

Overview of the Multi-Lateral Information Sharing Agreement (MLISA) to Support Public Health Information Sharing among Federal, Provincial and Territorial (F/P/T) Governments in Canada

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PROTECTING CANADIANS FROM ILLNESS



Public Health
Agency of Canada

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Canada

Purpose

- Provide an overview of, and update on, the proposed Multi-Lateral Information Sharing Agreement supporting public health information sharing among F/P/T governments

History of MLISA

- Over the years, there have been calls for a strengthened public health information sharing regime in Canada:
 - » Auditor General reports for 1999, 2002, 2008
 - » Naylor Report, *Learning from SARS*, 2003
 - » *Report of the Independent Investigator into the 2008 Listeriosis Outbreak*
 - » House of Commons Public Accounts Committee, 2009
 - » Pan-Canadian International Health Regulations Capacity Assessment, 2009
- In 2006, F/P/T Ministers of Health issued a communiqué tasking the jurisdictions to “complete a pan-Canadian public health information system and agreement on the timely sharing of information in preparing for and responding to a public health emergency.”
- In 2009, F/P/T Ministers of Health subsequently signed the *Memorandum of Understanding on Information Sharing During a Public Health Emergency* (MOU)
 - » Although the 2009 MOU established the intent to work together, it lacked operational details

Public Health Information Sharing in Canada

- Sharing surveillance information for infectious diseases and urgent public health events is a shared responsibility in Canada, and requires bringing public health information together:
 - » In provinces and territories, public health authorities obtain information from hospitals, clinics, doctors, or directly from surveys to communicate priorities or emerging issues and inform interventions
 - » A portion of this information is shared with the Public Health Agency of Canada (PHAC) and Health Canada (HC) which compiles it to create a national picture
- This information is used in the ongoing monitoring of infectious diseases, chronic diseases, risk factors and at-risk populations, as well as the rapid identification or emerging public health events so as to protect Canadians

Challenges

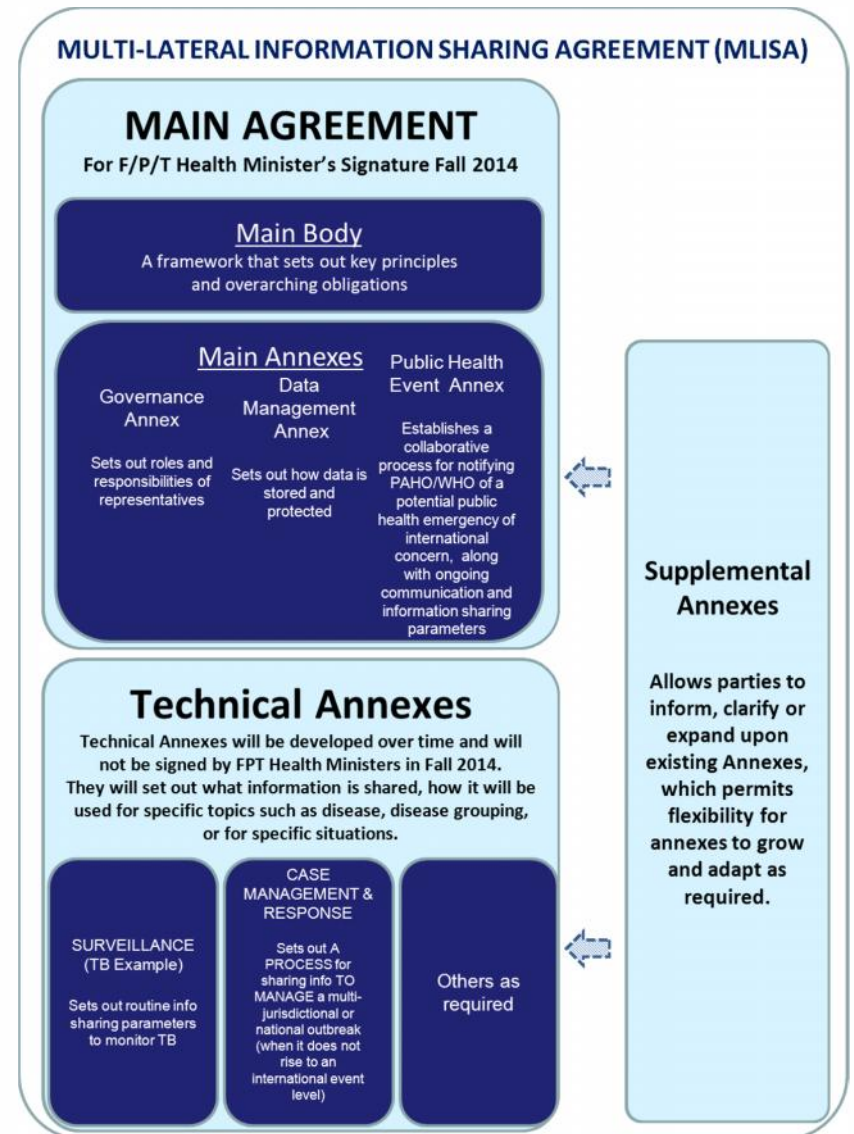
- While functional, the current system is largely built on **informal relationships** between technical experts in different jurisdictions
- Over time the **amount of information shared has grown** in an uncoordinated fashion:
 - » More requests, due to growing public health surveillance needs, are being made for provincial and territorial information by the federal government
 - » Provincial and territorial health authorities may **not have the resources** or procedures to manage these requests, potentially resulting in more information being sent than is requested
- Few agreements are in place; while jurisdictions have authority to disclose information, details of the data management between jurisdictions (i.e. security, how and with whom information is to be shared) are not articulated
- **Legislation varies** (privacy, public health, civil codes, etc.) between jurisdictions, without a shared understanding of the implications

What is MLISA?

- MLISA is a **Ministerial-level public health agreement** that sets standards for what information is to be shared, how it is to be used, disclosed and protected
 - » Specific to sharing information related to infectious diseases and urgent public health events
- Will increase the **efficiency and clarity** of public health information that crosses jurisdictional boundaries
- Will **reduce duplication** of information requests and the amount of duplicative or unnecessary information being received
- Will provide the mechanism to facilitate the strengthening of Canada's public health information-sharing regime over time, allowing **urgent or emerging events to be identified more rapidly**

Structure and Scope

- Scope of MLISA, as per CDMH direction is surveillance of, and response to, infectious diseases and public health events
 - » Includes information shared for surveillance, case management and response purposes
 - » Includes the process by which a potential public health event of international concern is determined, in line with the International Health Regulations
- MLISA is a modular agreement that allows jurisdictions to expand the range of diseases covered over time. Each Technical Annex represents a single disease or disease grouping
 - » Also included will be a special Technical Annex on case management and response
 - » Considerable progress on the first Technical Annex on tuberculosis, but it is not yet ready – on track for spring 2014
- Ministers will be asked to sign the Main Body, as well as the Main Annexes (Governance, Data Management and Public Health Event Annexes).
 - » Signature of Technical Annexes may be delegated



Why MLISA is Unique

- MLISA is **multilateral** in nature and in its development approach:
 - » The federal government is only 1 of 14 parties to the MLISA, supporting the drafting from an administrative and policy management perspective
 - » Provides a unique opportunity to describe the whole spectrum of public health information sharing as it occurs between F/P/T governments in Canada
 - » The current draft of MLISA was written by the Legal Counsel from Alberta, one of Canada's Provinces

MLISA Privacy Considerations

- MLISA helps mitigate potential privacy risks by:
 - » Having clear purposes for collection, use and disclosure
 - » Clarifying F/P/T agreement on the need to share public health information
 - » Ensuring up-to-date, accurate and complete information
 - » Providing assurance of compliance with legislation, policies and regulations across the country
- MLISA is not a new system or program, only an information sharing agreement:
 - » Appropriate Privacy Assessments will be completed (if they are not already) on programs that share personal information and that information is captured under MLISA within a Technical Annex

Path to Agreement

- MLISA was developed through the F/P/T collaborative governance structure for public health in Canada, the Public Health Network (PHN).
 - » The PHN Council reports to the Conference of Deputy Ministers of Health (CDMH), which in turn reports to the Conference of FPT Ministers of Health
 - » PHN Council is co-chaired by a senior Provincial and a senior Federal Public Health Official
 - » PHN Council Members consists of a mix of P/T Chief Medical Officers of Health and health policy oriented Assistant Deputy Ministers
- In January 2014, PHNC approved MLISA to enter final approvals phase
- In July 2014, the 'locked down' version of MLISA went out to jurisdictions to undertake the review needed in their area to sign onto the agreement
- Targeting endorsement of the Main Agreement by the FPT Ministers of Health on October 1, 2014
- As of September 12th, 2014, two jurisdictions have already signed on
 - » Require four signatories to go into effect....expect to have this before HMM

Next Steps

- Determine the list of diseases/disease groupings for development of technical annexes, and the process for reviewing and approving those annexes within the PHNC structure (Underway)
- Continue with signature process
- Draft a lessons learned document

Questions?