



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

45th PARLIAMENT, 1st SESSION

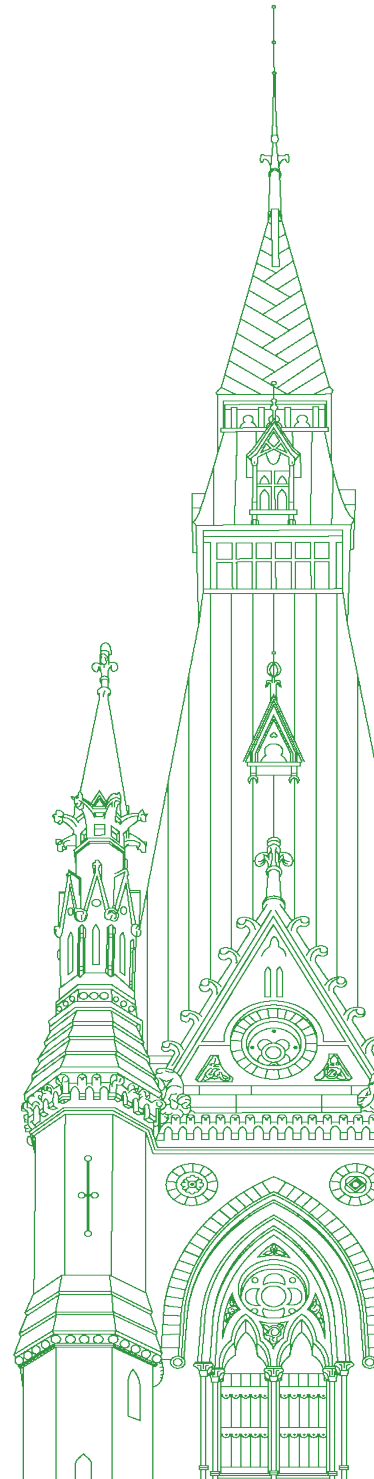
Standing Committee on Health

EVIDENCE

NUMBER 033

Tuesday, May 5, 2026

Chair: Sukh Dhaliwal



Standing Committee on Health

Tuesday, May 5, 2026

• (1550)

[English]

The Chair (Sukh Dhaliwal (Surrey Newton, Lib.)): I call this meeting to order.

Welcome to meeting number 33 of the House of Commons Standing Committee on Health.

Please wait until I recognize you by name before speaking.

As a reminder, all comments should be addressed through the chair.

For members in the room, if you wish to speak, please raise your hand. The clerk and I will manage the speaking order as best we can, and we appreciate your patience and understanding in this regard.

To the witnesses, I want you to keep an eye on the honourable member who has the floor. As soon as that honourable member raises a hand, I would like you to stop. I don't want any crosstalk, in the best interest of the health of our interpreters.

Pursuant to Standing Order 108(2) and the motion adopted on Tuesday, April 15, the committee shall resume its briefing session on PrescribeIT.

We will be meeting for a full two hours.

I would like to welcome our witnesses.

On behalf of the committee members, I would like to welcome, from Canada Health Infoway, Dr. Vaughan, board chair, and Ms. Tania Ensor, strategic adviser; and from Telus Health, Mohamed El-Demerdash, president. Welcome.

Each organization will have five minutes for its opening statement.

With that, I will start with Dr. Vaughan.

You have the floor for five minutes. Please go ahead.

Peter Vaughan (Board Chair, Canada Health Infoway): Thank you, Mr. Chair.

[Translation]

Good afternoon, Mr. Chair and members of the committee. Thank you for the opportunity to be here.

[English]

I would like to acknowledge that the land we now call Canada is the traditional territory of first nations, Inuit and Métis peoples who have lived here since time immemorial. I recognize their enduring presence from coast to coast to coast in the spirit of reconciliation.

My name is Dr. Peter Vaughan. I am the former deputy minister of health and wellness for the province of Nova Scotia and a former emergency physician, family physician and Royal Canadian Air Force flight surgeon—a proud veteran.

I appear before you today in my capacity as board chair for Canada Health Infoway. As an independent, federally funded, not-for-profit organization, Canada Health Infoway has worked in partnership with successive federal, provincial and territorial governments to advance digital health and connected care across Canada since 2001.

Before I continue, I would like to acknowledge that the board of directors of Canada Health Infoway has recently announced a leadership transition. As of April 29, 2026, Michael Green is no longer with the organization. This reflects a board decision to ensure Canada Health Infoway's continued focus on its mandate and to position the organization for its next phase of connected care.

The organization continues to be led and governed by the board of directors and senior executive team. The board is confident in the strength of the leadership team and the organization's continued ability to deliver on its priorities in partnership with federal, provincial and territorial governments and health system stakeholders.

I am here today to support the committee's work in a direct, transparent and constructive way. I recognize the importance of this review and the responsibility to provide clear and factual information.

PrescribeIT was a significant national initiative delivered within Canada's federated health system, with shared accountability across jurisdictions.

To be clear, Canada Health Infoway's mandate was to establish the national technical infrastructure required to secure digital prescribing in Canada and support vendors and jurisdictions to connect to that system. We delivered on this mandate.

Since its development in 2017, PrescribeIT has established a pan-Canadian foundation for e-prescribing, including standardized data structures, secure prescription transmission and integration across clinical and pharmacy systems. It enabled vendor onboarding and supported jurisdictional implementation, with approximately 95% of pharmacies and electronic medical record vendors technically integrated and with deployment across nine jurisdictions.

In 2023, following confirmation that federal funding would not continue beyond the current agreement period, the board initiated a structured sustainability review focused on three primary options: a federal-provincial-territorial cost-sharing model, a public-private partnership and an open standards approach.

Canada Health Infoway led extensive engagement with provinces and territories and engaged with 45 organizations, including tailored proposals and discussions at deputy minister and minister tables. Despite this engagement, no territory or province committed to a cost-sharing agreement, and all viable organizational proposals required ongoing public funding.

On November 12, 2025, the board concluded that an open standards model was the most responsible path forward. The open standards model would preserve public investment made through PrescribeIT by carrying forward shared national assets, including standards, tools and implementation knowledge. These support provinces and territories in implementing within their own systems, where the levers to drive adoption exist.

The board's role has been to ensure that Canada Health Infoway delivered on its mandate, which it did. Decisions about the future of PrescribeIT were made transparently, based on evidence and in the best interest of Canadian health care systems.

I look forward to answering your questions and supporting the committee in its review.

Thank you.

• (1555)

The Chair: Thank you, Dr. Vaughan.

We will now go to Mr. Mohamed El-Demerdash for five minutes.

Please go ahead.

Mohamed El-Demerdash (President, Telus Health): Mr. Chair and members of the committee, thank you for the invitation. I appreciate the opportunity to be here in person.

We provided a technical expert for the April 21 meeting, but given the tight timelines, I appreciate that several important questions remained. I am here today to provide the clear, factual account the committee requires, and I will try to keep my remarks brief to allow maximum time for your questions.

To understand our work, it is helpful to view PrescribeIT not just as a piece of software but as a managed digital highway.

Over the nine-year life of this program, Telus Health received an average of approximately \$10.9 million per year to build, operate and maintain the national highway. This annual fee was not a one-time purchase; it was the cost of a managed service and ensured

that the highway was open 24 hours a day, with continuous security patrolling, 24-7 technical monitoring and the rigorous auditing required for national health data.

Our work covered two areas.

First, we built and operated the highway itself, the core system that allows different health care providers to talk to one another. Second, a much smaller portion supported our role as one of the many users on that highway, where we adapted our own electronic medical record systems and pharmacy products to meet the precise specifications designed by Canada Health Infoway.

From a technical perspective, the highway was a success. We delivered a 99.9% uptime record. The road was always open, it was secure and it worked exactly as intended and designed by the program owner. Over the course of the program, more than 181 million prescriptions travelled along this highway safely and securely.

We were able to launch this system effectively because Telus Health brought significant pre-existing assets to the table. Roughly 85% of the underlying technology was already built. This saved the government the time and the expense of building a new road from scratch.

I should also note that the entire team managing this project has been based in Canada, and anyone accessing personal health information would have had protected B clearance.

Finally, I want to address the challenge of adoption, or the traffic on the highway.

Telus Health was contracted to build a high-performance, six-lane managed highway. We were asked to build this capacity to meet Infoway's aggressive forecasts of 300 million annual prescriptions and 50,000-plus prescribers. We delivered that six-lane capacity, and we maintained it with 99.9% reliability for nearly a decade. However, as the technology partner, we did not control the traffic. The traffic generators—the policy mandates, the clinical workflow rules and the clinician onboarding process—were the responsibility of the program owner—Infoway and the government.

We operated the service to the specifications we were given. However, when we saw that the lanes were sitting empty and the projected traffic was not materializing, we proactively raised our concerns. We shared our technical observations through a clinical advisory board and in discussions with our partners at Infoway and Health Canada. Our message was consistent: To get traffic moving on a national scale, you need to make things easier for prescribers and mandate integration and common national standards.

We are proud of the technical integrity of the managed service we provided. We built a world-class highway that proved that national e-prescribing is technically viable.

I look forward to your questions.

The Chair: Thank you, Mr. El-Demerdash.

Before we go to the honourable members, besides the regular committee members, we have Mr. Gill subbing for Mr. Bailey.

Mr. Gill, welcome to the committee.

• (1600)

Harb Gill (Windsor West, CPC): Thank you.

The Chair: With that, I will start the six-minute round with Mr. Mazier.

Please go ahead.

Dan Mazier (Riding Mountain, CPC): Thank you, Chair.

Welcome, guests.

Dr. Vaughan, why did the Canada Health Infoway board fire Michael Green as its CEO?

Peter Vaughan: Thank you for the question.

The board is comprised of deputy ministers and their representatives from the provinces and territories and Health Canada, as well as independent members across the country.

We had been looking into changing leadership prior to that, to meet the needs of the organization going forward. We accelerated that decision based on the focus on the CEO and not the mandate.

Dan Mazier: Was it because of the failed performance?

Peter Vaughan: The issue was really the mandate focus, and we were already looking for different leadership going forward. We had to accelerate that because of this.

Dan Mazier: You had to accelerate it, so what was the final plan?

I guess it was because you were definitely looking at his performance before all this broke loose. Did it have anything to do with the committee reports that were coming out here?

Peter Vaughan: The committee process was not the deciding point. As I indicated, we were looking forward to different leadership. These are different times, and we need different leadership going forward.

We had already had that in place.

Dan Mazier: Dr. Vaughan, did Michael Green receive a severance package when he was fired as CEO, yes or no?

Peter Vaughan: That is currently in discussion.

Dan Mazier: What sort of discussion was it? Was it, "You did a terrible job, so now you're going to get a severance package"?

Performance packages, I thought, were normally paid because someone did really well. The maximum performance package is \$215,000. Are you actually considering giving him that again or not?

Peter Vaughan: The severance package is not the same thing as a performance package. I think that's the answer to the question.

Dan Mazier: My question was whether he is going to receive a severance package after being fired as CEO.

Peter Vaughan: As I indicated, that is in current discussions.

Dan Mazier: Dr. Vaughan, according to the documents submitted to this committee, Michael Green received a performance bonus of over \$250,000 last year. Your own documents confirm that this is the maximum bonus allowed for great performance.

During your time as board chair, was there ever a year when Michael Green did not receive the maximum performance award, yes or no?

Peter Vaughan: Yes, there were times when he did not receive the maximum performance award, and to my recollection, it was frequently the case that he did not receive the maximum performance award.

Dan Mazier: Could you table those years that he did not get those maximum performance awards?

Peter Vaughan: We'd be happy to provide that information, should you request it.

Dan Mazier: Dr. Vaughan, the federal government appointed two directors to the Canada Health Infoway board. You are one, and the other is Jocelyne Voisin. Ms. Voisin is the federal health minister's senior assistant deputy minister at Health Canada. Is that correct?

Peter Vaughan: Yes, that is correct.

Dan Mazier: Dr. Vaughan, did Ms. Voisin vote to approve Michael Green's maximum performance bonus last year, yes or no?

Peter Vaughan: I don't recall the details of that particular vote. We can look at how that is reflected in the minutes. I'm happy to share that.

Dan Mazier: Was the vote for him to get his maximum performance bonus unanimous, or was there a discrepancy on the board?

Peter Vaughan: Stepping back, Health Canada often doesn't vote for or against. They abstain on funding types of questions. I don't believe there was anyone who was opposed to it, but we could check with the minutes and provide that for you.

Dan Mazier: Yes, please table the votes on performance awards.

Dr. Vaughan, has the current federal health minister ever personally raised concerns with you or the board about the \$300 million spent on PrescribeIT?

Peter Vaughan: The answer is no.

Dan Mazier: She's never raised it with you. The current minister has never had reservations about PrescribeIT.

• (1605)

Peter Vaughan: PrescribeIT is actually a successful program, as we've heard, that was delivered across Canada. It actually works.

Dan Mazier: I think that's rather debatable.

Dr. Vaughan, has the current federal health minister ever personally raised concerns with you—and I think you've answered this already—or the board about how Canada Health Infoway is spending taxpayer money, yes or no?

Peter Vaughan: The answer is no. We submit all of our documents quarterly to Health Canada, and the contribution agreement is audited and submitted annually.

Dan Mazier: Is Canada Health Infoway a not-for-profit organization, yes or no?

Peter Vaughan: Yes, it is a not-for-profit agency.

Dan Mazier: Dr. Vaughan, do you know what the Prime Minister of Canada makes as a salary?

Peter Vaughan: No, I currently don't have that before me.

Dan Mazier: It's just over \$435,000.

Michael Green is the CEO of Canada Health Infoway. Total compensation was nearly \$900,000.

The Chair: The time is up.

Dr. Vaughan, please give a short answer.

Peter Vaughan: Thank you, Mr. Chair.

The short answer is that we look at the environment in which we work with the comparator groups around health IT, pharmaceuticals and hospital administration in Ontario, particularly downtown Toronto. Those are the comparator groups that are looked at.

The Chair: Thank you.

That was six minutes and 24 seconds.

We will now go to MP Sidhu. Please go ahead for six minutes.

Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

My first questions are for Dr. Vaughan.

Dr. Vaughan, I see that there's a significant difference between pharmacies and prescribers. From your perspective, what was the experience of implementing and using PrescribeIT, particularly among prescribers? Adoption rates differ widely, with about 95% pharmacies and EMR vendors compared to 27% of prescribers, with less than 5% of prescriptions sent through PrescribeIT. What explains this gap?

Peter Vaughan: Thank you very much for the question.

It is actually very consistent with international comparators at this stage. In the U.S., for example, at this stage they had 3% adop-

tion. What did they do? They brought in incentives and mandates through legislation. Every OECD country that has electronic prescribing as a national service has either mandated or used incentives, and that falls within the realm of the provinces and territories. Infoway is about enablement, but we do not have the power or the policy levers that the provinces and territories do.

Sonia Sidhu: Can you clarify and explain what each of your respective roles and responsibilities in developing, implementing and maintaining PrescribeIT were, along with the roles and responsibilities of vendors and provinces and territories?

Peter Vaughan: I will ask my colleague, who's very much involved with PrescribeIT technically, to perhaps answer that question.

The Chair: Go ahead, Ms. Ensor.

Tania Ensor (Strategic Advisor, Canada Health Infoway): Thank you, Mr. Chair.

Infoway's responsibilities were setting the policy and direction of the organization itself, setting the specifications and the standards, and then working with vendors to onboard onto the managed service provider system through Telus. We had a role as well, from Infoway's perspective, to oversee the work Telus did and hold them accountable to the contract we had negotiated with them.

We also had a significant role working with provinces and territories to enable the system with their technical systems but also to provide them with information and encouragement to grow adoption, hold pilots and build the use of the system significantly.

Telus's responsibility was for the managed service provision of the platform, but they also had a role as a vendor. They're one of the largest EMR and pharmacy system vendors in Canada. They had a role to help grow adoption with their physicians, their pharmacies and their customer base, because they were the ones who were truly interacting with that group.

• (1610)

Sonia Sidhu: If any challenge arose with the program, what was the role in addressing them and what types of problems fell within your responsibility?

Peter Vaughan: The challenges were really around adoption. When we look at the provinces and territories where there was good uptake, the adoption was around 27%. It really depended on policy levers.

That is the international lesson. The takeaway from all of this is that enablement, in and of itself, is not sufficient. We need either mandates or incentives. We went through exactly the same thing, which many will recall from 20 years ago, on electronic medical record adoption. Now we have an adoption rate of 95% or more, but that took mandates and incentives to occur.

Sonia Sidhu: Thank you.

My next question is for Telus. From Telus's perspective, what specific efforts were made to make PrescribeIT more appealing and practical in enabling physicians, nurse practitioners and other prescribers to use electronic medical records in their day-to-day work?

Mohamed El-Demerdash: Thank you for the question.

From Telus Health's perspective, it's important to note, as I mentioned earlier, that our main responsibility in this case was to deliver the technology, the managed service and the highway.

I will add, though, to your question, that, as we too saw that the adoption was not high—through the fact that the number of transactions that were going through this highway was much lower than expected—we convened in 2021 a clinical advisory board, which is something we do to assess our products, in general, in the market. This was an advisory board that comprised those prescribers, those individuals. We got their feedback as to why the adoption, from their perspective, was not as high as expected. We took that feedback from them and provided it to Canada Health Infoway, as an opportunity to provide improvements to the standards that were put in place.

Sonia Sidhu: How often did Telus update, modify and modernize the product?

Mohamed El-Demerdash: We implemented every request that came through and was approved from Canada Health Infoway. There were approximately 59 change requests that came through over the life of the program, which we implemented and executed to the specifications that were put to us.

The Chair: Thank you. Your time is up at exactly six minutes.

We will go to the honourable member of Parliament Mr. Blanchette-Joncas, for six minutes. Please go ahead.

[*Translation*]

Maxime Blanchette-Joncas (Rimouski—La Matapédia, BQ): Thank you, Mr. Chair.

Dr. Vaughn, would you agree that when you invest nearly \$300 million in a program whose adoption rate is less than 5%, the program is a failure? Yes or no?

[*English*]

Peter Vaughan: The mandate that we fulfilled was the technical delivery of that program. The adoption of that and those levers are for the provinces and territories to implement.

[*Translation*]

Maxime Blanchette-Joncas: I'd like a yes or no answer. The adoption rate is less than 5%. What was the program's objective?

[*English*]

The Chair: Hold on just one second, please. Could we have only one member speaking at a time? We should respect their time.

It's back to you, Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Is the Canada Health Infoway program a failure or a success?

[*English*]

Peter Vaughan: Canada Health Infoway delivered on its mandate, and, as we've heard, it works. If you would characterize it as a failure, it's a collective failure: It's a collective failure of the health systems to adopt and implement through mandates and incentives, which is the lesson from every international example.

• (1615)

[*Translation*]

Maxime Blanchette-Joncas: This year, the adoption rate was 0.5% in Quebec, versus 73% in Ontario. Why is that?

[*English*]

Peter Vaughan: The adoption is in the area of, and is the responsibility of, provinces and territories. In the province of Quebec there was a very successful pilot.

The provinces and territories have various other priorities that I can speak to, and they're in different places. Some were more receptive than others at that particular time, and so they need to have the opportunity going forward. That's why we're developing open standards, to allow them to implement...based on their particular needs.

The provinces and territories are responsible for the adoption. We can do only so much. We can lead the horse to water, but we can't make him.... You know how the rest of it goes.

[*Translation*]

Maxime Blanchette-Joncas: You coordinated the implementation of a program to send prescription information electronically. The first program was created in 2017. Do you know when Quebec decided to move forward with the program? In 2023. I would like you, as the board chair, to explain why it took Quebec six years.

Why were you not able to convince a province to join the program if it was so great?

[*English*]

Peter Vaughan: I might ask my colleague to....

Tania Ensor: The discussions with Quebec were ongoing. Because of the unique situation that Quebec had with its systems and some of the organizational offerings that they had, they wanted to ensure that they had a system that worked with their specific and unique needs. We worked with Quebec very, very closely, and we made a number of modifications to the system to allow for their participation.

We did have an agreement with them that we negotiated. It went through Quebec's complex approval process. It was approved eventually. Then there was a reorganization with Santé Québec, so there were some significant delays.

[*Translation*]

Maxime Blanchette-Joncas: All right.

Six years is a long time. Do you think Quebeckers got their money's worth? It took the province six years to adopt a program that ended up being used 0.5% of the time. You're telling me that your program is a success. It's such a success that it's being eliminated at the end of the month.

Since the program is a success, tell me what the original objective was.

[English]

Peter Vaughan: The PrescribeIT program is a technological success, and it delivered a pan-Canadian highway, to use that analogy. The provinces and territories have to address the adoption, and they have opportunities and levers like mandates and incentives. The role of Canada Infoway is as an enabler. We can develop the tools.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughn, do you think your organization was always transparent in everything it did and communicated?

[English]

Peter Vaughan: Yes, very much so. We have provided much information on our website, and we've provided all information to the committee that's been requested.

[Translation]

Maxime Blanchette-Joncas: All right.

I have here the minutes from your December 11, 2025 meeting. They're all redacted. The second page is redacted, and so is the third page. We can't see what was said. Is that transparent? You received \$300 million in public money, and you sent us redacted meeting minutes.

To your mind, is that a transparent use of Quebeckers' and Canadians' tax dollars?

[English]

Peter Vaughan: There are some elements, perhaps, that are not pertinent to the questions that are being asked for the committee, and those would be.

[Translation]

Maxime Blanchette-Joncas: You were given public money to spend, but you don't want the public to know what you did with the money you were given.

[English]

The Chair: Time is up.

Dr. Vaughan, you can give a short answer, please.

Peter Vaughan: Canada Health Infoway is transparent. We do public reporting quarterly to Health Canada.

• (1620)

The Chair: Honourable member, your time is up. Thank you.

Now we will go to Madam Konanz for five minutes.

Please go ahead.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): Dr. Vaughan, can you resubmit those minutes without the redaction?

Peter Vaughan: Absolutely. We will do that.

Helena Konanz: Thank you. I look forward to seeing that.

Dr. Vaughan, Infoway is funded by taxpayers but calls itself a non-profit. You said you look at comparables for salaries. Can you name one other federally funded not-for-profit in Canada that pays its CEO nearly \$900,000 a year, as you did Mr. Green?

Peter Vaughan: There are many hospital sectors that are not-for-profit, and they also have comparable—

Helena Konanz: Okay. If you would actually table a few of those examples for us, that would be great, because you must have done your homework when you decided to pay him \$900,000.

The Chair: Dr. Vaughan, do you want to respond?

Peter Vaughan: Thank you, Mr. Chair.

We'll provide whatever information the committee asks.

Helena Konanz: Dr. Vaughan, did Mr. Green sign a non-disclosure agreement prior to his termination as a CEO of Infoway?

Peter Vaughan: As I indicated in answering an earlier question, that is currently in discussion, and there has been no discussion about non-disclosure.

Helena Konanz: Who are you actually discussing that with?

Peter Vaughan: As anyone who is familiar with HR knows, discussions of situations like this take place between lawyers at the end of the day.

Helena Konanz: Does Canada Health Infoway require all departing employees to sign a non-disclosure agreement after their departure?

Peter Vaughan: I am not aware of any such phenomenon.

Helena Konanz: What metrics, Dr. Vaughan, did the Infoway board use to determine Mr. Green's performance bonus of over \$250,000 last year, if you were planning a change, as you said you were?

You said that a change was in discussion. What were the metrics for giving him a \$215,000 bonus?

Peter Vaughan: A performance bonus based on achievement of corporate objectives is the standard for CEO remuneration.

Remember—

Helena Konanz: He was successful, then. Last year, you felt he was on the road to success for Canadians.

Peter Vaughan: Infoway does more than just one program. In the totality of the corporate objectives, the achievement was such that he did succeed last year.

Helena Konanz: He succeeded last year, but he did so poorly this year that he was fired.

Peter Vaughan: Going forward, the requirements of the organization to meet its new priorities with connected care required us to look at that. It wasn't a decision based on last year's performance.

Helena Konanz: Was it a decision made after our last committee meeting?

Peter Vaughan: It was a decision that was in discussion prior to that. The focus on the CEO was the trigger.

Helena Konanz: The focus was on the CEO who made over a \$200,000 bonus last year but was....

I think we'll move on.

Dr. Vaughan, this morning The Globe and Mail reported that in just three years, Canada Health Infoway spent over \$23 million on third party consultants. These include lobbying firms and multinational IT companies.

Infoway has 175 employees, so why does a taxpayer-funded organization need to hire lobbyists and consultants to outsource the work it was paid to do by the government?

Peter Vaughan: It is not uncommon for health care organizations to look at non-permanent, time-bound resources to be outsourced. That's not unusual, and tendered contracts are a part of that process.

Helena Konanz: Dr. Vaughan, the tendered contracts on the Canada Health Infoway site show a one-time payment of \$178,500 to a numbered company, 2184103 Ontario Inc. Who owns that company, and what did Infoway buy for \$178,500?

• (1625)

Peter Vaughan: I'd have to get that detail for you.

Helena Konanz: Can you table that for us? Thank you.

Dr. Vaughan, the Canada Health Infoway website displays tendered contracts from only 2024 to 2026. Where's the rest of the information? Why does the website contain information from only those years?

The Chair: The time is up. Dr. Vaughan, give a short answer, please.

Peter Vaughan: I think it's just a matter of trying to be current.

The Chair: We will now go to the honourable member of Parliament Mr. Rana for five minutes. Please go ahead.

Aslam Rana (Hamilton Centre, Lib.): Thank you, Mr. Chair.

Thank you to all the witnesses for your valuable time.

Dr. El-Demerdash, how are you navigating technological access issues to ensure that more Canadians can use programs like PrescribeIT?

Mohamed El-Demerdash: We obviously have very strong beliefs in the importance of connected care for Canadians and the importance of making data accessible and having ownership of data. We've had several products that we've released, and we spend a lot on developing innovations and technologies pursuant to that goal.

Recently, with regard to e-prescriptions, we released a white paper on our viewpoint on how we can get the Canadian health system to continue to advance from a connectivity standpoint as well as getting to having a successful e-prescription program in place.

Aslam Rana: How do digital tools like PrescribeIT address rural, indigenous or underserved populations?

Mohamed El-Demerdash: The benefit of having standard technology is, then, the ability for everybody to connect to it, and having a common standard. In this case, the way the technology was implemented would allow any rural area—indigenous communities, anyone—to be able to connect to the system.

Aslam Rana: Where do you see AI fitting into prescribing and medication safety?

Mohamed El-Demerdash: We believe in safe and ethical utilization of AI. We believe in guardrails and the safe utilization of technology. In all scenarios where we use artificial intelligence, we prioritize the importance of making sure it is safe for the application it is used for. It is definitely a technology that is important to utilize to advance technology.

Aslam Rana: How do you measure success for a pan-Canadian digital health initiative?

Mohamed El-Demerdash: As we look at and compare against several other countries out there, success is going to be in the adoption of the program—getting the technology in place, but also having the standards and the mandates in place to get more people to utilize the technology and take advantage of it.

Aslam Rana: Dr. Vaughan, you have been deputy minister of health and wellness for Nova Scotia. How do you see the federal and provincial challenges impacting digital health adoption?

Peter Vaughan: The challenges of the federated health model are significant. Other countries that have faced similar challenges have developed digital agencies with legislative clout to tackle some of the challenges. Otherwise, you are appealing to the goodwill of provinces and territories, and provinces and territories have their own priorities.

Aslam Rana: We had a wonderful flight the other day and a wonderful chat about the health system.

What are the biggest privacy and security challenges in virtual health systems?

Peter Vaughan: There are lots of security and privacy challenges. We read about AI and quantum computing coming within a period of time that's probably faster than we would like or expect to be ready for.

The challenges are ongoing, and that's why the success of PrescribeIT was so important. We're able to take all those privacy and security pieces, and lessons learned, and develop an open standards approach, which Infoway has been successful at doing, going forward.

• (1630)

Aslam Rana: What were the biggest barriers to scaling up PrescribeIT nationally?

Peter Vaughan: The biggest challenge was the lack of incentives or mandates. That is the biggest challenge. If you look, as I said, internationally, that is the lesson learned here.

Aslam Rana: What incentives are required to get providers to adopt digital tools like PrescribeIT?

Peter Vaughan: With electronic medical records, provinces incentivize doctors to adopt the technological tool. Similarly, in other jurisdictions, they have paid physicians to become a part of that, or as a part of their remuneration, they put that it would be required.

The Chair: Thank you very much.

We will go to Mr. Blanchette-Joncas for six minutes.

[Translation]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

Dr. Vaughn, you called the PrescribeIT program a technological success. Telus owns 85% of the intellectual property for the platform, despite a public investment of nearly \$300 million.

How exactly is that a success for the public?

[English]

Peter Vaughan: As a technological success, as we've heard, the highway works. The highway has been built. The challenge is in the adoption at the provinces and territories level.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughn, if provinces want to continue with the software's implementation, how can they, if only 15% of the intellectual property is publicly owned? Is that realistic?

What are the metrics for success?

[English]

Peter Vaughan: Going forward, the open standards approach—which allows for customization for provinces and territories, building on all of the great work that PrescribeIT fulfilled—allows for the provinces and territories to develop tools that make sense in this rapidly evolving technological environment.

[Translation]

Maxime Blanchette-Joncas: In March 2023, Dr. Vaughn, you initiated a sustainability review. I'm trying to figure out why you kept investing in the service if you knew it wasn't sustainable.

[English]

Peter Vaughan: The question was on the fact that Health Canada advised us that we would not be having any ongoing funding after March 2026, so we continued to provide the service in that interval while at the same time looking to use the valuable lessons learned and resources—the security, the authentication and the technical tools that can be used in the open standards approach—as we have in eConsult, eReferral and Patient Summary.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughn, what usage threshold did you set initially to determine whether the program was viable? Has that threshold been reached, yes or no?

[English]

Peter Vaughan: Mr. Chair, I'll go to my colleague for the technical question.

Tania Ensor: Thank you.

The target that we had set out for ourselves to be financially sustainable was 75% of all transactions in Canada.

[Translation]

Maxime Blanchette-Joncas: Right now, it's at about 5%.

[English]

Tania Ensor: Yes.

[Translation]

Maxime Blanchette-Joncas: So it's a failure.

[English]

Peter Vaughan: If you wish to describe as a failure something that has been developed that works at 99% technical success—

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughn, five out of 75, according to my calculations, is not a passing grade. Is that correct? Did we take the same math course?

[English]

Peter Vaughan: The reality is that the Canada Health Infoway cannot make provinces or territories use their policy levers. We did everything we could to enable, but we couldn't make them mandate, legislate or use their policy levers.

[Translation]

Maxime Blanchette-Joncas: Okay.

Dr. Vaughn, listen, we could split hairs over the program's success criteria, but it's coming to an end in late May. For me, when a program ends, that means it has failed. Again, we could debate that at length.

On what date did the board of directors decide to part ways with the CEO, Mr. Green?

● (1635)

[English]

Peter Vaughan: On the question of when the CEO was relieved of his duties, it was last Wednesday.

[Translation]

Maxime Blanchette-Joncas: Would you agree, in the name of transparency, to make public the entire record of that meeting of your board of directors?

[English]

Peter Vaughan: As you can appreciate, this was an in camera conversation around personnel and human resources, so I defer.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughan, you said a little earlier that you've always been transparent. Now you're telling me that you don't want to tell us what's going on within your board of directors, which manages \$300 million in public funds.

Is that correct?

[English]

Peter Vaughan: We would be happy to make those available to you, with the understanding that they are confidential and in camera.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughan, we agree that, if everything has been managed properly, everything should be public, right? That's how it normally works.

If you had to do it over again, what would you do differently to ensure that the program doesn't end as planned at the end of May?

[English]

Peter Vaughan: That's a great question.

The lessons learned are that in a federated health model there need to be some national ties that bring things together across the country. It's a legislated piece that would drive that.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughan, do you acknowledge that the federal government shouldn't have interfered in Quebec's jurisdictions and that it should have transferred the funds to Quebec so that we could set up our own system and manage it ourselves?

[English]

The Chair: Dr. Vaughan, the time is up, but give a short answer, please. Go ahead.

Peter Vaughan: I'm not sure what the question was, Mr. Chair.

The Chair: I will stop the clock and ask the honourable member to repeat it.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughan, health comes under the jurisdiction of Quebec and the provinces. We manage the program, so we should have had our share of the funds allocated to this program, which manages health care. Perhaps we could have better integrated it into our structure, which is different from that of the other provinces.

[English]

Peter Vaughan: In a federated health model, when Canadians move across the country and their health needs move with them, as in other jurisdictions, no matter what province or territory they come from, they need to have that information follow them. What PrescribeIT was trying to do—and did do, in fact—was deliver that solution.

The Chair: Thank you very much.

We will now go to Dr. Strauss for five minutes. Please go ahead.

Matt Strauss (Kitchener South—Hespeler, CPC): Thank you, Chair.

Dr. Vaughan, do board members at Canada Health Infoway receive any sort of compensation?

Peter Vaughan: They have a per diem for board meetings. The board chair has an annual retainer, and the committee chairs as well.

Matt Strauss: What is your annual compensation?

Peter Vaughan: My annual retainer is \$14,500.

Matt Strauss: Thank you.

I noticed that Dr. Eric Hoskins, a former Ontario Liberal health minister, was on the board. Who appointed him?

Peter Vaughan: Dr. Hoskins was part of an independent director search. He was recruited as part of an independent search.

Matt Strauss: The board, under your leadership, appointed him.

Peter Vaughan: He was appointed as an independent member from Ontario.

Matt Strauss: Who appointed you?

Peter Vaughan: I was appointed by the deputy minister of health in 2017.

Matt Strauss: The federal Liberal health minister appointed you, and then under your leadership, you appointed an Ontario Liberal health minister. It just seems like the ice cream licking itself a little bit.

Are there any other Liberal insiders on the board currently, or were there any in the past?

Peter Vaughan: I couldn't answer. I don't know. We don't discuss the political leanings.

Matt Strauss: Thank you.

Dr. Hoskins, the former Liberal minister, is a partner at Maverix Private Equity. I believe he was a partner at that health equity firm while he served on the board. What sort of ethics screen did he go through to ensure that Canada Health Infoway wasn't giving contracts to members of his portfolio?

● (1640)

Peter Vaughan: It's a great question.

Canada Health Infoway has conflict of interest guidelines and policy. In every board meeting, members must declare if there's any conflict, and they have to abstain from that.

Matt Strauss: There was no particular screening pertaining to Maverix Private Equity. It would have been incumbent on Dr. Hoskins at any point to say that there was a conflict. Canada Health Infoway didn't suss that out.

Peter Vaughan: That is correct.

Matt Strauss: With regard to consulting contracts and others that Canada Health Infoway awarded, were any of them sourced?

Peter Vaughan: As I recall, we had a contract with PwC, which had a previous vendor of record tendered process. That's the only one that I can recall.

Matt Strauss: Okay. Could you perform some sort of back-end look to see if there were other sole-sourced contracts and table them with us if there have been?

Peter Vaughan: I'm not aware of any other.

Matt Strauss: Thank you, sir.

What did Michael Green deliver tangibly to the taxpayers who paid his salary to justify his performance bonus last year?

Peter Vaughan: There are many corporate objectives. We can articulate them and give you that information, and last year, he achieved all of them. The organization achieved them. PrescribeIT did fulfill its mandate, notwithstanding the challenges around adoption.

Matt Strauss: "Corporate objectives" sounds rather abstract. Concretely, specifically, is there a tangible benefit to taxpayers that you can think of that Mr. Green delivered?

Peter Vaughan: The financial accounting, reporting and contribution agreements that were externally audited all showed a well-run organization.

Matt Strauss: I thank you for the answer, but I don't hear anything concrete and specific that taxpayers benefited from.

I understand that Mr. Green was dismissed at a board meeting that had not been regularly occurring. It was an unscheduled meeting. Then it was scheduled. When was it scheduled?

Peter Vaughan: The question is on when—

Matt Strauss: When was it called?

Peter Vaughan: It was called last Wednesday. I don't remember the date.

Matt Strauss: Was that the day after his testimony to this committee, or was it a week after?

Peter Vaughan: I think it was a week later, yes.

Matt Strauss: Thank you.

I understand that Canada Health Infoway has received a total of \$4 billion from governments over the last 20 years. What concrete, tangible, specific examples of benefit has the Canadian taxpayer received from that \$4 billion?

Peter Vaughan: Canada Health Infoway was instrumental in the digitization of diagnostic imaging, laboratory services and electronic medical records. All those pieces of the puzzle were a part of the Canada Health Infoway remit.

Matt Strauss: I have to contest that.

Your memory will go back further than mine. I was a medical student in 2004. I was working in hospitals. Radiology was already digitized in the Kitchener hospital where I volunteered. I don't see that Canada Health Infoway had anything to do with that.

Peter Vaughan: Canada Health Infoway had a significant role in rolling out federal funding to the provinces and territories to lead and allow the adoption of diagnostic imaging and medical record evolution in digitizing.

The Chair: Thank you.

We will go to honourable parliamentary secretary Chi.

Go ahead, please, for five minutes.

Maggie Chi (Don Valley North, Lib.): Thank you, Mr. Chair.

Thank you to all the witnesses for coming.

I'm not too sure who this question would be directed towards.

The last time we had Telus Health and Canada Health Infoway here, we discovered that Telus Health owned 85% of the IP. Infoway owned 15%, through the rollout of the program.

I just wanted some clarification, because in some of the notes I've read, I see that there was consultation with folks during the development of the program. What did that look like? When you first started consulting with physicians, pharmacists and people who would use the program, what were some early flags? How were they working the program?

I'm also aware that there were several change orders as part of the program management. If you can describe those to us, it would be great.

• (1645)

Peter Vaughan: I'll ask my colleague, who's been with the program the entire time.

Tania Ensor: Consultations with the physicians actually identified new opportunities for new functionality and improvements in existing functionality. We then executed change orders to require the Telus system to adapt to those needs.

Maggie Chi: To follow up on that, another note says that the physician-clinician adoption rate isn't high compared to adoption by pharmacists.

I want to try to understand why that's the case. Through the course of the program, why wasn't that addressed in order to increase the adoption rate? Was it because it wasn't changed fast enough when you submitted the change order? What were some of the issues?

Tania Ensor: The adoption by physicians was very different because the nature of the work is very different.

A pharmacist works and uses their skills in a digital environment. A physician or a family doctor, while using electronic health records, is generally focused on the patients themselves, so getting them to use a functionality in a workflow to share this information digitally is different.

There are other technologies out there, like eFax and such, that are also forms of electronic prescribing, but they're not digital data prescribing. That's different. The security and privacy and the different elements that PrescribeIT offered were significant, in addition to functionality like clinical comms.

Maggie Chi: Thank you.

That will lead to my next two questions, probably for either Dr. Vaughan or Ms. Ensor.

I know Canada Health Infoway has described the next step as the setting up of the national standard. If the challenge was with some of the digital records or EMRs not being able to be online, or the adoption rate, how do you work through that in order for the national standard to be successful, looking forward?

Tania Ensor: That's a really great question. The challenge will continue to plague us until we look at a systemized way to digitize our systems, to make interoperability a requirement, not only for provinces and territories but for federal members as well.

It is important that we work together as one voice. It's critical that provinces and territories continue to deliver on health care, as it is their requirement, but there does need to be a national standard set out by Canada as to what adoption should look like.

Maggie Chi: Currently, Infoway sits on 15% of the IP. Would that serve as a good foundation going forward, or do you still need some sort of work to make it work?

Tania Ensor: Thank you, sir.

To clarify on the IP, we are now working with provinces and territories very closely to help support their goals for the next stage of e-prescribing for their future. That may be for some provinces to work with Telus.

In that case, we are offering to those provinces and territories directly that 15% of IP, to allow them to take advantage of the full functionality that was available under PrescribeIT.

Another feature that we haven't had an opportunity to talk about is the custom technology that we developed as a backup in case the tele-system should fail or need to be replaced. That too is being offered to provinces and territories for their futures.

The Chair: Thank you very much.

We will go to Mr. Mazier for five minutes. Please, go ahead.

Dan Mazier: Thank you, Chair.

Dr. Vaughan, are you aware that Canada Health Infoway's executive vice-president, Abhi Kalra, was previously employed as pharmacy and health care director of information technology by Loblaw Companies Limited, which is the parent company of Shoppers Drug Mart, yes or no?

Peter Vaughan: Yes, I believe I heard that.

Dan Mazier: According to Infoway, Shoppers Drug Mart received over \$8 million for PrescribeIT. In fact, they were the largest vendor recipient of PrescribeIT funding.

Does Abhi Kalra hold any shares or stock options in Loblaw Companies Limited, yes or no?

• (1650)

Peter Vaughan: I don't know the answer to that.

Dan Mazier: Dr. Vaughan, Abhi Kalra also previously worked at both Oracle Canada and Deloitte.

According to Canada Health Infoway, both of these companies responded to the request for expressions of interest to take over PrescribeIT.

Will you table all conflict of interest declarations and recusals filed by Mr. Kalra over the life of the PrescribeIT program, please?

Peter Vaughan: Can I ask for clarification of what specifically—

The Chair: I'll stop the watch, and I will ask the honourable member if....

Dan Mazier: You did talk about tabling conflicts of interest.

Obviously, these people had previous experience of what they were actually bidding on, what they were working on. If they did declare.... You did mention before that there was self-declaring of a conflict of interest. That's what I'm trying to establish.

Can you table their declarations of any conflicts of interest? Please table that information.

Peter Vaughan: Thank you. The answer is yes.

Dan Mazier: Dr. Vaughan, the chief financial officer of Canada Health Infoway, David Fast, joined Canada Health Infoway in 2024. Prior to this, he was the president of AGFA HealthCare North America.

Michael Green was the president and CEO of AGFA HealthCare for the Americas region before joining Canada Health Infoway.

Was the CFO position competitively posted, and what was the hiring process for it?

Peter Vaughan: At that time, as I recall, we were looking for an interim chief financial officer. He was brought in as an interim role, which he still has.

Dan Mazier: Can you table with the committee how many applicants applied for the most recent CFO position at Canada Health Infoway?

Peter Vaughan: If the committee looks for that, we would be happy to provide it.

Dan Mazier: Dr. Vaughan, how much money has Canada Health Infoway provided to AGFA HealthCare since 2017?

The Chair: Ms. Ensor, go ahead.

Tania Ensor: I honestly don't recall any detail.

Dan Mazier: After all these questions, who enforces the conflict of interest?

I can sit back here, and I can say, “Oh, I’m sorry,” but if I wink-wink and I sit at the board table.... Who actually enforces this? How do you do that?

Peter Vaughan: The corporate counsel would be the one who oversees that.

Dan Mazier: Where do they sit—corporate counsel?

Peter Vaughan: [*Inaudible—Editor*]

Dan Mazier: I guess I’ll go back to the CFO.

We want to know if that was actually a competitive process.

Peter Vaughan: At that particular time, we were looking for someone for an interim role, and that is still the case. He was brought in in an interim role.

Dan Mazier: Dr. Vaughan, last month Michael Green told this committee that this salary was “publicly disclosed”. Can you confirm whether Mr. Green’s compensation was publicly disclosed on Infoway’s website during that meeting, yes or no?

Peter Vaughan: As I recall, that was not the case. It was subsequently rectified.

Dan Mazier: So he lied?

Peter Vaughan: I think it was an error.

Dan Mazier: According to the archives on your website, the compensation disclosure hyperlink was not posted on Infoway’s website as of March 11. Furthermore, the metadata of the earliest version of the disclosure we received suggests the document was created on April 24, three days after Mr. Green’s committee appearance.

Peter Vaughan: It was rectified. It should have been.

Dan Mazier: Was his salary publicly available before then, and if so, where?

Peter Vaughan: It was publicly available in documents submitted to the federal government, provinces and territories.

Dan Mazier: Can you table with the committee all compensation disclosures since 2016-17?

• (1655)

Peter Vaughan: If the committee is looking for that, we’d be happy to provide it.

The Chair: Thank you very much.

Now we will go to Mr. Sawatzky for five minutes.

Please go ahead.

Jake Sawatzky (New Westminster—Burnaby—Maillardville, Lib.): Thank you, Chair, and thank you to the witnesses.

My first question is for Telus Health.

Could you walk the committee through how PrescribeIT was originally developed, and particularly how key partners were brought in and how decisions were made about the platform structure and delivery?

Mohamed El-Demerdash: In 2017, when the RFP was awarded to us, we began the implementation per the design that was put forth to us by Canada Health Infoway as part of the RFP process. We had our own technology that we brought to the table, the ap-

proximately 85% of the IP mentioned earlier, to go along with developing the remainder per the specification that we had.

We did not have any subcontracted work per se. Some fixed-term contractors joined our team in the period between 2017 and 2020 and brought in some technical expertise, but they were essentially acting as team members within our organization to help in the software development of that 15% of IP.

Jake Sawatzky: How was that 85% determined? How was that number landed on?

Mohamed El-Demerdash: There’s no precise way. It’s an approximation based on the full solution and looking at the components of it.

In reality, when we consider the specific components that are in the IP that is owned by Canada Health Infoway, it’s based on the specific implementations that were requested of us. The 85% and 15% are essentially approximations, not a mathematical equation.

Jake Sawatzky: To what extent were there issues with the application itself that might have affected the adoption of this technology, whether in terms of functionality, usability, reliability or integration into clinical workflows?

Mohamed El-Demerdash: The technology itself functioned precisely to the specifications that we were given and was at a 99.9% uptime. In fact, we were held accountable to reach that, and in some cases, we actually gave some credits back to Canada Health Infoway when, for one reason or another, it fell below 99%.

However, as I mentioned earlier, we did convene a clinical advisory board that, based on their perspective, helped us to identify that the design specifications for the user interface were not necessarily done in a way that aligned with the natural workflow of the prescribers. That made it a bit more difficult for them to complete the prescription activity, and more difficult as well for the onboarding process.

Those were recommendations that we provided to Canada Health Infoway in April 2021 in an attempt to help provide some of that feedback.

Jake Sawatzky: Thank you.

If providers and provinces were not satisfied with the product, what efforts did Telus make to modernize or adapt the program to make it more attractive?

Mohamed El-Demerdash: It is important to recognize that we were developing the solution as per the contract that we had in place with Canada Health Infoway and that we were governed by developing and delivering on the specifications that we were given by Canada Health Infoway.

What we did along the way was meet those specifications that we were given exactly, to the letter. We did provide some ideas and recommendations, but it was up to Canada Health Infoway to come back to us and request that those changes be put in place.

Jake Sawatzky: How often did Telus update, modify and modernize the product? Did it take steps to solicit customer feedback to inform improvements?

Mohamed El-Demerdash: The clinical advisory board was one of the ways we got feedback and provided feedback to Canada Health Infoway.

Another prominent way we did that was to put together this e-prescription white paper that was released last year. It provides overall recommendations, including the importance of having mandates and standards in place to drive adoption for e-prescription.

On the initial part of the question, which was on how often we made changes to the product, those were all governed by the process for the change orders that we received. We received 59 change orders through the life of the program, and we implemented all of those.

• (1700)

The Chair: Thank you.

Before we go to the next member, I would love to welcome member of Parliament Fancy to the committee.

With that, we will go to Mr. Blanchette-Joncas for two and a half minutes.

Please go ahead.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughan, can you confirm that TELUS holds about 85% of intellectual property related to the Prescription platform?

[English]

Peter Vaughan: I think that is a correct estimate, given that they have the ability in their hub to integrate a variety of products.

[Translation]

Maxime Blanchette-Joncas: Thank you.

In concrete terms, who negotiated this agreement?

[English]

Peter Vaughan: I'll ask my colleague to—

The Chair: I stopped the watch.

Ms. Ensor, go ahead, please.

Tania Ensor: Thank you, sir.

The negotiation for Telus was a fairly deep process. We had an RFP process that led to the selection of Telus—

[Translation]

Maxime Blanchette-Joncas: I'll repeat my question: Who negotiated this agreement?

[English]

Tania Ensor: Infoway negotiated with Telus, with the aid of a professional negotiator.

[Translation]

Maxime Blanchette-Joncas: Dr. Vaughan, we're talking about a computer system that is 85% owned by a private company and involves \$300 million in public funds.

In your view, is this arrangement a success or a failure?

[English]

Peter Vaughan: That 85% is a technical part of the hub that Telus has. The 15% of that part is really what involves the opportunity to have the open standard approach that allows for the provinces and territories to use that. They can use that too.

[Translation]

Maxime Blanchette-Joncas: Mr. El-Demerdash, how much public money have you received from the government?

[English]

Mohamed El-Demerdash: Telus Health received an average of a little over \$10 million per year from Canada Health Infoway over the nine years of this program.

[Translation]

Maxime Blanchette-Joncas: What's the total?

[English]

Mohamed El-Demerdash: The total, to be precise, was \$98 million.

[Translation]

Maxime Blanchette-Joncas: Has the program finally been paid for, with all that money?

[English]

Mohamed El-Demerdash: I'm sorry, Mr. Chair. The translation did not come through.

The Chair: I'll stop the clock.

Mr. Blanchette-Joncas, if one person speaks at a time, it will be easier for the interpreters. There's no interpretation, so I stopped the clock.

I'll give you the time, even though you have only seven seconds left. I'll let you ask a question.

[Translation]

Maxime Blanchette-Joncas: With all the public money you've received, is the program finally been paid for?

[English]

Mohamed El-Demerdash: The funding and the compensation that we received was for meeting the specifications and requirements of the contract that we had in place with Canada Health Infoway. Telus Health was successful in implementing all of the requirements that we received.

The Chair: Thank you.

Three minutes—

[Translation]

Maxime Blanchette-Joncas: Mr. Chair, I want a yes-or-no answer: has the program been paid for?

[English]

The Chair: I'm sorry. Your time is up.

[Translation]

Maxime Blanchette-Joncas: Mr. Chair, he's not answering the questions.

[English]

The Chair: I gave you three minutes, and that is, I think—

[Translation]

Maxime Blanchette-Joncas: What is this, a circus?

[English]

The Chair: You can make arguments, but I'm going to go to the next one.

[Translation]

Maxime Blanchette-Joncas: Mr. Chair, this is ridiculous.

[English]

The Chair: We'll go to Madam Konanz for five minutes. Please go ahead.

Helena Konanz: Mr. Kalra.... Is Canada Health Infoway executive vice-president Abhi Kalra holding any shares or stock options in Loblaw Companies Limited since being hired by Infoway, yes or no?

The Chair: Mr. Vaughan.

• (1705)

Peter Vaughan: Thank you, Mr. Chair. I wasn't sure who the question was directed to.

Not that I'm aware of. I don't know.

Helena Konanz: Am I correct that this would be part of the process of screening someone you would hire as an executive vice-president?

Peter Vaughan: I'm not aware that this question has ever been asked of any employee who was hired.

Helena Konanz: That would be extremely important, because that person would benefit from these contracts. Could you please find out that information and table it for this committee?

Peter Vaughan: We'd be happy to have the HR people respond.

Helena Konanz: Dr. Vaughan, in what year was your CFO hired on an interim basis?

Peter Vaughan: I believe it was 2023.

Helena Konanz: We know that he did work with Michael Green. Did Michael Green recommend him for the interim position of CFO?

Peter Vaughan: I believe so.

Helena Konanz: Does the current CFO continue to be interim?

Peter Vaughan: That is my understanding, yes.

Helena Konanz: He's been interim since 2024. It seems unusual that someone would be interim for more than two years, especially with the number of employees you have. I'm sure you have HR people. Why would you not have gone out on a competitive process for that position?

Peter Vaughan: The organization, as I indicated earlier in relation to the chief executive officer, is going through a period of transition to try to understand what skills we're going to be needing going forward. Once we have a new CEO in place, then we will be—

Helena Konanz: The new CEO will be able to decide or to help decide who the CFO should be or how the competitive process should go, but Michael Green was not able to do that on a \$900,000 salary?

Peter Vaughan: We are in the process of looking at what kinds of transitions we need to make in our new mandate. It's obviously going to be different from what we had in the past, so that would be part of the job of the new CEO.

Helena Konanz: Can you tell me if the current CFO owns any individual shares in public companies?

Peter Vaughan: I do not know the answer to that question.

Helena Konanz: I think it would be important for you to table that information and for the public to know that before he becomes a permanent CFO, since he's been there for two years. Can you tell me what his salary is, including bonuses?

Peter Vaughan: I think that's been publicly communicated in the documents.

Helena Konanz: I'd like to hear it here for the Canadian people.

Peter Vaughan: don't have that information before me, but it's been shared with the committee and it's been publicly stated in the media.

Helena Konanz: The CFO's salary has been publicly stated in the media?

Peter Vaughan: I believe so.

Helena Konanz: Okay. Would you please table that immediately?

Peter Vaughan: We will absolutely do that.

Helena Konanz: I have a question for Mr. El-Demerdash.

Did you raise any concerns to Canada Health Infoway, the health department or the Minister of Health's office about any possible obstacles or challenges PrescribeIT could face? I think you might have mentioned earlier that you had 56 or 57 recommendations. Is that true? Did you bring forward 56 or 57 concerns?

Mohamed El-Demerdash: Let me make sure that the numbers I said are clear and what they are. The 59 change orders were change requests that we received from Canada Health Infoway to make changes to the initial requirements or specifications that were provided to us, and we implemented those changes.

As per the first part of the question around if we raised concerns, in April 2021 we did provide a document to Canada Health Infoway with an output from the clinical advisory board that we put together to—

Helena Konanz: What did they do with that information?

Mohamed El-Demerdash: I don't have the answer to that question. We provided it to them with a recommendation—

Helena Konanz: Do you know if they made any changes, yes or no?

• (1710)

Mohamed El-Demerdash: It would come through some of the change orders, but not all of the recommendations would have come back to us.

The Chair: Thank you very much.

Now we will go to Dr. Eyolfson.

Doug Eyolfson (Winnipeg West, Lib.): Thank you, Chair.

I'd like to thank all the witnesses for coming.

I just want to make sure I understand, Dr. Vaughan. Regarding this system, the purpose was one prescribing system that was compatible all across provinces because it was the same system.

Had there been a need expressed for this? Had there been direction from government or from other agencies saying that? Was it generally acknowledged that this was what we needed, so that in Canada people could have prescriptions that talk to each other across the provinces?

Peter Vaughan: It's an excellent question.

With Canada being the only OECD country that doesn't have a national prescribing service, it was recognized at the time that—as you are well aware, I'm sure—patient safety medication error is one of the top reasons for patient problems. It was recognized that it was time that Canada adopted a national prescribing service.

Doug Eyolfson: The lack of uptake from prescribers is attributed to the fact that, as per the experience in other countries, which gave incentives and mandates, the provinces did not do this. At what point were...? Were provinces and territories told that this was something they should do to increase uptake?

Peter Vaughan: In many discussions with provinces and territories, at deputies' tables, at ministers' tables and at many other senior representatives' tables, the conversation around mandates and incentives was initiated, but we do not control the priorities of the provinces and territories.

Doug Eyolfson: Had the provinces and territories given any reasons or rationale for not adopting these?

Peter Vaughan: The provinces and territories, I think, are always reluctant to adopt federally initiated ideas. They're concerned about long-term sustainability, perhaps, but I'd be speculating.

Doug Eyolfson: All right. Thank you.

Now, if the provinces and territories had agreed to do this, would it be fair to say that this program would be a success if the provinces had done what all these other nations that had directed that had done?

Peter Vaughan: Absolutely. That is the answer.

Doug Eyolfson: Now, there has been advocacy to simply give each province the money to do it, so they can each develop their own system. What is the likelihood that, with 10 provinces and three territories independently funding their own programs, this would be compatible across all provinces? Does it sound likely that you'd have a compatible system among all the provinces and territories?

Peter Vaughan: It is possible.

It is also like having no air traffic control across the country and every province and territory deciding what the air traffic control regulations and rules would be. If you were flying from Halifax to Ottawa, you'd have to land in every province and territory.

It's possible, but it is unlikely. The opportunity going forward is to use all the value that we have gained and to initiate the open standards, which still allows the exchange in a new way going forward.

Doug Eyolfson: I don't know who would be the best to answer this, Dr. Vaughan or Dr. El-Demerdash.

Everyone talks about all the money that's gone into this program and says that this money has been wasted, but I understand that the product is still there and will still work if implemented. If any provinces or all provinces decided to start using this, would this work and be a success?

Dr. Vaughan can go first.

Peter Vaughan: That is the case. It has been built. The highway analogy has been built, and if provinces and territories wish to populate that highway, absolutely it can be used.

That's the benefit of the open standards, frankly. Going forward, it's that they can customize their solutions to meet their particular needs and the workflow needs of their physicians and providers.

• (1715)

The Chair: Thank you very much.

We will go to Dr. Strauss for five minutes.

Please go ahead, Dr. Strauss.

Matt Strauss: Thank you, Chair.

Through you, for Dr. Vaughan, some of the documents I've seen suggest that Canada Health Infoway has paid \$2.5 million over three years to government relations firms, namely Sussex Strategy and Crestview Strategy. Canada Health Infoway, as a creature of government appointees, gave \$2.5 million to get independent contractors to lobby government. Do I have that correct?

Peter Vaughan: We do not lobby government, and there was no money spent for lobbying. Infoway does not lobby government.

Matt Strauss: Nobody's lobbying government with the \$2.5 million.

Peter Vaughan: If I could add to that, that communications firm has helped Infoway in its consultations with stakeholder groups across the country.

Matt Strauss: How much money does Canada Health Infoway expect to receive from the federal government with respect to the implementation of this open standards initiative as outlined in Bill S-5?

Peter Vaughan: That is still up to the federal government. I do not have a figure for you.

Matt Strauss: What is the board per diem rate?

Peter Vaughan: The board per diem rate is around \$700, I believe.

Matt Strauss: Dr. Vaughan, could you provide to the committee a detailed breakdown of all Canada Health Infoway tender contracts since 2016, including a description of the services rendered?

Peter Vaughan: I would be happy to do that.

Matt Strauss: Thank you.

You keep using the analogy of a highway. The highway has been built. The highway cost \$300 million, but there's no traffic on the highway.

For you, personally, as a taxpayer, if your province spent \$300 million on a highway that nobody wants to use, maybe because of where it goes, would you call that a successful use of \$300 million?

Peter Vaughan: The analogy can be overextended, but that \$300 million is an enablement over 10 years. That money's been spent over 10 years, not—

Matt Strauss: The analogy serves well with this extension.

You seem like a nice person, but this idea is offensive to me: Doctors won't use this wonderful tool that we built unless we mandate or incentivize them, force or bribe them.

I'm a doctor. You're a doctor. We like to use technology to help our patients. If you make something and they don't want to use it, could it be that the thing is bad?

Peter Vaughan: I would refer to the international experience. All of the OECD countries, including Australia and New Zealand, have gone through this same juncture—the adoption requirement of mandating or providing incentives. It's the same thing with electronic medical records, EMRs.

Matt Strauss: They had \$400 million or thereabouts, and they used it for incentives. We gave our \$400 million to Canada Health Infoway. Now, they have 95% of their prescribers using e-prescription, and we have less than 5%.

The difference, perhaps, is that we have Canada Health Infoway, and they don't. That's why we haven't succeeded.

Peter Vaughan: All of those countries have a digital health agency. All of them spent a similar amount of money at this juncture.

Matt Strauss: They succeeded, though, and we did not.

Mr. El-Demerdash, is Telus Health providing this sort of service in any other countries?

Mohamed El-Demerdash: No.

Matt Strauss: Thank you.

Dr. Vaughan, were there any recusals for conflict of interest at board meetings during your tenure?

Peter Vaughan: I have to think about that. During my tenure—

Matt Strauss: Would you please table it with the committee?

The Chair: Please speak one person at a time.

I stopped the watch. I will let Dr. Vaughan finish.

Peter Vaughan: During my tenure, I don't believe so. No, that's not true. I think there was one conversation with one member from Ontario who recused herself.

Matt Strauss: If somebody recuses themselves for a conflict of interest, in that episode, do they stay in the room for the discussion and merely not vote, or do they leave the room?

Peter Vaughan: As I recall, the individual left the room.

• (1720)

Matt Strauss: Mr. El-Demerdash, if Telus Health were to offer this service in another jurisdiction, how much would they charge?

Mohamed El-Demerdash: That would depend on the requirements that would be set forth to us by the province or the jurisdiction, and what the program would entail.

Matt Strauss: Dr. Vaughan, according to Canada Health Infoway documents, \$167 million was spent on operation and overhead costs for PrescribeIT, of which \$108 million was for personnel costs. Why did an outsourced technical platform require \$108 million in personnel costs?

Peter Vaughan: I'll ask my colleague to respond.

Tania Ensor: The money that we allocated to program operations included oversight for the work we did, risk management, insurance, legal costs, engagement, marketing for awareness—

Matt Strauss: I have a point of order, Mr. Chair.

Could the clerk confirm with you that she's kept track of everything they've offered to table and that these things will be tabled within two weeks?

The Chair: It is in the notes. It will be a part of the....

Matt Strauss: Thank you, Mr. Chair.

The Chair: Thank you, Dr. Strauss. That's very well done. I appreciate your co-operation in this way.

Now we will—

Dan Mazier: I have a point of order, Mr. Chair.

I'd just like some clarification. We are running until what time?

The Chair: We are running until 5:50 p.m. Are you okay with that?

Dan Mazier: Yes.

The Chair: Okay. Thank you.

Now we will go to Dr. Jaczek for five minutes.

Please go ahead.

Hon. Helena Jaczek (Markham—Stouffville, Lib.): Thank you, Mr. Chair.

Thank you to the witnesses.

There have been a lot of important questions asked. Obviously, your responses are duly noted.

Dr. Vaughan, you made it very clear that you feel that every other jurisdiction that has put in place a PrescribeIT-like program has provided incentives to physicians to use the program and has also, in some cases, mandated through legislation that this program be adopted.

When did you make it clear that this was your strong opinion, actually, through the process, since you became chair of the board?

Peter Vaughan: It was clear early on that we were going to need mandating or legislation, and we talked to all of the provinces and territories around that. All the provinces and territories are at different places in this journey, and they have different priorities. Also, governments change. When governments change, priorities change. Therefore, it's an ongoing education where we're trying to educate new people coming in around what we are doing, what we are trying to do and the need to look at incentives and legislation.

In my own province of Nova Scotia, we brought in legislation to connect electronic medical records across the province. The opportunity for us going forward in Nova Scotia is very much a part of the open standards approach, because it fits in perfectly with the Nova Scotia needs.

Hon. Helena Jaczek: Are you suggesting that with the open standards going forward there will be a need...? Well, is it either-or, incentives or mandates?

Peter Vaughan: That's a good question.

My sense from the international literature is very strong that mandating and incentives are what it takes to achieve adoption, just as we saw with electronic medical records 20 years ago.

Hon. Helena Jaczek: In your consultations, you've mentioned deputy ministers. To what extent did you involve, in the promotion of the program...? You knew you didn't have financial incentives or mandates, so presumably you consulted broadly with medical associations, because deputy ministers could possibly be a little isolated from the field. Can you explain what kind of promotional activities you engaged in specifically to try to get more prescribers involved?

Peter Vaughan: I'll ask my colleague to answer with the details.

Tania Ensor: We undertook significant marketing awareness and stakeholder relations campaigns, including with provinces and territories. We met with them at a senior level, the deputy minister level, as well as at a staff level with the digital health groups, to work with them. The work with them was ongoing.

In addition to that, we did significant work with physicians. With pharmacists, we actually ran special programs where we had pharmacies in a community—

• (1725)

Hon. Helena Jaczek: Excuse me. You did have success with pharmacies, but I'm interested in the prescribers piece.

Tania Ensor: That's right. What I was saying was that we used pharmacies in communities to reach out to their prescribers to try to bring them on board to help build adoption of the system. The work we did was multi-faceted.

Hon. Helena Jaczek: Mr. El-Demerdash, you talked about your clinical advisory board. When did you establish that?

Mohamed El-Demerdash: We use clinical advisory boards frequently for many of the products we have to solicit feedback on and to learn what needs are out there. In this specific scenario, the clinical advisory board was in the early part of 2021.

Hon. Helena Jaczek: Did you hear about incentives, or “I'm not mandated to do it”? Did you get any kind of feedback along that line, or was it purely technical and related to the software?

Mohamed El-Demerdash: The primary point of the feedback we received from the advisory board was around their wanting the process and the system to be a lot more frictionless for them in the way they did their work, in some cases taking into consideration their normal workflow and the normal way they did their work.

The Chair: Thank you, Dr. Jaczek. Your time is up. It's 5:05.

We will now go to Mr. Blanchette-Joncas for two and a half minutes.

Mr. Blanchette-Joncas, let's speak one person at a time. Because of the interpretation, I won't be in between you both, so please pay attention.

[Translation]

Maxime Blanchette-Joncas: Mr. Chair, you know that my speaking time is very limited compared to the other members of the committee. When I don't get an answer from the witnesses, it's more difficult.

[English]

The Chair: That's why I won't be in between both of you.

[Translation]

Maxime Blanchette-Joncas: It's also your role to ensure that witnesses answer questions when they don't.

[English]

The Chair: I can give them the time. I can't dictate what answers they should give. It's up to them. All I can say is that I give them the time. It's up to you to ask questions again or to make comments.

Let's start now with two and a half minutes.

[Translation]

Maxime Blanchette-Joncas: I'm asking the questions, but I need your help to get answers.

[English]

The Chair: Please speak one person at a time, then.

[Translation]

Maxime Blanchette-Joncas: Mr. El-Demerdash, TELUS received about \$98 million in public funds for PrescripTion. What was the original TELUS estimate of the cost of developing the platform?

[English]

Mohamed El-Demerdash: I don't know the answer to that question, as that was back in 2016, prior to my being part of Telus Health. However, we can find the answer to that question and provide that to the committee.

[Translation]

Maxime Blanchette-Joncas: Thank you.

Does TELUS own 85% of the intellectual property?

[English]

Mohamed El-Demerdash: I'm sorry. Can you ask the question again? It was not clear.

[Translation]

Maxime Blanchette-Joncas: Mr. Chair, don't just stop the clock; you have to give me back the time lost. Every time I repeat myself, I lose time.

[English]

The Chair: You're not losing time. I'm giving you the time.

[Translation]

Maxime Blanchette-Joncas: I have to repeat the same question, so I'm wasting time.

[English]

The Chair: No, you're not. The watch is stopped.

[Translation]

Maxime Blanchette-Joncas: Okay.

[English]

The Chair: You are not losing the time. You still get your full time.

[Translation]

Maxime Blanchette-Joncas: So you're giving me back the time I took to ask my last question. Is that correct?

[English]

The Chair: That's correct.

[Translation]

Maxime Blanchette-Joncas: How many seconds are we talking about, Mr. Chair?

[English]

The Chair: You still have one minute and 48 seconds.

[Translation]

Maxime Blanchette-Joncas: If I don't lose time, how much time are you giving me back to repeat the same question?

[English]

The Chair: I have made it very clear. I'm sure it's clear to the honourable members. When I stop the watch, it means your time....

Whatever you are saying, I'm not taking your time away from two and a half minutes. I hope it's clear to you now. Do you understand, or...?

[Translation]

Maxime Blanchette-Joncas: It's not very clear.

Mr. El-Demerdash, can the government freely use, modify or transfer PrescripTion technology without TELUS?

• (1730)

[English]

Mohamed El-Demerdash: The government and any other technical implementer can take the standards and certainly implement the same technology to whatever standards there are. We've obviously spent a lot of time and funding on our own side as well in developing the technology that is being used in this solution.

[Translation]

Maxime Blanchette-Joncas: The government holds only 15% of the intellectual property. Can it still make use of that share of the intellectual property without TELUS, yes or no?

[English]

Mohamed El-Demerdash: In terms of the solution, if they were not to utilize the Telus Health technology that is underlying this highway we talked about, they would have to find that from somewhere else in order to make the system work.

[Translation]

Maxime Blanchette-Joncas: If a province or Quebec wants to continue the program, will they have to pay TELUS double just to keep using the software?

[English]

Mohamed El-Demerdash: We would be in a position to have discussions—and we are having discussions with several provinces at the moment—to help in the transition and to keep the programs going, but it would be based on the requirements and the needs of each of the provinces.

[Translation]

Maxime Blanchette-Joncas: Mr. El-Demerdash, have you ever entered into agreements with the government worth \$300 million or several hundred million dollars that allowed you to retain 85% of the intellectual property related to a software system?

[English]

Mohamed El-Demerdash: It's important to recognize as well that the speed of the development of the solution was enabled by the fact that we had a lot of this technology already in place in advance, and that was helpful to getting the solution in place for Canadians faster.

The Chair: Thank you very much.

Now we'll go to Mr. Mazier for five minutes.

Please go ahead.

Dan Mazier: Thank you, Chair.

Dr. Vaughan, how was Mr. Green informed that he was fired as CEO from Canada Health Infoway?

Peter Vaughan: I informed him virtually, by technology.

Dan Mazier: Virtually...? Could we get a copy of that letter? I guess there was some kind of written.... More so, we want to know why he was fired, so the detail.... He must have been given a reason. It would be great if we could get that.

Peter Vaughan: We can provide that.

Dan Mazier: Dr. Vaughan, according to Health Canada's Infoway documents, \$167 million was spent on operations and overhead costs for PrescribeIT, of which \$108 million was for personnel costs. Will you be able to table a full breakdown of those personnel costs with the committee?

Peter Vaughan: If the committee wants that information....

Dan Mazier: Dr. Vaughan, according to page 24 of Infoway's 2024-25 annual report, there were three instances of Canada Health Infoway entering into contribution agreements with entities funded by the Government of Canada, dated April 1, 2020, January 24, 2022, and January 31, 2025.

Can you identify these entities?

Peter Vaughan: I'm not sure what the question is.

The Chair: I'm going to stop the watch and ask the honourable member to repeat the question.

Dan Mazier: There were three contribution agreements, and they were instances where Canada Health Infoway entered into three contribution agreements with entities funded by the Government of Canada, dated April 1, 2020, January 24, 2022, and January 31, 2025.

Can you identify these entities? If you could table them, that would be great.

Peter Vaughan: We'd be happy to table that if that's what the committee needs or wants.

Dan Mazier: Thank you.

Dr. Vaughan, are any of the executives at Canada Health Infoway provided with a driver, a vehicle or a car allowance?

Peter Vaughan: The only individual who had a car allowance was the former CEO.

Dan Mazier: Could you table his compensation with that, with the model of the car and how many dollars he was actually paid for that vehicle?

Peter Vaughan: We can do that. It's all part of his package of remuneration.

Dan Mazier: I guess that was on top of the \$900,000.

Peter Vaughan: No. It was included in that.

Dan Mazier: Okay.

Dr. Vaughan, since PrescribeIT launched in 2017, how many times has the Infoway board awarded executives the maximum possible performance bonuses, versus a reduced bonus or no bonus?

• (1735)

Peter Vaughan: Because the Canada Health Infoway PrescribeIT program did achieve its milestones and did deliver on its mandate, the remuneration was consistent with the fact that they did deliver the program.

Dan Mazier: Thank you.

I'll pass my remaining time off to Mr. Blanchette-Joncas.

The Chair: Mr. Blanchette-Joncas, go ahead. You have two minutes and five seconds.

[Translation]

Maxime Blanchette-Joncas: Thank you.

Dr. Vaughan, since you became chair of the board of Canada Health Infoway in March 2017, have you ever had meetings with ministers or members of the government regarding concerns about the viability, adoption or success of PrescribeIT, yes or no?

[English]

Peter Vaughan: There have been several conversations with various ministers of health.

[Translation]

Maxime Blanchette-Joncas: Did those meetings take place before the decision was made to end the program, yes or no?

[English]

Peter Vaughan: Because we were concerned about the funding, obviously, of the program, there were many conversations before and after.

[*Translation*]

Maxime Blanchette-Joncas: Did those discussions involve Health Canada, the Treasury Board Secretariat or the minister's office?

[*English*]

Peter Vaughan: There were extensive and ongoing conversations with Health Canada—we did not directly deal with the Treasury Board—and as part of that with the minister's office.

[*Translation*]

Maxime Blanchette-Joncas: Were they specifically about the low uptake of the program or the financial viability of the program?

[*English*]

Peter Vaughan: Yes, that was a concern of ours around all ideas on how to get provinces and territories to either mandate or incentivize.

[*Translation*]

Maxime Blanchette-Joncas: What concrete actions has the government taken as a result of these discussions?

[*English*]

Peter Vaughan: The governments, I think, were concerned with.... The government was keen to have the conversations at the federal, provincial and territorial ministers of health conference. That was discussed there, as well as at the conference of deputy ministers. That was brought forward by the federal government.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Chair, I would just like to inform you that I will be moving a motion. The witness's answers show that there are still significant grey areas in terms of what the government knew at the time it received this information and the decisions it made.

My motion is as follows:

That the committee invite the Minister of Health, as well as officials from Health Canada and the Treasury Board of Canada Secretariat, to appear for at least two hours on the subject of PrescribeIT, including decisions related to the continuation of funding, the termination of the program, the management of the transition, and the consequences for Quebec, within two weeks of the adoption of this motion, or at the earliest opportunity.

[*English*]

The Chair: Thank you.

Before I open debate, I will have to distribute the motion.

We'll suspend the meeting.

• (1735)

(Pause)

• (1740)

The Chair: I call the meeting back to order.

Mr. Mazier has the floor.

Dan Mazier: Thank you, Chair.

I want to thank my colleague for bringing this motion forward, especially after the testimony we've heard in the last couple of committee meetings around PrescribeIT. Now we're getting a better un-

derstanding of Canada Health Infoway. We are talking about \$300 million that's basically still missing. No answers I heard here today would actually justify anything more than what we found out over the last couple of weeks just by digging ourselves.

There were reports today. We all of a sudden found out that Canada Health Infoway wasn't even keeping its website updated. I mean, that should give some indication of just how they ran and managed programs.

I think the more shocking testimony today was around how the chair of Canada Health Infoway, Dr. Vaughan, has not talked to our current health minister. I think that should be very concerning. This has been a very public disposition we've been having here, a conversation the media has picked up on. Liberals have been trying to cover it up. They once shut off the cameras on us. We tried to even find out...to get the Auditor General in here, and we still haven't heard back from her.

There are lots of questions here. There is a lot of attention. I think it would serve the Canadian public and everyone here a lot better if we did get the minister in here and have her answer these very, very important questions. This is not just \$300 million. This is a 10-year wreck. It's unbelievable. The complete disregard for the outcomes of this program is unbelievable. I cannot believe, every time I open up a document and research this program, how Canada Health Infoway has done in the last decade. It's just deplorable. I'm getting lots of emails and lots of phone calls from very frustrated taxpayers and Canadians: How dare they pull this off?

With that, I fully support this motion.

That's all I have to say about that.

• (1745)

The Chair: Dr. Eyolfson, please go ahead.

Doug Eyolfson: Thank you, Chair.

I agree that this is all worth looking into. I'd like to move an amendment to this to remove “and the Treasury Board of Canada Secretariat” and remove “within two weeks of the adoption of the motion”.

The Chair: We have an amendment on the floor. Is there debate on the amendment?

Madam Konanz, please go ahead.

Helena Konanz: We're going to need to bring this information forward to the Canadian public. Unfortunately, in the last couple of weeks, we've had instances where we've had information that's been behind closed doors that won't be available to the Canadian public for 30 years. Let's not do that again. Let's get this information out.

I can't support this amendment, because people want to know now, and I know every MP around this table is wondering what happened to the \$300,000—

A voice: It's \$300 million.

Helena Konanz: Yes, you're right. It's \$300 million. That's crazy. It's so wrong that we have testimony and witnesses who say, "It's okay, it's a success. We've lost \$300 million, but it's a success." It is wrong. Let's get the health minister in here to answer questions. That's her job, and we need to get her in quickly, because again, I'm sure the media and Canadian people are going to want to know why the minister can't come in right away.

The Chair: I have Mr. Blanchette-Joncas and then Dr. Eyolfson.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much, Mr. Chair.

We are currently seeing an adjustment to what we have been observing for the past few days. Unfortunately, the government is trying to reduce accountability for its actions. We invested \$300 million in a program that will be terminated in a few weeks, at the end of May, and now they are trying to remove the reference to the Treasury Board Secretariat from my motion. For those following our work, I would remind you that it is Treasury Board that signs the checks. It is Treasury Board that manages the money. We haven't received much explanation from our colleague, but he says that those who manage the money don't need to come here to explain to us the decisions they make regarding financial management.

So, it is appropriate to summon officials from the Treasury Board Secretariat. I repeat: If we want to discuss public funds, governance, contracts, termination, transition or even accountability, we need these people, because they are the ones making the decisions. If we want to understand the financial and administrative decisions surrounding PrescripTion, representatives from the Treasury Board Secretariat are relevant witnesses. Removing this from the motion would weaken the committee's ability to track public funds and understand the decisions made by Treasury Board.

Next, my colleague proposes removing the two-week deadline. We've lost \$300 million in public funds on an e-prescription program, but it doesn't seem to be a priority for the government to understand what happened and learn from its mistakes. My colleague wants to remove the deadline, which would make it easy to postpone the motion indefinitely. We could put it off indefinitely, as they say.

Given the \$300 million spent and the program's imminent end, the committee must act quickly, in my view. We have been asking questions—I think you are aware—for several weeks and trying to obtain information or documents from the government. Therefore, I believe it is reasonable to summon these witnesses within two weeks, or at the earliest opportunity, as stated in the motion I have tabled.

This is all the more reasonable and important given the mounting scandals involving the Liberal government. I would remind you of the scandals surrounding Phoenix, ArriveCAN, and Cúram, to which we can now add the one involving PrescripTion. The government is sweeping this under the rug by telling us that it is not important to talk about it, that there is no need to shed light on it or conduct independent public inquiries, even if we fail to achieve the expected results.

Today, Ms. Ensor from Canada Health Infoway told us that, for the program to be viable, we needed to reach a 75% usage rate. Well, \$300 million later, we've managed to reach 5%. The government does not think it is important to say that we really need to investigate this, get the facts, and ensure that it does not happen again. So, I urge my colleagues in the government to ensure sound management of public funds. That is, in fact, what the Prime Minister said he would do, even though that is not what he demonstrated in the last budget. He announced the largest deficit in Canadian history. However, as good stewards of public funds, we must investigate the PrescripTion program.

There is a question I have been asking myself for a long time, and I would like to share it with my colleagues, the members of the committee, and the general public. The government must have known that there were problems somewhere. A review of the program's viability was conducted in 2023, yet investment in it continued, and it was only two years later, in 2025, that the decision was finally made to completely terminate the program.

I hope the government will explain the various decisions it made in this matter, because it is concerning. That is why I want its representatives to appear before us. Even after the decision was made to end the program, an additional \$10 million was allocated.

• (1750)

I hope my colleagues will see reason regarding the motion, which is entirely reasonable and legitimate.

[*English*]

The Chair: Dr. Eyolfson, please go ahead.

Doug Eyolfson: Thank you, Chair.

Actually, there is merit to Monsieur Blanchette-Joncas's statements. What I would like to propose is perhaps a friendly amendment. We're willing to remove the amendment about removing the secretariat, so the invitation would include the secretariat. However, given that the minister and the staff of the secretariat have very busy schedules, it might not be feasible for them to come in two weeks. I would therefore like to amend the motion to remove "within two weeks".

The Chair: We have an amendment on the floor. We have to first decide on the amendment, and then you can propose another—unless I have unanimous consent.

Doug Eyolfson: May I have unanimous consent to remove my reference to the secretariat?

The Chair: If there is unanimous consent, only then.... Otherwise, there should be no long talk.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Chair, I would just like some clarification from my colleague, in the interest of transparency. Why does he now consider it important to invite representatives from the Treasury Board Secretariat, when he did not consider it important earlier?

[*English*]

Doug Eyolfson: On further consideration and listening to your arguments, it made sense. Therefore, we decided to agree with this.

The Chair: Is there unanimous consent?

Some hon. members: Agreed.

The Chair: Okay. Please continue, Dr. Eyolfson. You have the floor.

Doug Eyolfson: Now that we have unanimous consent, I am moving the amendment to remove “two weeks” from the motion.

The Chair: Do we have unanimous consent?

An hon. member: No.

The Chair: Mr. Eyolfson, there is no unanimous consent. Do you want to continue the debate? You have the floor.

• (1755)

Doug Eyolfson: Okay, then I move that we adjourn debate.

The Chair: There is a motion to adjourn the debate. The clerk is to take the vote. It's a non-debatable motion.

[*Translation*]

Maxime Blanchette-Joncas: I have a point of order, Mr. Chair.

[*English*]

The Chair: Honourable members, if we adjourn the debate on the amendment, we will go back to the main motion.

Doug Eyolfson: We debate the amendment because I moved the amendment.

The Chair: No. We are voting on the amendment.

Doug Eyolfson: Oh, we're voting on the amendment? Okay.

The Chair: We are not voting on the adjournment of the debate. We're voting on the amendment. Are members clear about this?

[*Translation*]

Maxime Blanchette-Joncas: That is very clear, Mr. Chair, but I just want to tell you that I asked to speak before you agreed to the motion to adjourn the debate. I am trying to clarify that.

[*English*]

The Chair: Dr. Eyolfson had the floor. You are the next speaker on the list, but he is the one who brought that forward. He had the right to bring that forward, and I am following the Standing Orders. Thank you.

With that, let's vote and continue.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Chair, I understand that you wish to close the debate. Do you not want us to continue our discussions on the amendment?

[*English*]

The Chair: That is the motion on the floor, and it's not debatable.

We are voting on the amendment right now, and then we will come to the motion as amended. Is it clear?

Okay. Let's take the vote. The honourable members are very clear that we'll take the vote on the amendment.

Please go ahead, Madam Clerk.

(Amendment agreed to: yeas 6; nays 5)

The Chair: The amendment is carried. We are back to the motion as amended.

Mr. Blanchette-Joncas has the floor.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much, Mr. Chair.

I understand that my colleagues in the government want to protect the minister's agenda. I find them to be people who show solidarity. I commend them highly for that.

I would like to propose an amendment to my motion. Would a one-month deadline for the minister to appear before the committee satisfy the government? I hope so. Does the minister find this urgent enough to come? I am even willing to extend the deadline until the end of the parliamentary session.

So, I would like the government members to show some flexibility so that we can reach an agreement and ensure, at the very least, that we receive the people we have summoned by the end of the parliamentary session, which is June 19. That seems quite reasonable to me.

[*English*]

The Chair: Thank you.

We have Dr. Eyolfson on the list.

Doug Eyolfson: Thank you, Mr. Chair.

We have no idea what the current schedule is of the health minister. The minister may have other commitments that are unbreakable. We do not want to put her in a position such that she would be unable to attend in any timeline. We agree that the health minister should come, but a timeline at this point would be unworkable.

• (1800)

The Chair: Thank you.

I have Mr. Mazier and then Madam Konanz.

Dan Mazier: I think that's a really good point. I think that before the summer break is more than adequate time. That will give her almost two months, so I would support that amendment.

I think that sends a very clear signal that we understand that she's a very busy minister, but there are some pretty serious things that she needs to clear up here as well, and I think two months is lots of time for her to come here.

The Chair: Madam Konanz, you have the floor.

Helena Konanz: I support what my colleague just said. It really is respecting her timelines, but she needs to be available for this committee, and that should be before we stop sitting for the summer. I and, I think, all Canadians would appreciate her coming to this committee and explaining what happened with PrescribeIT.

The Chair: Mr. Gill, do you wish to speak?

Harb Gill: Chair, we are here to shine a light on what happened. We're talking about \$300 million. This is not chump change. This is where hard-working people, without question, paid their taxes. They deserve answers, and the least the minister can do is to find some time to get here and answer those questions. This is not an unreasonable request.

To put it off indefinitely, by more than a month or two, is absolutely unacceptable. This is not what the Canadian people expect or, more importantly, deserve. There has to be a time frame set out to say when she can come in and what we need from her.

Two months is more than enough, especially after what we've heard today. I would humbly pray to you and to the colleagues on the other side to please find a way in your hearts to go tell the Minister of Health to come back and testify here, along with officials from the treasury secretariat.

The Chair: The motion is out of order, but I let it go.

Let's take a vote and get the amendment out of the way.

[*Translation*]

Maxime Blanchette-Joncas: I have a point of order.

[*English*]

The Chair: Section 12.12 says that an amendment is out of order procedurally if it originates with the mover of the main motion.

[*Translation*]

Maxime Blanchette-Joncas: I have a point of order.

[*English*]

Dan Mazier: I move that motion. Would that put it back in order? Okay, so I move it.

The Chair: Thank you. Is there any more debate?

Dan Mazier: It's back to....

The Chair: Shall we suspend?

Some hon. members: Yes.

The Chair: Okay. Should we let the witnesses go?

We are already past time, so I will release the witnesses. Thank you very much, on behalf of the committee, for your participation.

The meeting is suspended.

• (1800) _____ (Pause) _____

• (1810)

The Chair: I call the meeting back to order. Is there is any debate on the amendment?

If not, we'll—

Dan Mazier: Just for clarification, what is the amendment?

The Chair: It's the amendment that you proposed.

Dan Mazier: Just to bring the audience back up to speed here, this is actually to remove...so that there are no timelines on the minister for coming to committee.

If you could, read what the amendment is actually doing. Is it basically no timeline?

The Chair: It's no timeline.

Dan Mazier: It's just to get the minister in here with no timeline.

The Chair: Is everybody clear?

An hon. member: No, I thought Maxime Blanchette-Joncas introduced—

Dan Mazier: He introduced an amendment.

The Chair: He cannot bring in the amendment because that amendment is out of order. He is the mover of the main motion, so he cannot bring in the amendment.

Dan Mazier: Here's the amendment. I'll read it. It's that, given the committee believes in transparency and accountability for Canadian taxpayers, the committee summon Michael Green, former president and CEO of Canada Health Infoway, to testify on PrescribeIT within three weeks of adoption of the motion.

An hon. member: No, that's not what we're talking about.

Dan Mazier: I just adopted a new motion.

The Chair: The thing is, Mr. Mazier, we should all work together in this committee. I am very respectful to all the members. If I give the floor, then let's stick to serious talk and serious matters, because this is a serious committee dealing with the health of Canadians.

With that, Mr. Blanchette-Joncas, do you have anything to say?

[*Translation*]

Maxime Blanchette-Joncas: Yes.

Earlier, I think there was some confusion. I simply wanted to reach an amicable agreement on the amendment I proposed to give the minister more time to appear, since my colleagues said that was the only issue. I even said I was willing to extend the deadline until the end of the session, which is June 19. I'm trying to see if my colleagues agree.

Can we all agree on this?

[English]

The Chair: If there is no unanimous consent, as I said, then it's out of order. Is there unanimous consent?

Some hon. members: No.

The Chair: No, there is no unanimous consent, so I will call—

Dan Mazier: Did we ever get a clarification on the original motion?

I have it here now, actually.

Dan Mazier: It reads:

That the committee invite the Minister of Health, as well as officials from Canada Health and the Treasury Board of Canada Secretariat, to appear for at least two hours on the subject of PrescribeIT, including decisions related to the continuation of funding, the termination of the program, the management of the transition, and the consequences for Quebec, within two weeks of the adoption of this motion.

The Chair: No, the Quebec—

Dan Mazier: So now we're talking about a month.

The Chair: It's a month or "at the earliest opportunity".

Dan Mazier: Okay, "or at the earliest opportunity".

The Chair: After Quebec, or at least—

Dan Mazier: The amendment is for one month. That's the clarification. Instead of two weeks, it's for one month.

The Chair: There's an amendment being brought forward by Mr. Mazier. After "Quebec", it's "within one month of adoption of this motion, or at the earliest convenience".

• (1815)

Dan Mazier: Can we get UC on that instead of voting on it?

The Chair: There's no unanimous consent. I don't see it. Let's take a vote on this, because there's no unanimous consent. I will ask the clerk to take a vote on the amendment as brought forward by Mr. Mazier.

[Translation]

Maxime Blanchette-Joncas: Mr. Chair—

[English]

The Chair: We're doing the vote now. Let me get the vote out of the way, and then I'll come back to you.

[Translation]

Maxime Blanchette-Joncas: Could you repeat the motion, Mr. Chair?

[English]

The Chair: Yes, I can. It is as follows:

That the committee invite the Minister of Health, as well as officials from Health Canada and the Treasury Board of Canada Secretariat, to appear for at least two hours on the subject of PrescribeIT, including decisions related to the continuation of funding, the termination of the program, the management of the transition, and the consequences for Quebec, within one month of the adoption of this motion or at the earliest opportunity.

[Translation]

Maxime Blanchette-Joncas: Thank you.

[English]

The Chair: The motion is defeated.

(Amendment negatived [See Minutes of Proceedings])

The Chair: We are back to the motion as amended. Should we take a vote on that?

Dan Mazier: On a point of order, can you read the amended motion that we're now voting on?

The Chair: Okay.

The amended motion is as follows:

That the committee invite the Minister of Health, as well as officials from Health Canada and the Treasury Board of Canada Secretariat, to appear for at least two hours on the subject of PrescribeIT, including decisions related to the continuation of funding, the termination of the program, the management of the transition, and the consequences for Quebec.

That's it, plus "at the earliest convenience".

I have Mr. Blanchette-Joncas.

[Translation]

Maxime Blanchette-Joncas: Mr. Chair, it is important to explain to the public what is currently happening. The government is acting strategically. At first, the Liberals said it wasn't important to invite representatives from the Treasury Board Secretariat, and now they're saying it is. They tell us the problem is the two-week deadline. I proposed extending it until June 19. Today is May 5. The Minister of Health is unable to find the time to appear before the committee regarding a \$300 million program that will end in a few weeks. Yet this is a reasonable time frame.

Currently, the government wants there to be no deadline. That would mean the minister could always tell us she's too busy to come. I suggested giving her a month, then a month and a half, or even nearly two months, and that's not enough. So, it's quite simple: The government doesn't want the minister to appear. We learned the truth today from the president of Canada Health Infoway. He told us clearly that he had already had discussions with the minister, with ministers' offices, and with members of the government. Dr. Peter Vaughan has been president of Canada Health Infoway since March 2017.

The government is unable to take responsibility for its actions in this latest Liberal scandal. The Liberals claim that the Minister of Health wouldn't have time to come meet with us. That's quite unbelievable. However, we have some news for them: We already passed a motion last February, when the government was in a minority situation. Back then, oddly enough, motions were passed more frequently. That motion called on the Minister of Health to testify regarding a matter that the Parliamentary Budget Officer is set to examine and that is linked to another scandal—namely, the provision of health care to asylum seekers. The Minister of Health is already scheduled to appear after May 23. So she'll have to come sooner or later.

I think the government has just trapped itself. Today, by refusing to set a timeline, it's clearly showing us that it doesn't want to shed light on this matter in a timely manner. So, we are losing the opportunity to ask questions of a government representative—and not just any representative. It is the Minister of Health. She has been in office since April 2025, and it was last fall, in November 2025, that her government decided to end the Prescription program. It is therefore legitimate for us to ask her questions.

It's quite clear: first, the Liberals don't want to take responsibility for this scandal. Second, they don't want to be held accountable. They're hiding behind a logistical issue—the minister's schedule. Third, even when we act in good faith by asking how much time the minister needs—whether it's a month, a month and a half, or two months—they say they don't want to set a timeline.

I'll be even more specific, Mr. Chair. I went to see members of the government to ask them what would be reasonable for them, but they won't answer me, just as they won't answer the public. So, these people are accountable today, but we can see that they are protecting their own interests, of course, because by summoning the minister, we will be able to ask her for an explanation of what happened, and she will have to take responsibility for it.

So, the motion already provided for a flexible timeline. We're not asking for the impossible, in my opinion. If everything was handled properly, it shouldn't be difficult to come explain what happened here. One thing is certain: We won't let this drop. We're going to keep pressing the government to shed light on this, because there are people who made bad decisions. That doesn't make them bad people, even if one might doubt it if one had the facts and documents—which the government, of course, refuses to provide.

Today, we want to know why a \$300 million program failed. Why, within the government apparatus, from 2017 to 2026, did no one see that it was going to fail?

● (1820)

Ministerial responsibility is one of the principles of our democratic system, and right now, there are people who do not want to

follow the rules of that democratic system. First, they're cobbling together a majority with defectors, which certainly doesn't demonstrate a strong respect for democracy. Then, today, they're adding insult to injury. The government doesn't want the minister to come and be held accountable, to explain to us what decisions she made, why she made them, and the information she relied on to do so. That is what we are asking for today.

So, I hope the public is listening closely, because they will clearly understand that, unfortunately, the government is hiding things from us, under the pretext that the minister's schedule is too busy. I hope my colleagues can explain to their fellow citizens that they do not want their government to clarify its bad decisions. As for me, I will be proud to tell the citizens I represent with dignity and pride that we have done everything we could in this matter to try to get answers. As we are seeing once again today—we will have to get used to this—this government is developing bad habits when it comes to managing its IT systems and public finances.

That is what I had to say about this new Liberal scandal called Prescription.

[*English*]

The Chair: Thank you.

We will go to Dr. Eyolfson.

Please, go ahead.

Doug Eyolfson: I move that we adjourn the meeting.

The Chair: This is a non-debatable motion.

(Motion agreed to: yeas 6; nays 5)

● (1825)

The Chair: The meeting is adjourned.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :
<https://www.noscommunes.ca>