

Canadian Health Infostructure

General Information	
Lead Department	Health Canada.
Partners	<p>Canadian Health Infostructure (CHI) including: Canadian Health Network (CHN, Population and Public Health Branch), National Health Surveillance Infostructure (NHSI, Population and Public Health Branch), First Nations and Inuit Health Information System (FNIHIS, First Nations and Inuit Health Branch), Supporting Infrastructure (SI, Information Management System Directorate, IACB)).</p> <p>Leadership and coordination is provided through the Office of Health and the Information Highway (OHIH), Information, Analysis and Connectivity Branch.</p> <p>Provinces and territories are key players in the development of a health infostructure in Canada, as well as other stakeholders, such as non-governmental organizations, First Nations and Inuit communities.</p>
Effective Date	Initial investment in Health Infostructure in 1997; current investment began in fiscal year 1999-2000 under the Strategy of Ongoing National Cooperation on Information and Accountability in the Health System.
Expiry Date	Current funding submission ends March 2002 but it is expected the initiatives will be ongoing.
Website(s)	<p>http://www.hc-sc.gc.ca/ohih-bsi/menu_e.html web site for Office of Health and the Information Highway (OHIH)</p> <p>http://www.canadian-health-network.ca/customtools/homee.html Canadian Health Network web site</p>
Purpose	<p>To improve access to and use of health information and expertise:</p> <ul style="list-style-type: none"> • To develop through the National Health Surveillance Infostructure the relationships, tools and connections needed so public health decision makers anywhere in Canada can access, via the Internet, the information they need to better meet the health needs of Canadians; • To provide through the Canadian Health Network a national Internet-based service that will ensure Canadians have access to trusted information on health promotion, disease prevention, self-care and the performance of the health system. <p>To provide First Nations and Inuit communities with a health information system designed to support case management, program planning and evaluation at local and other levels.</p>

Roles and Contributions	<p>To ensure strategic consultation on and coordination of infostructure-related activities on a national basis, Health Canada coordinates and/or participates in the coordination of the work of several different committees involving both government and non-governmental organizations, including: the F/P/T Advisory Committee on Health Infostructure (ACHI), ACHI Working Groups on strategic planning, telehealth, electronic health records, and health surveillance; the CHN Advisory Board of Directors; and, the National FNHIS Steering Committee and working groups.</p> <p>Information on the ACHI can be found on OHIH's web site at http://www.hc-sc.gc.ca/ohih-bsi/menu_e.html</p>
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Resources

Funding	<p>In 1999, the Government of Canada allocated \$366 million over three years to improve health information and accountability in the Canadian health system. Out of this investment, an amount of \$228 million will be allocated to the implementation of health infostructure programs and activities. Resources allocated to the CHI initiatives will be distributed as shown:</p> <p>Program Year 1 (\$M) Year 2 (\$M) Year 3 (\$M) Total (\$M)</p> <p>Canadian Health Network 3.0 11.0 18.0 32.0</p> <p>Network for Health Surveillance 2.0 12.0 18.0 32.0</p> <p>First Nations Health Information System 3.0 15.0 20.0 38.0</p> <p>Supporting Infrastructure 5.0 4.5 1.0 10.5</p> <p>Note: Resources allocated for monitoring and evaluation, as well as for communications (1%) are included in the total allocation for each of the programs.</p>
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Tracking and Reporting	<p>The Government of Canada provides funding for the three CHI projects. On behalf of the Government, the Director General of OHIH maintains the role of Project Leader and therefore has the overall responsibility for tracking and reporting on the expenditures incurred by each CHI project.</p> <p>Information on project expenditures is provided through public accounts.</p>
Measurement and Reporting	
Outputs / Outcomes	<p>An Accountability and Performance Framework for health infostructure activities has been developed and performance is monitored on an on-going basis through the Performance Reporting Framework Table. (The Accountability and Performance Framework includes the CHI initiatives as well as other infostructure-related programs including Policy, Consultation and Coordination Program, and Incentive Programs).</p> <p>Outputs for the CHI initiatives include:</p> <ul style="list-style-type: none"> • Research reports, papers, articles, studies; • Workshops, conferences, symposiums, networks; • Analysis and dissemination tools; • Databases, lessons learned and best practices; • Educational and training programs and tools; • Marketing and communications activities. <p>Short-mid term outcomes:</p> <ul style="list-style-type: none"> • increased capacity for strategic decision-making on health; • Increased stakeholder's capacity to use and disseminate health information; • Improved knowledge about infostructure development; • Improved capacity for the measurement of health outcomes; • Appropriate, effective and efficient use of health information and services. <p>Long-term outcomes:</p> <ul style="list-style-type: none"> • Enhanced national collaboration on health infostructure • Improved access to and use of health information and expertise • Strengthened and integrated health services <p>The OHIH provides coordination and support for performance reporting by the CHI initiatives.</p>

Indicators	<p>Output measures include:</p> <ul style="list-style-type: none"> • Reports, papers, articles; • Analysis and dissemination tools developed; • Consultations held; networks established; • Internet and related tools such as web sites; • Educational program, tools and sessions. <p>Outcome measures include:</p> <ul style="list-style-type: none"> • Improved knowledge among users; • Changes in attitudes towards the use of ICTs in the health sector; • Needs identified and/or assessed; • Sharing of lessons learned and best practices; • Reduction of gaps in information, expertise and connectivity; • Satisfaction of stakeholders and users of health infostructure. • Educational program, tools and sessions. <p>Information is provided by all Health Canada project managers involved in health infostructure activities; monitoring will also cover other organizations, including other governments' health institutions and non-government health bodies, involved in health infostructure activities funded wholly or partly through the national strategy for a Canadian Health Infostructure.</p> <p>The CHI initiative at present does not fund any activities of other governmental organizations therefore monitoring of such activities is minimal but if funding arrangements should change the basis for monitoring will be, the Accountability Framework.</p>
Comparable Indicators	<p>The OHIH, working in collaboration with the responsible branches and Program Evaluation Division, identified measurement indicators to report on performance of health infostructure activities.</p>
Evaluation/Third Party Assessments	<p>The OHIH coordinates the on-going collection of information against the performance measurement indicators identified in the Performance Reporting Framework Table.</p> <p>A Comprehensive Performance Report on health infostructure activities will be submitted to Treasury Board by April 2002.</p> <p>An Independent Review of the CHI projects was conducted for 1999-2000 and 2000-2001. Both were submitted to Treasury Board.</p>
Shared Information and Best Practices	<p>Meetings will take place at least twice a year with Health Canada organizations involved in CHI to review the appropriateness of performance information and share best practices. Projects implementation status is reviewed, shared and reported on quarterly.</p>
Public Reporting	<p>Current processes to report on outcomes include annual RPP and DPR, and the planned Comprehensive Performance Report to Treasury Board in 2001-2002.</p>

Involving Canadians	
Provisions for Citizens to Participate in Developing Social Priorities and Reviewing Outcomes	Not applicable ¹
Feedback Mechanisms to the Public	CHN has a feedback mechanism in place to allow for consultation with Canadians with regard to health information - on the web site at: http://www.canadian-health-network.ca/customtools/homee.html .
Service Commitments	
Public Availability of Eligibility Criteria	The CHN Web site lists broad criteria used to select affiliate partners.
Existence and Availability of Service Commitments	The CHN is committed to ensuring quality of content, services and systems. Quality assurance processes and procedures extend to CHN partners. Criteria for evaluating health sites are provided to CHN site visitors under heading " Using Health Information on the Internet". http://www.canadian-health-network.ca/customtools/homee.html
Measurement and Public Reporting	Through its web site, CHN provides a feedback mechanism for suggestions on content, partnership opportunities and technical assistance? Statistics are collected on hits, pages viewed, user sessions, requests, but not yet reported publicly.
Appeals and Complaints	
Existence, Availability and Communication of Mechanisms	Not applicable ¹ (Note: There are no formal mechanisms in place at the moment).
Tracking and Public Reporting	Not applicable ¹
Mobility	
Existence of Measures	Not applicable ¹

¹**Not applicable:** when the section does not apply.

²**In progress:** when an approach or mechanism is being developed or is in the process of being implemented.

³**To be determined:** when an approach or process is still being considered or is in the initial planning stages.