

 Industry Canada
Information and Communications Technologies
Strategis

[Help](#) [What's New](#) [Site Map](#) [Feedback](#) [About Us](#) [Français](#)

GO TO [Main Menu](#) [Search](#) [Strategis](#)

[Business Information by Sector](#)

[Information and Communications Technologies](#)

Author - Industry Canada - Information & Communications Technologies

Publication Date - 2000-04-28

Canadian Strengths and International Opportunities in Telehealth

OBSERVATIONS FROM THE G7-G8 SP4 FORUM:
MEDICAL/LEGAL ASPECTS OF NATIONAL AND INTERNATIONAL
TELEHEALTH APPLICATIONS

held in
LONDON, UK, NOVEMBER 28-29, 1999

REPORT FOR INDUSTRY CANADA

Prepared by:
The Canadian Society of Telehealth

January 2, 2000

[Reporter #1](#) - [Reporter #2](#) - [Reporter #3](#) - [Reporter #4](#) - [Back to top](#)

Reporter #1

Canada has many strengths in telehealth: high quality medical education; a good telecommunications system to which most of the population is connected; a high level of interest in and need for telehealth domestically. Canadians are in the process of addressing the legal barriers to the development of telehealth - lack of adequate regulation to protect patients' privacy rights; licensing rules that prevent or inhibit cross-border telemedicine; lack of provision for remuneration for telemedicine services; and liability issues for telemedicine malpractice or telemedicine equipment failure. When these legal barriers are addressed, Canada will be in a stronger position to develop various telehealth activities.

My impression is that Canada remains weak relative to the US in regard to the entrepreneurial side of telehealth. My impression is that, despite the significant amount of telehealth activity in Canada, we continue to import telemedicine software and hardware from the US.

It is also my impression that Canada's single-payer health care system puts a damper on the development

of the entrepreneurial side of telehealth. The cost effectiveness of telemedicine is not yet proven (there were at least three papers presented at this conference that made this point). Particular telemedicine applications may be cost effective, but it will take some time to determine which applications are cost effective. Governments will not be willing to provide telemedicine services that are not cost effective, and because of the single-payer system Canadians may not pay privately for insured services provided by telemedicine. A related point is that governments save money by maintaining waiting lists for some insured services. Some waiting lists could be reduced or eliminated by using telemedicine, but governments concerned about cost containment will probably be reluctant to take this step. Government focus on cost containment coupled with the prohibition of private payment for insured services may inhibit entrepreneurial telemedicine activity in Canada.

[Reporter #1](#) - [Reporter #2](#) - [Reporter #3](#) - [Reporter #4](#) - [Back to top](#)

Reporter #2

Internationally, telehealth is moving out of what can be described as the "pilot project phase", in which the primary focus was development and refinement of the basic technology and protocols necessary to conduct telemedicine sessions, transmit health information and deliver health-related services. Telehealth applications are increasingly being integrated into continuing healthcare service structures and planning processes. At the same time, the focus of telehealth research and development is expanding to include a greater emphasis on practice and content issues, including how technologies can be used to provide access to more and better health information and care resources. Accompanying this shift, improvements in compression technology and access to bandwidth throughout significant parts of the globe have made international collaboration in telehealth initiatives increasingly viable.

Reflecting this latter trend, a leading theme that emerged from the presentations and dialogue sessions held during the G8 SP-4 meeting held in London on November 28-29, 1999 was the growing need for international harmonization and the development of global standards for telehealth applications, telemedicine practice and licensure.

As telehealth and the public appetite for health information and access to care resources becomes internationalized, it seems clear that the need for international agreement on relevant standards will become increasingly urgent. It is my view that this represents a significant opportunity for Canada.

As a consequence of our federal political structure and the interaction between the federal and provincial/territorial governments in the pursuit of national objectives in many fields, including healthcare, Canadians have acquired extensive experience in dealing with issues related to inter-jurisdictional harmonization. Health sector decision-makers at both the federal and provincial levels are well versed in the development, negotiation and implementation of harmonization measures.

Efforts are advancing in Canada on a number of fronts related to the rationalization and harmonization of telehealth standards, legislation and policy. These initiatives have also involved the participation of a variety of non-governmental agencies, in whom significant expertise related to telehealth standards and regulatory issues has developed, including the Canadian Standards Association, the Canadian Institute for Health Information, and the Canadian Medical Association to name just three.

Canada, then, is positioned to play an important role in international efforts aimed at the development of accords and standards applicable to telehealth. Canadians from a variety of sectors and professional backgrounds are well equipped to contribute significant skill and experience in the creative resolution of

jurisdictional conflict and development of uniform approaches to law and regulation in the communications and health care fields.

Further, Canada's positive international reputation as an honourable and widely accepted participant in international forums and dispute resolution in a wide range of policy and diplomatic fields gives this country a high level of credibility. This factor, along with our membership and senior role in a variety of critical international bodies, provides us with an opportunity to potentially exercise a leadership role in the initiation of discussions aimed at achieving international agreement on fundamental regulatory and standards issues relating to telehealth.

Much remains to be done at home in relation to technical and practice standards for telemedicine, licensure, and the privacy protection in the telehealth context. Nevertheless, the fact that our own regime is a work in progress should by no means preclude Canada from playing a major role in promoting and contributing to international efforts in these important areas.

[Reporter #1](#) - [Reporter #2](#) - [Reporter #3](#) - [Reporter #4](#) - [Back to top](#)

Reporter #3

The key issues which surfaced in the sessions related to privacy, implementation and harmonization.

With respect to privacy, Canada is, in my view, exhibiting a deep understanding of the issues and is having an open debate on the role of individuals, providers and government with respect to privacy matters. While seen as a fundamental issue with respect to the implementation of telehealth by both Canadians and others internationally, the continuation of the debate will limit the implementation of telehealth applications. The proposed Bill C-6 was attempting to provide an umbrella regime with respect to electronic information but has significant weaknesses in the manner in which it may apply to health. (Subsequent to the conference dates, the debate on Bill C-6 has resulted in further exceptions with respect to the application of this bill to health information).

One of the strengths of Canada in the area of privacy is our strong belief in such a right and its place in the Charter of Rights. There is a concurrent weakness, however, in that this debate must take into account the jurisdictional authorities of the federal and provincial governments and there appears to be a significant weakness in obtaining a national (as opposed to federal) consensus on this matter.

With respect to implementation, again Canada appears to have great strengths in terms of the number of applications, which are in progress. There is, however, little evidence relating to these applications and their validity and sustainability. This weakness is not limited to Canada in that there appear to be few truly evidence-based studies comparing telehealth delivery models versus traditional delivery models. While there is an inherent belief in the validity of the advantages of telehealth, clearly more effort must be expended to provide evidence-based rationale for implementation. This implementation will either be based on (i) valid sustainability or (ii) validated subsidy.

The third area of harmonization is an area where Canada is, in my view, lagging at the moment. The implementation of a mutual recognition system for professional licensure in Australia and the extent of harmonization in the EU have demonstrated the ability to provide harmonized environments in which telehealth can flourish. Canada is lagging seriously behind in this area. We have an environment, which is quite homogeneous with respect to professional standards and yet we seem unable to provide multi-jurisdictional licensing in an easy and accessible regime. This is a national issue but one which the federal

government could take a strong lead.

In summary, Canada's strengths are:

- strong process to clarify privacy rights for health information
- homogenous system
- technology availability
- willingness and potential resources

And Canada's weaknesses are:

- lack of evidence based support for implementation
- lack of a clear leader to form a national program between the various jurisdictions
- harmonization between jurisdictions
- restrictive licensure regime

[Reporter #1](#) - [Reporter #2](#) - [Reporter #3](#) - [Reporter #4](#) - [Back to top](#)

Reporter #4

The challenges and international opportunities concerning telehealth are considerable. As this meeting focused on medico-legal issues I will limit my comments accordingly. However, it bears comment in passing that, given our relatively advanced position in this area, Canada should be well-positioned to export both its technologies and its know-how (including policy know-how) to other countries.

The main issues that dominated the meeting centred around privacy (particularly consent) and licensing. Funding and the place of telehealth in health systems received somewhat less attention, but was clearly an issue, and indeed one raised by Canadian representatives. It is clear that legal and policy uncertainties about these matters can impede the development and implementation of telehealth, both nationally and, even more so, internationally. At the meeting several initiatives (both national and international) to address these challenges were reported on and discussed; the meeting itself was no doubt an important milestone in this global conversation. However, if progress is to be made toward enhanced international collaboration and global telehealth it will be necessary to move beyond merely identifying and discussing the issues toward resolving them (e.g., achieving international agreements). At present there appears to be no venue where this is taking place.

Canada is well-positioned to play a key role in ongoing international discussions. We are internationally recognized and respected in this field and have considerable experience and expertise. This is further attested to by the strength of our national representation at this meeting. Indeed, Canada can and should play a leadership role to assure that policy discussions are advanced at the international level. Beyond our "altruistic" interest in promoting the development and implementation of telehealth internationally (because we support the idea of "better health for all"), we have a national interest in the growth of telehealth because it opens markets to which we can export technology and know-how.

Insights offered by Canadian representatives at this meeting furnish other good and important reasons for Canada to be aggressive in helping to shape telehealth and telehealth policy at the international level. Watson Gale convincingly made the case that, in the context of globalization, the self-determination of nation states with respect to their ability to preserve and develop national policies concerning telehealth will be limited by transnational factors. In Canada's case, there is some risk that Canada could find itself pulled within the powerful orbit of the United States and subject, perhaps indirectly, to market-driven policy or practices initiated there, which may in fact be incompatible with our national priorities.

One of the reporters made the related and complementary point that telehealth, depending on how the industry develops, has the potential to promote or accelerate two or multi-tiered health care and increase inequality in access. No doubt this would be unwelcome by most Canadians proponents of telehealth. However, given the logic of the market place, globalization and cost containment, this could occur even if, in the minds of Canadian policy-makers and telehealth advocates, the overarching policy goal and rationale for developing telehealth in Canada is in fact to promote greater and more equal access to insured health services.

The message I take from other presentations at the conference, is that Canada should ensure that, to the extent possible, policy guides the development and implementation of the technology rather than being shaped by it or by market-driven forces. Moreover, given globalization and the fact that technology doesn't recognize national borders, it is important for Canada to try to influence global developments in telehealth as consistent with its policy objectives and to influence international discussions about policy accordingly.

There is much at stake here for Canada here and the challenges are considerable. However, Canada is well placed to meet these challenges and seize the opportunities. The Report of the Advisory Council on Health Infostructure provides a solid vision to guide thinking about telehealth and policy in this area in the Canadian context (including issues of privacy, although in my view the Report merely frames the issues and leaves key questions yet to be resolved through public debate and dialogue). One of the main virtues of the Report's vision is that it sets telehealth in the broader context of health system design and the cherished principles of the Canada Health Act. Other countries appear not to have developed a vision near as comprehensive, and consequently the integration of telehealth in their overall health systems may occur more willy-nilly or subject to unconstrained market forces.

Notwithstanding Canada's interest and advantages in this area, there is much we could and should do internally to focus and clarify our own policy objectives concerning telehealth and to ensure that policy issues arising in the Canadian context are adequately addressed. Issues of privacy and of licensure are particularly pressing. Having a broad vision is one thing but it is only once we have worked through these issues in some greater detail that we will be able to assume the role I believe Canada should play at the international level and try to influence the international telehealth as consistent with Canadian objectives.

To this end, I recommend that:

The government of Canada, in association with the Canadian Society for Telehealth and other relevant stakeholders, should put in place a process for identifying and resolving the ethical and legal gaps in Canadian policy concerning telehealth and should dedicate sufficient resources to ensure that these gaps are adequately addressed (e.g., meetings of ethics/legal/policy experts, public consultation as appropriate).

The government of Canada, through the Canadian Society for Telehealth and other relevant stakeholders, should develop a strategy for promoting its policy objectives and position (as developed/refined through the process identified above) at the international level so as to ensure that international developments in telehealth are consistent with these objectives to the extent possible.

[Reporter #1](#) - [Reporter #2](#) - [Reporter #3](#) - [Reporter #4](#) - [Back to top](#)

 [Comments/Suggestions/Questions about this document.](#)

[Help](#) [What's New](#) [Sitemap](#) [Feedback](#) [About Us](#) [Français](#) [Top of Page](#)

Canada
<http://strategis.ic.gc.ca>