Interoperability Legislation in Canada
The Pitfalls and Paradox of Bill S-5

OSCAR BC 2026 AGM June 13, 2026

Dr. Kathleen Ross
Family Medicine
Past President Canadian Medical Association

LAND ACKNOWLEDGEMENT

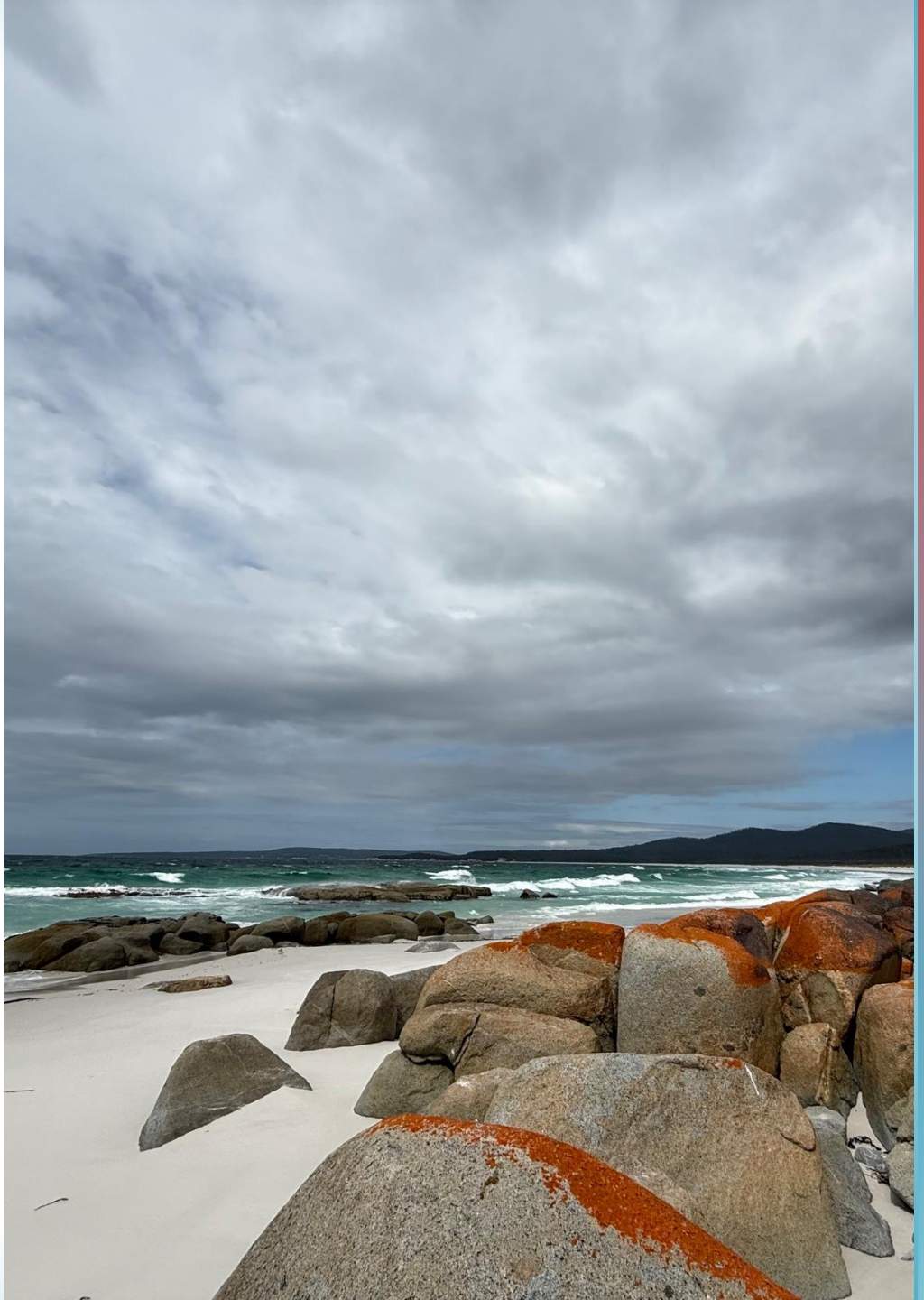
We are meeting today on many unceded and traditional territories. I am joining you from kʷikʷəƛəm (Kwikwetlem) Nations.

This land acknowledgement reflects our medical community's commitment to listening, learning and walking the path toward reconciliation together

Clear and Present Danger

Interoperability will be legislated

-not optional

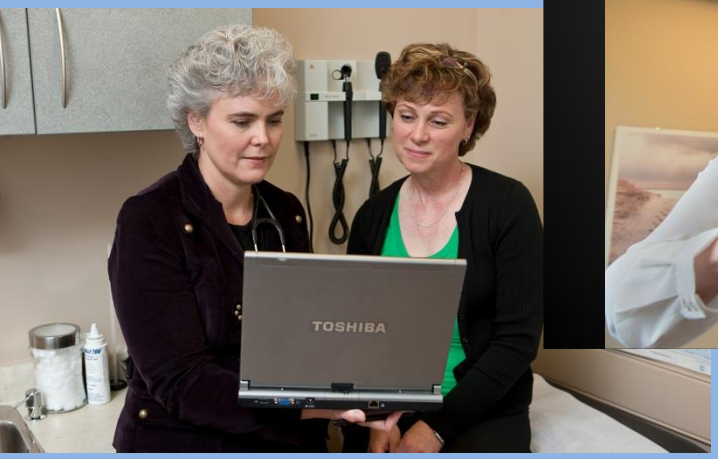


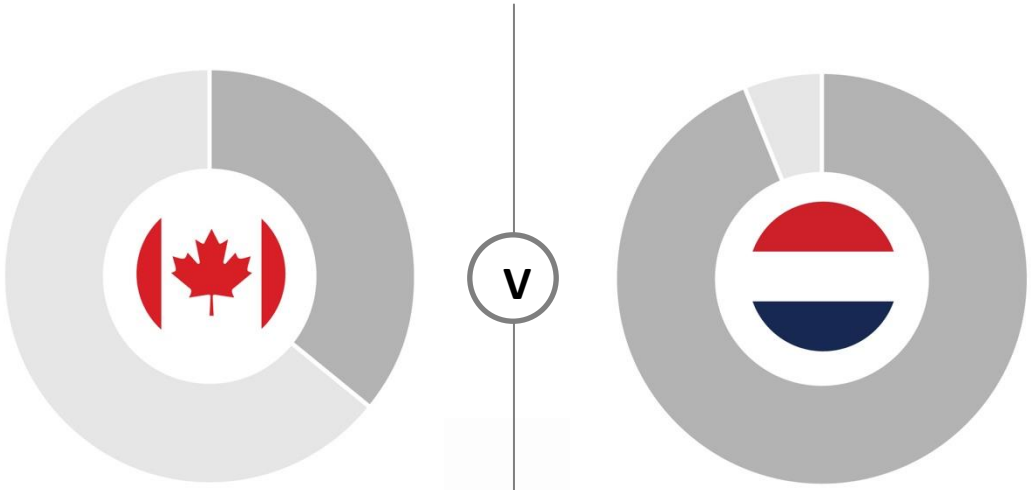

What problem
are we trying to solve?

Primary Care

First Contact
Continuity
Comprehensive
Coordination

Dr. Barbara Starfield





Canada: **36%**

Netherlands: **94%**

Ability to exchange patient summaries electronically with other providers

Source: Commonwealth Fund

Canada Health Infoway

2024 National Survey of Canadian Physicians:

Use of Digital Health Technologies in Practice

BE Network Webinar

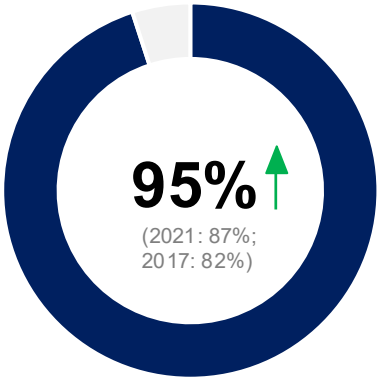
October 30, 2024

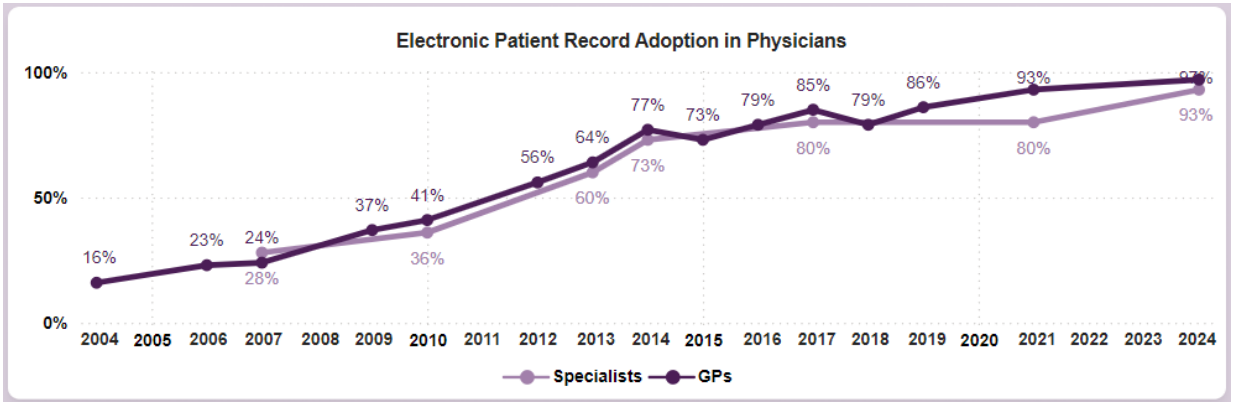
Waldo Beauséjour, Senior Specialist Research, Research & Analytics
Canada Health Infoway

Use of EMR/EHR to Enter and Retrieve Clinical Patient Notes

Nearly all (95%) physicians surveyed use electronic medical records (EMR) or electronic health records (EHR) to enter and retrieve clinical patient notes – a significant increase compared to 87% in 2021 and 82% in 2017.

Physicians who use EMR/EHR to enter and retrieve clinical notes, %



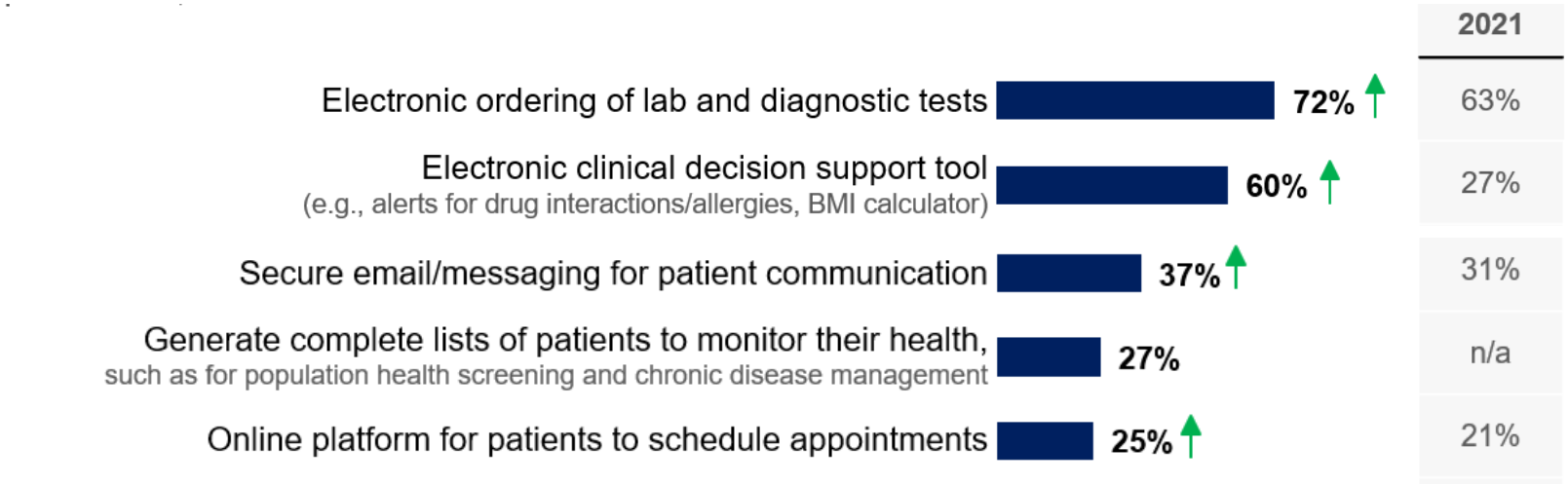


NOTE: (#%) data from 2021 Physician Survey & 2017 CMA Workforce Survey

Base: Total physicians (n=1,145)
Q11. Do you use electronic medical records (EMR) or electronic health records (EHR) to enter and retrieve clinical patient notes in the care of your patients?
Data Source: 2024 Physician Survey; 2021 Physician Survey; 2017 CMA Workforce Survey

Canada Health Infoway
Inforoute Santé du Canada

Electronic Tools/Functionalities Used to Support Patient Care



*Unable to trend due to modifications of the response list

Base: Total physicians (n=1,145)
Q15. Please indicate which of the following electronic tools and functionalities you use in your MAIN practice setting to support patient care. Select all that apply.
Data Source: 2024 Physician Survey; 2021 Physician Survey

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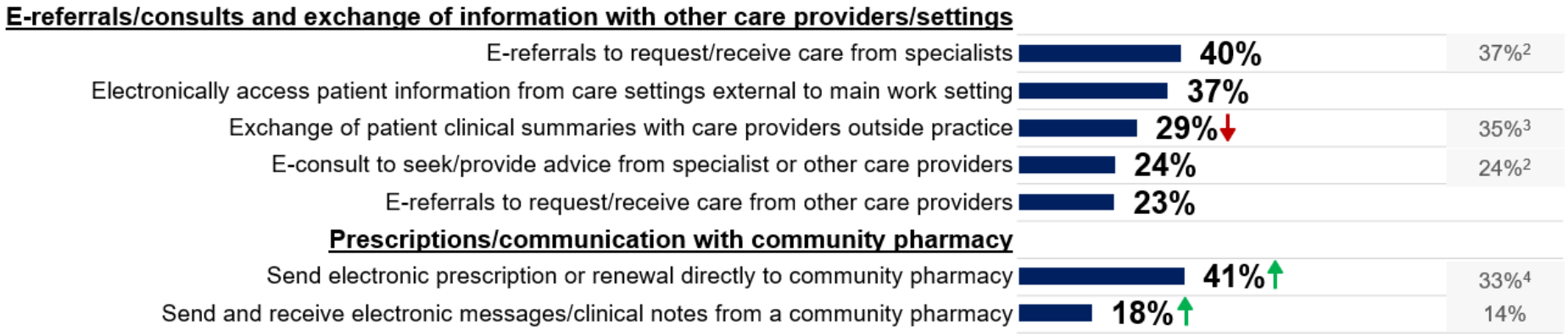
Electronic Clinical Care Communications Between Providers



Base: Total physicians (n=1,145)
Q16. Please indicate which of the following aspects of clinical care communication between providers occurs electronically directly from/to your practice system? (Not via fax/e-fax).
Data Source: 2024 Physician Survey; 2021 Physician Survey

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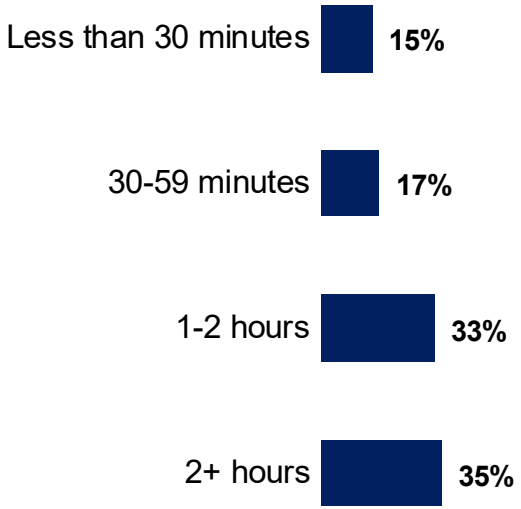
Time Spent Looking for Patient Information (Beyond What Should be Spent)

Nearly 7 in 10 (68%) physicians say they spent 1 hour or more beyond what they feel should be spent looking for patient information needed to provide care during a workday, with over a third (35%) saying they spend 2 hours or more.

Figure 10: Time spent during a workday (beyond what they feel should be spent) looking for patient information needed to provide care for patients, %



Average* time

86 mins

*Outliers of 360+ minutes (2.5% of respondents) excluded from average

Base: Total physicians (n=1,145)
Q19. How much more time do you typically spend during a workday (beyond what you feel should be spent) looking for patient information that you need to provide care for your patients (contacting health care providers outside of your organization for diagnostic results, medication information, clinical notes, etc.)?
Data Source: 2024 Physician Survey

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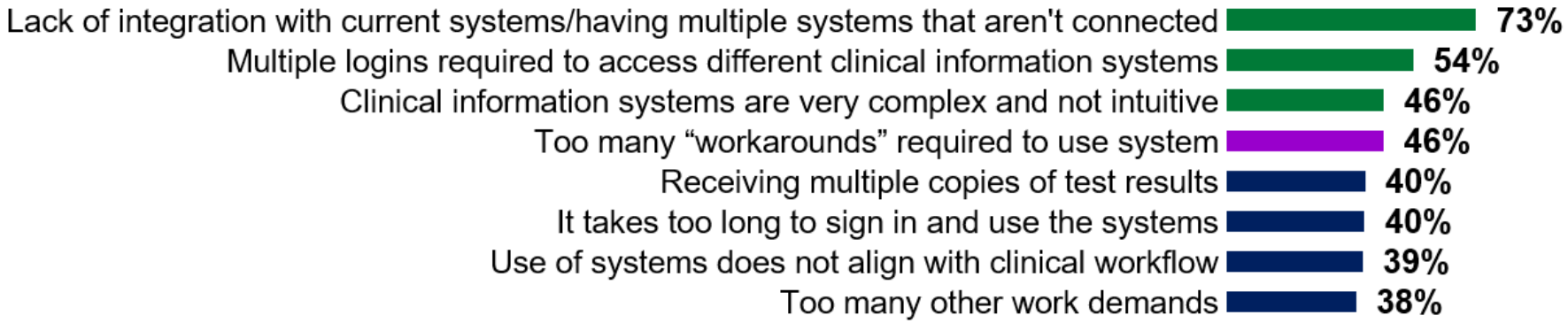
Barriers/Challenges Related to Digital Health Technologies



Base: Total physicians (n=1,145)
Q20. What barriers and challenges currently exist that prevent you from accessing, using or getting full value from your digital health technologies (including electronic health record/clinical information systems) in your MAIN practice setting? Data Source: 2024 Physician Survey

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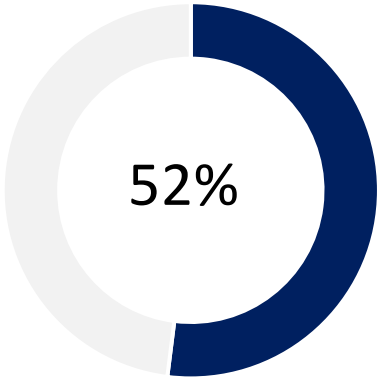
Access to Patient Information Collected Outside of Practice Setting

Average proportion of patients for whom physicians needed to access health information that was collected outside of their practice setting (in the past 12 months), %



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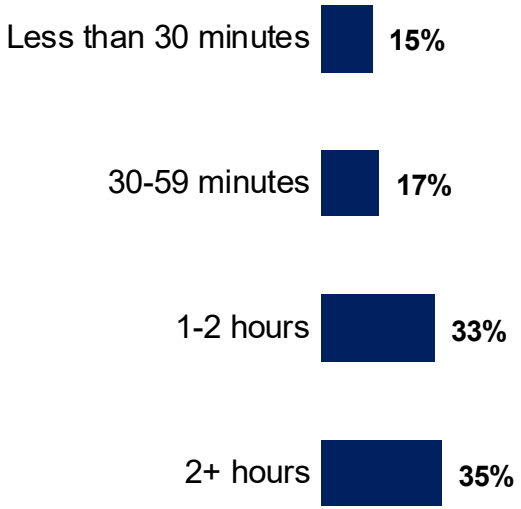

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Data Source: 2024 Physician Survey

Royal Columbian Hospital

HELP US!!!

Digital Health Interoperability Task Force (DHITF)

November 6, 2024

Association médicale canadienne
Canadian Medical Association

The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

Royal College of Physicians and Surgeons of Canada
Collège royal des médecins et chirurgiens du Canada

Canada Health Infoway
Inforoute Santé du Canada

Purpose of the task force meetings

Overarching goal: Advance interoperability ensuring that its implementation is realistic and practical at the front lines of care.

- Understand physician perspective
- Identify challenges and barriers to interoperability
- Develop a final report and key recommendations, which will be disseminated broadly

The Task Force supported National Initiatives

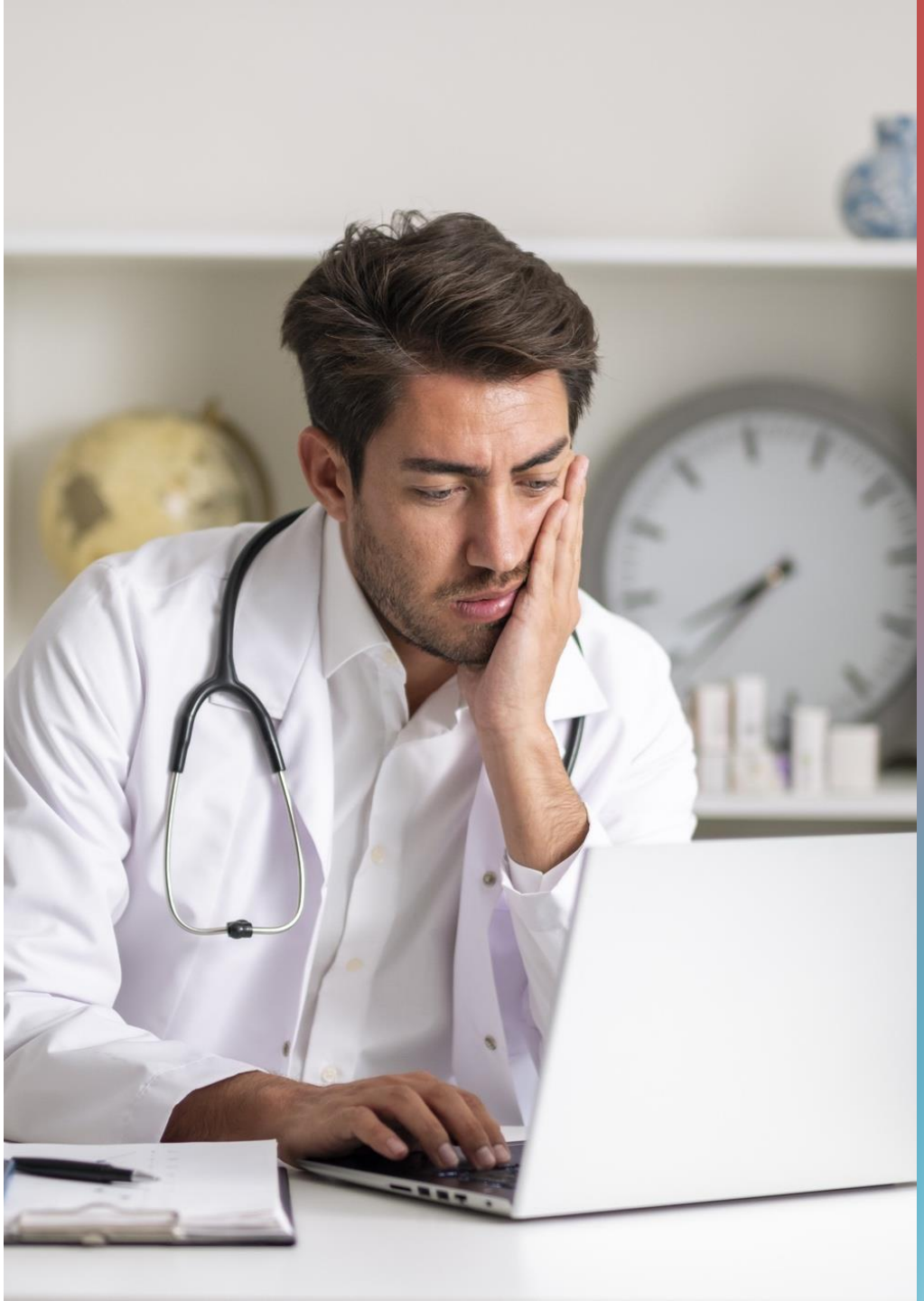
- ✓ Bill C-72 and prohibition of data blocking (now Bill S-5)
- ✓ Interoperability and health data standards (Infoway and CIHI)
- ✓ Pan-Canadian Interoperability Roadmap (Infoway)
- ✓ Pan-Canadian Health Data Content Framework (pCHDCF) development (CIHI)
- ✓ Framework for health data stewardship (CIHI)
- ✓ Synchronized “standardized” HALO framework with community EMR providers (Infoway, BC and Ontario)

Challenges to be addressed

1. Progress on current national initiatives remains slow
2. Dated “current” privacy legislation not compatible with the digital age
3. Gaps in best practice guidelines for clinicians and organizations
4. **And most importantly….**

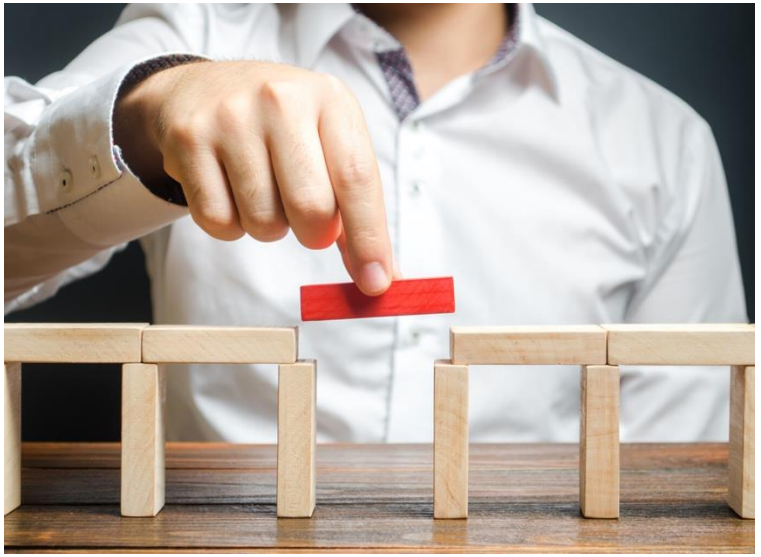
Clinician challenges

- Fundamental disconnect between organizations approach and governments agenda
- Risk of additional burdens on clinicians which could jeopardize connected care

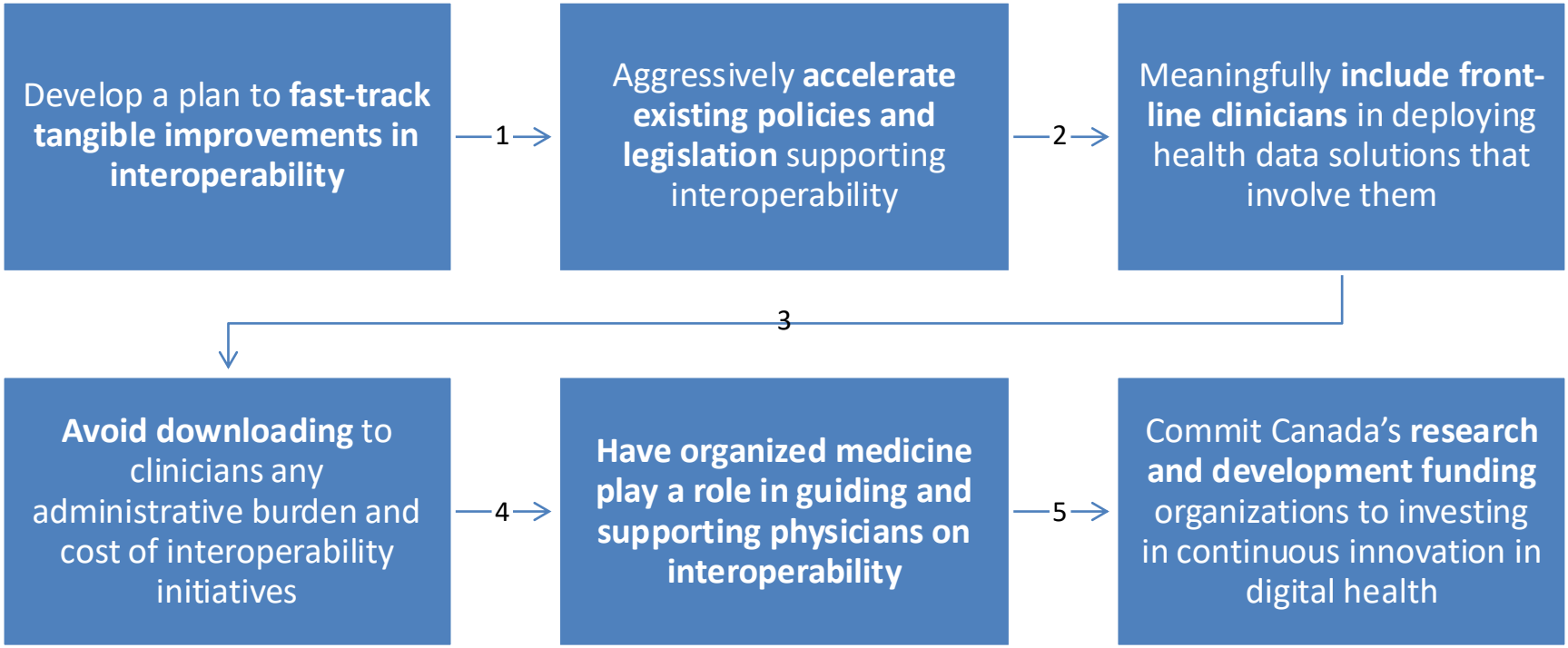


Gaps in interoperability planning – Provinces/Territories and other dedicated organizations

- Collection of standardized data
- Optimization of clinician provider workflows
- EMR optimization to fit interoperability
- Clinician management of large amounts of data
- **Administrative and/or financial burden on clinicians**



The Task Force believed there is an **urgent need** to:

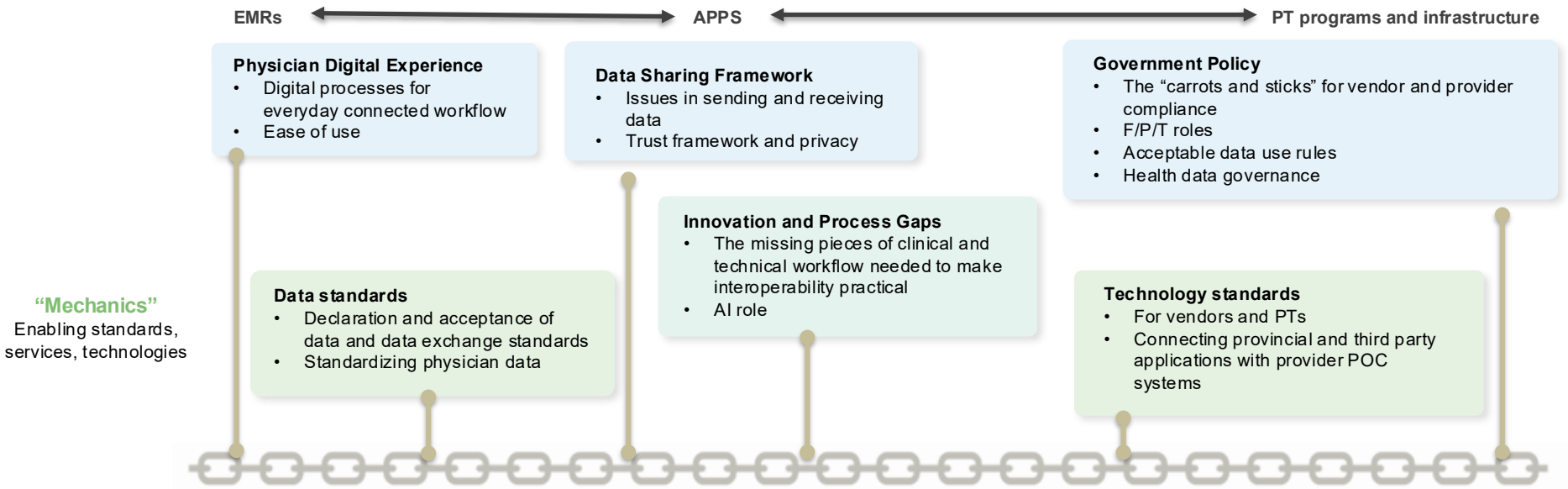


GOALS

- Timely information to inform care
- Critical collaboration/transition of care
- Patient access to data
- Enriching data to inform health system planning
- Reduced barriers to entry for vendors and innovators

You can't do it alone

Interoperability requires broad participation



Government legislation and conformance programs

The countries studied employed similar standards and legislation, indicating that these principles result in successful digital patient access platforms that should be emulated. Interoperable data standards, strong government legislation, and conformance programs provide the framework for these platforms .

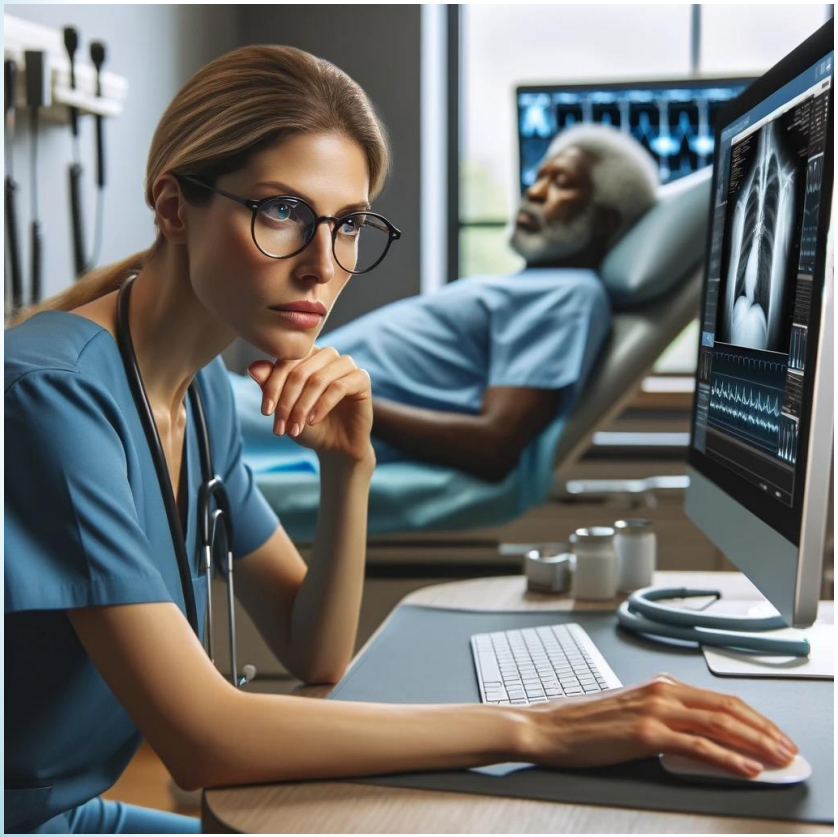





	Australia	England	Netherlands	Sweden	United States		Canada
Government mandates	✓	✓	✓	✓	✓		X
Conformance program	✓	✓	✓	✓	✓		(✓*)
Financial incentives	✓	✓	✓	✓	✓		X

* Varies by province

Definitions of Interoperability



Health data interoperability is the ability of different information systems, devices and applications (systems) to access, exchange, integrate and cooperatively use data in a coordinated manner to optimize the health of individuals and population

Technical factor interoperability involves the data content standards and technical considerations required to enable secure access and integration of electronic health data and their transmission across disparate health technologies

Human factor interoperability involves the system-level relationships that impact the capacity of health sector stakeholders to adopt harmonized health data standards and technology

Bill S-5
(Formally Bill C-72)

The Connected Care

for

Canadians Act

Legislative Status

S-5 **45th Parliament, 1st session**
Monday, May 26, 2025, to present

An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors

Short title: Connected Care for Canadians Act

Bill type
Senate Government Bill

Sponsor
Hon. Sen. Pierre Moreau

Text of the bill

Summary

Current status
At second reading in the House of Commons

Latest activity
First reading on Thursday, May 28, 2026 (House of Commons)

Progress | Details | About

Senate

1. **First reading**
   Completed on Wednesday, February 4, 2026
2. **Second reading**
   Completed on Thursday, March 26, 2026
3. **Consideration in committee**
   Completed on Thursday, April 30, 2026
4. **Report stage**
   Completed on Tuesday, May 5, 2026
5. **Third reading**
   Completed on Tuesday, May 26, 2026

House of Commons

1. **First reading**
   Completed on Thursday, May 28, 2026
2. Second reading
   No activity
3. Consideration in committee
   Not reached
4. Report stage
   Not reached
5. Third reading
   Not reached

Export as: JSON XML
For more data options, please see Open Data

Bill S-5 Core Requirements: Mandatory Interoperability

- Vendors **must ensure their systems are interoperable**
  → Not optional
  → Ongoing obligations—not a one-time build.

Defined as systems that can access, use, and exchange health data **completely and securely**

Data Blocking Prohibited

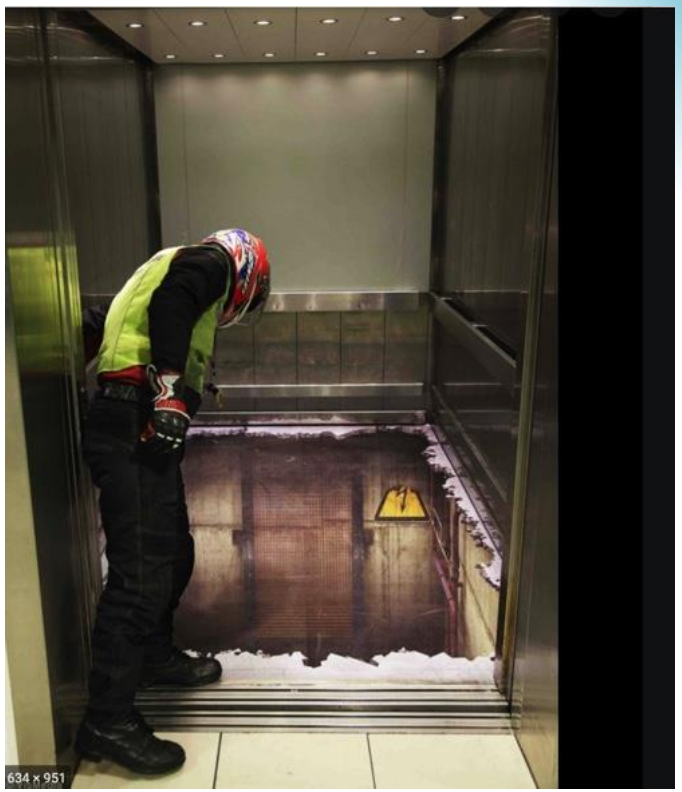
Data blocking: includes anything that

- Prevents access
- Discourages sharing
- Interferes with data exchange

Implication:

Even indirect barriers (fees, APIs, etc) could be interpreted as blocking and regulated.

Scope



- **Applies To:**
  - EMR vendors
  - Software developers
  - Platform providers
  - Service providers

The definition of "health information technology" is **very broad**

Key insight:
Even smaller or niche developers are **captured by default.**

Federal–Provincial Overlay

Jurisdiction Reality

- Applies **only where provinces opt in OR lack equivalent laws**
- Provinces can:
  - Add requirements
  - Enforce compliance

Translation:
You may face **both federal AND provincial compliance layers**

OSCAR Context

- Widely used open-source EMR in BC

- OSCAR supports many community practices and thrives on flexibility and clinician-led innovation.

- Small, but engaged community of users.

Reality for Small Vendors
The Hidden Requirement

Bill S-5 does NOT just say “be interoperable”

It implies:

-Continuous API maintenance

-Security compliance

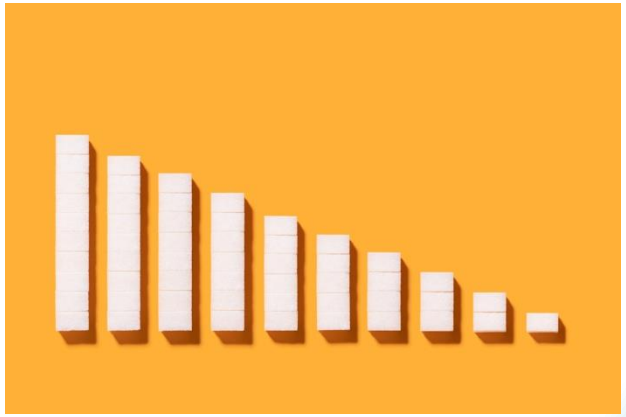
-Certification readiness

-Ongoing upgrades

This is a permanent cost structure.

Structural Imbalance Compliance Tax

- Large vs small vendors
- Disproportionate burden
- Market consolidation - globally fewer vendors, less innovation.



The Paradox and Pitfalls

Intended Outcome	Potential Unintended Consequence
Greater interoperability	Vendor consolidation, centralized data control
More innovation	Fewer innovators able to enter the market
Reduced data blocking	Increased dependence on dominant platforms
National standards	Higher implementation costs for community practices
Better competition	Reduced competition among EMR vendors

Suggested Implementation Policy Needs

1. Shared Infrastructure

- National/provincial API layers
- Middleware support (Infoway, CIHI)

2. Funding for Compliance

- Grants for small vendors
- Open-source support

3. Tiered Requirements

- Proportional compliance based on size

OSCAR BC Opportunity

- Lead open-source interoperability modules

- Advocate for:
  - Shared standards implementation
  - Public infrastructure

- Demonstrate **community-led data stewardship**

Future Scenarios
Consolidate or Lead

- **Compliance strain**
  - Exit the market or consolidate
- **Collective adaptation**
  - Shared tools – public infrastructure
  - Build up the OSCAR Community
- **Leadership**
  - OSCAR defines how open interoperability works in Canada – clinician and community led

Adapting in the Age of Interoperability

1. Requires a deep understanding of the technology and regulations themselves
2. Requires a clear vision
3. Modelling a culture of innovation to garner support
4. Leadership and Political Advocacy

cma.ca/get-involved/healthadvocacy

Canada needs connected care.
Your voice can help.

Send your letter now.

Canada has been waiting more than 25 years for health information systems to work together. Bill S-5, the *Connected Care for Canadians Act*, can finally help move this forward — **but first, it needs to be passed.**

The Road Ahead is Winding…