

Submitted by: Bright Health

To whom it may concern,

Firstly, we are Bright Health Solutions Society or “Bright Health”. Bright Health is a British Columbia-based not-for-profit society whose goals are to improve health care as defined by the IHI Triple Aim initiative whose three dimension are 1) improving the patient experience of care (including quality and satisfaction) 2) improving the health of populations and 3) reducing the per capita cost of health care.

To answer your questions:

1. Are there ways that policies can better support innovation, choice and access to digital health care solutions? For example, do specific rules unnecessarily impact the ability to offer virtual products and services to Canadians? Please explain.

We think some rationalization of legislation (mostly privacy legislation), technical standards (e.g. billing, lab, prescribing interfaces, chart export formats, etc.) and certifications (e.g. EMR certification) across the country would be helpful. As it stands the different requirements in different provinces and territories represent a barrier to supporting solutions across the country.

In terms of specific rules, the US’ Patriot Act’s provisions make use of the US-based cloud service provider a challenge and, given that there are no equivalent Canadian providers, there is perennially a barrier in using one of them and inking government contracts. Possible to get them done, but it’s harder than necessary. Options here: petition the US to remove the clause, establish legislation that addresses it or fund a best-in-class Canadian service.

We would not weaken legislation wrt data residency and transmission of PHI outside of Canada. This is fraught with privacy concerns. We would also beef up legislation to protect consumers from dubious business practices: we are aware of at least one example where an EMR was preferentially prescribing brand-name medications over generics for (presumably) the financial benefit of the vendor. We are also concerned about the vertical integration of some vendors. For example, some have an EMR business and a pharmacy business. The for profit sale of health information – even anonymized data – should also be reviewed.

We believe the structure of the Digital Supercluster funding was definitely orientated to larger organizations who generally really didn’t need the funding. In our opinion, the program will end up stifling smaller players.

Finally, we feel that several large players are leveraging profits in other unrelated divisions to subsidize their health IT business: they are selling their technology for less than it costs to develop and support. This will ultimately limit innovation, choice and fair competition.

2. What other barriers are impeding Canadians’ access to virtual care and restricting innovation and choice in the health care sector? Can these barriers be reduced—and, if so, how—in order to facilitate the entry and expansion of digital solutions?

In our experience, the biggest historic barrier was provider interest. But, COVID-19 has changed all that. Now the biggest issue would be the plethora of solutions and perhaps too much choice. But, that should fix itself over time and in a fair marketplace, the best solutions should win.

The time to get privacy impact assessments (PIA) done is also a challenge. I’ve seen the completion of a PIA delay the meaningful delivery of a project by years.

In BC, we can also point to rules requiring use of specific networks (in BC, something called the PPN) to access certain government services. Instead, modern, best in class internet security standards should be implemented and in a timely way.

Finally, government conservativeness has led to slow, difficult or no access to what should be readily accessible data. For example, it should be trivial for an EMR vendor to get a hold of a list of physicians and their contact details: it should only require an agreement about how the data is used - something that most EMR vendors could sign after 10 minutes of review. But, in BC, access to this list is widely available to providers, but not to EMR vendors.

3. What measures have other jurisdictions taken to improve access to virtual care? How have barriers to innovation and choice been eliminated, while balancing legal and regulatory requirements in the delivery of digital health care solutions? Can similar measures be adopted in Canada? Why or why not?

The biggest item we can point at is e-prescribing. E-prescribing is part of virtual care. Currently, the varying legislation in different provinces is resulting in different implementations being pursued.

4. What impact has the COVID-19 pandemic had on innovation and choice in Canada's health care sector, and on Canadians' ability to access health care virtually? Have any barriers hindered the adoption of digital solutions in response to the COVID-19 pandemic? Please explain.

We think certain corporatized virtual walk in clinics have benefited financially at the expense of quality of care and the financial well being of individual practitioners who were providing longitudinal care. For sure a lot of this was “lucky” timing for some of the new services, but also a result of the individual practitioners having not evolved their business: when COVID-19 struck, they were left out to a degree. But, we think they are catching up fast and the use of technology in health care will be wildly different from what it was a few years ago – and in a positive way.

Let us know if you need clarification of anything we've provided here.

Regards,

Bill

Bill Gordon

President & CEO



The future of healthcare is Bright

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