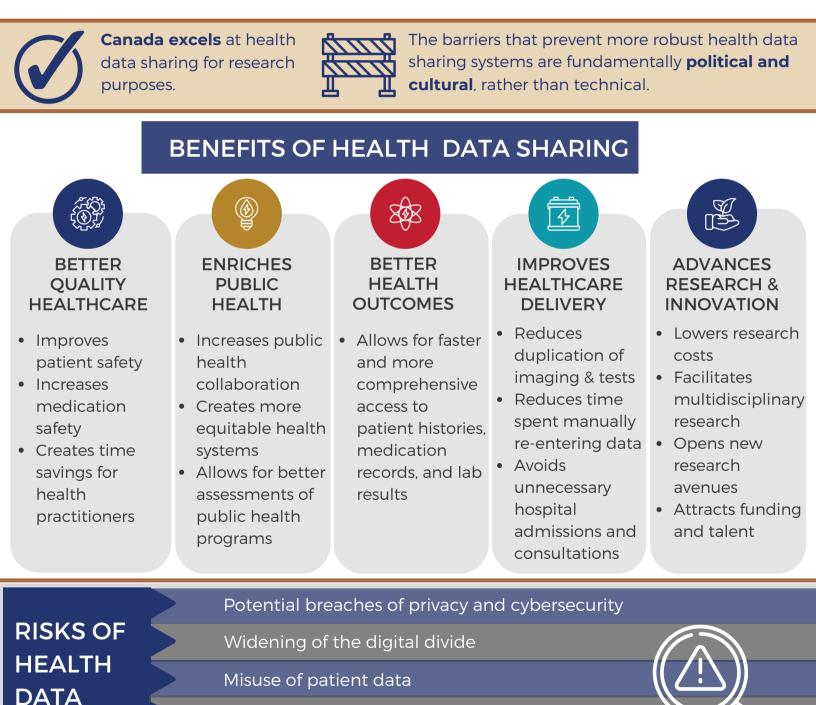
Connecting the Dots

SHARING



Canada's health systems generate and collect an abundance of data, but efforts to share them across provincial, territorial, and regional borders have been largely unsuccessful. Failure to improve health data sharing could exacerbate existing health inequalities, hinder public health monitoring and interventions, and limit opportunities for new research and innovation. *Connecting the Dots* explores how Canada can modernize its current approach to health data sharing while continuing to protect the privacy of personal health information.



Increased stigmatization and bias

Additional burdens for health professionals

Leading systems for health data sharing in international jurisdictions have:



Single points of access for patients. practitioners, and researchers



Federated or decentralized • data infrastructure



Data privacy and security features that promote public trust



Institutionally agnostic governance arrangements

A PAN-CANADIAN **HEALTH DATA STRATEGY**



Will need to address fundamental issues of federalism and jurisdiction



The cost of implementing data-sharing systems is likely to be offset by even short-term economic benefits



Requires a governance model that does not depend solely on the federal government for leadership

A collective, collaborative approach to health data governance is needed, that involves all stakeholder from across the health system

Research institutes have led the way in collecting and sharing health data with researchers:

Institute for Clinical Evaluative Sciences

An inventory of coded and linkable health data sets covering most publicly funded administrative health services records for the Ontario population eligible for universal health coverage. It supports hundreds of research projects each year.

Manitoba Centre for Health Policy

Houses the Manitoba Population Research Data Repository, a collection of de-identified person-level linkable data from health, education, social services, and the justice system, as well as health insurance, vital statistics, immigration, and population databases.

