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
CMA Recommendations on Vaccine Equity and Intellectual Property
https://policybase.cma.ca/link/policy14476

POLICY TYPE
Parliamentary submission

DATE
2022-05-13

TOPICS
Ethics and medical professionalism
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public 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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<th>POLICY TYPE</th>
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<td>2022-02-26</td>
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Documents

![Virtual Care in Canada: progress and potential. Report of the Virtual Care Task Force](https://policybase.cma.ca/link/policy14470)
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
Taking action on drug shortages during Covid-19 - open letter
https://policybase.cma.ca/link/policy14261

POLICY TYPE  Parliamentary submission
DATE  2020-08-13
TOPICS  Pharmaceuticals, prescribing, cannabis, drugs
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
Authorizing Cannabis for Medical Purposes

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2015-02-28

TOPICS
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

Documents

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

Executive Summary

Electronic records are being used more widely in creating their own data, a majority of physicians in Canada have integrated health-equality analytic tools. While physicians use EHRs to analyze patient data, other health analytics tools are being used to analyze factors not available in the EHR, such as patient lifestyle and behavioral data. Health analytics tools can be used to identify patterns and trends in data, which provides opportunities to improve the care of individual patients.

By 2020, health care systems are expected to be able to access an array of clinical data in health information electronic health record systems or patient-facing mobile apps. This data can be used to support evidence-based decisions and improve patient care. Physicians should be provided with the tools and resources to safely analyze and use this data. However, physicians may be facing challenges in terms of data access and protection. This policy outlines the strategy for safe and effective use of patient data.

Optimal use of data requires a balance between managing the risk of harm while enhancing patient care. Physicians should be equipped with the tools and resources to safely analyze and use this data while ensuring patient privacy and confidentiality. This includes ensuring that data is used appropriately and in accordance with applicable laws and regulations. To support the use of data for improving patient care, a collaborative framework is needed. This includes the development of tools and resources that support safe and effective use of patient data.

1. Why are clinical records so useful? What are the risks and benefits of patient data being used to support evidence-based decisions?
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 reducing youth access and appeal of vaping products
https://policybase.cma.ca/link/policy14078

POLICY TYPE Response to consultation
DATE 2019-05-24
TOPICS Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

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

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. 21, 1999

Dr. R. O. Smith

Chamber of Commerce

Executive Summary

Bill C-6 is an important step forward in the protection of personal information in the digital age. It provides a framework for the collection, use, and disclosure of personal information in a manner that respects the privacy of individuals. The bill also establishes a commissioner for the privacy act, who will have the authority to investigate complaints and issue orders to ensure compliance with the act.

The Canadian Medical Association (CMA) supports Bill C-6 as it provides a necessary level of protection for personal information. It is important to recognize that personal information is a fundamental aspect of our identity and should be protected accordingly.

The bill also introduces the concept of “consent” which is crucial for the proper use and disclosure of personal information. Consent should be informed, voluntary, and given for a specific purpose. It should also be撤回able, meaning that individuals have the right to withdraw their consent at any time.

The CMA also supports the provision for “access to information”. Individuals should have the right to access their personal information and to correct any inaccuracies.

Finally, the bill should be enforced through robust penalties for non-compliance, and the commissioner should have the authority to issue orders in cases of non-compliance.

In conclusion, Bill C-6 is a positive step forward in the protection of personal information. It is important for the government to continue to work on ensuring that the bill is implemented effectively and that the commissioner has the necessary resources to enforce compliance.

The CMA urges the Senate Standing Committee on Social Affairs, Science and Technology to support Bill C-6 and to work towards its effective implementation.

Dr. R. O. Smith

Chamber of Commerce
“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

Health care and patient safety
Health information and e-health
Ethics and medical professionalism
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
Cannabis for Medical Purposes

https://policybase.cma.ca/link/policy10045

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2010-12-04
TOPICS  Pharmaceuticals, prescribing, cannabis, drugs

Cannabis for Medical Purposes

CANNABIS POLICY

Cannabis for Medical Purposes

Policy

The Canadian Medical Association (CMA) recognizes the virtue in requiring that any individual suffering from a terminal illness or chronic disease for which conventional forms of treatment have not been effective seek out in a proper context a prescription for cannabis. The CMA affirms that an individual’s right to use cannabis for medical purposes is not limited by either the rooftops of their suffering or the boundaries of their disease.

Thus, the CMA endorses the following recommendations:

1. Increase support for the advancement of scientific knowledge about the medical use of cannabis. The CMA recommends the development of support systems for scientific research on cannabis, including its: (a) efficacy in treating specific symptoms; (b) advantages and disadvantages compared to conventional medical treatments; and (c) impact on patients (including its effects on quality of life).

2. Apply the same regulatory oversight and monitoring systems to cannabis as to other pharmaceutical products controlled by the Food and Drug Act, designed to prevent the public from being exposed to a substance for which the benefits have not been scientifically demonstrated.

3. Increase support for all embracing policies of cannabis for medical purposes in their current setting, in Canada, with particular emphasis on roles for the Council of Canadian Academic Health Science, the College of Family Physicians of Canada, the Canadian Medical Association, and the Canadian Nurses Association, in their respective jurisdictions.
MEDICATION USE AND SENIORS

6/UPDATE 2017

The Canadian Medical Association supports the development of a national e-prescribing network.

E-prescribing, also known as electronic prescribing, is a system that sends medication orders directly from the prescriber to the pharmacist. It allows for the electronic exchange of medication orders between prescribers and pharmacies, providing several benefits for patients, prescribers, and healthcare systems.

Benefits include:
- Improved accuracy and safety: E-prescribing reduces the risk of errors that can occur when medication orders are handwritten or transferred via phone. It also helps to prevent medication errors from being compounded.
- Enhanced communication: E-prescribing facilitates better communication between prescribers and pharmacists, allowing for more timely and accurate dispersions. It also enables pharmacists to provide prescribers with real-time information about medication shortages or recalls.
- Increased efficiency: E-prescribing streamlines the medication order process, reducing the time and effort required for both prescribers and patients.
- Cost savings: By reducing the number of errors and improving medication management, e-prescribing can lead to cost savings for healthcare systems.

While e-prescribing offers several benefits, it is important to address potential challenges and concerns. These may include:
- Cost: The initial and ongoing costs associated with implementing e-prescribing systems can be significant.
- Technology: E-prescribing requires the use of specialized software and hardware, which may not be available to all healthcare providers.
- Training: Healthcare providers and pharmacists may require additional training to effectively use e-prescribing systems.
- Interoperability: Ensuring that e-prescribing systems can communicate with other healthcare information systems may require significant coordination and investment.

The Canadian Medical Association supports the development of a national e-prescribing network. This network should be designed to meet the needs of all healthcare providers, regardless of the size of their practice or the challenges they face in implementing e-prescribing technology.
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
Health Canada consultation on edible cannabis, extracts & topicals
https://policybase.cma.ca/link/policy14020

**POLICY TYPE**  
Response to consultation

**DATE**  
2019-02-20

**TOPICS**  
Pharmaceuticals, prescribing, cannabis, drugs  
Population health, health equity, public health

**Documents**

CMA response:

HEALTH CANADA CONSULTATION ON EDIBLE CANNABIS, EXTRACTS & TOPICALS

February 20, 2019