



**RNAO submission re  
proposed amendments to  
regulations under the  
Personal Health Information  
Protection Act**

July 24, 2024



## Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public we serve.

RNAO welcomes the opportunity to respond to the Ministry of Health's consultation regarding the [proposed amendments to Regulation O. Reg. 329/04](#) under the Personal Health Information Protection Act, 2004 (PHIPA) to support contribution to the provincial electronic health record (EHR). Our submission is grounded in knowledge and evidence from several RNAO publications and initiatives related to digital health and interoperability, including:

- [\*Patient-centred health records\*](#)
- [Enhancing Community Care for Ontarians \(ECCO\) 3.0](#)
- [Adopting eHealth Solutions: Implementation Strategies best practice guideline](#)
- [Clinical Practice in a Digital Health Environment best practice guideline](#)
- [Transitions in Care and Services best practice guideline](#)
- [RNAO BPG Order Sets™](#)
- [RNAO Clinical Pathways](#)
- [Nursing & Compassionate Care in the Age of Artificial Intelligence: Engaging the Emerging Future](#) (in partnership with AMS Healthcare)
- [RNAO submission to College of Nurses of Ontario re. virtual care guideline](#)

## RNAO's response to the proposed regulatory change

RNAO supports the proposed amendments to the PHIPA General Regulation, notwithstanding [our fundamental opposition](#) to the "integrated community health service centres" linked to for-profit care in Ontario. While RNAO opposes the creation of these for-profit organizations through Bill 60, they must be integrated and interoperable with the rest of the health system if they are to exist at all.

The proposed amendments would require "operators of accredited community pharmacies and integrated community health services centres to contribute certain personal health information to the EHR as requested by Ontario Health and in accordance with OH's interoperability specifications." RNAO agrees with these proposed changes because sharing information is essential to maintaining a complete health record. Although these changes are a welcome step, more action is needed to increase interoperability across **all** health settings. Absent this, many key health settings will continue to collect and use health data in a siloed manner.

In the following sections, we expand on the concept of interoperability that guides RNAO's thinking in this area. Our recommendations address the need for sharing health records as a necessary step to enhance community care for Ontarians. We stress the importance of sharing health records and the need for a strong regulatory framework that enhances provider and patient outcomes, promotes

positive health system transformation, and supports population health management. We will address each of these areas and provide recommendations on the requirements for such a regulatory framework. Thus, our recommendations extend beyond the narrow scope of this consultation – we submit them as a guide to the broader regulatory approach that is required to build an effective, equitable and cost-efficient health record.

Our feedback focuses on the centrality of interoperability, and our recommendations flow from our understanding that availability and interoperability of data are essential for better health-care and system outcomes, and are necessary components of true system transformation (RNAO, 2018).

## **RNAO’s work on ECCO**

RNAO’s Enhancing Community Care for Ontarians (ECCO) 3.0 model calls on the government and health system partners to strengthen community care and anchor the health system in primary care to better meet the health needs of all Ontarians (RNAO, 2020a). In the realm of digital health technologies, ECCO model seeks to enhance access and integration across the health system, support person-centred care and increase system efficiency. Collection and shared use of health data across sectors and settings through digital health technologies informs decisions and ensures accountability. The improved access to population health data and personal health information supports better integration and collaboration among health providers and persons receiving care (RNAO, 2020a; RNAO, 2024a).

RNAO’s ECCO 3.0 model (2020a) includes recommendations on digital health:

### **Optimize digital health technologies to improve access, enhance integration and support person-centred care**

- Establish a standardized and shared system for collecting data and disseminating population health information across the system.
- Develop and maintain a province-wide strategy to make electronic personal health records available to all Ontarians based on the principles of accessibility, security, comprehensiveness, patient-control, and publicly-funded and administered.

## **Interoperability**

One pillar of RNAO’s work on enhanced community care focuses on interoperability (RNAO, 2020a). Interoperability refers to “the secure and timely exchange of health information between systems (e.g., health technology solutions, devices, consumer apps) and the common interpretation of that information devoid of additional action from users (Canada Health Infoway, 2023).”

Canada and Ontario experience significant barriers related to sharing and accessing health data. Interoperability of health data must be improved. We outline the reasons below.

## 1. Interoperability and health-care outcomes

There are substantial limitations to the availability and interoperability of personal health data in Canada; less than 40 per cent of the population can access their health information electronically and only 35 per cent of physicians share patient information outside of their practice (Health Canada, 2024).

### A. Interoperability and provider outcomes

Health information is siloed across many different systems, limiting provider access and causing duplication and delayed care, with negative implications on clinical decision-making. Instead, the goal is for providers to have seamless access to all necessary health information from a patient's longitudinal record (Canada Health Infoway, 2023).

Limited access to health information significantly impacts nurses and nursing care. Canada Health Infoway recently surveyed Canadian nurses on the use of digital health technology in practice. The survey revealed that only a third (34 per cent) of nurses are satisfied with their time spent on non-patient-facing tasks, such as data entry, clinical notes, and searching for patient information (Canada Health Infoway, 2024). Other findings (Canada Health Infoway, 2024):

- nurses needed to access health information collected outside of their practice setting for nearly half (44 per cent) of the patients they saw in the past 12 months
- nurses estimated that they spend about an hour more than necessary during a shift looking for patient information outside of their own organization

According to Canada Health Infoway (2023), interoperability benefits health providers by:

- consolidating complete and accessible health information in one place, resulting in time savings
- improving communication between different care teams
- improving decision-making processes
- increasing direct care time

Moreover, nine in 10 surveyed nurses posit that their ability to access and exchange electronic patient information (Canada Health Infoway, 2024):

- improves access to complete patient information
- enables better coordination of patient care with other providers
- enhances communication with health-care providers outside their practice

### B. Interoperability and patient outcomes

No single longitudinal health record currently exists in Ontario, nor in Canada. This lack creates barriers to care, because patient health information spans the entire continuum of care. Lack of interoperability limits opportunities for patients to access and manage their health information (Canada Health Infoway, 2023). Access to personal health records benefits person-centred care, allowing people to access and store their own health information. This can empower patients to become active partners in their health

care, and can increase informed decision-making, satisfaction and engagement of patients (Archer et al., 2011; Nazi et al., 2015; Curtis et al., 2011; RNAO, 2018; RNAO, 2020a).

Inadequate interoperability results in delayed access to personal health information, which can cause the following harms to patients (Canada Health Infoway, 2023):

- inadequate care coordination
- provider burnout
- poor patient access and experience
- risks to patient safety
- inefficient and costly care
- disconnected care
- limited access to health-system data

Conversely, when health-care providers and patients have adequate access to health information, the benefits include (Canada Health Infoway, 2023; Health Canada, 2024; RNAO, 2020a):

- decreased re-admission rates
- fewer emergency visits
- shorter hospital stays
- improved transitions of care
- increased accuracy and improved timing of diagnosis and treatment
- increased quality of care
- reduced medication errors
- fewer deaths
- decreased burden on patients, families, and caregivers
- reduced stress on health-care providers
- improved ability for patients to manage and share health information

## **2. Interoperability and care integration/health system transformation**

People receive care across different health settings, requiring providers to coordinate care delivery and services. To achieve an integrated health-care system, robust data and information sharing is paramount (RNAO, 2020a). Collection and shared use of health data across sectors and settings through digital health technologies aids in informing decisions and ensures accountability (RNAO, 2020a; RNAO, 2024a). Improved interoperability between care teams allows providers to use patient data across the care continuum, benefitting the providers, patients, and health system as a whole (Ontario Health Data Council, 2022).

Improved interoperability benefits the health system by (Canada Health Infoway, 2023):

- increasing system capacity and improving productivity
- leveraging data to optimize planning and evaluation
- improving workflows and information sharing
- saving costs

### **3. Interoperability and population health management**

Digital health technologies support integration and collaboration among care providers and patients, improving access to population health data and personal health information. At the system level, the collection and shared use of population health data ensure accountability and inform decisions about community-specific interventions.

RNAO's ECCO model supports a standardized and shared system for collecting data and disseminating population health information across the system (RNAO, 2020a). For example, primary care, public health and acute care can leverage the data obtained by others to support their respective functions more effectively. For example, primary care generates data that feeds a local population database while public health data helps identify community risks, thus allowing care providers to tailor their work to specific needs (Institute of Medicine of the National Academies, 2012; RNAO, 2020a).

According to the Ontario Health Data Council Report (Ontario Health Data Council, 2022), population health management leverages health and sociodemographic data to identify the unique health and social needs of defined population segments. This data-driven approach allows providers to track health and social needs over time and deliver upstream programs and services to improve population outcomes.

To achieve this, data must be thoughtfully collected and utilized for population health management. The Ontario government must conduct ongoing population monitoring to detect, track and prevent threats to public health, requiring robust population-level data (Ontario Health Data Council, 2022). Without integrated health data, government decision-makers and policy-makers rely on incomplete information, perpetuating systemic health inequities. Conversely, if all necessary data were available, it could be used to identify, analyze and respond to inequities (Ontario Health Data Council, 2022).

#### **The provincial electronic health record**

The [Ontario Ministry of Health](#) has acknowledged that the provincial electronic health record (EHR) has major gaps between various health-care settings. This results in an inconsistent experience for patients and creates issues for providers who need to understand their patient's health status and treatment history. To achieve improved health-care data interoperability (Canada Health Infoway, 2023):

1. Electronic health information must be easily shared.
2. Providers must have full access to their patients' health information to make fully informed clinical decisions.

3. Patients must be able to access, manage, and consensually share their health information with providers.
4. Care coordination must be supported by integrated and interoperable systems that enable comprehensive and efficient care delivery, especially during transitions in care.

### **Progress to date**

Over the past two decades, there has been significant digitization of health information in Canada, further expedited by the push for digital health solutions during the pandemic (Canada Health Infoway, 2023). Since 2020, nurses have reported increased use of electronic record and clinical information system functionalities to support patient care. This includes accessing provincial/territorial patient EHR systems and transferring patients' health information securely to other health professionals (Canada Health Infoway, 2024).

The federal government has collaborated with provinces and territories to advance connected care and clinical interoperability through. We outline key initiatives below.

#### **1. [Bill C-72 – Connected Care for Canadians Act](#)**

If passed, this legislation will:

- require all IT companies in Canada providing digital health services to adopt common standards
- prohibit data blocking by health information technology vendors
- allow for protected and secure information exchange across various systems
- enable Canadians to securely access their health data
- promote a connected and integrated care system that facilitates secure sharing of health information

#### **2. [The February 2023 Working Together to Improve Health Care for Canadians plan \(Health Canada, 2024\)](#)**

This plan involves collaboration between the federal, provincial, and territorial governments to:

- standardize health data and digital tools
- collect and share de-personalized data to measure progress on common health indicators
- adopt common interoperability standards aligned with the [Pan-Canadian Interoperability Roadmap](#)
- improve connections between health care systems and promote secure access to electronic information for patients and providers
- align provincial and territorial health data policies/legislation for consistent health information management and security protections
- advance standard principles for health data management under the [Pan-Canadian Health Data Charter](#)
- collect and disseminate public health data to support Canada's public health preparedness and responses

Ontario has also undertaken initiatives to improve digital health and interoperability within the province, including:

- [Ontario Health Teams: Digital Health Playbook](#)
- [Ontario Health Teams Harmonized Information Management Plan \(HIMP\): Guidance Document](#)
- [Digital Health Information Exchange Policy](#)
- [Interoperability regulation under the Personal Health Information Protection Act \(PHIPA\)](#)
- [Digital Standards in Health Care](#)
- [Ontario Health Data Council Report](#)

As per the Ontario Health Data Council Report (2022), “Now is the time for action. Ontario must commit to a data strategy that the people of Ontario need and deserve, one which ethically governs health data as a public good to benefit all.”

## Recommendations

RNAO’s recommendations establish principles for high-quality national and provincial health records. These recommendations address broader framework issues related to digital health and interoperability, expanding beyond the scope of this regulatory consultation to inform next steps. We link each recommendation to its relevant discussion above for your convenience; see the orange numbers next to each recommendation item below.

### **The federal, provincial, and territorial governments must:**

- Optimize digital health technologies to improve access, enhance integration and support person-centred care (RNAO, 2020a). (1A, 1B, 2)
- Establish a standardized and shared system for collecting data and disseminating population health information across the system (RNAO, 2020a). (3)
- Deploy a province-wide strategy to make electronic personal health records available to all Ontarians based on the principles of accessibility, security, comprehensiveness, patient-control, and publicly-funded and administered (RNAO, 2020a). (1A)
- Enhance the content of the Ontario provincial EHR with robust information from primary and community care settings, to establish complete and accessible longitudinal patient records (Canada Health Infoway, 2023). (1A, 1B, 2)
- Facilitate interconnections between primary care, specialty care, community care, and patients / families / caregivers to improve collaborative integrated care and promote safe care transitions (Canada Health Infoway, 2023). (1B, 2)
- Actively involve and engage nurses and health providers in the procurement, adaptation, adoption and implementation of digital health technologies when used in clinical practice (RNAO, 2024a). (1A)



- Require all organizations to implement policies related to digital health technologies to protect privacy, security and confidentiality (RNAO, 2024a). (1B)
- Require regulatory bodies to embed digital health competencies into entry-to-practice exams for nurses and health providers (RNAO, 2024a). (1A)

**National and jurisdictional agencies responsible for eHealth must:**

- Develop a comprehensive strategy to achieve nationwide interoperability in consultation with representatives from all stakeholder groups, including nurses, other health professionals, the private sector, regulatory bodies, professional associations, and persons who have received care (RNAO, 2017). (1A, 1B, 2, 3)
- Establish an effective governance structure with strong, coordinated leadership in conjunction with regulatory bodies and professional associations to advance nationwide health information exchange (RNAO, 2017). (1A, 1B, 2, 3)
- Incentivize innovative next-generation eHealth solutions aligned with legislation, standards and policies formulated in consultation with professional and regulatory bodies and professional associations (RNAO, 2017). (1A, 1B, 2, 3)
- Provide financial and procurement incentives to mitigate barriers to the adoption of eHealth solutions (RNAO, 2017). (1A, 1B, 2, 3)
- Develop and strategically implement education and training policies to build eHealth capacity in the workforce, endorsed by regulatory bodies and professional associations and aligned with curricula in academic institutions (RNAO, 2017). (1A, 1B, 2, 3)
- Collaborate with regulatory bodies and professional associations to accelerate the adoption of eHealth solutions (RNAO, 2017). (1A)
- Collaborate with government agencies responsible for telecommunications infrastructure to further connectivity in remote areas to support eHealth solutions and enable national interoperability (RNAO, 2017). (1A, 1B, 2, 3)

## Conclusion

RNAO supports the proposed amendments to Regulation O. Reg. 329/04 (General) under the Personal Health Information Protection Act, 2004 (PHIPA), notwithstanding our objections to Bill 60 and its expansion of for-profit care in Ontario. The proposed regulatory change represents a small step toward a comprehensive provincial health record.

RNAO urges the government to fully address the interoperability of health records and build a robust EHR; this will improve patient outcomes and enhance population health. The immaturity of electronic health records in Ontario poses barriers to person and population health outcomes as well as health system effectiveness and transformation. We urge the federal and Ontario governments to lead in increasing interoperability across all health-care settings. RNAO, and our 52,000 members – front-line RNs and NPs, and health organization administrators and executives – are ready and eager to continue contributing our expertise towards this goal.

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