Canada Health Infoway

2020-2021

Annual Report

Celebrating 20 Years of Progress

About Canada Health Infoway

At Canada Health Infoway (Infoway) we work with governments, health care organizations, clinicians and patients to make health care more digital because we believe a more connected and collaborative system is a healthier system. We're working to ensure that everyone is able to access their personal health information, book appointments, get prescriptions, view lab test results and access other health services, online. We're working with our partners to transform the health system because we know that digital in health can be as transformative as digital has been in other aspects of our lives. We're an independent, not-for-profit organization funded by the federal government.

The deputy ministers of health for the 10 provinces, three territories and the federal government make up the Members of the Corporation. Some of these Members also serve on Infoway's Board of Directors, which includes leaders from Canada's public, health, legal, financial and technology sectors.

Our Vision
Healthier Canadians through innovative digital health solutions.

Our Mission
Infoway will bring a pan-Canadian focus to improving the patient experience, improving the health of populations, and unlocking value for the health system.

The views expressed in this Annual Report represent the views of Infoway or other persons as indicated, not the Minister of Health or any representative of the Government of Canada.

Readers are cautioned that this report includes forward-looking information and statements. Forward-looking statements are neither historical facts or assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future. By their nature, forward-looking statements are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. Actual results, performance and achievements may differ materially from those indicated in the forward-looking statements.

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Message from the Board Chair and President and CEO

We would like to begin this message by offering our sincere thanks and heartfelt gratitude to those who continue to work tirelessly to keep us safe as we face the unprecedented and significant impact of COVID-19. Our front-line workers have sacrificed much and we are forever indebted; thank you.

To say that 2020-2021 has been a year like no other would be a gross understatement. For many, it has been a year of struggle, heartbreak and loss. The challenges facing health systems around the world have been compounded by the virus, which has put an exceptional strain on the health system and its workforce. Having said that, this year has also been a year of resilience, humanity and heroic action. We have seen rapid innovation and positive shifts in care delivery.

Virtual care, for example, has seen unprecedented growth after years of steady but slow progress. In the last quarter of this fiscal year, 40 per cent of primary care visits with health care providers in Canada have been conducted virtually, according to research conducted by Infoway. That's more than double the proportion of virtual care visits prior to the pandemic, and indicates growing momentum for this model of care.

Early in the pandemic, the Government of Canada committed to invest $240.5 million to develop, expand and launch virtual care and mental health tools to support Canadians. Infoway was pleased to receive a commitment for $50 million to launch a new virtual care program that supports jurisdictional partners in accelerating their local deployment or scaling of solutions, through a collaborative approach.

We are also proud that, working with Health Canada and our jurisdictional partners, we implemented 17 projects across the country that provided clinicians with the capability to deliver virtual visits, accelerated the dissemination of COVID-19 test results to citizens and increased remote patient monitoring capacity. In addition, all of these projects were operational within a month of being approved and, as of March 31, 2021, have resulted in an additional five million uses of virtual care solutions by 3.5 million Canadians and more than 91,000 providers. This is real impact that is making a difference to Canadians.

And Canadians are embracing virtual care. According to surveys conducted throughout the past year, seven in 10 Canadians who sought medical care during the pandemic used virtual care, 91 per cent were satisfied with the experience and 86 per cent agreed that virtual care tools can be important alternatives to seeing doctors in person. Regardless of whether they had used virtual care during the pandemic, 76 per cent expressed a willingness to use it in the future. That's up from 64 per cent in a pre-COVID-19 survey.

This growing appetite for "virtual first" is very encouraging. Canadians have embraced technology in all aspects of their lives and have a strong appetite for health care to catch up to other sectors like banking. In fact, according to survey work conducted this year, 92 per cent of Canadians want technology to make health care as convenient as other aspects of their lives.

We've demonstrated that virtual care is a safe and viable mode of care delivery and we are committed to continuing to improve access to virtual tools for all Canadians.

Another excellent example of the power of virtual care is in the provision of e-mental health services. The social and economic consequences of the pandemic have resulted in a drastic and dramatic increase in the number of Canadians who are struggling with mental health issues. According to Infoway research, we have seen a sizable drop in self-reported mental health since last year. In 2020 less than half of Canadians reported their mental health as very good or excellent. The same survey shows that e-mental health services can help address this impact and have provided crucial benefits for Canadians who have used them. In fact, for Canadians who have used e-mental health services, 72 per cent said it helped them deal with a moment of crisis/distress that would have resulted in physical harm. They were satisfied with the care they received and it enabled them to access care faster/after hours. To address this need, we worked with our partners to make important resources available more broadly.

Infoway's vision of making quality care more accessible by improving Canadians' access to health information, digital services and tools, and improving provider communications, became even more relevant during the pandemic. There's a greater need for digital health to support a population that is living longer and with long-term conditions. There's also a need to meet patient expectations, ease fiscal constraints on a health system that is unable to sustain historic growth levels, and prepare for and respond to domestic and global health emergencies. Our strategic focus on virtual care will complement a Canadian environment that features new funding models that facilitate virtual care adoption, new technology offerings in care navigation, and an improved experience for patients and providers. We envision a future where virtual care will be a regular part of care delivery.

2021 marks Infoway's 20th anniversary. When Canada's First Ministers established the organization in 2001 to accelerate the adoption of digital health, they knew that collaboration, focus and leadership would be key to success. Our future state must also be built on these same foundations as well as a sharpened focus on health equity so that we raise the level of health and well-being for all Canadians.

At Canada Health Infoway, we will continue to work hard to accelerate the implementation and use of virtual care to keep Canadians and their clinicians safe. We are also committed to building back better and creating the health system that Canadians deserve.

Dr. Peter W. Vaughan
Board Chair

Michael Green
President and CEO

Highlights from 2020-2021

An estimated
$43 billion in benefits since inception from Infoway's investments in:

connected health information (e.g., diagnostic imaging, drug and laboratory information systems), point-of-care systems (e.g., electronic medical records, telehealth) and virtual care (e.g., video and secure messages). An increase of **$7.4 billion** in the past year.

In 2020, virtual care saved patients
90 million
hours in travel time and more than
$6.1 billion
in avoided expenses, and reduced CO_2 emissions by
286,000
metric tonnes.

More than
97,000
Canadians
have benefitted from telehomecare programs since 2010.

PrescribeIT®
has a Memorandum of Understanding (MOU) in place with all
13 jurisdictions and is live in five jurisdictions, with
6,233 prescribers + **4,839** pharmacies enrolled.

Infoway's COVID-19 rapid response investments enabled
3.5 million
Canadians and more than
91,000
health care providers to log more than
5 million
uses of virtual care solutions in the first year of the pandemic.

Since the beginning of 2021, **40%**
of patient visits have been virtual, more than double the percentage pre-pandemic.

90%
of patients were satisfied with their virtual care experience.

Infoway's Rapid Response to COVID-19

Immediately after the global pandemic was declared in March 2020, Infoway began working with Health Canada and the provinces and territories to help provide urgently-needed programs and services that could also be leveraged post-pandemic. Infoway established a Rapid Adoption of Virtual Care Fund by reallocating $35 million in existing funding. In collaboration with the provinces and territories, Infoway invested in 17 projects across all jurisdictions, in four focus areas: virtual visits, e-mental health, remote patient monitoring and access to COVID-19 test results. With unprecedented collaboration from Health Canada and all jurisdictions, all projects were operational within 30 days of approval. As of March 31, 2021, 3.5 million Canadians (almost triple our target) and more than 91,000 health care providers (exceeding our target) had logged more than five million uses of virtual care solutions as a result of these investment projects.

Figure 1

Canadians Using Virtual Care as a Result of Infoway's COVID-19 Rapid Response Investments

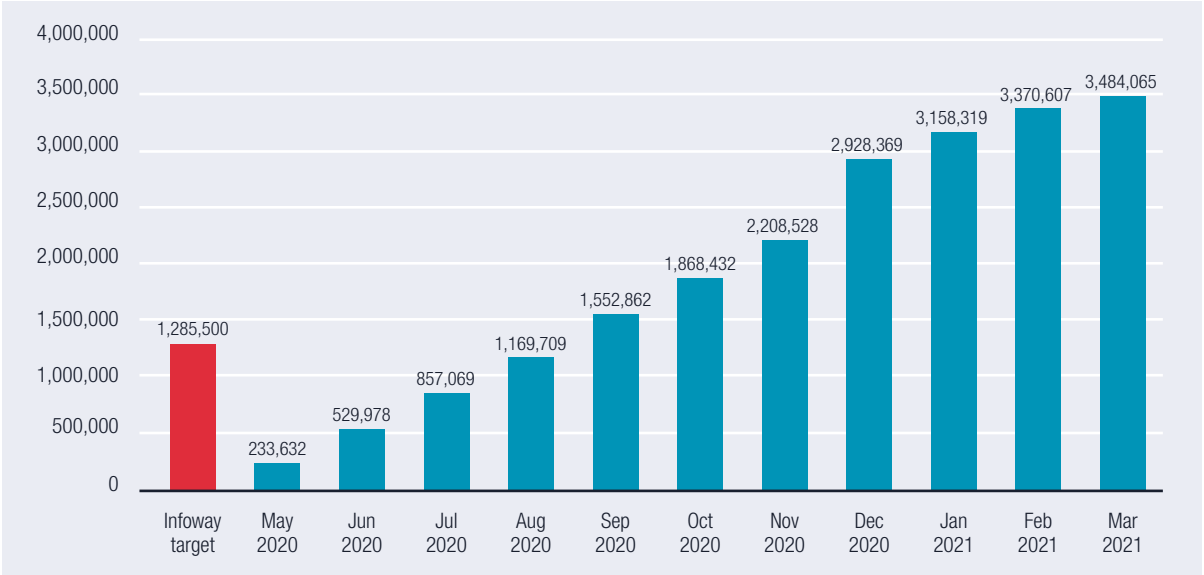


Figure 2

Providers Using Virtual Care as a Result of Infoway's COVID-19 Rapid Response Investments

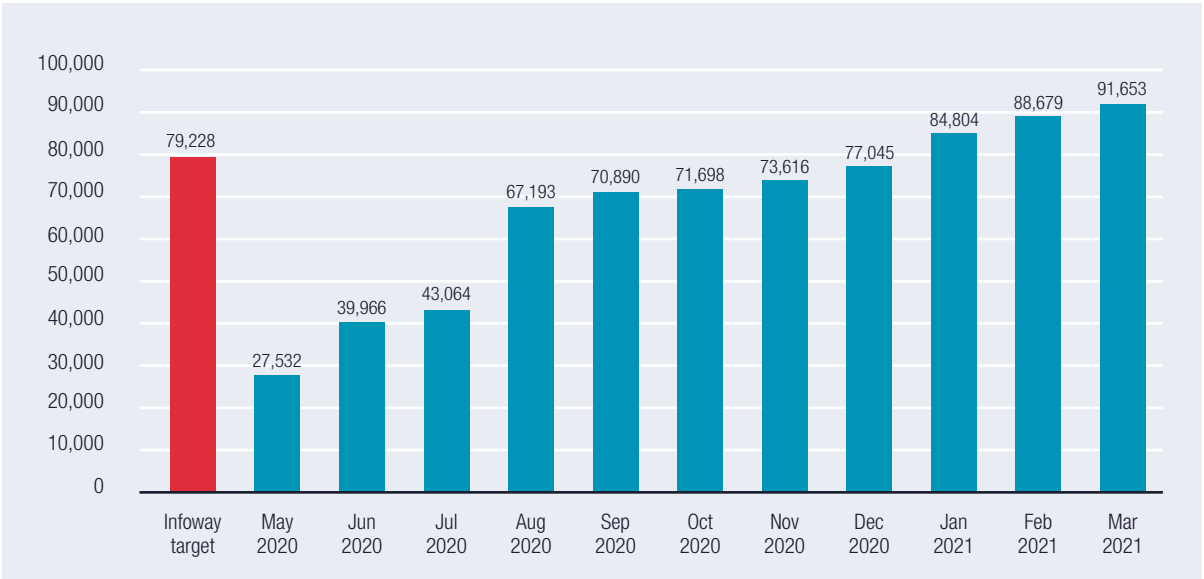


Figure 3
Virtual Care Services Used

e-Visits

2.4 million Canadians and 91,000+ providers had 4 million sessions

e-Monitoring

394,000 Canadians

(home health monitoring, remote patient monitoring and online assessments/tracking)

e-Results

432,000 Canadians

(COVID-19 test results)

Secure Messaging

219,000 Canadians

Providing Faster Access to COVID-19 Test Results

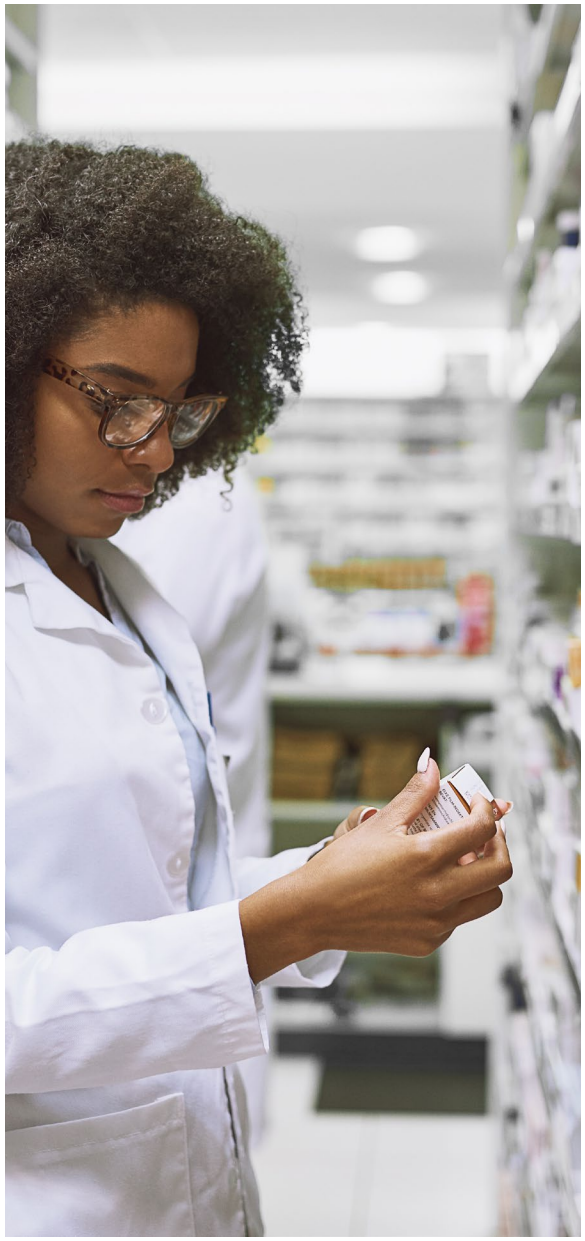
New Brunswick set up a secure web portal through the MyHealthNB website to enable citizens who have been tested at an assessment centre to get quick access to their COVID-19 test results. The province also included the ability for parents/guardians to view their children's test results online. In 12 months, more than 186,000 citizens have been able to access their COVID-19 test results.

By replicating the New Brunswick model, **Manitoba** was able to rapidly launch its own solution for COVID-19 test results. The Shared Health COVID-19 Online Results Display can be accessed through the Shared Health Manitoba website and is available for all citizens who received testing at a community screening location. In just 12 months, more than 245,000 citizens have accessed their COVID-19 test results this way.

Improving Access to Care with Remote Patient Monitoring

A few years ago, Infoway invested in three telehomecare programs in **British Columbia** that served approximately 900 patients over two years. During 2020-2021, Infoway funded a provincial remote patient monitoring program to support patients with chronic diseases and those with respiratory symptoms who were quarantined at home due to COVID-19. All regional health authorities came together in a provincial working group to engage high priority patient populations.

As a result, in just 12 months this program has provided remote patient care to more than 16,000 patients.



Supporting Prescribers and Pharmacists

To support prescribers, pharmacists and the health system in managing virtual patient consultations during the COVID-19 pandemic, Infoway's PrescribeIT® service initiated the EMR-Virtual Care Investment Program. The program provided participating electronic medical record (EMR) vendors with financial support to rapidly integrate or scale existing virtual care technologies to meet the growing demand and enable physical distancing while providing health services. Ten EMR vendors participated in the program, covering seven jurisdictions and more than 33,600 end-users. This resulted in pilot launches, deployments and solution scaling activities, with most vendors offering access to virtual care by the end of April 2020.

Supporting Infoway Employees

The safety and well-being of our employees was our priority when the pandemic was declared, and we acted immediately to direct all employees to work from home. After more than a year away from our offices, our employees are continuing to work effectively and efficiently from their homes. We have kept employees informed through bi-weekly emails from the CEO and monthly CEO Updates via Zoom. We have also provided enhanced support through our Employee and Family Assistance Program, including access to e-mental health services and a new virtual care offering. In addition, we have held a number of well-attended, interactive information sharing sessions with internal and external facilitators, to provide support and information about working from home, maintaining a healthy work-life balance, and caring for children and older adults. Employees have also initiated and participated in a number of activities aimed at boosting each other's spirits and reducing stress, including a virtual All-Employee Meeting held during the last week of September 2020.

Performance Against 2020-2021 Objectives

Infoway's 2020-2021 Summary Corporate Plan defined 11 specific performance expectations for the fiscal year. This section describes our progress on these expectations.

Continue to support the delivery of digital health solutions for citizens across multiple jurisdictions in priority areas such as: mental health and addictions; patient access to their personal health information; long-term care, including palliative care; virtual care; and health care for Indigenous Peoples

Virtual Care

In collaboration with Health Canada and our jurisdictional partners, Infoway made acceleration of virtual care our primary focus. In addition to our COVID-19 Rapid Response investments outlined in the previous section, Health Canada made a commitment to provide Infoway with $50 million to launch a new investment program. This program will include providing up to $2 million per jurisdiction, aligned to bilateral agreements.

After input from the jurisdictions about how Infoway could best support their priorities, Infoway initiated a joint pre-qualification of vendor solutions for virtual visits. This is the first pre-qualification process to verify that vendors meet mandatory specifications for a product so jurisdictional procurement can be more efficient. It also provides great value to vendors in establishing the key specifications to access a market. Ten jurisdictions are participating in the RFPQ for virtual visits.

Access to Care and e-Mental Health

In 2020-2021, Infoway investments continued to support digital solutions to improve access to care and mental health resources, including:

- Bridge the gapp, an online resource to connect people with mental health and substance use resources and information, expanded from Newfoundland and Labrador to Prince Edward Island and New Brunswick. Newfoundland and Labrador is also continuing to plan for enhancements and potential further scaling across Canada. The NL site had more than 90,000 users in 2020, double the number from the year before. Since launching in late December, the PE and NB websites have been used by about 1,000 people in each province every week. At the same time, Nova Scotia launched a new e-mental health website based on Bridge the gapp, with more than 80,000 users to date;

- Crisis Text Line powered by Kids Help Phone, which offers bilingual 24/7 support to young Canadians via texting, and an additional service in Quebec called Tel-Jeunes. In 2020-2021, Crisis Text Line recorded almost 228,000 texting conversations with young people and saved approximately five lives per day, while demand for Tel-Jeunes services has increased by 30 per cent since the start of the pandemic. Infoway also invested in new chatbot technology on the Kids Help Phone website to help young people find support for mental health concerns, as well as Kids Help Phone Insights, which provides data about the state of youth mental health in Canada;

- The Canadian Mental Health Association Virtual Recovery College and Well-Being Centre, which developed an online education course about mental health and well-being and launched it as a pilot in the Atlantic region; and

- The Ontario eVisit to Primary Care Project, which enrolled more than 1,000 providers to use virtual care services.

In addition, Infoway convened meetings with jurisdictional and e-mental health and addictions leaders through stakeholder forums and steering committees. These meetings fostered collaboration, advanced shared objectives and enabled the sharing of best practices.

Expanding the Use of Digital Tools

We expanded successful projects that enhance the use of digital tools in Canada:

- The First Nations Closing the Circle of Care National Expansion Project (Cowichan Tribes' Mustimuhw Community Electronic Medical Record) continues to expand, now benefitting 317 First Nations communities across seven provinces. Communities are also integrating new advanced services in the areas of privacy and cybersecurity;

- Canadian Virtual Hospice is improving access to trusted, evidence-informed palliative care and grief information and personalized support for all Canadians with advanced illness and their caregivers. Infoway continues to work with the Hospice to expand access to its valued Caregiver Management Hub;

- All patients in Saskatchewan now have digital access to health information such as laboratory results, medical imaging results and clinical visit summaries through MySaskHealthRecord. More than 220,000 residents were using the service as of March 31, 2021, up from 42,000 the previous year;

- Alberta is leveraging its MyHealth Records portal for its new Connected Care program that will support more options for patients and their health professionals. More than 565,000 residents were using the service as of March 31, 2021, up from 141,000 the previous year;

- Quebec's provincewide patient portal, Carnet Santé/Quebec Health Booklet, had more than 739,000 users as of March 31, 2021, up from more than 551,000 the previous year; and

- As a result of rapid uptake during the pandemic, Sunnybrook Hospital's MyChart (Ontario) achieved a significant milestone with more than one million users.

Digital Health Literacy and Clinician Change Management

Infoway began planning for projects aimed at improving digital health equity and literacy for all Canadians and ensuring that clinicians have the tools and training they need to care for their patients. These projects will involve extensive stakeholder consultation and outreach to identify priority areas and available tools and resources.

Organ Donation and Transplantation

Infoway worked with the Canadian Institute for Health Information (CIHI), and a broad range of stakeholders to define a pan-Canadian approach to modernize the data management and performance reporting systems for organ donation and transplantation across the country. This work led to the official launch of a new five-year project funded by Health Canada. In 2020-2021 Infoway's focus was a multi-stage exercise to define the business and technical requirements for a deceased donation management solution.

Enable patient and health care provider access to health information, digital services and tools through convening activities, connectors and accelerators

During 2020-2021, after extensive consultations with the provinces and territories and in light of the challenges created by the global pandemic, we refocused our approach to enable and expand virtual care technology and halted work on the development of national infrastructure (ACCESS Gateway and services). This approach enabled us to better support jurisdictions' virtual care needs.

Infoway directly supported citizen access to personal health information through investments in jurisdictional technology projects. We maintained our focus on Atlantic Canada, supporting multiple priorities and building regional capacity, including:

- Supporting the jurisdictions in enhancing their infrastructure for enabling citizen access. This is building jurisdictional capacity and advancing priorities (e.g., the MyPEI Portal);

- Developing four interoperability connectors for patient and medication profiles, and laboratory and immunization data. When integrated into provincial systems, jurisdictions will be able to make citizen data available using current technology standards. This will enable jurisdictions to provide citizen access; and

- Sponsoring the development of production-ready Fast Healthcare Interoperability Resources (FHIR) profiles and implementation guides. This is the current international technical standard and it will enable projects across the region and create a foundation for better citizen access and use of personal health information.

Introduce the Trust Framework, a set of auditable business, technical and legal rules that create the go-to guide for what participants in shared digital health systems need to connect and confidently share with each other in the way that meets the expectations of Canadians

Infoway's stakeholders identified the need for well-defined security policies and tools that can be readily adopted to ensure that the virtual care investments made across the country maintain the safety and security of Canadians' health information. Privacy also remains an important focus, with consent in the virtual context and with respect to mature minors being an area of opportunity. During the year, Infoway developed Standard Security Requirements and vendor assessments to be recognized as a minimum mandatory set of security requirements that vendors are to meet for digital health IT solutions. The security requirements were defined in partnership with jurisdictional security leads and leveraged the Ontario Telemedicine Network's previously published requirements for virtual care. The requirements are being tested for comprehension and effectiveness through the virtual care pre-qualification process currently underway.

Infoway also:

- Developed Standard Security Policies and Procedures for organizations in the Canadian health care sector, customizable for specific uses and to be broadly shared as an open cybersecurity resource;
- Took a leadership role in the Canadian Cyber Threat Exchange and plan to launch a security community of practice to bring together practitioners from across the health sector, including members of Canada's Indigenous communities;
- Supported the First Nations Closing the Circle of Care National Expansion Project (Cowichan Tribes' Mustimuhw Community Electronic Medical Record) to prepare for the growing cybersecurity threat; and
- In collaboration with the Centre for Addiction and Mental Health, authored a series of articles (pending publication) about consent.

The Privacy Forum (a table bringing together health privacy leaders in federal, provincial and territorial government and digital health agencies with Commissioners' offices) continues to provide oversight to Infoway's work. During the year, the Forum discussed leading practices and common challenges with the rapid transition to virtual care. As well, a working table for ministry policy leads was formed to enable discussion and alignment on legislative changes precipitated by COVID-19.

Engage with stakeholders to advance virtual care objectives and meet mutual goals

Canada's digital health sector plays a critical role in bringing innovative solutions to the market and promoting scale and spread. Infoway plays a key role as a nexus between private sector solution providers and the needs of the jurisdictions. In 2020-2021, we had more than 50 engagements with private and public sector organizations. Our engagement with solution providers and other industry stakeholders is grounded in principles of awareness, engagement, collaboration, networking and knowledge exchange.

Infoway continued to lead and support key forums, such as the National Leaders Forum, the Privacy Forum, Digital Health Canada and its CHIEF Executive Forum, Digital Identification and Authentication Council of Canada, C.D. Howe Institute, IdentityNORTH, the national e-Health Conference and others.

Throughout the year we engaged Canadians and physicians to understand their expectations and needs for digital health products and created a patient journey map that is being leveraged by jurisdictions developing their digital health solutions.

During the fiscal year, we collaborated with our patient partners to develop a Patient, Family and Caregiver Recognition and Inclusion statement. This statement demonstrates Infoway's ongoing commitment to the importance of the patient, family and caregiver role in advancing our health system. It is read at all Infoway-hosted events and meetings, including our annual Partnership Conference. The 2020 conference was held virtually with sessions in September, October and November, featuring presentations and discussions about a variety of topics, such as the impact of the COVID-19 pandemic, the keys to sustainable virtual care, e-mental health, and artificial intelligence and its application to health care. Interest in these topics was very high and we had a total of almost 1,100 attendees across all three sessions.

The November session was held during Digital Health Week (Nov. 16-22), the annual event led by Infoway to raise awareness about the value and benefits of digital health and celebrate our collective achievements. There were numerous events held by Infoway and other organizations, including tweet chats, webinars, conferences, and the announcement of the Women Leaders in Digital Health Awards. Health Canada launched a video about COVID-19 related apps and asked us to help share it, including adding it to the Digital Health Week toolkit. The #ThinkDigitalHealth hashtag generated more than 2,200 tweets during the week.

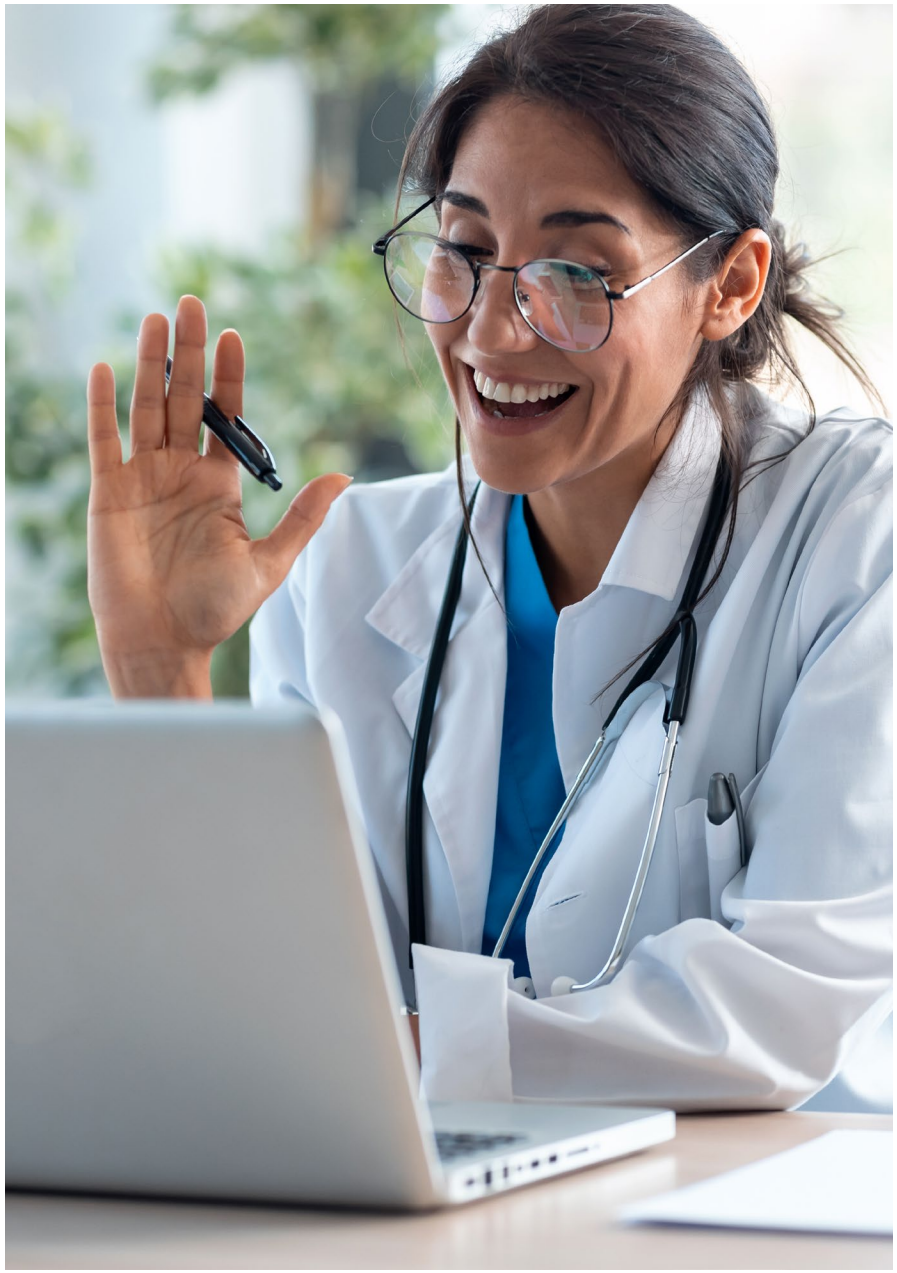
Infoway engaged and supported clinicians in a number of ways in 2020-2021, including:

- Developing a series of educational resources for clinicians and clinicians-in-training, as well as a clinician peer support platform for e-prescribing (Ask a Peer initiative and PrescribeIT® Primers for prescribers and pharmacists);
- Engaging with and supporting clinician organizations such as the Canadian Medical Association, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the Ontario Medical Association in the dissemination of change management resources related to virtual care during COVID-19;
- Publishing virtual care and e-prescribing themed articles and blogs in the Journal of Medical Internet Research, Healthy Debate, the College of Physicians and Surgeons of Ontario's Dialogue journal, Canadian Healthcare Technology, and mainstream media including the Hamilton Spectator and the Chronicle Herald (Nova Scotia);

- Featuring clinicians in Infoway's podcast, the Digital Health InfoCast, discussing topics such as e-mental health and other digital health themes; and

- Making presentations at clinical conferences, and hosting webinars about e-prescribing and virtual care, attended by hundreds of physicians, nurse practitioners and pharmacists.

Infoway also formed an Innovative Technologies group to focus on the role of innovative technologies and how they can be applied to health care. We will look at barriers to adoption and convene stakeholders to address them, with the ultimate goal of priming the landscape for broad adoption. We drafted a Continuous Foresight model to identify emerging technology trends that will make positive impacts on health care outcomes, and developed measurement tools to assess impact and urgency of trends, and actual impact of technology. Our initial areas of focus are quantum computing, artificial intelligence (AI), Blockchain, and virtual and augmented reality.



Continue to build the ecosystem, strengthen our relationships with stakeholders and deliver the Infoway Alliance program

The Infoway Alliance Founding Sponsors program continued in 2020-2021, with membership from: Accenture, Cerner Canada, LifeLabs, Orion Health, RGAX, Roche Canada, Teladoc Health and TELUS Health. The Industry Advisory Council (made up of Alliance members) played an important role in advising Infoway about its contribution to Canada's COVID-19 response and the future direction for virtual care.

We also launched a self-funded co-marketing campaign with the Alliance members to support engagement and awareness of digital health. The campaign included four video panel discussions with representatives from the founding sponsors and Infoway's patient advisors on the important topics of virtual care, patient engagement, e-mental health and privacy and cybersecurity. Each video was accompanied by an article shared via the National Post's digital and social channels. We also published an article in the Globe and Mail as well as articles in Canadian Healthcare Technology. The campaign has performed well, with close to 50 million impressions.

In addition to our activities with the Alliance and other industry partners in Canada, we continue to build relationships with international health care innovators through our involvement in the Global Digital Health Partnership (GDHP). We represent Canada at the GDHP and play a leadership role in two working groups — consumer and clinical engagement and policy environments. This close association helps build bridges between national ecosystems, and brings best practices from around the globe to Canada.

Continue to lead the ACCESS 2022 movement to engage Canadians in the shared vision for the future of health care in Canada

The ACCESS 2022 movement developed a strong following since its launch in November 2018, with more than 4,000 members including patients, clinicians, associations, industry, government groups and academic institutions. These members are becoming important contributors and collaborators as Infoway focuses on driving adoption of virtual care, improving the patient and clinician experience, accelerating pan-Canadian interoperability and fostering an ecosystem of innovative solutions.

Leverage the results of the large-scale public consultation conducted in 2019-2020 to inform planning for the health system of the future

This fiscal year, Infoway completed the largest national public consultation about digital health in Canada. The initiative, *A Healthy Dialogue*, reached more than 58,000 Canadians, including those underserved by the health system as well as Indigenous Peoples in their communities. Through interviews, focus groups, an online engagement hub and two national surveys (one pre and one during COVID-19), Canadians described their needs, expectations and concerns about the health system and the role that technology can play in shaping its future.

The report found that Canadians have embraced technology in every aspect of their lives and they welcome technology as part of their relationship with the health system. They expect technology to address challenges like wait times and to enable them to better manage their health by giving them access to their personal health information and other digital tools and services. At the same time, they want assurances that safeguards are in place to keep their health information confidential. COVID-19 has demonstrated clear benefits of virtual care with strong satisfaction rates from those who used it, and a willingness and desire to have this mode of care delivery at their disposal going forward. We publicly announced the findings from *A Healthy Dialogue* during Digital Health Week.

The results of *A Healthy Dialogue* were used to inform further consultations by Infoway to stimulate a national dialogue about how to achieve the best future for Canada's health system. Specifically, Infoway:

- Completed extensive national and international research to explore and analyze key trends and driving forces applicable to the future of health care in Canada across social, technological, political, economic, environmental and political sectors;
- Engaged a diverse set of interconnected health stakeholders, including patients, clinicians, researchers, Indigenous representatives, health leaders from across the public and private sectors, innovators and digital solution providers;
- Facilitated discussions across the country to gain insights and perspectives through a regional lens, acknowledging that every jurisdiction and population may have different needs and challenges; and
- Leveraged a scenario planning methodology to guide the thinking around possibilities within the next five to 10 years, and the choices that need to be made to ensure ideal outcomes for the future of health care.

This exercise identified opportunities for action that we as a health system need to take now to align on a common vision and build an ideal future.

Continue to build PrescribeIT® across the country by: launching in two new jurisdictions; scaling in six existing jurisdictions; enabling additional clinical settings and vendors; and continuing to build relationships with strategic industry partners and collaborators

Achieving Significant Milestones

During 2020-2021, with the addition of British Columbia, Nunavut and Quebec, Infoway achieved a significant milestone by having a Memorandum of Understanding (MOU) with every jurisdiction in Canada. Due to the COVID-19 pandemic, new deployments were delayed until fiscal year 2021-2022; however, planning is ongoing with a number of jurisdictions, including British Columbia, Manitoba, Nunavut, Quebec and Prince Edward Island.

Infoway continues to grow the adoption of the service among family physicians, specialists, nurse practitioners and community pharmacies across Canada, leading to substantial progress in the enrollment of prescribers and pharmacies. As of March 31, 2021, there were 6,233 prescribers and 4,839 pharmacies enrolled, an increase of 164 per cent and 44 per cent respectively over the previous fiscal year, and surpassing our enrollment targets. We also achieved a transaction volume milestone with more than 9.3 million total transactions, a 300 per cent increase since the start of the fiscal year.

Building Relationships with Pharmacies and Vendors

As a result of a number of agreements signed this fiscal year, Infoway increased PrescribeIT's overall market presence to more than 45 pharmacy companies across Canada, accounting for 6,500 pharmacy sites or approximately 60 per cent of all pharmacies across Canada. The new agreements included:

- Pharmacies under Loblaw Inc. and Shoppers Drug Mart Inc., along with QHR Technologies' AccuroEMR®, the largest electronic medical record (EMR) platform in Canada;
- Rexall Pharmacy Group Limited, with whom we worked to successfully enable Rexall pharmacies in Ontario, Alberta and New Brunswick; and
- Pharmacy Brands Canada and its banner pharmacies, one of the fastest growing pharmacy banner programs in Western Canada.

As of March 31, 2021, 17 EMR and eight pharmacy management system (PMS) vendors have signed on to offer PrescribeIT®. The EMR vendors represent approximately 95 per cent of the primary care market in Canada, and the PMS vendors account for 85 per cent of the retail pharmacy market.

Enrollment growth

6,233 prescribers, an increase of **164%**

4,839 pharmacies, an increase of **44%**

Building Relationships with Prescribers and Other Key Stakeholders

We continue to work with organizations to accelerate prescriber enrollment. Onboarding with Jack Nathan Health, DoctorCare and eHealth Centre of Excellence is complete and engagement with physicians is underway. We also continue to reach out to potential partners to scale PrescribeIT® across the country.

To maintain strong relationships with key stakeholders and to better align with business objectives and priorities, the PrescribeIT® governance structure was recently refreshed. This will ensure that relationships with key stakeholders are maintained and that their views and feedback are incorporated into PrescribeIT's planning. Three new groups were formed as a result of this refresh — a PrescribeIT® Vendor Partner Forum, a PrescribeIT® Physician Advisory Sub-Committee, and a PrescribeIT® Pharmacy Advisory Sub-Committee — while the existing PrescribeIT® Opioid Working Group was maintained.

Plans are underway to establish a PrescribeIT® Clinician Advisory Sub-Committee as well as a National PrescribeIT® Policy and Priorities Table.

Enhance the functionality while maintaining the high quality of the PrescribeIT® solution and service for stakeholders

This fiscal year we focused on product excellence to enhance functionality, and user satisfaction to drive adoption:

- We conducted a Customer Journey Mapping exercise for three key PrescribeIT® user groups — point-of-service vendors, prescribers and pharmacists — to identify challenges and areas of improvement for customer activities. As of March 31, 2021, 20 improvement initiatives have been completed and 10 others are progressing well.

- We reviewed PrescribeIT's product capabilities, cumulative end-user feedback, as well as partner and customer surveys to identify improvements to user experience and workflow efficiency while maintaining patient safety. A short-term product roadmap has been ratified and we will engage further with key stakeholders to prioritize the longer-term roadmap. To enable product enhancements, we initiated a Workflow Excellence Incentive Program to support vendors in workflow improvements within their solutions.

- We further supported our vendor partners by developing and implementing conformance improvement plans and commencing the Enhanced Vendor Enablement Resources (EVER) project, including a new software development kit, specification set, conformance tools and processes.

In addition to improving the PrescribeIT® service, we also completed an end-to-end reputation management review to identify areas to improve business operations and mitigate potential exposures and risks. As a result, we updated a number of internal processes and protocols and launched a Major Incident Management Training Program for the PrescribeIT® Triage Team as well as for vendor partners and pharmacy retailers, to ensure that teams are equipped to manage incidents effectively. This initiative has provided an opportunity to form stronger relationships and collaboration with our partners.

Enhance governance and pan-Canadian collaboration around interoperability standards and implementation

To advance virtual care and citizen access to their personal health information, Infoway launched a new initiative to develop pan-Canadian solutions for two priority interoperability challenges:

- Secure sharing of patient summaries across solutions to support transitions of care and cross-jurisdictional patient flows; and

- Secure messaging between solutions to enable safer and more efficient collaboration across the circle of care (e.g., provider to provider communication).

This initiative pulls from Infoway's technical toolbox as well as our strong relationships with the public sector and industry. Over the course of 2021-2022, this initiative will engage stakeholders to co-develop and test a full implementation specification package that will enable data to flow between different systems. This will demonstrate the potential to dissolve barriers that prevent patients and clinicians from accessing and using available data.

During 2020-2021, Infoway completed a review of pan-Canadian governance and standards products in response to increased interest in this area. We hosted 30 sessions with a total of more than 160 people from across Canada, who provided valuable insights about the roles and responsibilities for stakeholders involved in digital heath standards

governance and the potential opportunities for Infoway standards and services. We will use these insights to inform our priorities and Infoway's leadership role in collaboratively advancing interoperability, and we will implement a governance framework to bring together multiple stakeholders to support this work.

There was tremendous collaboration on standards and interoperability during the year, including:

- Collaboration on standards to support the fight against COVID-19. Infoway worked with our provincial/territorial and national partners (Health Canada, Public Health Agency of Canada and Canadian Institute for Health Information) to create coded terminology to track COVID-19 testing, diagnosis, surveillance and vaccinations; and

- A 100 per cent increase in requests for new content to be added to SNOMED CT (Systematized Nomenclature of Medicine — Clinical Terms) and LOINC (Logical Observation Identifiers Names and Codes; laboratory and clinical LOINC) in support of digital health solution implementations across the country, and a 54 per cent increase in requests for standards support.

Figure 4

Canadian Interoperability 2020-2021

2,200

Canadian updates to international clinical vocabularies

(English and French)

Precision language for precision medicine

>30

Canadian FHIR projects available to access and leverage in the Canadian FHIR Registry

>30

Standards releases:

SNOMED CT

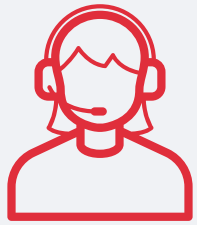
- e-Prescribing
- Immunization
- Microorganism

Laboratory Medicine (pCLOCD)

>1,300

Standards related engagements:

questions answered and services provided

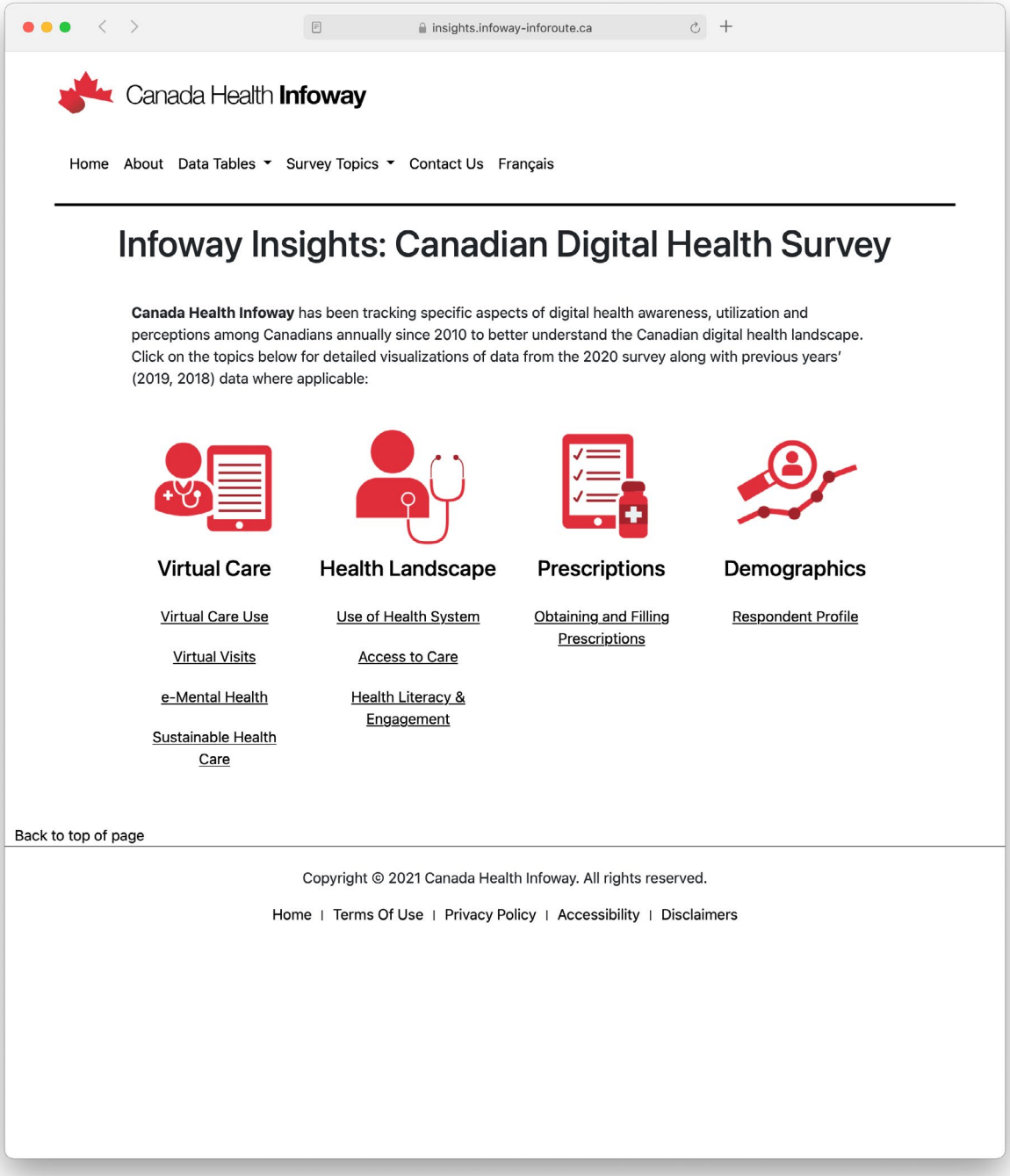


Publish research that quantifies the benefits of digital health and measures attitudes and perceptions of citizens and clinicians

The onset of COVID-19 necessitated a refocus of our measurement activities to help our partners respond to the crisis. Surveys of citizens — in a weekly tracking survey initiated at the start of the pandemic, and a large national survey in August — helped inform the response to COVID-19 with evidence about the role of virtual tools and preferences of Canadians.

The 2020 National Survey of Canadian Nurses provided an important picture of digital health for nurses, including increases in their use of virtual care. For detailed research findings and analysis, please see Infoway's Rapid Response to COVID-19 and Improving Access to Care for Canadians in this report.

To make this evidence as accessible and informative as possible, we introduced new analytics tools, including the Infoway Insights website. Infoway also initiated important research collaborations that will inform the application of virtual care in 2021 and beyond.



Improving Access to Care for Canadians

Since Infoway's inception in 2001, we have been collaborating with our jurisdictional partners and other health system stakeholders, including patients, to advance digital health in Canada. Our overarching goals are to improve the patient experience and improve health outcomes.

Over the past 20 years, our co-investments with the provinces and territories have paved the way for the virtual care and other digital health services Canadians are experiencing today. We began by co-investing in the foundational or core systems of an electronic health record (EHR) — client and provider demographics, diagnostic imaging in hospitals, profiles of dispensed drugs, laboratory test results and clinical reports or immunizations — followed by co-investments in electronic medical records (EMRs), public health surveillance solutions, and telehealth and other point-of-care solutions.

The widespread use of EMRs by physicians is now enabling the jurisdictions to offer virtual care. It is also enabling prescribers to use PrescribeIT®, Infoway's nationwide e-prescribing service, to send prescriptions directly from their EMRs to a patient's pharmacy of choice. Virtual care and PrescribeIT® have proven to be very valuable to patients and clinicians during the pandemic, when, out of necessity, it was relatively easy for physicians to quickly pivot to offer the services. Similarly, the maturity of laboratory information systems has enabled more widespread use of patient portals, enabling patients to access their results online instead of going to an in-person visit with a clinician.

Foundational Digital Health Systems: Availability, Use and Benefits

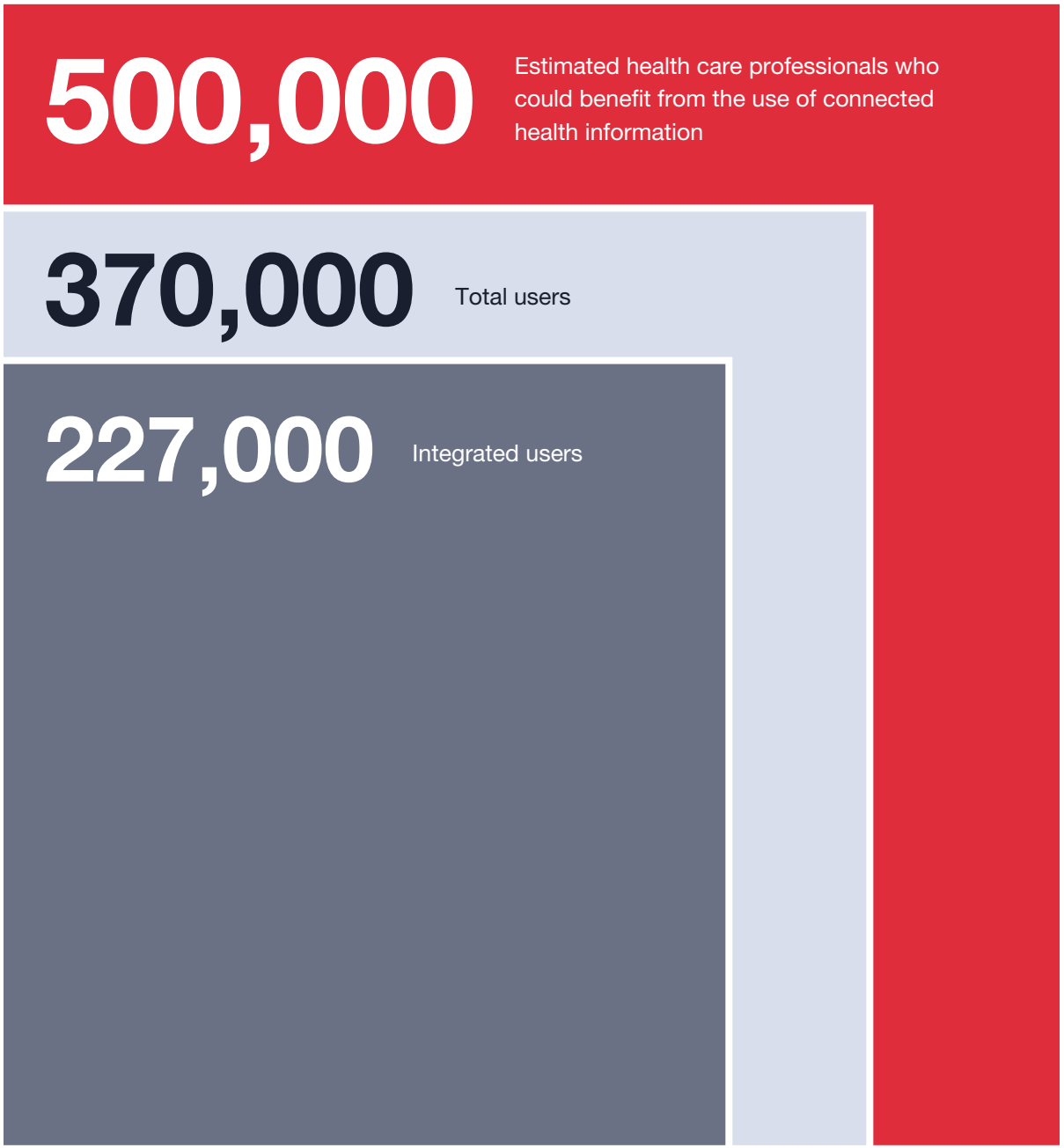
According to the latest available information, the 2019 Commonwealth Fund Survey of primary care physicians in 11 countries, an estimated 86 per cent of primary care physicians in Canada (family and general practitioners) are using EMRs in their practice. That number has more than doubled since 2009.

The use of connected health information has also continued to increase. Adoption of the interoperable electronic health record (iEHR) has grown from one jurisdiction in 2006, to all provinces and territories currently providing their health care professionals with access to information such as diagnostic images, lab test results and medication profiles.

As of March 2021, an estimated 370,000 health care professionals were accessing one or more of these clinical data sources through a variety of means such as: clinician point-of-care systems (e.g., EMRs), hospital information systems and pharmacy management systems, or through standalone, web-enabled viewers. Users include: more than 33,000 primary care doctors and nearly 34,000 specialists; more than 185,000 hospital, community and long-term care nurses and nurse practitioners; and more than 26,000 hospital and community-based pharmacists and more than 5,000 pharmacy technicians. An estimated 227,000 of these users have access to clinical information integrated into their point-of-care systems.

Figure 5

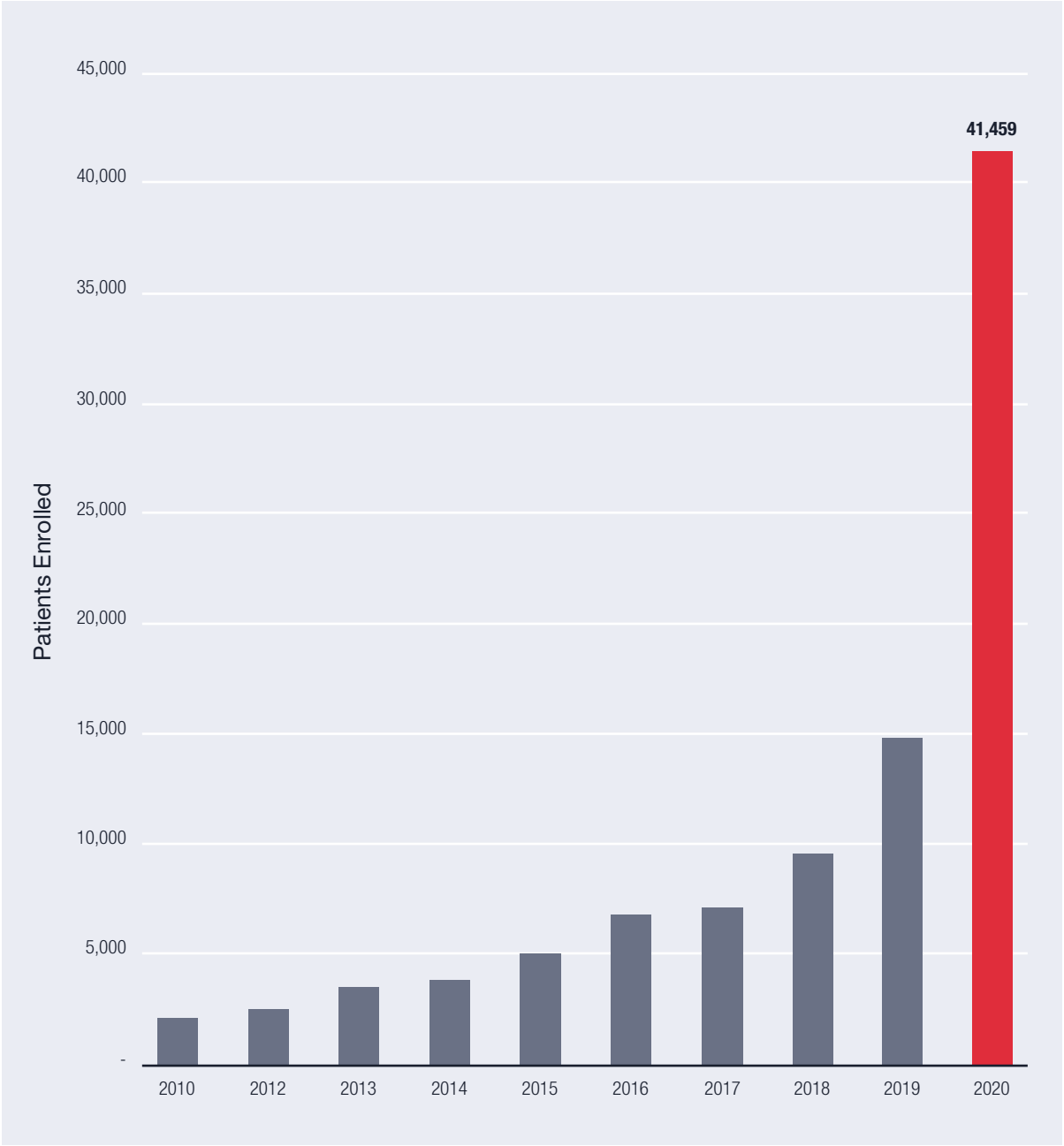
Actual and Potential Users of Connected Health Information



Since 2010, more than 97,000 patients in Canada have benefitted from telehomecare. This includes more than 30,000 COVID-19 patients in 2020. Telehomecare uses digital technology to monitor patients remotely (e.g., pulse, blood pressure, blood sugar) so they can manage their health while staying at home. The providers who monitor them can take or recommend actions when they are alerted to a change in a patient's condition. This can prevent hospital stays and emergency room visits, especially for patients with complex or chronic health problems who frequently seek care.

Figure 6

Use of Telehomecare Grew Significantly in 2020

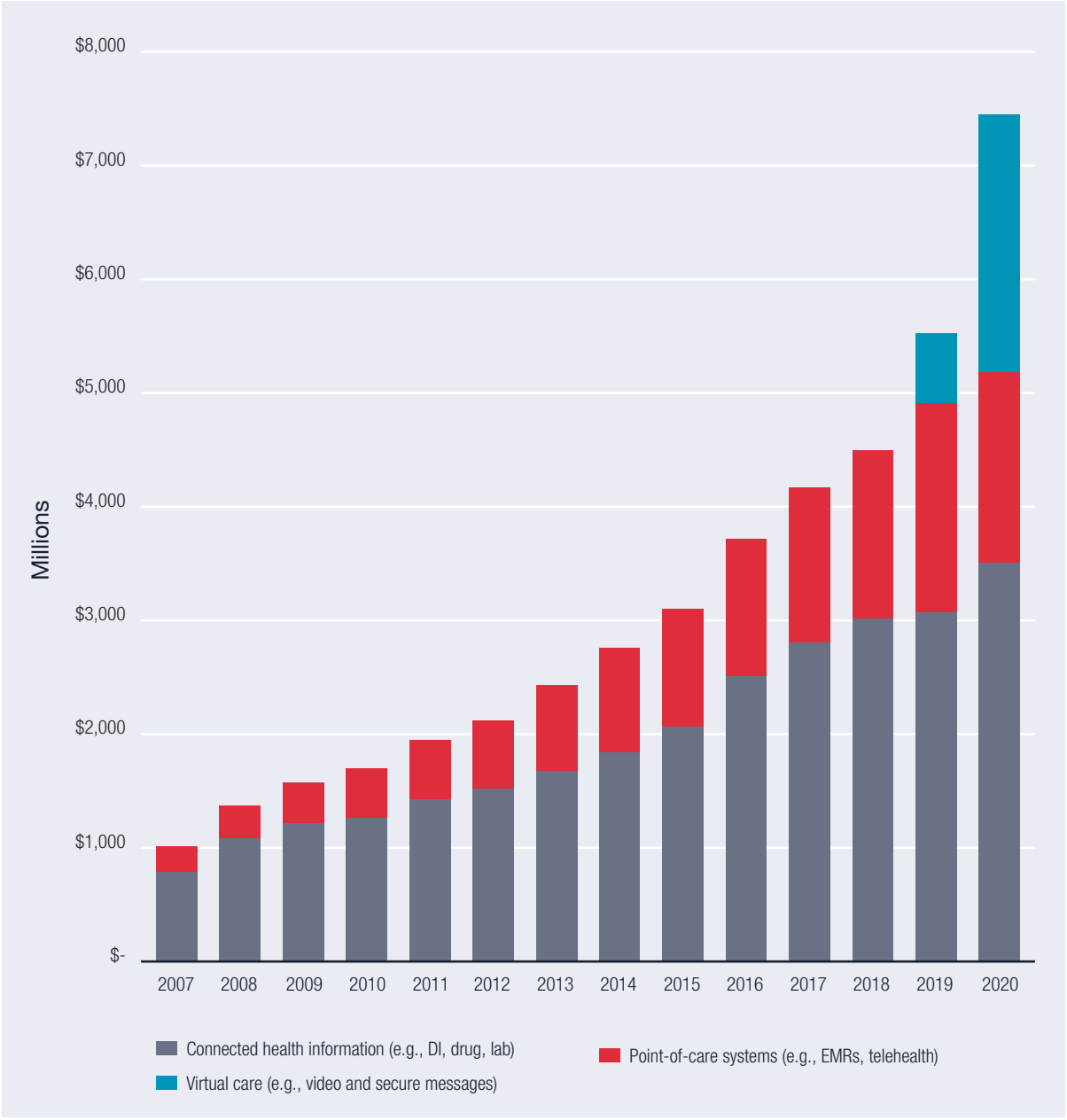


We estimate that since our inception, Infoway's investments in digital health initiatives have exceeded $43 billion in benefits (cost savings and efficiencies) to Canadians and our health system, including $7.4 billion in the past year.

This includes avoided expenses for patients and their families (e.g., travel avoided by substituting an in-person visit to an urban centre with a virtual consultation via telehealth), increased productivity for clinicians (e.g., through less time spent looking for information), and increased value to the health system (e.g., avoided duplicate tests and avoided hospital stays and emergency room visits).

Figure 7

$43 Billion in Estimated Cumulative Benefits from Infoway's Investments ($7.4 billion in 2020)



Capturing the benefits generated from investments in digital health is key to demonstrating accountability to funders as well as to encouraging widespread adoption by clinicians and other health care professionals. The cumulative benefits calculation is a macro-level indicator trended annually. It represents estimated benefits accruing to various health care system stakeholders, as driven by component technologies and their associated adoption across the country. In-depth studies, validated by external experts in relevant fields, have been completed for specific technologies, such as diagnostic imaging systems, ambulatory care EMRs, telehealth and virtual visits. The financially quantifiable aspects of each study are aggregated, trended over time, and indexed to inflation.

Learn more about our methodology in Cumulative Benefits of Digital Health Investments in Canada.

See all of our benefits evaluation reports at https://bit.ly/3e6DgK6 and check out the Infoway Insights website.

Virtual Care: Availability, Use and Benefits

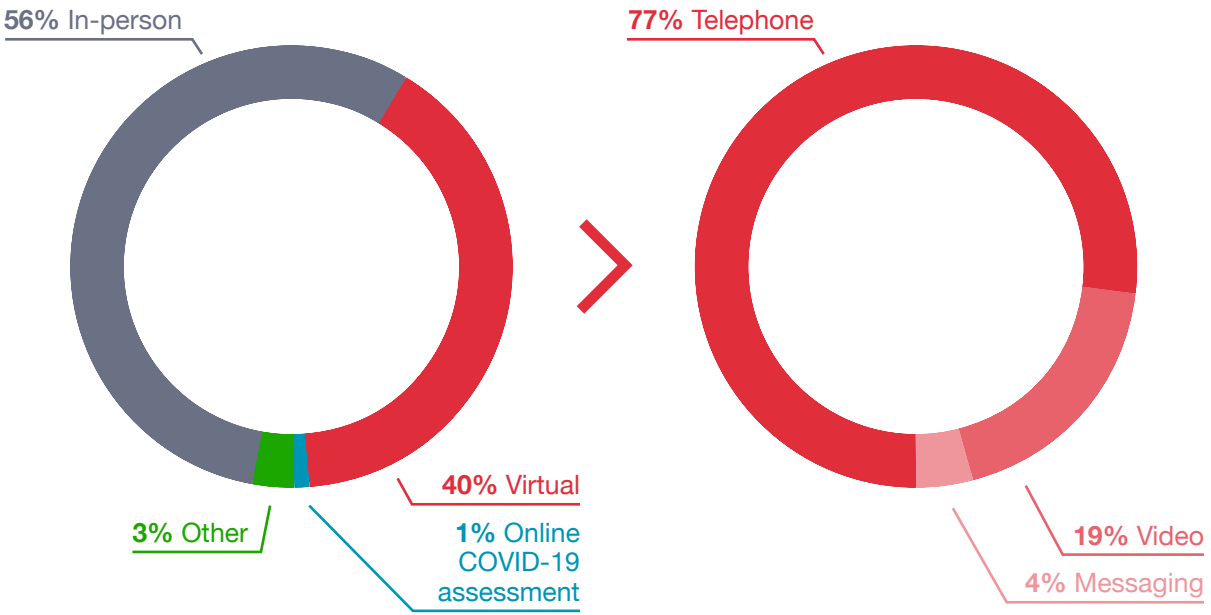
Prior to the onset of the COVID-19 pandemic, about 10-20 per cent of primary care visits in Canada were conducted virtually. Within six weeks of the start of the pandemic, that had dramatically increased to 60 per cent, mainly due to the necessity to keep patients and clinicians safe by keeping patients out of crowded waiting rooms. Since the beginning of 2021, Infoway's COVID-19 tracking surveys show that virtual visits have made up about 40 per cent of primary care visits, more than double the pre-pandemic numbers.

Other significant findings since the beginning of 2021 include:

- 57 per cent of patient reported visits with their family doctor were virtual;
- 54 per cent of virtual care users said it was the only option available; and
- 32 per cent of users said virtual was offered as an option to an in-person visit.

Figure 8

Virtual Care Use and Modality of Visit in 2021



54%
said virtual was the only option.

32%
said virtual was one of the options.

In addition:

- 90 per cent of Canadians who used virtual care were satisfied with the care they received; and
- 96 per cent said their personal health information was treated with the level of privacy/confidentiality they expected.

Canadians are also increasingly able to receive their lab test results electronically. So far in 2021:

- 46 per cent have been able to receive their COVID-19 test results electronically; and
- 34 per cent have been able to receive their other test results through an online portal or email/electronic message (up from 26 per cent in June-August 2020).

90%
were satisfied with virtual care.

96%
were satisfied with privacy/confidentiality of visit.

46%
have received COVID-19 test results electronically.

34%
have received other test results electronically.

e-Mental Health Services

e-Mental health services are another important component of virtual care, especially during the pandemic when demand for these services increased significantly.

According to Infoway's 2020 Canadian Digital Health Survey, 52 per cent of Canadians would like to access mobile applications (apps) or interactive online tools and services to help or support with mental health issues such as depression, anxiety or substance use and addiction. This interest is greatest in females and Canadians under the age of 34. However, only 16 per cent have been able to access these online tools and services. Of those who had access:

- 86 per cent said it saved them money;
- 85 per cent said it saved them time;
- 83 per cent were satisfied with the care they received;
- 81 per cent said it allowed them to get care faster/after hours;
- 76 per cent said they avoided at least one in-person visit to a doctor and/or ER; and
- 72 per cent said it helped them deal with a moment of crisis/distress that would have resulted in physical harm.

These significant benefits make the case for an urgent need to improve availability of and access to e-mental health tools and services.

86% saved money.

85% saved time.

83% were satisfied with their care.

81% received faster/ after hours care.

76% avoided an in-person visit.

72% say it prevented self-harm.

Economic Benefits of Virtual Care

In addition to our survey findings about use of and satisfaction with virtual care, there are quantifiable benefits in terms of time and expenses saved. We estimate that Canadians saved 90 million hours in 2020 from not having to arrange for care for a dependant (e.g., a babysitter), not having to take time off work and not having to travel to attend in-person appointments. This also resulted in estimated savings of $6.1 billion in avoided expenses.

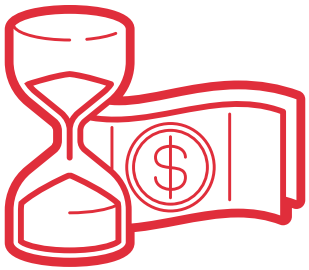


Figure 9

Estimated Patient Savings from Virtual Care in 2020

90 million
hours saved

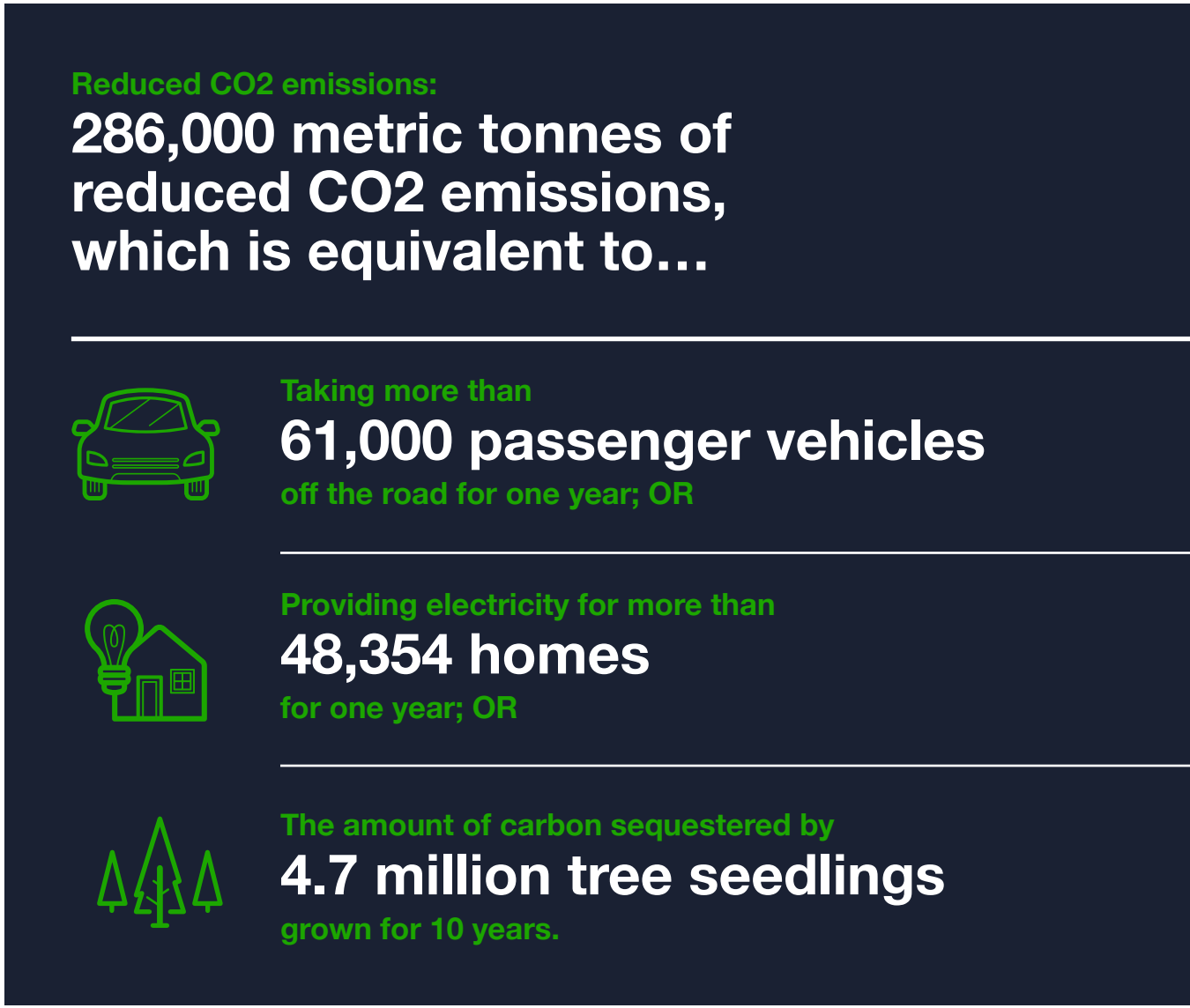
$6.1 billion
in avoided expenses

Environmental Benefits of Virtual Care

Virtual care also has significant environmental benefits because it reduces greenhouse gas emissions by eliminating the need to travel, sometimes long distances, to receive in-person care. In 2020, virtual care reduced CO2 emissions by an estimated 286,000 metric tonnes. According to Infoway's 2020 Canadian Digital Health Survey, while 83 per cent of Canadians are concerned about climate change and the impact of greenhouse gas emissions, only 37 per cent are aware that health care is a significant contributor to those emissions. Two thirds of Canadians (68 per cent) would be more likely to choose virtual care when informed that it can reduce emissions.

Figure 10

Estimated Environmental Benefits from Virtual Care in 2020



Health Canada Targets

As a requirement of funding agreements with Health Canada, Infoway committed to achieving specific targets for virtual care by 2022:

- Five million Canadians enrolled in patient portals and other virtual care solutions; and
- Half of Canadians will report access to patient portals and other virtual care solutions.

By March 31, 2021, we had exceeded both of these targets:

- **5.6 million Canadians** were enrolled in patient portals and other virtual care solutions that were supported by Infoway investments; and
- **59 per cent of Canadians** had access to patient portals and other virtual care solutions.

Maintaining Momentum

Prior to the pandemic, Canada had been making a gradual migration to virtual care. The pandemic provided the spark that dramatically accelerated use, mainly out of necessity — we needed to keep patients and health care providers safe.

While good progress has been made in the move toward virtual models of care and Canadians are embracing these models, there is still work to do. One important area is the need to support health care providers through modern tools and change management approaches. For example, according to the 2020 National Survey of Canadian Nurses, which was conducted for Infoway just prior to the pandemic, only about 60 per cent of nurses feel they have the knowledge and skills to use virtual services like video visits and telemonitoring. While the numbers have increased significantly since the previous survey in 2017, there is considerable opportunity for growth.

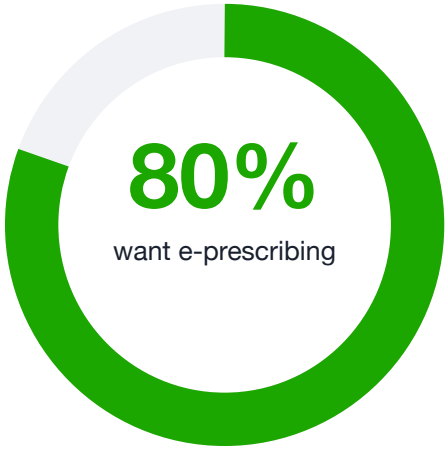
- **36 per cent facilitate e-visits** using secure email (9 per cent in 2017);
- **27 per cent consult directly with patients** via virtual videoconference (3 per cent in 2017);
- **29 per cent conduct virtual visits** with a remote clinical provider while in-person with a patient (6 per cent in 2017); and
- **34 per cent have patients enrolled** in remote telemonitoring services (8 per cent in 2017).

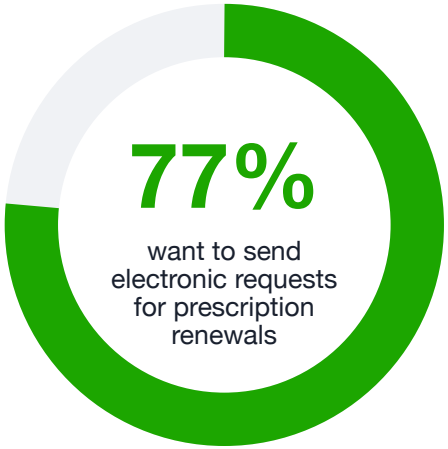
PrescribeIT®: Availability, Use and Benefits

Making prescribing more virtual is a priority for Canadians. According to Infoway's 2020 Canadian Digital Health Survey:

- 80 per cent want e-prescribing; and
- 77 per cent want the ability to send electronic requests for prescription renewals.

Infoway is addressing this need with PrescribeIT®, Canada's e-prescribing service. PrescribeIT® is live in five provinces — Ontario, Alberta, New Brunswick, Saskatchewan and Newfoundland and Labrador — and a Memorandum of Understanding (MOU) has been signed with all 13 provinces and territories. As of March 31, 2021, there were 6,233 prescribers and 4,839 pharmacies enrolled in the service.





Adoption of PrescribeIT® is helping improve safety and confidence in the prescribing of opioids and controlled substances because prescribers can transmit prescriptions directly from their EMR to the pharmacy management system of a patient's pharmacy of choice. As a result, 96 per cent of pharmacy employees and 79 per cent of prescribers agree that PrescribeIT® reduces stolen or fraudulent prescriptions, and 93 per cent of pharmacy employees agree that PrescribeIT® improves confidence in authenticating prescriptions for opioids and controlled substances.

Figure 11

Enrolled and Live Prescribers

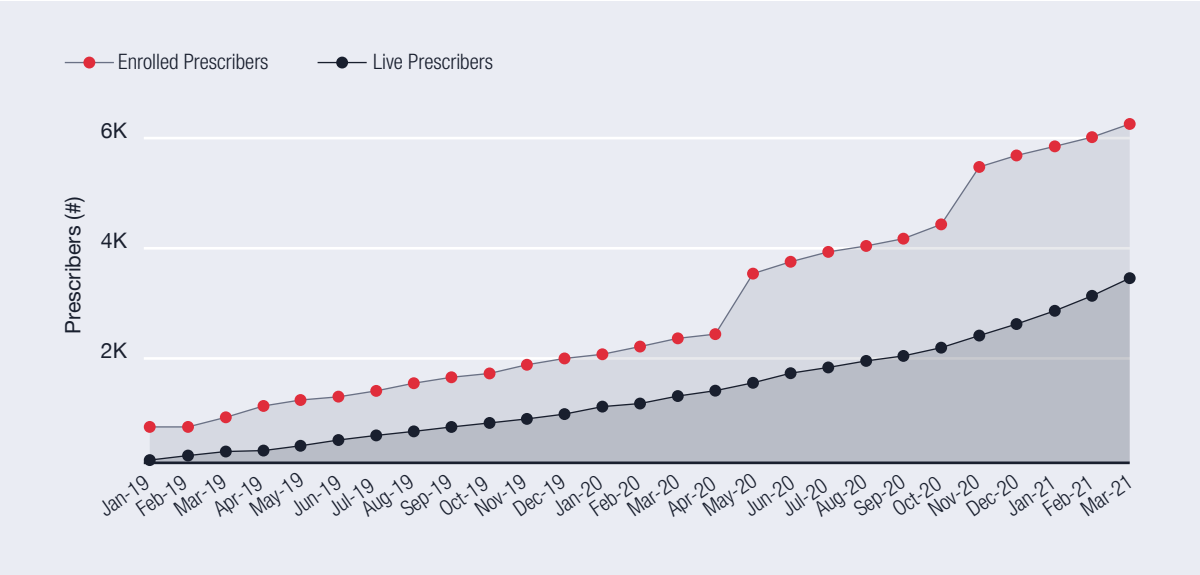
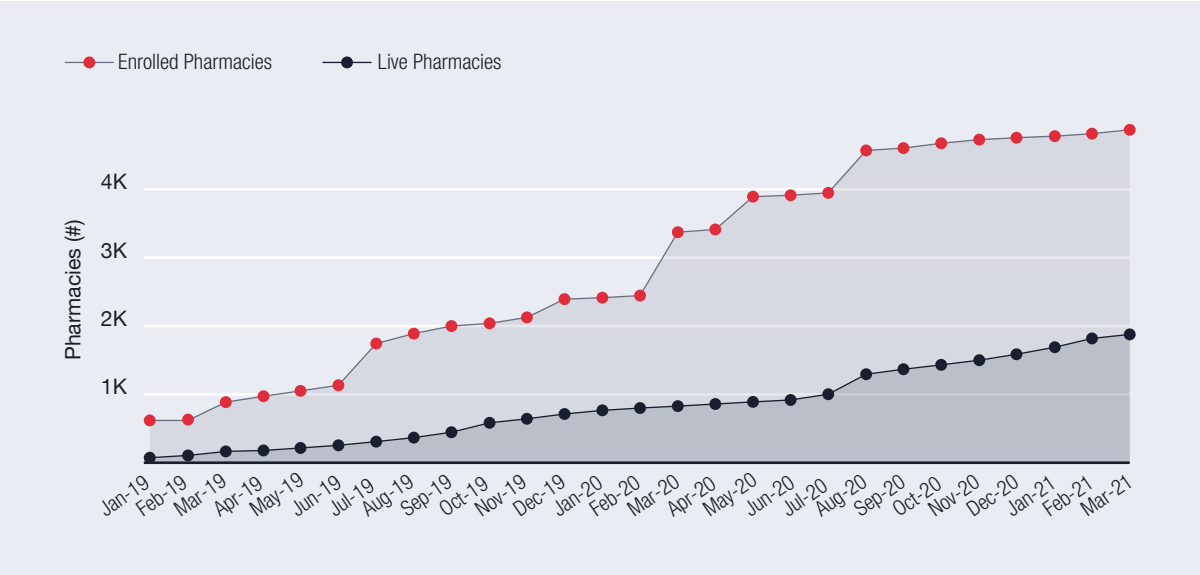


Figure 12

Enrolled and Live Pharmacies



Priorities for 2021-2022

Our five overarching corporate goals for 2021-2022 are to:

- **Drive adoption** by collaborating with stakeholders to improve access to care, address challenges and ensure that virtual care is a viable and effective option for all;
- **Improve the patient and provider experience** by improving digital health equity and literacy for **all** Canadians and ensuring that clinicians have the tools and training they need to treat their patients;
- **Accelerate pan-Canadian interoperability** by improving effective data sharing, supporting sharing of resources across jurisdictions and supporting jurisdictional efforts to accelerate and scale virtual care systems;
- **Foster an ecosystem of innovative solutions** by supporting innovators through tools, best practices and knowledge exchange, and collaborating with industry and other stakeholders to drive innovation and the use of emerging technologies; and
- **Drive operational excellence** by ensuring organizational capacity, optimal business processes and engaged employees.

To achieve these goals, we set nine specific performance expectations that are outlined in our 2021-2022 Summary Corporate Plan, which was approved by Infoway's Board of Directors in December 2020. We invite you to read the plan.

Canada Health Infoway
Inforoute Santé du Canada

Summary Corporate Plan
2021-2022

What Canadians Want

The COVID-19 pandemic significantly accelerated the use of virtual care out of necessity — to keep patients and health care providers safe. While doing so, the pandemic also demonstrated that virtual care is a viable and effective way to deliver care for Canadians. It will never replace all in-person visits, nor is it intended to, but patients and care providers have embraced it and they want it to be available as an option long after the pandemic is over.

There are many reasons for this. Besides safety, virtual care improves access to care and makes health care more convenient. Canadians want their health care to be as convenient as every other aspect of their lives. Virtual care also saves time and money and it's good for the environment. In 2019, it saved Canadian patients more than 11.5 million hours in travel time and more than $595 million in avoided expenses, and reduced CO2 emissions by 120,000 metric tonnes. These benefits will only grow as virtual care is available more broadly across the country.

During the pandemic, nearly 70 per cent of Canadians who sought medical assistance used virtual care, 91 per cent said they were satisfied with the experience, and 76 per cent said they are willing to use virtual care after the pandemic.

Good progress has been made in the move toward virtual models of care and Canadians are embracing these models. There is, however, still work to do. We will need continued clinical and political leadership, including collaboration among the federal, provincial and territorial governments. We will need to improve the patient experience by supporting digital health literacy. While 90 per cent of Canadians want technology that puts them in greater control of their health, nearly 60 per cent feel they don't know enough about digital health apps and services. Providers will need support through modern tools and change management approaches. Concerns about privacy and security of personal health information will need to be alleviated. And we will need to ensure equity for Indigenous Peoples and marginalized and underserved groups.

SUMMARY CORPORATE PLAN 2021-2022 PAGE 1

Leadership and Governance

Infoway was established in 2001 as an independent, not-for-profit shared governance corporation.

Infoway is accountable to its Board of Directors and to the Members of the Corporation. Funding agreements provide guiding principles for the use of the funds received from the federal government and set out expected results.

Members of the Corporation

The Members of the Corporation include the deputy ministers of health for the federal, provincial and territorial governments.

Stephen Brown
Deputy Minister of Health
Government of British Columbia

Lorna Rosen
Deputy Minister of Health
Government of Alberta

Max Hendricks
Deputy Minister of Health
Government of Saskatchewan

Karen Herd
Deputy Minister of Health,
Seniors and Active Living
Government of Manitoba

Helen Angus
Deputy Minister of Health
Government of Ontario

Dominique Savoie
Sous-ministre de la Santé
et des Services sociaux
Gouvernement du Québec

Gérald Richard
Deputy Minister of Health
Government of New Brunswick

Dr. Kevin Orrell
Deputy Minister of Health and Wellness
Government of Nova Scotia

Mark Spidel
Deputy Minister of Health and Wellness
Government of Prince Edward Island

Karen Stone
Deputy Minister of Health
and Community Services
Government of Newfoundland and Labrador

Stephen Samis
Deputy Minister of Health and Social Services
Government of the Yukon Territory

Bruce Cooper
Deputy Minister of Health and Social Services
Government of the Northwest Territories

Ruby Brown
Deputy Minister of Health
Government of Nunavut

Dr. Stephen Lucas
Deputy Minister of Health
Government of Canada

Board of Directors

The Board includes two federal appointees, five provincial/territorial appointees and four-six independent directors.

Federal Appointees

Dr. Peter Vaughan (2017)*
Chair
Former Deputy Minister of
Health and Wellness for Nova Scotia

Kendal Weber (2020)
Assistant Deputy Minister,
Strategic Policy Branch
Health Canada

* For each member, indicates year appointed to the Board.

**Appointed to the Board in 2016, and appointed Vice Chair in 2018.

Provincial and Territorial Appointees

Helen Angus (2018)
Deputy Minister of Health
Government of Ontario

Corrie Barclay (2018)
Assistant Deputy Minister,
Health Sector IM/IT Division
Ministry of Health
Government of British Columbia

Luc Bouchard (2019)
Associate Deputy Minister,
Ministry of Health and Social Services
Information Technology Branch
Government of Quebec

Karen Herd (2013)
Deputy Minister of Health,
Seniors and Active Living
Government of Manitoba

Gérald Richard (2019)
Deputy Minister of Health
Government of New Brunswick

Independent Directors

Kimberley (Kim) Brooks (2016)**
Vice Chair
BA, LLB, LLM, C.Dir.
Dean, Faculty of Management
Dalhousie University, Halifax

Lyle Bouvier (2018)
LLB
Vice President, Corporate Services
Points Athabasca Contracting Limited

Kim Butler (2017)
CPA, CMA, ICD.D.
Business and Financial Advisor

Barb Hambly (2019)
CPA, CMA, C.Dir.

Dr. Victoria Lee (2017)
President and CEO
Fraser Health Authority

Josée Morin (2017)
Eng., MBA, C.Dir.
Corporate Director, Quebec

We would like to thank our departing director, **Abby Hoffman** of Health Canada, for her exceptional contributions since 2016.

Board Committees

Finance and Audit Committee

The Finance and Audit Committee assists the Board of Directors in fulfilling its responsibilities for the financial management of the Corporation by providing oversight of its financial affairs and assisting the Board in monitoring financial reporting and disclosures. More specifically, the Finance and Audit Committee assists the Board in its responsibilities of oversight and supervision of:

1. The accounting and financial reporting of the Corporation and their appropriateness in view of the Corporation's operations and current Generally Accepted Accounting Principles in Canada;

2. The quality and integrity of the audited financial statements and required disclosure requirements of the Corporation as well as the performance of the financial and compliance auditors with regards to performance, independence and costs;

3. The appropriateness and adequacy of the financial and operational risk management measures including, but not limited to: (i) funding risk, (ii) liquidity risk including investment and treasury exposure, (iii) financial compliance requirements and restrictions, (iv) insurance, (v) the effectiveness of internal controls over financial reporting, (vi) the Corporation's compliance with legal and regulatory requirements including the Board policies on financial management, (vii) IT risks (excluding cybersecurity), and (viii) the Corporation's compliance plan review including financial audit, funding agreement compliance and supplemental risk focused reviews;

4. The fulfilment of the Corporation's tax obligations; and

5. Compliance with legal, ethical and regulatory requirements.

Members

Kim Butler (Chair), Lyle Bouvier, Kim Brooks, Barb Hambly, Josée Morin, Dr. Peter Vaughan (Board Chair) (ex-officio), Michael Green (CEO) (ex-officio) (non-voting).

Governance and Nominating Committee

The Governance and Nominating Committee assists the Board of Directors in fulfilling its governance obligations and advising those responsible for appointing directors to the Board and Committees on the skills and qualities necessary to be an effective Board member while ensuring Board composition respects the Corporation's by-laws. More specifically, the Governance and Nominating Committee assists the Board in fulfilling its responsibilities of oversight and supervision of:

1. The monitoring of corporate governance developments and best practices as well as furthering the effectiveness of the corporate governance practices;

2. The recruitment and nominations to the Board and the Committees;

3. The assessment of Board effectiveness; and

4. The appropriateness and adequacy of the governance risk management measures.

Members

Kim Brooks (Chair), Lyle Bouvier, Dr. Victoria Lee, Dr. Peter Vaughan (Board Chair) (ex-officio), Michael Green (CEO) (ex-officio) (non-voting).

Compensation and Human Resources Committee

The Compensation and Human Resources Committee assists the Board in discharging its responsibilities relating to the Corporation's compensation philosophy and policies, the compensation plans applicable primarily to the Independent Directors, the President/Chief Executive Officer and Senior Executives, as well as the overall organizational structure and executive succession planning. The Committee has overall responsibility for evaluating and recommending:

1. Director compensation;
2. The President/Chief Executive Officer's (President/CEO) compensation;
3. Executive succession planning; and
4. The compensation plans and policies of the Corporation.

Members

Barb Hambly (Chair), Kim Butler, Dr. Peter Vaughan (Board Chair) (ex-officio), Michael Green (CEO) (ex-officio) (non-voting).

In addition to these three committees, the Board also establishes ad hoc committees for specific purposes.

Executive Management

Michael Green
President and Chief Executive Officer

Jamie Bruce
Executive Vice President, PrescribeIT®

Barry Burk
Executive Vice President, Virtual Care Programs

Michèle Jémus
Chief Financial Officer and Executive Vice President, Business Services

Shelagh Maloney
Executive Vice President, Engagement and Marketing

Mario Voltolina
Chief Technology Officer and Executive Vice President, Innovative Technologies

Risk Management Activities

Infoway's management team continued to mature its Enterprise Risk Management model and revisited how it was analyzing risks, considering the inherent and residual risks to ensure targeted evaluation of the effectiveness of the mitigation strategy. Where previously the emphasis was on understanding the risks of operations, the focus has matured to evaluating the effectiveness of enterprise risk management. In addition to this work at the executive level, Infoway's commitment to ensuring that risk management is well embedded in the day-to-day operations of the organization remained a focus, and business units were encouraged to integrate risk assessment in their decision-making process. As an example of the evolution of the Enterprise Risk Management model, risk analysis was inserted in project monitoring processes from initiation through to deployment, with monthly virtual meetings to review individual project risks as well as program risks within the COVID-19 Rapid Response initiative. This process continues and is being extended to all strategic funding activities.

While the COVID-19 pandemic highlighted the importance of digital health and Infoway's potential for impact, it also created unprecedented disruption that affected many aspects of Infoway's operations. Shortly after the onset of the pandemic, Infoway established a Rapid Adoption of Virtual Care Fund and all projects were operational within 30 days of approval. At the same time, Infoway began to refocus its approach to virtual care technology. Both of these significant initiatives commenced while employees were coping with the effects of the pandemic on their personal lives and adapting to the remote work reality, and both impacted Infoway's risk profile.

The top three residual risks faced by Infoway are:

Privacy and Security - There is a risk that current privacy and security risk mitigation strategies are not sufficient to prevent a privacy or security breach.

Mitigation Strategies

- Strong technology and operations privacy and security requirements are embedded in Infoway's programs.
- Annual review of key security controls with continuous adaptation of security measures.
- Security Incident Response Plan is in place with external testing.
- Refreshing security assessments and actively reviewing Infoway's and its suppliers' processes to respond to emerging risks.
- Business Continuity Plan review to broaden focus to working from home conditions.

Stakeholders - The pace of change, fiscal pressures and capacity differences of jurisdictional health systems result in an expectation that Infoway be agile and flexible in delivering what our stakeholders need. If Infoway does not adapt to evolving stakeholder needs, stakeholders may be negatively impacted.

Mitigation Strategies

- Consistent alignment with Health Canada on pan-Canadian priorities.
- Consult the Regional Roundtables with representation from stakeholders across all provinces and territories to ensure that areas of strategic interest are being considered.

- Working closely with jurisdictions and private sector partners to understand their risks and issues regarding the implementation of the programs and projects.
- Implementation plans include analysis of any capability gaps with actions to resolve significant gaps.

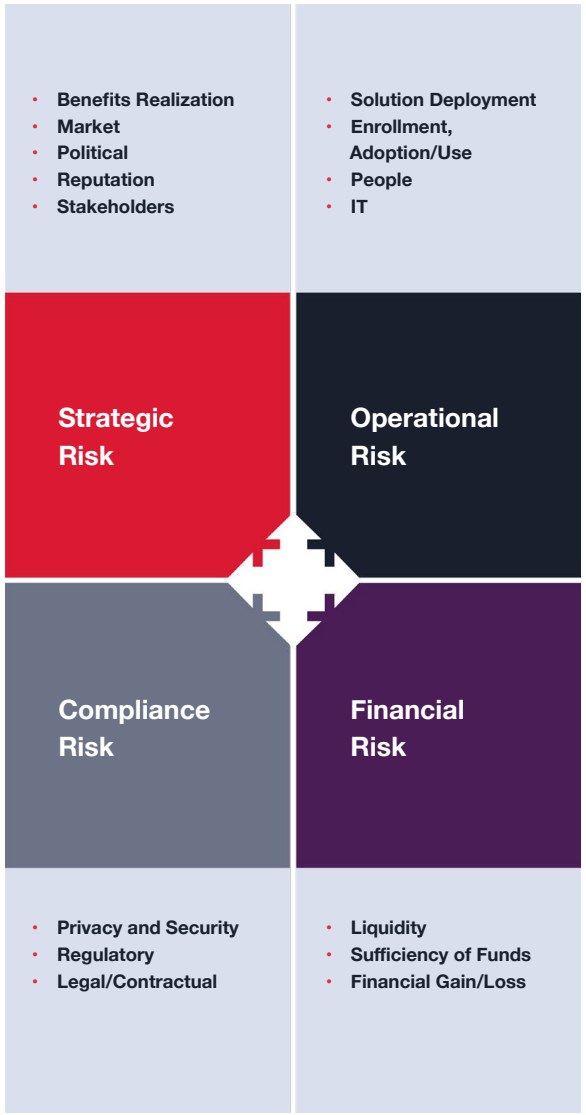
People - Employees have been dealing with a high stress situation since March 2020 and are having to adapt to significant changes such as: environmental pressures of working during a pandemic, working from home, new procedures and tools to facilitate collaboration in a virtual environment and shift in priorities to focus on virtual care programs.

Mitigation Strategies

- To safeguard the health and wellness of Infoway employees and at the same time help them deal with the broader economic, social and mental health challenges presented by the COVID-19 pandemic, we implemented a number of measures:
  - Work from home: Beginning in mid-March 2020, all Infoway employees were requested to work from home.
- Supporting employees: Recognizing the heightened anxiety caused by the COVID-19 pandemic, Infoway is more committed than ever to nurturing a healthy workplace by supporting all aspects of employees' health, including their mental and emotional well-being. Our wellness plan was expanded and we regularly provide employees with information and resources about staying physically healthy and fostering positive mental health. Our Employee and Family Assistance Program (EFAP) offers immediate guidance about urgent issues by telephone, online chat or email followed by free, confidential mental health support from licensed professionals.
- Employee recognition: To continue the networking opportunities of employees during the pandemic, Infoway held many virtual lunches and other team events.
- Revisiting priorities: Some supporting projects were deprioritized to enable employees to focus on the key priorities.
- Securing key activities: A resource strategy has been implemented to ensure temporary redundancy of key resources.

Figure 13

Enterprise Risk Categories

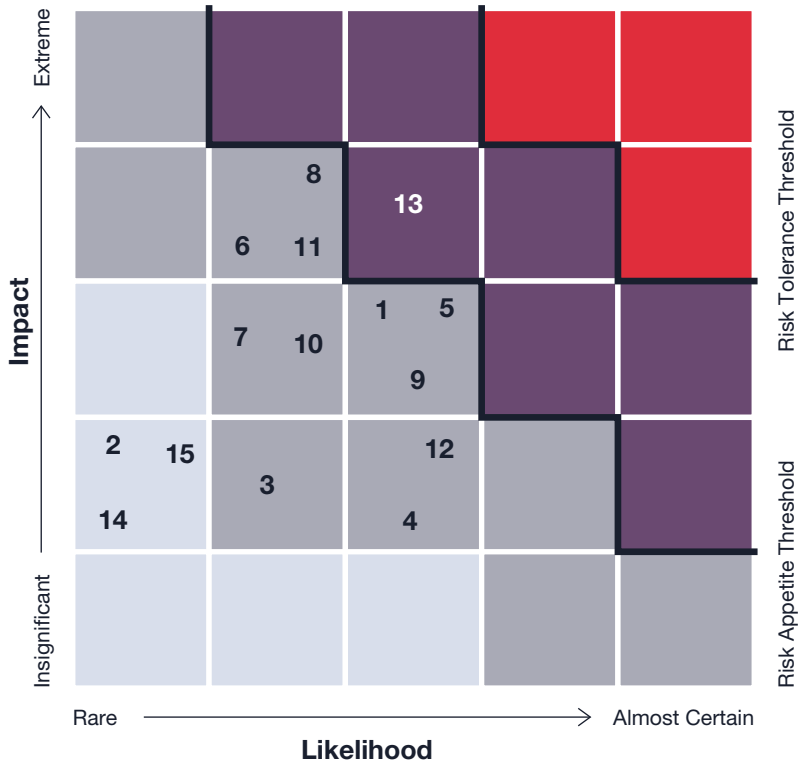


Note: During the year minor refinements were made to enterprise risk category descriptors.

The enterprise risk categories and their associated risk ratings for 2020-2021 were:

Figure 14

Residual Risk Map as at March 31, 2021



Risk Rating	Definition
Extreme	Immediate action required; Infoway management involved.
High	Infoway management monitoring with recommendations provided for their action.
Medium	Infoway management monitoring.
Low	Manage by routine procedures.

Enterprise Risk Categories

1 Reputation	6 Solution Deployment	11 Sufficiency of Funds
2 Market	7 Enrollment, Adoption/Use	12 Financial Gain/Loss
3 Political	8 People	13 Privacy and Security
4 Benefits Realization	9 IT	14 Legal/Contractual
5 Stakeholders	10 Liquidity	15 Regulatory

Financial Results

This management analysis outlines Infoway's financial results for the year ended March 31, 2021. It should be read in conjunction with Infoway's audited financial statements and accompanying notes for the year ended March 31, 2021. The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. This management analysis should also be read together with the complete annual report, which provides context about Infoway's programs and operations. The information in this analysis is current to May 27, 2021, unless otherwise indicated.

Management's Discussion and Analysis

Revenues

Infoway's total revenues for 2020-2021 amounted to $95 million, which represents a 12 per cent increase ($10.3 million) over the previous year's revenues of $84.7 million.

Infoway revenues are mainly composed of externally restricted contributions from the Government of Canada and investment income on deferred contributions. As part of the Government of Canada's commitment to invest $240.5 million to develop, expand and launch virtual care and mental health tools to support Canadians, Infoway received an additional commitment for $50 million to launch a new investment program to accelerate the deployment of virtual care solutions. $7.5 million of this $50 million was spent over the course of 2020-2021, with the remainder to be spent during 2021-2022. Infoway and the Canadian Institute for Health Information (CIHI) also secured the second-year funding of $2 million for 2020-2021 to modernize the data management and performance reporting systems for organ donation and transplantation across the country.

Investment income declined from $3.2 million in 2019-2020 to $1.1 million due to the decrease in interest rates.

Expenses

Infoway's total expenses for 2020-2021 amounted to $95 million, which represents a 12 per cent increase ($10.3 million) over the previous year's expenses of $84.7 million.

As COVID-19 began to impact the entire health system, Infoway initiated measures to assist the jurisdictions in their response to the pandemic. Early in the pandemic, Infoway reallocated $35 million in existing funding to establish a Rapid Adoption of Virtual Care Fund to support 17 projects across all jurisdictions, in four focus areas: virtual visits, e-mental health, remote patient monitoring and access to COVID-19 test results. This $35 million reallocation originated from the Virtual Care[1] and Legacy Programs funding.

Expenses for Strategic Initiatives and Legacy Projects and Programs increased by 10 per cent and 33 per cent respectively. The increases were predominantly due to the COVID-19 virtual care initiatives. Operational expenses decreased by 3 per cent due to a temporary reduction in expenses for things such as events and travel due to the restrictions imposed by COVID-19.

During the year, Infoway hired 34 new employees. As of March 31, 2021, Infoway's workforce was 170 employees and averaged 162 full-time employees during the year. Total remuneration, including any fee, allowance or other benefits paid to its 162 full-time employees for the fiscal year amounted to $26.8 million (145 full-time employees and $24.4 million in 2019-2020). In response to the COVID-19 pandemic, Infoway took preventive measures to ensure continued operations and the safety of its professionals. As part of those preventive measures, Infoway temporarily closed its offices and promoted work from home and physical distancing. In addition, Infoway established and implemented health and wellness initiatives to support its workforce throughout the pandemic.

Total remuneration paid to the Board of Directors for 2020-2021 amounted to $203 thousand ($198 thousand in 2019-2020).

[1]ACCESS Health was renamed Virtual Care to better reflect our refocused approach. As such all references to ACCESS Health have been changed to Virtual Care.

Strategic Initiatives

PrescribeIT®

In 2020-2021, PrescribeIT® expenses of $28.3 million were reduced by a tax recovery of $3.7 million resulting in net expenses of $24.6 million. The gross expenses of $28.3 million are 9 per cent less than the previous year's expenses of $31.5 million. With the addition of British Columbia, Nunavut and Quebec in 2020-2021, Infoway now has a Memorandum of Understanding (MOU) with every jurisdiction in Canada. However, due to the COVID-19 pandemic, new jurisdictional deployments were delayed. Delays in onboarding, adoption and jurisdictional integration, along with a reduction in the technology build expenses, explains the 9 per cent reduction in spending. During the year Infoway signed a number of agreements with pharmacies and EMR and PMS vendors, increasing PrescribeIT's overall market presence to more than 45 pharmacy companies across Canada, accounting for 6,500 pharmacy sites or approximately 60 per cent of all pharmacies across Canada. The EMR vendors represent approximately 95 per cent of the primary care market in Canada, and the PMS vendors account for 85 per cent of the retail pharmacy market. As of March 31, 2021, there were 4,839 pharmacies enrolled (up from 3,312 last year) and 6,233 prescribers enrolled (up from 2,442 last year).

Virtual Care

The COVID-19 pandemic also created unprecedented disruption, highlighting the importance of digital health and Infoway's potential for impact. In addition to shifting and augmenting its virtual care programs through the establishment of the Rapid Adoption of Virtual Care Fund, Infoway redirected investments by halting work on the development of national infrastructure and refocusing resources on advancement of virtual care technology and services for Canadians. For the year, total Virtual Care program expenses increased by 53 per cent to $36.1 million ($23.6 million in 2019-2020).

As of March 31, 2021, Infoway had spent $256 million (63 per cent) of the $405 million committed by the federal government on March 24, 2021, March 28, 2018 and February 28, 2017 for PrescribeIT® and Virtual Care ($193 million in 2019-2020). Over the course of 2021-2022, Infoway expects to spend $128 million on its strategic initiatives.

Legacy Projects and Programs

From inception through 2010, Infoway received contributions of $2.1 billion from the federal government and the Board approved specific strategies for 12 investment programs. Infoway worked closely with the jurisdictions to define specific projects within the 12 programs. As of March 31, 2021, Infoway had disbursed $2.05 billion of the $2.1 billion and had commitments for an additional $38 million, of which $16 million should be expensed in 2021-2022.

Independent Auditor's Report

To the Members of Canada Health Infoway Inc.

Opinion

We have audited the financial statements of Canada Health Infoway Inc., [the "Corporation"], which comprise the balance sheet as at March 31, 2021, the statement of operations and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Corporation as at March 31, 2021 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Corporation in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information. The other information comprises the information included in the Annual Report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information, and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Corporation or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Corporation's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Ernst & Young LLP [1]

Montréal, Canada
May 26, 2021

[1] CPA auditor, CA, public accountancy permit no. A120803

Balance sheet

As at March 31

[In thousands of dollars]

	2021	2020
	$	$
Assets		
Current		
Cash	**1,222**	2,492
Temporary investments *[note 3]*	**147,072**	157,822
Receivables	**146**	859
Sales tax recoverable	**5,901**	1,945
Prepaid expenses	**9,793**	13,170
	164,134	176,288
Tangible assets *[note 4]*	**485**	350
	164,619	176,638
Liabilities, deferred contributions and net assets		
Current		
Accounts payable and accrued liabilities	**48,639**	46,689
Deferred contributions *[note 5]*	**115,495**	129,599
Deferred capital contributions *[note 5]*	**485**	350
	115,980	129,949
Net assets	**—**	—
	164,619	176,638

See accompanying notes to financial statements

On behalf of the Board:

Dr. Peter W. Vaughan
Director

Kim Butler
Director

Statement of operations

Year ended March 31

[In thousands of dollars]

	2021	2020
	$	$
Expenses		
Programs and projects		
Legacy programs	**20,518**	15,412
PrescribeIT®	**24,648**	31,511
Virtual Care programs	**36,067**	23,634
	81,233	70,557
Operating	**13,784**	14,167
	95,017	84,724
Revenue		
ACCESS Alliance Sponsorship	**354**	171
Contribution from restricted resources *[note 5]*	**94,456**	84,373
Amortization of deferred contributions relating to tangible assets *[note 5]*	**207**	180
	95,017	84,724
Excess of revenue over expenses for the year, being net assets at end of year	**—**	—

See accompanying notes to financial statements

Statement of cash flows

Year ended March 31

[In thousands of dollars]

	2021	2020
	$	$
Operating activities		
Contribution received from the Government of Canada	**77,000**	85,131
Contribution received from Canadian Institute for Health Information	**960**	—
Restricted investment income received	**1,831**	2,695
Cash paid for projects, programs and operating expenses	**(91,469)**	(93,666)
Cash used in operating activities	**(11,678)**	(5,840)
Investing activities		
Net disposal of investments	**10,750**	5,629
Acquisition of tangible assets	**(342)**	(127)
Cash provided by investing activities	**10,408**	5,502
Net change in cash during the year	**(1,270)**	(338)
Cash, beginning of year	**2,492**	2,830
Cash, end of year	**1,222**	2,492

See accompanying notes to financial statements

Notes to financial statements

March 31, 2021

[In thousands of dollars]

1. Incorporation and nature of operations

The Corporation was incorporated by Letters Patent on January 22, 2001 under Part II of the *Canada Corporations Act* and commenced active operations on March 21, 2001. The Corporation is a not-for-profit entity, as such, is exempt from income taxes. On September 5, 2013, in order to make the transition under the new Canada Not-for-profit Corporations Act, the objectives of the Corporation have been updated to reflect current realities and potential future opportunities.

The objectives of the Corporation are as follows:

a. Accelerate and promote the development, adoption and benefits of modern, innovative and transformative systems of electronic health information and communication technologies;

b. Enter into arrangements with the governments of Canada, the provinces and territories, corporations, not-for-profit organizations, other persons, international governments and international organizations relating to the development, implementation, adoption and use of electronic health information and communication technologies;

c. Define, maintain and promote the use of architectures, frameworks, standards, and other enablers to support the compatibility, interoperability and benefits derived from electronic health information and communication technologies;

d. Promote principles and practices that protect personal privacy, confidentiality of individual records and security of health information;

e. Share knowledge, expertise and skills to promote better health and health care for Canadians.

The Corporation was funded by the Government of Canada with an initial contribution of $500,000,000 on March 21, 2001, by an additional contribution of $600,000,000 on July 31, 2003 and by another contribution of $100,000,000 on June 8, 2004. These contributions were received in the form of global direct payment.

On March 30, 2007, the Corporation entered into an agreement with the Government of Canada for an additional contribution of $400,000,000. As at March 31, 2019, the Corporation received contributions amounting to $400,000,000. These contributions were disbursed on demand according to the annual cash flow requirements.

On March 30, 2010, the Corporation entered into an agreement with the Government of Canada for an additional contribution of $500,000,000. As at March 31, 2020, the Corporation received contributions amounting to $500,000,000. These contributions were disbursed on demand according to the annual cash flow requirements.

On February 28, 2017, the Corporation entered into an agreement with the Government of Canada for an additional contribution of $50,000,000. As at March 31, 2018, the Corporation received contribution amounting to $50,000,000. These contributions were disbursed on demand according to the annual cash flow requirements.

On March 28, 2018 and March 24, 2021, the Corporation entered into agreements with the Government of Canada for an additional contribution of $313,054,000. As at March 31, 2021, the Corporation received contributions amounting to $220,000,000 [$143,000,000 – 2020]. These contributions were disbursed on demand according to the annual cash flow requirements.

On April 1, 2020, the Corporation entered into an agreement with the Canadian Institute for Health Information for a contribution of $1,920,000. As at March 31, 2021, the Corporation received contributions amounting to $960,000. These contributions were disbursed on demand according to the annual cash flow requirements.

The contributions are restricted and are subject to terms and conditions set out in the related funding agreements.

On August 14, 2020, the Corporation entered into a Joint Venture entity [the “JV Entity”] to further its business. From August 14, 2020 the joint venture investment was accounted for using the proportionate consolidation method as described in note 2.

With the outbreak of the Coronavirus disease [“COVID-19”], the governments worldwide implemented emergency measures to combat the spread of the virus. These measures, which include the implementation of travel bans, self-imposed quarantine periods and social distancing, have caused material disruption to businesses globally resulting in an economic slowdown. COVID-19 pandemic has created an increase for digital technologies and services in health care which resulted in acceleration in programs and securing of additional contributions to assist the jurisdictions.The duration and impact of the COVID-19 outbreak is unknown at this time, nor is the efficacy of the government and central bank monetary and fiscal interventions designed to stabilize economic conditions. While it is not possible to reliably estimate the magnitude and severity of events, management currently considers that these events will not have a material impact on the Company’s financial position and financial results for future periods.

2. Significant accounting policies

The financial statements have been prepared by management in accordance with Part III of the CPA Canada Handbook – Accounting standards for Not-for-Profit Organizations which sets out generally accepted accounting principles for not-for-profit organizations in Canada and include the significant accounting policies described hereafter.

Use of estimates

The preparation of financial statements in conformity with Accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from these estimates.

Revenue recognition

The Corporation follows the deferral method of accounting for contributions.

Externally restricted contributions from the Government of Canada and investment income on deferred contributions are initially recorded in the accounts as deferred contributions and then recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of tangible and intangible assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the depreciation and amortization rate for the related assets.

The Corporation recognizes its proportionate share of the joint venture revenue when the goods or services has been transferred. Revenue is measured at the amount of consideration to which the joint venture expects to be entitled to, including variable consideration to the extent that it is highly probable that a significant reversal will not occur.

Cash

Cash includes only bank balances. Cash with highly liquid short-term investments with a maturity of one year or less from the date of acquisition are considered as temporary investments.

Investments

Temporary Investments

Temporary investments are recognized at their fair value at the balance sheet date using the trade date value. Changes arising from their subsequent measurements are recorded in deferred contributions. The fair value of investments is based on the quoted market prices obtained from the independent investment custodian. Transaction costs to acquire or dispose of these investments are recorded in deferred contributions in the period during which they are incurred.

Joint venture Investment

The joint venture investment is recorded using the proportionate consolidation method where the Corporation recognizes its proportionate share of the joint venture balance sheet, statement of operations and statement of cash flows. The proportionate share of the net income of the joint venture is recognized by the Corporation in PrescribeIT expenses in the statement of operations.

Receivables

Receivables include the contribution receivable from the Government of Canada when the Corporation's claimable amount for the year just ended exceeds the amount received. Receivables are initially recorded at fair value and subsequently measured at amortized cost. When there are indications of possible impairment, the Corporation determines if there has been a significant adverse change to the expected timing or amounts of future cash flows expected from the receivables. Reversals are permitted, but the adjusted carrying amount of the receivables shall be no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized.

Tangible assets

Tangible assets consist of equipment and are carried at cost, less accumulated depreciation. Assets are amortized over their estimated useful lives using the straight-line method. Depreciation rates are the following:

Computer equipment	3 years
Office equipment	5 years

Impairment

Tangible assets are assessed for impairment whenever events or changes in circumstances indicate that they no longer have any long-term service potential to the Corporation. The impairment loss, the amount by which the carrying amount of these assets exceeds their residual value, if any, is charged to operations.

Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are initially recorded at fair value and subsequently measured at amortized cost. Accounts payable and accrued liabilities include the contribution repayable to the Government of Canada when the amount received exceeds the Corporation's claimable amount for the year just ended.

Allocation of expenses

Some operating expenses such as information technology, office facilities, depreciation and some support functions were allocated to Programs and Projects based on level of effort and volume of projects. Total allocated expenses for the year ended March 31, 2021 was $2,091,087 [$2,091,694 – 2020].

3. Temporary investments

	Fair value	
	2021	**2020**
	$	$
Pooled Money Market Funds	**147,072**	157,822

The Corporation is exposed to interest rate risk on temporary investments because the fair value will fluctuate due to changes in market interest rates. For the year ended March 31, 2021, the effective interest rate on investments varied between 2.15% and 2.4% [2.15% and 2.4% – 2020].

4. Tangible assets

Tangible assets include the following:

	Cost	**Accumulated depreciation**	**Net book value**
	$	**$**	**$**
March 31, 2021			
Computer equipment	**979**	**833**	**146**
Office equipment	**1,529**	**1,190**	**339**
	2,508	**2,023**	**485**
March 31, 2020			
Computer equipment	1,723	1,526	197
Office equipment	1,779	1,626	153
	3,502	3,152	350

5. Deferred contributions

Deferred contributions related to expenses of future periods represent unspent externally restricted contributions, together with investment revenue earned, which have been restricted for the purpose defined in the objectives of the Corporation.

	2021	2020
	$	$
Deferred contributions, beginning of year	**129,599**	127,767
Current year contribution from the Government of Canada	**92,989**	98,874
Contribution repayable to the Government of Canada	**(14,079)**	(15,989)
Investment income earned (reimbursed) on contribution received during the year	**(338)**	261
Current year contribution from Canadian Institute for Health Information	**960**	—
Contribution receivable from Canadian Institute for Health Information	**44**	—
Investment income earned on resources restricted to finance future disbursements	**1,118**	3,186
Income recognized as revenue during the year	**(94,456)**	(84,373)
Amount applied toward tangible assets acquired during the year	**(342)**	(127)
Deferred contributions, end of year	**115,495**	129,599

The deferred contributions at the end of the year consist of:		
Contributions related to the 2001-2004 Funding agreements	**103,090**	121,232
Contributions related to the 2010 Funding agreement	**—**	(3,792)
Contributions related to the 2018 Funding agreement	**12,405**	12,159
Deferred contributions, end of year	**115,495**	129,599

Deferred capital contributions

Deferred capital contributions represent the unamortized amount of contributions received and applied toward the purchase of tangible assets. The amortization of capital contributions is recorded as revenue in the statement of operations on the same basis as the amortization of the related tangible assets.

	2021	2020
	$	$
Deferred capital contributions, beginning of year	**350**	403
Contribution applied toward the purchase of tangible assets	**342**	127
Amortization of deferred contributions during the year relating to tangible assets	**(207)**	(180)
Deferred capital contributions, end of year	**485**	350

6. Commitments

Contractual commitments

Since inception, the Corporation was awarded funding totaling $2.45 billion to finance specific projects approved and committed to by the Board of Directors, subject to terms and conditions set out in the related funding agreements.

In accordance with its investment strategy, the Corporation has, since its inception, committed to finance, in whole or in part, project expenses totaling $2.40 billion subject to the achievement of certain milestones by the Corporation's project sponsors. As of March 31, 2021, the unspent portion of these projects amounted to $97 million of which $43.2 million represents contractual commitments over the next three fiscal years.

The Corporation entered into two Master Services agreements with suppliers for the outsourcing of certain technology services. The Corporation's total commitment under these Agreement, which will expire in 2026, amounts to $29.9 million.

Operating lease commitments

The Corporation rents premises under operating leases which expire November 30, 2023. Minimum annual rental payments to the end of the lease terms are as follows:

	$
2022	1,882
2023	1,754
2024	348
	3,984

7. Subsequent event

Following the addendum to the 2018 Funding agreement with the Government of Canada for an additional contribution of $13,054,000, the corporation has received, on April 30, 2021, an amount of $7,500,000.

Canada Health Infoway

Montreal
1000 Sherbrooke St. W.
Suite 1200
Montreal, Quebec
H3A 3G4

Tel: 514 868 0550
Toll-free: 514 868 0550

Toronto
150 King St. W.
Suite 1300
Toronto, Ontario
M5H 1J9

Tel: 416 979 4606
Toll-free: 888 733 6472

www.infoway-inforoute.ca