrity and personal freedom. Principles for the protection of personal and health information were first adopted by CMA in 1986. They have since been revised to reflect the changing nature of health care and to take account of new technologies and user expectations. They are now recognized internationally as fundamental principles of privacy protection.

SCOPE OF POLICY
The principles that form the basis of this policy are applicable to all health care providers and to persons seeking health care services.

BACKGROUND TO CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY
See also CMA Policy on Medical Professionalism and Privacy

Context
The delivery of health care in Canada is characterized by the complexity of medical care, the increasing role of technology in the delivery of health care, and the increasing expectations of patients and their families. The protection of personal and health information is a core component of patient care. It is essential that health care providers and organizations respect and safeguard patient privacy.

Privacy and Confidentiality
The principles of privacy and confidentiality are fundamental to the delivery of high-quality health care. They are recognized as a legal and ethical requirement in protecting personal information. The principles of privacy and confidentiality are also essential to the maintenance of public trust in health care services.

See also the CMA Policy on Medical Professionalism and Privacy.

Guiding principles for physicians recommending mobile health applications
CMA Policybase - Canadian Medical Association
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

Documents
Amendments to PIPEDA, 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