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
Disclosure of COVID-19 Vaccination Status by Physicians

POLICY TYPE  | Policy document
DATE        | 2021-10-22
TOPICS      | Physician practice, compensation, forms

Documents

Disclosure of COVID-19 Vaccination Status by Physicians

In patient consultations:
1. The history and physical examination will be adjusted to incorporate the patient’s COVID-19 vaccination status.
2. There will be no requirement foraha patient’s vaccination status to be disclosed to other health care providers.
3. The physician shall be able to discuss the patient’s vaccination status with their family physician.

In circumstances of public health interest:
4. The physician may be required to disclose the patient’s vaccination status to appropriate public health authorities.
5. The physician may be required to disclose the patient’s vaccination status to other health care providers.
6. The physician may be required to disclose the patient’s vaccination status to other health care providers.

In cases where there is a legal or regulatory obligation:
7. The physician may be required to disclose the patient’s vaccination status to other health care providers.
8. The physician may be required to disclose the patient’s vaccination status to other health care providers.
9. The physician may be required to disclose the patient’s vaccination status to other health care providers.

The physician should consult with the patient to determine whether they wish to share their vaccination status.

For questions or comments, please contact the Canadian Medical Association at info@cmaj.ca or 1-800-668-0888.

COVID-19 Vaccine Global Intellectual Property

Canadian Medical Association

CMA Policybase - Canadian Medical Association   p. 3
COVID-19 Vaccine Global Intellectual Property Policy

Policy document
2021-10-22
Physician practice, compensation, forms

Introduction

1. The CMA recommends the Government of Canada participate in the global dialogue, including the WHO's Global Health Summit, the World Trade Organization, the World Health Assembly, the World Health Organization and the World Health Organization (WHO)

2. The CMA recommends the Government of Canada support the global intellectual property (IP) regime of the World Trade Organization (WTO), and in support of this position, participate in future negotiations and decision making.

3. The CMA recommends the Government of Canada support the development of a global framework for intellectual property (IP) that recognizes the need for exceptions and flexibilities to protect public health, with a focus on strengthening the global IP system in ways that are consistent with the public interest.

4. The CMA recommends that in any future negotiations, the government support the development of a global framework for intellectual property (IP) that recognizes the need for exceptions and flexibilities to protect public health, with a focus on strengthening the global IP system in ways that are consistent with the public interest.

5. The CMA recommends that in any future negotiations, the government support the development of a global framework for intellectual property (IP) that recognizes the need for exceptions and flexibilities to protect public health, with a focus on strengthening the global IP system in ways that are consistent with the public interest.

6. The CMA recommends that in any future negotiations, the government support the development of a global framework for intellectual property (IP) that recognizes the need for exceptions and flexibilities to protect public health, with a focus on strengthening the global IP system in ways that are consistent with the public interest.

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
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

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
Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll
https://policybase.cma.ca/link/policy14258

POLICY TYPE  Parliamentary submission
DATE  2020-06-05
TOPICS  Physician practice, compensation, forms
Health systems, system funding and performance

Documents

Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll
June 5, 2020
Federal measures to recognize the significant contributions of Canada’s front-line health care workers during the COVID-19 pandemic
https://policybase.cma.ca/link/policy14247

POLICY TYPE                  Parliamentary submission
DATE                        2020-06-02
TOPICS                      Physician practice, compensation, forms

Documents

For further information, contact:
Hana Panahi, M.D., M.P.P.
Director of Health Policy
Health Canada

Protecting and supporting Canada’s health-care providers during COVID-19
CMA Policybase - Canadian Medical Association
p. 9
Protecting and supporting Canada’s health-care providers during COVID-19
https://policybase.cma.ca/link/policyl4260

POLICY TYPE
Parliamentary submission

DATE
2020-03-23

TOPICS
Physician practice, compensation, forms
Health systems, system funding and performance
Health human resources

Documents
Rural and remote practice issues
https://policybase.cma.ca/link/policy211

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2000-05-09

REPLACES
Promoting medicine as a career for rural high school students (Resolution BD88-03-78)

TOPICS
Physician practice, compensation, forms

Documents

CMA POLICY

RURAL AND REMOTE PRACTICE ISSUES

The Canadian Medical Association (CMA) acknowledges that the development of comprehensive, rural and remote practice solutions is necessary to attract, retain and support physicians in rural and remote communities. This may include the provision of educational programs, support services, and incentives for physicians practicing in rural and remote areas. The CMA has developed policies in various medical and communication forums, helps with community development in rural and remote areas, and works with the federal government to create medical training opportunities. This policy is to support the common theme of rural and remote physician practice issues. The following are items on which the CMA encourages physician practice, compensation, and incentives: medical training opportunities, educational programs, communication solutions, and incentives for physicians in rural and remote areas.

Conclusion

The CMA encourages physician practice, compensation, and incentives for physicians in rural and remote areas. This includes the development of comprehensive, rural and remote practice solutions to attract, retain, and support physicians in rural and remote communities. The CMA has developed policies in various medical and communication forums, works with community development in rural and remote areas, and works with the federal government to create medical training opportunities. This policy is to support the common theme of rural and remote physician practice issues. The following are items on which the CMA encourages physician practice, compensation, and incentives: medical training opportunities, educational programs, communication solutions, and incentives for physicians in rural and remote areas.

References

1. CMA policy on rural and remote practice issues. CMA Policybase. https://policybase.cma.ca/link/policy211


The treating physician's role in helping patients return to work after an illness or injury (Update 2013)
https://policybase.cma.ca/link/policy10754

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2013-05-25

REPLACES
The physician's role in helping patients return to work after an illness or injury (Update 2010)

TOPICS
Physician practice, compensation, forms

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
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
Standing Committee on Health’s study on violence faced by healthcare workers
https://policybase.cma.ca/link/policy14052

POLICY TYPE
Parliamentary submission

DATE
2019-05-14

TOPICS
Health care and patient safety
Ethics and medical professionalism
Health human resources
Physician practice, compensation, forms

Documents
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

CMA POLICY
PRINCIPLES CONCERNING PHYSICIAN INFORMATION

1. The provision of information, in the course of medical care is in the best interest of the patient. The physician is bound to ensure that all information is provided to the patient in an appropriate manner, such that it is accessible and comprehensible to the patient.

2. In the development of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

3. In the use of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

4. In the development of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

5. In the use of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

6. The physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

7. In the development of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

8. In the use of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

9. In the development of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.

10. In the use of electronic medical records (EMRs), the physician must ensure that the information is accessible and comprehensible to the patient. The physician must ensure that the patient is aware of the existence of the EMR and has access to all information held within the EMR.
Auditing Physician Billings

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

CMA POLICY

Purpose
The CMA has received representations from the Canadian Medical Association. The CMA supports the following recommendations:

1. To protect patients' personal information, the Department of Health and the provinces should:
   a. Develop a comprehensive policy that outlines the rights and responsibilities of physicians and patients in the context of electronic billing.
   b. Ensure that physicians have access to information about their patients, including within an electronic billing system.

2. The CMA recommends that the provinces require electronic billing systems to be compliant with national standards for patient privacy.

Conclusion
The CMA believes that electronic billing systems offer opportunities to improve patient care, but they also raise important privacy concerns. The CMA supports the development of policies that balance the need for efficient billing with the protection of patient privacy.

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

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
“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, 1999

Claire Teal

Parliamentary Assistant
CMA Public Affairs

Executive Summary

Bill C-6, the Personal Information Protection and Electronic Documents Act, is timely and needed but there are significant concerns about the quality of Bill C-6 and how it is likely to impact the health information that is collected, maintained and used in health care. The proposed Bill C-6 represents an opportunity for putting patients first, but it is incomplete in that it does not include provisions that will protect the privacy of personal health information and ensure that the rights of patients are respected.

In the absence of these key provisions, the Bill would fail to provide a significant improvement to the current situation in which health information is often mishandled and used in ways that may be detrimental to the health and welfare of individuals. The proposed Bill C-6, as it stands, does not provide adequate protection for the privacy of personal health information and does not adequately address the concerns of patients and health care providers.

Furthermore, the Bill does not adequately address the need for a clear and comprehensive framework for the protection of personal health information. The proposed Bill C-6, as it stands, does not provide a clear and comprehensive framework for the protection of personal health information.

Therefore, the Canadian Medical Association (CMA) recommends that the Bill be amended to include the following key provisions:

1. A clear and comprehensive framework for the protection of personal health information
2. A provision that allows individuals to access and correct their personal health information
3. A provision that allows individuals to consent to the use and disclosure of their personal health information
4. A provision that allows individuals to withdraw their consent to the use and disclosure of their personal health information
5. A provision that allows individuals to lodge a complaint with a privacy commissioner

In conclusion, the proposed Bill C-6, as it stands, does not provide adequate protection for the privacy of personal health information and does not adequately address the concerns of patients and health care providers. Therefore, the CMA recommends that the Bill be amended to include the key provisions outlined above.

Claire Teal
Parliamentary Assistant
CMA Public Affairs
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

https://policybase.cma.ca/link/policy1980

POLICY TYPE  Parliamentary submission
LAST REVIEWED  2019-03-03
DATE  1999-03-18
TOPICS  Health care and patient safety

Documents

“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

[Further information not provided in the document]
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