



2010 National eHealth Strategic Policy Forum

Outcomes Report

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EXECUTIVE SUMMARY

On November 8th, 9th and 10th, 2010 the Assembly of First Nations (AFN) facilitated the *National eHealth Strategic Policy Forum* in Winnipeg, Manitoba. The forum was co-hosted by the Assembly of Manitoba Chiefs (AMC) and funded by Health Canada, First Nations and Inuit Health Branch (FNIHB). To facilitate the policy discussions eHealth was segmented into four working themes, or definitions: *Alignment Strategies, Data Management, Infrastructure and Implementation*. Each working theme was explored from four perspectives through presentations, panel discussions and breakout groups. The perspectives were: *eHealth Solutions, Sustainability Frameworks, Interoperability, and Clarification of Roles*.

The two and a half day forum produced lively debate and significant discussion on the many facets of First Nations (FN) eHealth in a tri-lateral environment. The *Solutions* and *Sustainability* frameworks panel discussions explored topics that included: Electronic Medical Records (EMR) and Telehealth, health information management, FN data centres, data sharing agreements (DSA), funding and sustainability, health director's engagement, integration and engagement. The *Interoperability* and *Clarification of Roles* breakout session discussions explored topics that included: alignment, challenges and cautions, Health Infrastructure Action Plan (HISAP), human resources, implementation, infrastructure and Ownership Control Access and Possession (OCAP). Key partners in eHealth development are seen to include: FN, the AFN, Health Canada, Industry Canada, Canada Health Infoway, Indian and Northern Affairs Canada (INAC), the provinces and territories, regions, and political/territorial organizations.

In keeping with the forum objective, *Strategic Policy Development for First Nations eHealth in Canada*, nine overall policy directions and recommendations (see Appendix F) emerged from the forum:

1. Develop a Common First Nations eHealth Development Framework
2. Enable Provincial and Territorial Integration
3. Secure Implementation and Sustainability Funding
4. Establish Data Management/Governance Models
5. Clarify Health Canada Role and Responsibilities
6. Develop Human Resources/Capacity Building Strategies
7. Solidify First Nations Technical and Interoperability Standards
8. Support eCommunity, Broadband and Infrastructure Strategies
9. Re-establish/Establish National FNs eHealth Working Group

The forum was considered to be a very successful exploration and documentation of FN eHealth policy requirements. The forum represents a major step in an on-going process that requires much more work and collaboration among First Nation, provincial, territorial and federal (F/P/T) partners. It is essential for the development of First Nations eHealth that the forum be an annual event.



1. INTRODUCTION

On November 8th, 9th and 10th, 2010 the AFN facilitated the *National eHealth Strategic Policy Forum* in Winnipeg, Manitoba. The forum was co-hosted by the Assembly of Manitoba Chiefs (AMC) and funded by Health Canada, First Nations and Inuit Health Branch.

The forum was a very successful exploration and documentation of First Nations eHealth policy requirements. The enclosed report summarizes key policy directions and recommendations arising out of the forum. It is hoped that funding will be available to hold a second forum in 2011.

1.1 BACKGROUND

The importance of holding a national eHealth policy forum was succinctly captured in the AFN/AMC forum funding proposal¹ highlighted in italics herein.

First Nations in Canada are at a critical point in the advancement of eHealth applications within their communities. Health Canada, Canada Health Infoway and many of the provinces/territories recognize eHealth as a key enabler in the delivery of health services. As eHealth applications become recognized as essential to the delivery of comprehensive health care, it is vital that First Nations be part of this health care evolution.

It must be noted that First Nations have distinct issues and requirements that will call for unique strategies and approaches to supporting on reserve, integrated eHealth applications. For example, First Nations eHealth applications have three distinct, but highly interdependent spheres: community, regional and national.

There are many needs at the community level with regards to data management, community development, capacity development and change management.

At the regional level, partnerships with the provinces and territories are required to develop data sharing agreements and incorporate First Nation jurisdiction into provincial eHealth models.

At the national level, supporting the development of standardizing on-reserve eHealth applications and ensuring sustainable models of care are vital to the success of eHealth applications in First Nations. Leveraging the eHealth infostructure to support on reserve health programming (e.g., reporting, data management, communication, and professional development) is also required.

First Nations have seen some benefits of eHealth and have developed several successful pilot projects across the country. For example, Assembly of Manitoba Chiefs eHealth solutions facilitated the

¹ Donna Williams and Judy Whiteduck, Assembly of First Nations (AFN); Mabel Horton & Lisa Clarke, Assembly of Manitoba Chiefs (AMC); September 7, 2010



development of a Manitoba First Nations Technology Council. The latter was accomplished through a number of regional eHealth forums and by partnering with the First Nations Technology Council in British Columbia.

Governments are recognizing the opportunities apparent with utilizing eHealth technologies in First Nation communities. Health Canada, First Nations and Inuit Health Branch, for example, developed a “Health Infostructure Strategic Action Plan” that recognizes the need for an eHealth Infostructure in First Nation communities. The Infostructure acknowledges First Nations as being partners and facilitators in the development and management of Information and Communication Technology (ICT) and eHealth. First Nations are asking how they can benefit from a sustainable Infostructure. As First Nations and governments move forward in the advancements of eHealth, it is vital that federal, provincial and First Nation entities understand the complexities of eHealth and the need for best practices to ensure successful eHealth solutions within First Nation communities.

Objective

Strategic Policy Development for First Nations eHealth in Canada.

Purpose

- A First Nations led trilateral policy discussion and forum will assist in defining short, medium to longer term policy, strategic directions, funding approaches and operational challenges and realities.*
- The policies will enable electronic health tools and services to support improvements in access to health services and improve Health Information Management systems at the community, regional and national levels.*
- The linkages between broadband and health, education, and economic development will be introduced in a holistic manner, where common policy and operational areas will be discussed.*

Approach & Areas of Concentration

- 1. First Nations eHealth Presentations: Best practice and lessons learned*
- 2. Overview of AFN eHealth Action Plan*
- 3. Summary of Provincial eHealth strategic directions*
- 4. Summary of eHealth strategic directions and policy challenges from the Health Infostructure Strategic Action Plan: Health Canada*
- 5. Identify issues and barriers to First Nation eHealth and what makes it unique, including how to operationalize and address (OCAP)*
- 6. Health information management issues (i.e. data sharing agreements) to support integration of health information*
- 7. Canada Health Infoway Funding - A draft First Nation Strategy for feedback*
- 8. COACH (Canada's Health Informatics Association) training standards*



Benefits and Expected Outcomes

1. *Networking and collaboration among First Nation eHealth Projects*
2. *Identify best practices with Client Registry, Electronic Health Record (EHR), and Telemedicine, for example*
3. *Begin to draft trilateral policy positions and support*
4. *Begin to clarify trilateral priorities and approaches*
5. *Processes identified to get community and regional input and approval via existing or new governance models, for each region, and the processes to involve federal/provincial eHealth partners in decision-making within these governance structures*

Funding Proposal Conclusion

The Strategic eHealth/Health Information Management Policy Forum will bring First Nation, Federal and Provincial eHealth stakeholders and experts together to set a strategic direction for the advancement of eHealth and information management for First Nations in Canada.

1.2 APPROACH TO THE FORUM

Building on the background presented in section 1.1 the forum agenda was structured (see Appendix A for the complete agenda) to approach the topic through:

- background/informative presentations
- panel discussions
- breakout groups
- networking

The two and half day forum was broken in two segments comprised of:

- Day one and two: All participants
- Day three (1/2 day): First Nations participants

A full list of participants can be found in Appendix B and the post program evaluation results can be found in Appendix C.

1.3 WORKING THEMES AND DISCUSSION PERSPECTIVES

One of the primary challenges of the forum was to explore and discuss eHealth among a highly diverse group of participants. That is to say, the participants comprised representatives from First Nations, Health Canada, the provinces and territories, the private sector and others—all with a somewhat different eHealth perspective, or eHealth experience or expertise base. Although the varied group of participants presented a challenge for the forum, they also presented an opportunity to begin the process of better aligning trilateral eHealth in terms of eHealth language, expertise and experience—a desired outcome of the forum.



To facilitate the discussions eHealth was broken down into four working themes, or definitions:

- **Alignment Strategies:** Health Canada, The provinces and territories , Infoway
- **Data Management:** Requirements, OCAP, Privacy, Security, Privacy Impact Assessments (PIA).
- **Infrastructure:** Requirements, Sustainability, Standards
- **Implementation:** Human Resources, Accreditation, Capacity, Support, Change Management

Each one of the working themes was explored though the panel discussions and breakout groups which were organized to examine the themes from four perspectives:

- **eHealth Solutions:** Electronic Health Record (EHR), Electronic Health Record (EMR), Telehealth, Registries
- **Sustainability Frameworks:** First Nations Community Groups, Centres of Excellence (CoE), Health Infostructure Action Plan (HISAP)
- **Interoperability:** Alignment, Data, Infrastructure, Implementation
- **Clarification of Roles:** First Nations, federal, provinces, territories, AFN/PTOs

Figure 1 below illustrates how the themes were approached.

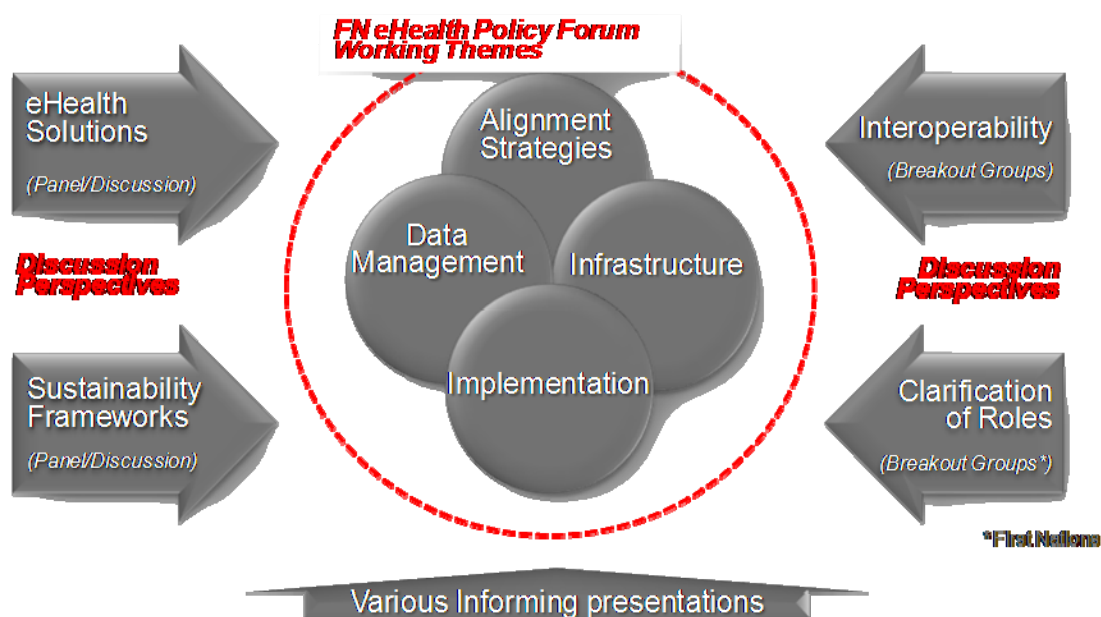


Figure 1: Working Themes and Discussion Perspectives



2. FORUM DISCUSSION POINTS AND OUTCOMES

The enclosed section outlines the key discussion points and outcomes of the forum.

2.1 PRESENTATIONS

The forum includes a wide-variety of presentations on eHealth summarized in Table 1.

Table 1: Forum Presentations

Description	Presenter(s)
Opening Ceremonies <ul style="list-style-type: none"> Prayer, Welcome, Introductions 	<ul style="list-style-type: none"> Elder Ann Callahan Elder Barney Williams
Opening Remarks	<ul style="list-style-type: none"> Chief David Crate Regional Chief Bill Traverse FNIH Manitoba Director Jim Wolfe
First Nations eHealth in Canada...Moving Forward <ul style="list-style-type: none"> Assembly of First Nations (AFN) 	<ul style="list-style-type: none"> Donna Williams
Health Infostructure Strategic Action Plan (HISAP) and Readiness Assessments <ul style="list-style-type: none"> First Nations Inuit Health Branch (FNIHB) 	<ul style="list-style-type: none"> Ernie Dal Grande Monique Stewart
Health Informatics and Human Resource Capacity Building <ul style="list-style-type: none"> Impacts on First Nations 	<ul style="list-style-type: none"> Don Newsham
Solutions for First Nations eHealth Panel Discussion <ul style="list-style-type: none"> Blood Tribe EMR, Alberta (20 Minutes) Northern Intertribal Health Authority, Saskatchewan (20 minutes) Membertou, Nova Scotia (20 minutes) Supporting eHealth Solutions through Policy, Facilitated Discussion (30 minutes) 	<ul style="list-style-type: none"> Chris Shade, Dan Moraru & Dawn Litzenberger of Aquashell IT Solutions Charles Bighead Jason Googoo
eHealth Frameworks for Sustainability Panel Discussion <ul style="list-style-type: none"> Giiwednong Health Link, Ontario (20 minutes) First Nations Health Council, British Columbia (20 minutes) Integrating Telemedicine into eHealth, Keewaytinook Okimakanak Telemedicine (KOTM) and Sioux Lookout First Nation Health Authority (SLFNHA) eHealth Framework, Ontario (20 minutes) Supporting eHealth Sustainability Frameworks through Policy, Facilitated Discussion (30 minutes) 	<ul style="list-style-type: none"> Pam Williamson Gavin Eaton Penny Carpenter, Greg Ward, Nancy Greaves



Day Two Opening Remarks	<ul style="list-style-type: none"> • Grand Chief Ron Evans
Trilateral Partnerships with First Nations <ul style="list-style-type: none"> • Panorama in Ontario • eHealth in Manitoba 	<ul style="list-style-type: none"> • Lily Menominee-Batise • Nicolette Kaszor • Mabel Horton • Liz Loewen • Mark Sagan
First Nation's eCommunities and National Table <ul style="list-style-type: none"> • Assembly of First Nations 	<ul style="list-style-type: none"> • Judy Whiteduck
First Nations Broadband <ul style="list-style-type: none"> • Indian and Northern Affairs Canada 	<ul style="list-style-type: none"> • Ian MacArthur
Data Management: Issues and Best Practice in First Nations, Panel Discussion <ul style="list-style-type: none"> • Client Registry • Ownership Control Access Possession (OCAP) of data in the context of eHealth • Tripartite data sharing agreements • Physical security of data and Risk Management • Policy needs and requirements 	<ul style="list-style-type: none"> • Donna Williams • Jay Lambert • Scott McKenzie
Background and Overview of Clarification of Roles	<ul style="list-style-type: none"> • Donna Williams
Closing Prayer and Luncheon	<ul style="list-style-type: none"> • Elder Ann Callahan • Elder Barney Williams

2.2 PANEL DISCUSSIONS

Two panel discussions were held each comprising of brief presentations from the panellist followed by questions and answers. See Table 1 above for detailed presentations. The first panel discussion was centred on *Solutions for First Nations eHealth* and the second panel discussion was centred on *eHealth Frameworks for Sustainability*.

Solutions for First Nations eHealth

The *Solutions* panel session began with a presentation by the Blood Tribe on their Electronic Medical Record (EMR); followed by an overview of Northern Inter Tribal Health Authority's (NITHA) current eHealth status in terms of its' Memorandum of Understanding (MOU) with Saskatchewan, Readiness Assessment and perspective on the Electronic Health Record; and as the third panellist, the Membertou First Nation, presented on their Atlantic Aboriginal Centre of Excellence.

Overall, the primary point to emerge from the panel discussion was regarding data sharing, data sharing agreements and privacy:

- Privacy rights of First Nations individuals should be the basis of DSAs



- There was clarification as to the purpose of what the DSA is; it is not about giving over data; it is about recognizing OCAP principles and taking control amongst all the parties of the data. It is important to note that DSA's will need to recognize FN jurisdiction over their own data.
- In terms of possession and protection of data, there are many perspectives. There are significant costs to consider if FNs are going to own and house their own data. The issues are more about control over the data, versus actual physical possession of the data.
- Regional Health Authorities (RHA) have the same concerns as First Nations; concerns such as managing confidential information and breach of information, their role, limitation, secondary use of information, and data sharing.
- There is a mutual benefit to all the parties working out policies around limiting use and defining information sets.
- DSAs need to be shared among all organizations as public information.
- EMRs can take up to two years to implement.

eHealth Frameworks for Sustainability

The eHealth *Frameworks for Sustainability* panel session began with a presentation by the Giiwednong Health Link on their eHealth development efforts; followed by an overview of British Columbia First Nations eHealth; and as the third panellist, KO Telehealth on ten years of First Nations led Telehealth.

Overall, the primary points to emerge surrounded coordination, engagement and the need for funding:

- Privacy policies with provinces and territories may be the starting point for tripartite collaboration
- Funding and sustainability remain an important issue
- Much of FN eHealth projects are still pilots and lack sustainability funding
- Health Directors shape community engagement in BC
- Coordination strategies among communities is very important

2.3 BREAKOUT SESSIONS

Two breakout sessions were held, one focused on *Interoperability* and one for First Nations focused on *Clarification of Stakeholder Roles*. Due to the large number of participants, each breakout session was sub-divided into smaller groups.

Interoperability

While each group was setup to focus on the four eHealth working themes (Alignment, Data Management, Infrastructure and Implementation) the outcomes of the break out groups naturally expanded to encompass as many as ten categories:



- Alignment
- Challenges and Cautions
- Data Management
- Funding and Sustainability
- HISAP
- Human Resources
- Implementation
- Infrastructure
- Key Messages
- OCAP

A summary of the key points extracted from the session are enclosed as Appendix D.

Clarification of Stakeholder Roles

The final breakout sessions took place on the third day for the First Nations participants. The focus of the breakout sessions was to discuss and seek clarification of stakeholder roles. Highlights of the breakout session are contained herein. One of the first outcomes of the sessions was the identification of the following major stakeholder groups:

- AFN
- First Nations
- Health Canada
- Industry Canada
- Canada Health Infoway
- Provinces and territories
- Regions-PTO's-FN regional government model

A summary of the key points extracted from the session are enclosed as Appendix E.



3. POLICY DIRECTIONS AND RECOMMENDATIONS

In keeping with the forum objective, *Strategic Policy Development for First Nations eHealth in Canada is the objective*, the following nine policy directions have been summarized from the forum. Each policy direction is addressed in this section individually along with associated policy direction principles and recommendations:

1. Develop a Common First Nations eHealth Development Framework
2. Enable Provincial and Territorial Integration
3. Secure Implementation and Sustainability Funding
4. Establish Data Management/Governance Models
5. Clarify Health Canada Role and Responsibilities
6. Develop Human Resources/Capacity Building Strategies
7. Solidify First Nations Technical and Interoperability Standards
8. Support eCommunity, Broadband and Infrastructure Strategies
9. Re-establish/Establish National FNs eHealth Working Group

Note: a summary of the recommendations is enclosed as Appendix F.

POLICY DIRECTION 1:

DEVELOP A COMMON FIRST NATIONS eHEALTH DEVELOPMENT FRAMEWORK

The forum directly and indirectly identified the need for a “concept or “model” or “blueprint” or “framework” to provide clarity around eHealth to facilitate development and alignment.

Policy Direction Principles

Policy directions around developing a *Common First Nations eHealth Development Framework* should adhere to the following development principles:

- Respect community and regionally based approaches and models
- Provide consistency across all regions in terms of terminology, components, standards etc.
- Align eHealth Framework national health initiatives, FN Health Authorities and HISAP
- Align FN Leadership to support strategy
- Facilitate communications, planning, reporting, and operational efficiencies
- Leverage wise/best practices from all regions

Recommendations

- 1.1 Develop vision and eHealth framework for FN
- 1.2 Develop resolution in support of eHealth framework
- 1.3 Develop communications system – regional/national/international



- 1.4 Develop eHealth information repository
- 1.5 Host Annual National eHealth Forum for First Nations

POLICY DIRECTION 2:

ENABLE PROVINCIAL AND TERRITORIAL INTEGRATION

A central theme and discussion in the forum was the topic of provincial and territorial integration. First Nations are seeking support in the development of current and emerging bi-lateral and tri-lateral eHealth relationships.

Policy Direction Principles

Policy directions around enabling *Provincial and Territorial Integration* should adhere to the following development principles:

- Recognition of FN jurisdiction
- Consider accreditation to facilitate integration
- Align with Provincial eHealth strategies
- Adopt standards, common approaches to interoperability and service level agreements
- Standardization of FN inclusion in provincial and territorial legislation, strategies and priorities

Recommendations

- 2.1 Develop business case template for F/P/FN Partnerships
- 2.2 Lobby provincially and territorially for increased engagement in national tri-partite eHealth forum
- 2.3 Consider covering provincial and territorial participation in future National eHealth Forums

POLICY DIRECTION 3:

SECURE IMPLEMENTATION AND SUSTAINABILITY FUNDING

Perhaps the most critical discussion in the forum is the issue of implementation and sustainability funding. Much work needs to be done to secure the required funding—in particular funding beyond just funding pilots.

Policy Direction Principles

Policy directions around the pursuit of *Implementation and Sustainability Funding* should adhere to the following development principles:

- Program and project business case needs should come from First Nations
- Dedicated sustainability funding
- Clarify Federal/Provincial/Territorial and Canada Health Infoway commitments
- Require FN governance, management and evaluation
- Incorporate Elders and youth into the process



Recommendations

- 3.1 Develop First Nations business drivers of eHealth
- 3.2 Engage with Infoway for development of FN Blueprint that supports FN Jurisdiction
- 3.3 Lobby for FN eHealth funding envelop from Infoway
- 3.4 Lobby for FN eHealth funding envelop from Health Canada
- 3.5 Develop culturally appropriate change management processes and engagement strategies
- 3.6 Obtain Phase 2 funding for FN Client Registry
- 3.7 Develop funding and sustainability template for FN eHealth

POLICY DIRECTION 4:

ESTABLISH DATA MANAGEMENT/GOVERNANCE MODELS

Along with funding, data management was perhaps the second priority for discussion. Policy work is needed in a wide-range of data management areas that include the “operationalization” of OCAP, DSAs and the elimination of legislative barriers.

Policy Direction Principles

Policy directions around the *Establishment of Data Management/Governance Models* should adhere to the following development principles:

- OCAP – need to operationalize
- Capacity building for FN community management of data
- Educate leadership/Chiefs on Data Management
- Identify and resolve legislative barriers

Recommendations

- 4.1 Develop wise/best practices around FN Data Management that recognizes FN Jurisdiction and OCAP principles
- 4.2 Develop repository of Data Management Agreement templates
- 4.3 Develop OCAP “operationalization” guidelines
- 4.4 Develop First Nations privacy guidelines
- 4.5 Explore the need and role of a First Nations Chief Information Officer and/or First Nations Privacy Officer
- 4.6 Liaise with FN Information Governance Centre on First Nations eHealth Issues



POLICY DIRECTION 5:

CLARIFY HEALTH CANADA ROLE AND RESPONSIBILITIES

As eHealth is developing, so too are the roles of key partners and stakeholders. Of particular importance to FN eHealth is the role of Health Canada—at both the headquarters and in the regions. Further clarity around the role of Health Canada is seen as critically important.

Policy Direction Principles

Policy directions around the clarification of *Health Canada's Role and Responsibilities* should adhere to the following development principles:

- Align with other federal departments
- HISAP – needs to be based on FN priorities and supported by communities
- First Nations need to be involved in Treasury Board submissions
- Health Canada should be an investor in tripartite agreements
- Transparency

Recommendations

- 5.1 Develop official response to HISAP
- 5.2 Explore opportunities for AFN to align with HISAP
- 5.3 Clarify role FNIHB and FNIH in eHealth development
- 5.4 Establish role for FN in Treasury Board submissions

POLICY DIRECTION 6:

DEVELOP HUMAN RESOURCES/CAPACITY BUILDING STRATEGIES

There is no sustainable FN eHealth without the FN eHealth human resources. Policy is required to build FN eHealth expertise and experience.

Policy Direction Principles

Policy directions around the development of *Human Resources and Capacity* should adhere to the following development principles:

- IT Training for First Nations
- Recruitment and retention of skilled resources to maintain network and data
- Establishment of alliances with such organizations as COACH
- Leverage federal resources such as HRSDC
- Less reliance on consultants over time



Recommendations

- 6.1 Determine HR requirements for FN eHealth systems
- 6.2 Liaise with COACH, HRSDC, Health Canada, Industry Canada to identify FN Health Informatics Human Resource requirements and strategy

POLICY DIRECTION 7:

SOLIDIFY FIRST NATIONS TECHNICAL AND INTEROPERABILITY STANDARDS

Guidance, clarity and policy in the area of technical and interoperability is needed to support the development in context of the Infoway eHealth Blueprint and provincial and territorial eHealth infostructures.

Policy Direction Principles

Policy directions around the solidification of *FN Technical and Interoperability Standards* should adhere to the following development principles:

- Ensure eHealth technical standards support First Nations projects and standards

Recommendations

- 7.1 Participate in Infoway Standards collaborative
- 7.2 Ensure FN standards support communication with provincial and territorial systems

POLICY DIRECTION 8:

SUPPORT ECOMMUNITY, BROADBAND AND INFRASTRUCTURE STRATEGIES

FN eHealth extends well beyond the eHealth technologies and solution and into the development of supporting infrastructure. Policy, wise/best practices support and information sharing in the areas of eCommunity, Broadband and infrastructure is required.

Policy Direction Principles

Policy directions around supporting *eCommunity, Broadband and Infrastructure Strategies* should adhere to the following development principles:

- Clear identification of broadband players (e.g. INAC, Industry Canada)
- Support of regionally based eCommunity concepts and strategies
- Support of regionally based Data Centre concepts and strategies

Recommendations

- 8.1 Develop policy position on eHealth bandwidth requirements
- 8.2 Develop policy around institutional connectivity and health centre network management and use



- 8.3 Establish a strong link between the AFN Connectivity Working Group and the national eHealth working group
- 8.4 Explore options for FN Data Centres—inter-tribal/regional/national

POLICY DIRECTION 9:

RE-ESTABLISH/ESTABLISH NATIONAL FNS eHEALTH WORKING GROUP

Policy Direction Principles

Policy directions around establishing a *FNs eHealth Working Group* should adhere to the following development principles:

- Overseeing implementation of overall recommendations
- Ensuring effective communications to each of the regions
- Supporting National policy directions
- eHealth knowledge development

Recommendations

- 9.1 Form a national First Nations eHealth Working Group
- 9.2 The Working Group will prioritize the recommendations in this report
- 9.3 The Working Group will identify next steps to implement the recommendations of this report

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APPENDIX A: FORUM AGENDA



AFN-AMC 2010 eHealth/Health Information Management Forum

AFN-AMC 2010 eHealth/Health Information Management Forum > Policy Forum Agenda, November 8-10, 2010

Policy Forum Agenda, November 8-10, 2010

Winnipeg Convention Centre, 375 York Ave., Winnipeg, MB, R3C 3J3
Meeting is in the: "Millenium Suite" - 2nd Floor of the Convention Centre

New ▾	Actions ▾	Settings ▾	View: Agenda (Print View)
Start Time	Description	Presenter(s)	

Day: 1) Monday, November 8, 2010 – Developing Integrated Partnerships (First Nations, Governments, Funders, Others)

Session : Morning (10)

6:00-8:30	Breakfast at Blaze Bistro, Delta Hotel lobby level • Compliments of AFN (Provide your name at restaurant)	
7:30	Registration	
8:30	Forum Opening	Darrick Baxter
8:45	Opening Ceremonies • Prayer, Welcome, Introductions	Elder Ann Callahan Elder Barney Williams
9:15	Opening Remarks	Chief David Grate Regional Chief Bill Travers FNIH MB Director Jim Wolf
10:15	First Nations eHealth in Canada...Moving Forward • Assembly of First Nations (AFN)	Donna Williams
10:45	Break	
11:00	eHealth Forum Objectives, Themes and Discussion Perspectives • Alignment Strategies • Data Management • Infrastructure • Implementation	Murray Dion
11:15	Health Infrastructure Strategic Action Plan (HISAP) and Readiness Assessments • First Nations Inuit Health Branch (FNIHB)	• Ernie Dal Grande • Monique Stewart
11:45	Lunch	

Session : Afternoon (6)

1:00	Health Informatics and Human Resource Capacity Building • Impacts on First Nations	Don Newsham
1:30	Solutions for First Nations eHealth Panel Discussion • Blood Tribe EMR, Alberta (20 Minutes) • Northern Intertribal Health Authority, Saskatchewan (20 minutes) • Membertou, Nova Scotia (20 minutes) • Supporting eHealth Solutions through Policy, Facilitated Discussion (30 minutes)	• Chris Shade, Aquashell IT Solutions • Charles Bighead • Jason Googoo • Murray Dion (Facilitator)
3:00	Break	
3:15	eHealth Frameworks for Sustainability Panel Discussion • Giiwednong Health Link, Ontario (20 minutes) • First Nations Health Council, British Columbia (20 minutes) • Integrating Telemedicine into eHealth, Keewatinook Okimakanak Telemedicine (KOTM) and Sioux Lookout First Nation Health Authority (SLFNHA) eHealth Framework, Ontario (20 minutes) • Supporting eHealth Sustainability Frameworks through Policy, Facilitated Discussion (30 minutes)	• Pam Williamson • Gavin Eaton • Penny Carpenter, Greg Ward, Nancy Greaves • Murray Dion (Facilitator)

2010 NATIONAL EHEALTH STRATEGIC POLICY FORUM

OUTCOMES REPORT



4:45	Day One Summary and Close	Darrick Baxter
6:00	Dinner and Entertainment	
Day : 2) Tuesday, November 9, 2010 – Developing Integrated Partnerships (First Nations, Governments, Funders, Others)		
Session : Morning (9)		
6:00-8:30	Breakfast at Blaze Bistro, Delta Hotel lobby level • Compliments of AFN (Provide your name at restaurant)	
8:30	Day Two Opening Remarks	Grand Chief Ron Evans
8:45	Recap of Day One and Day Two Agenda and Objectives	Darrick Baxter
9:00	Trilateral Partnerships with First Nations • Panorama in Ontario • eHealth in Manitoba	• Lily Menominee Batise Nicolette Kaszor • Mabel Horton Liz Loewen Mark Sagan
10:00	First Nation's eCommunities and National Table Assembly of First Nations	Judy Whiteduck
10:15	First Nations Broadband INAC	Ian MacArthur
10:30	Break	
10:45	Data Management: Issues and Best Practice in First Nations, Panel Discussion • Client Registry • Ownership Control Access Possession (OCAP) of data in the context of eHealth • Tripartite data sharing agreements • Physical security of data and Risk Management • Policy needs and requirements	Donna Williams Jay Lambert, Scott McKenzie,
11:45	Lunch	
Session : Afternoon (4)		
1:00	Interoperability Breakout Groups (4) • Exploration of interoperability issues as they relate to the working themes of <i>Alignment, Data Management, Infrastructure and Implementation</i>	Murray Dion (Breakout Groups Introduction and Setup)
3:00	Break	
3:15	Interoperability Breakout Group's Presentations and Discussion (20 minutes per group)	Group Facilitators
4:45	Day Two Summary and Close	Darrick Baxter
Day : 3) Wednesday, November 10, 2010 – First Nations Strategy Session - First Nations Participants (8)		
Session : Morning (8)		
6:00-8:30	Breakfast at Blaze Bistro, Delta Hotel lobby level • Compliments of AFN (Provide your name at restaurant)	
8:30	Day Three Opening, Agenda and Objectives	Darrick Baxter
8:40	Background and Overview of Clarification of Roles Discussion planned for Day Three	Donna Williams
9:00	Clarification of Stakeholder Roles Breakout Groups (4) • Exploration of the roles of First Nations, Federal, Provincial, Infoway and AFN/PTOs stakeholders as they relate to the working themes of <i>Alignment, Data Management, Infrastructure and Implementation</i>	Murray Dion (Breakout Groups Introduction and Setup)
10:15	Break	
10:30	Stakeholder Roles Breakout Group's Presentations and Discussion (20 minutes per group)	Group Facilitators



11:45 **Closing Remarks and Next Steps**
12:00 **Closing Prayer and Luncheon**

Donna Williams
Elder Ann Callahan
Elder Barney Williams





APPENDIX B: PARTICIPANTS LIST

Opening Prayer

- Elder Joseph Williams, Assembly of First Nations
- Elder Ann Callaghan, Assembly of Manitoba Chief

First Nations

- Jennifer MacDonald, Director, Theresa Cremo Memorial Health Centre, Atlantic, NS
- Bruno Tremblay, Project Manager, CSSSPNQL, Quebec
- Catherine Power, eHealth Program Officer, CSSSPNQL, Quebec
- Sophie Picard, Coordonnatrice Santé, CSSSPNQL, Québec
- Marjolaine Sioui, Gestionnaire des opérations, CSSSPNQL, Québec
- Chief R. Donald Maracle, Mohawks of the Bay of Quinte, Chiefs of Ontario
- Matthew Resmini, Health Information Technology Policy Analyst, Chiefs of Ontario
- Lily Menominee-Batise, Public Health Information Coordinator, Chiefs of Ontario
- Barney Batiste, Elder Advisor, Chiefs of Ontario
- Chief David Crate, Fisher River First Nation
- Grand Chief Ron Evans, Assembly of Manitoba Chiefs
- Diane McDonald, Health Director West Region Tribal Council, Manitoba
- Jennifer Gray, Assistant Health Director Keewatin Tribal Council, Manitoba
- Garry Munro, Health Director Swampy Cree Nation Tribal Health, Manitoba
- Wallace McDougall, Health Director, Four Arrows Regional Health Authority, Manitoba
- Larry Starr, Health Manager, South East Resource Development Council, Manitoba
- Lyna Hart, South East Resource Development Council, Manitoba
- Senator Saul Sanderson, Saskatchewan
- Patrick Johnson, Director Environmental Health, Federation of Saskatchewan Indian Nations
- Audrey Parke, Aboriginal Health Transition Fund Coordinator, Onion Lake, Saskatchewan
- Brian Ballantyne, Assistant Executive Director, Saskatchewan
- Earlen Keewatin, Telehealth Coordinator/Computer Technician, Saskatchewan
- Bonita Saddleback, Health Services Coordinator, Treaty 6, Alberta
- John Cristescu, Director, Special Projects & Initiatives, Treaty 7 Management Corp, Alberta
- Carolynn Small Legs, Health Director, Treaty 7, Alberta
- Gloria Fraser, Health Director, Treaty 8, Alberta
- Steven Raphael, Telehealth Migration Specialist, Sto:lo Nation Health Services, British Columbia
- Tammy Johnson, eHealth Engagement Coordinator, Ts'ewulhtun Health, British Columbia
- Medric Reid, IT Department Manager, Hailikaas Heiltsuk Health Centre, British Columbia



First Nations and Inuit Health (FNIH)

- Sandra Musgrave, Regional Education Manager, Atlantic Region
- Leanne Yates, Director, Health Information Analysis, Nova Scotia
- Serge Desrosiers, Analyst principal des politiques, Québec
- Louis Comtois, Coodonnateur Régional – Systèmes Degestions et Solutions e-Santé, Québec
- Mark Sagan, Regional Manager, Health Info Analysis & eHealth, Ontario (presenter)
- Drew Perry, Systems Analyst, eHealth Solutions, Ontario
- Nicolette Kaszor, Health Planner, Panorama Lead, Ontario (presenter)
- Cathy McKenzie, Program Manager, Manitoba
- Achkar Nora, eHealth Regional Program Manager, Saskatchewan
- Deb Kupchanko, Nurse, Health Canada, Saskatchewan
- Suzanne Pinsent, Manager, Community/NGO/Treaty 7 Zone, Alberta
- Allan Marsh, Regional Manager, Special Projects, Alberta
- Jeffrey Yu, Program Manager eHealth, British Columbia
- Shannon Waters, Director of Health Surveillance, British Columbia
- Steve Sagodi, British Columbia

Provinces and Territories

- Lisa Stafford, Public Health Project Officer, OCMOH, (NB DOH), New Brunswick
- Jerome Foster, Integration Architect, New Brunswick Department of Health
- Roger Girard, Manitoba eHealth
- Liz Lowen, Director Coordinator of Care, Manitoba eHealth, WRHA, Manitoba
- Shannon McDonald, Executive Director, Ministry of Healthy Living and Sport, British Columbia
- Melissa Cote, Director, Intergovernmental, First Nations & Métis Relations, Saskatchewan

Presenters

- Monique Stewart, Director, Health Information, Analysis & Research, Health Canada, Headquarters
- Ernie Del Grande, National Manager, eHealth Program, Health Canada, Headquarters
- Ian MacArthur, Sr. Manager, Strategic Planning and Connectivity, Indian and Northern Affairs Canada
- Judy Whiteduck, Assembly of First Nations, Economic Development
- JD Miller, Information and Communications Technology
- Steve Fox-Radulovich, Information and Communications Technology Management Consultant
- Chris Shade, Chief Executive Officer, Blood Tribe Department of Health, Alberta
- Dan Moraru, Project Manager, Aquashell IT Solutions, Calgary Alberta
- Dawn Litzenberger, Senior Consultant, Aquashell IT Solutions, Calgary Alberta
- Charles Bighead, Northern Intertribal Health Authority, Saskatchewan
- Jay Lambert, Consultant



- Jason Googoo, Manager, Membertou Geomatics Consultants, Nova Scotia
- Pam Williamson, Executive Director, Noojmowin Teg Health Centre, Ontario
- Penny Carpenter, Kilet Business Manager, Keewaytinook Okimakanak, Ontario
- Nancy Greaves, Sioux Lookout First Nations Health Authority, Ontario
- Gregory Ward, Manager of Operations and Privacy, KO Telemedicine
- Don Newsham, Chief Executive Officer, COACH, Canada's Health Informatics Association
- Gavin Eaton, Director of eHealth, First Nations Health Council, British Columbia
- Scott McKenzie, Consultant, Clear Concepts
- Others Present
- Holly Cooper, Account Executive, Donna Cona, Ottawa Ontario
- Mabel Horton, eHealth Coordinator, Assembly of Manitoba Chiefs
- Darrick Baxter, Health Infostructure Liaison, Assembly of Manitoba Chiefs
- Lisa Clarke, eHealth Assistant Coordinator, Assembly of Manitoba Chiefs
- Tracy Thomas, eHealth Program Assistant, Assembly of Manitoba Chiefs
- Kathi Avery-Kinew, Manager Research and Social Development, Assembly of Manitoba Chiefs
- Leanne Gillis, Administrative Assistant, Assembly of Manitoba Chiefs,
- Jonathan Thompson, Assembly of First Nations, Director of Health and Social Secretariat
- Donna Williams, Assembly of First Nations, eHealth Coordinator
- Diego Garcia, Assembly of First Nations, Public Health
- Murray Dion, Facilitator, Syntolis Group Inc.

Minutes

- Lisa Clarke, Assemble of Manitoba Chiefs
- Susan Heavens, Assembly of First Nations

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APPENDIX C: FORUM EVALUATION

Overall Evaluation

Based on feedback from the 22 evaluation forms received, where:

- 5 = Exceeded Expectations Significantly;
- 4 = Fully Satisfied / Surpasses Expectations;
- 3 = Satisfied / Met Expectations;
- 2 = Somewhat Satisfied / Met Most Expectations; and
- 1 = Unsatisfied / Did Not Meet Expectations;

the overall forum was well received and considered very valuable scoring a **4.3** on a scale of **5**.

Two areas that scored below 4.0 were duration and time. A number of respondents felt the forum could have been longer; and an even larger number felt starting the forum on Monday was problematic from a travel perspective.

Figure 2 is the overall evolution summary.

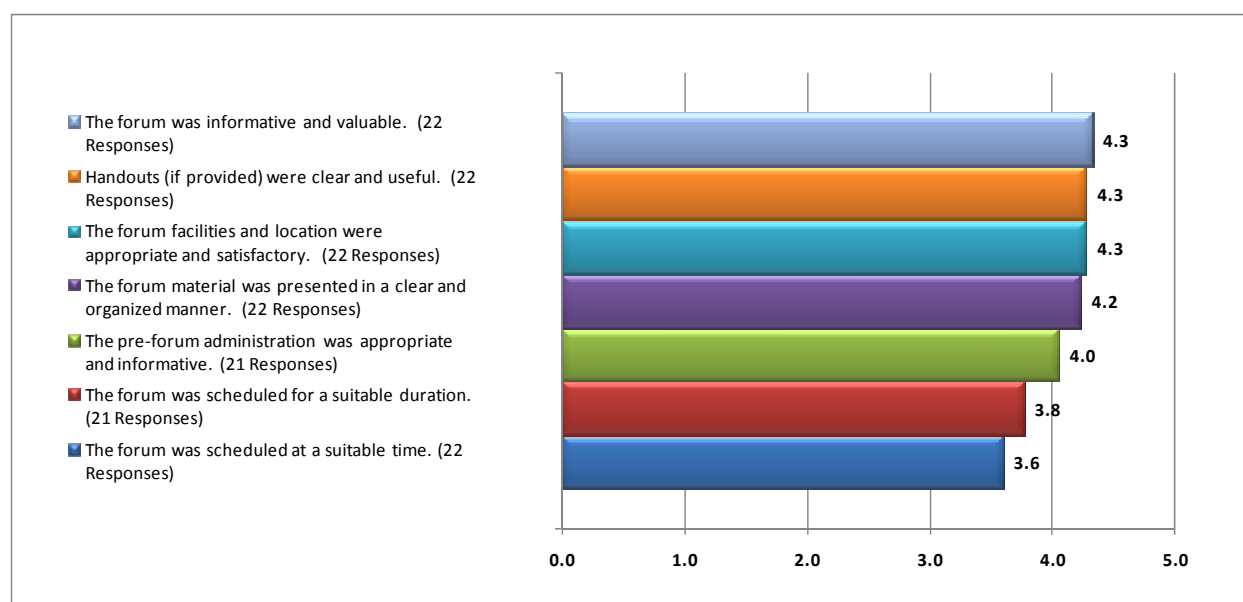


Figure 2: Forum Evaluation



Participants and Presenters

The following three figures summarize the registered participants, presenters and others.

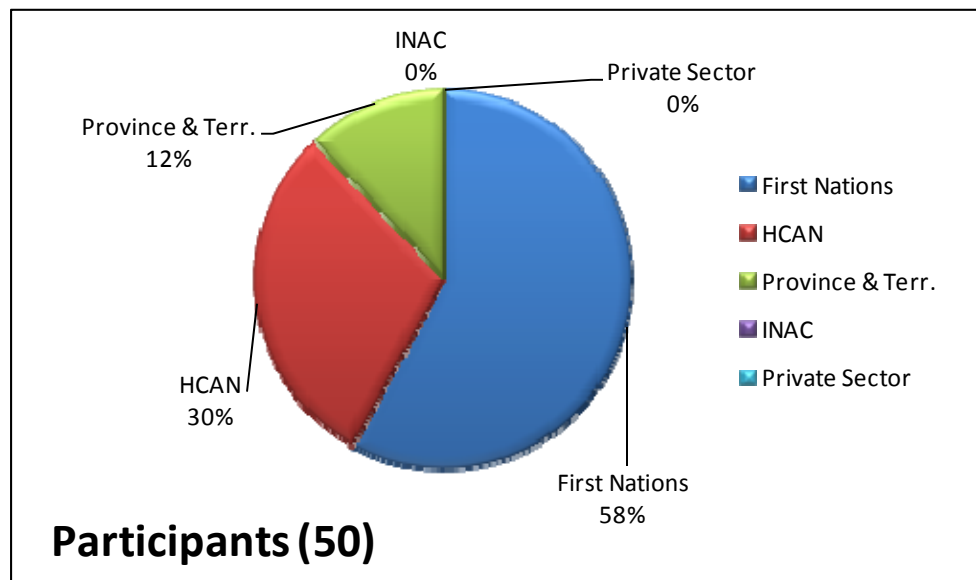


Figure 3: Participants by Sector

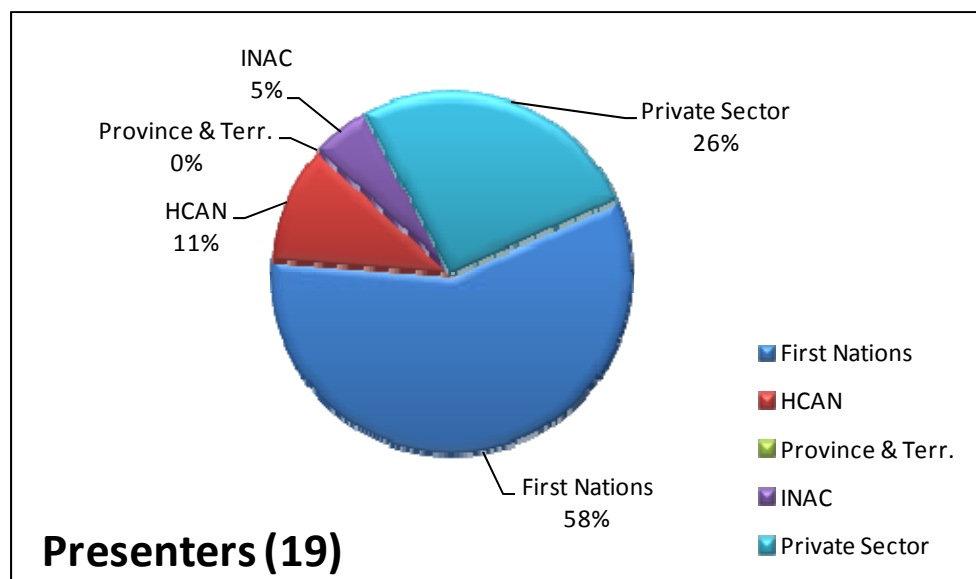


Figure 4: Presenters by Sector

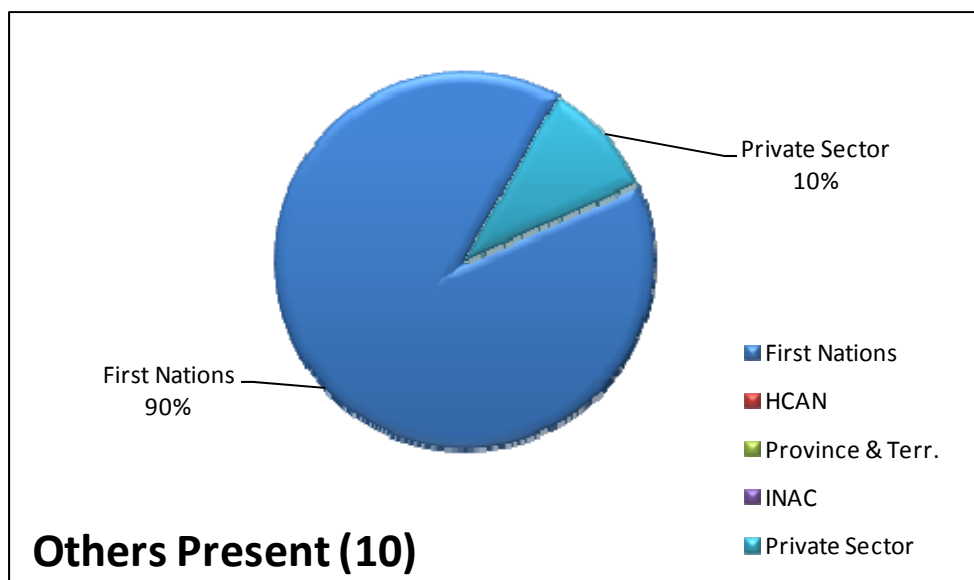


Figure 5: Other Participants

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APPENDIX D: INTEROPERABILITY KEY POINTS RAISED

Alignment

- Align recommendations within HISAP
- Align with health initiatives and authorities and get more attention to eHealth—this will draw alignment among leadership.
- Align with other federal departments
- Alignments may also refer to standards and interoperability.
- Common alignment agree on general standards, interchange information, point of service model and broker
- Common Vision—priority
- Consistency
- Developing usable Standards
- Difference between Government of Canada and provincial and territorial standards—how to reconcile?
- Don't impose "Top Down" policies/rules
- Don't wait for perfect alignment
- Equity (Equitable place where communities are at)
- Federal needs to align with provincial and territorial strategies - mutual alignment
- Get provinces and territories to table
- How do we put pressure on the provinces and territories that don't come to the table?
- Identify who and what
- Integration of systems
- Interests of the parties - initiating process
- Policies need to be flexible to suit every region
- Proper levels of F/P/T and First Nations governance
- Respect regional First Nations views and directions
- Share wise/best practices among First Nations and F/P/T partners
- Update the policies

Challenges and Cautions

- Build in evaluation
- EMR is only a tool and not enough to improve health
- Ensure effective plan are in place
- Implementation is not the end
- Internal First Nations alignment as key as external alignment
- It is challenging to bring all layers to the same level
- Move at the appropriate pace
- Secure committed partnerships
- Seek common ground and find ways to work together
- Sustainability
- The key is working with communities with early, ongoing and meaningful engagement



- Undertake change management

Data Management

- Address off-reserve data
- Align with provincial and territorial terminology
- Business case for First Nations F/P/T partnerships
- Cluster community programs
- Community values: want people, staff, leaders to feel safe; need to share some information to help each other
- Data management policies need to look at data regardless of where it's stored
- Data sharing agreements (need them and share the models)
- Develop governance structure and manage agreements
- First Nations Information/Research Centre: develop policies re access outside data, protect and share data
- First Nations need to clarify who owns what and that the other parties involved do not infringe in the ownership
- Good governance comes from starting or possessing from good data
- How does liability management relate to the access of information
- IT support needed to help produce and manage data
- Know and understand what kind of data is there and what data sets can be developed
- Know where the data is stored and arrangement with service provider
- Lines blurry between F/P/T responsibilities
- Need the tools to collect information (EMR)
- Reflect different service models
- Research and surveillance for First Nations provincially (how will it benefit communities)
- Regional Health Survey (RHS) has a good model that we should look at
- Share wise/best practices regarding data management AFN could lead this sharing
- Should reflect business needs
- Some data is better served to be managed in community
- Who has the permission/authority to input/use/see what data and when

HISAP

- AFN and FN should explore opportunities for alignment to HISAP elements
- Alignment may refer to strategies and we want to align with what's happening in the other departments and strategies such as HISAP and Integration
- FN to identify priorities
- HISAP (Health Infrastructure Action Plan)
- Link to AFN eHealth Action Plan



Human Resources

- Accreditation (HR, project management) must be First Nation driven
- COACH can be a useful resource
- Current and future training IT professionals
- Education needed regarding security and protection of data
- Education of leadership on importance of data management
- HR is not being funded by HC FNIHB; programs should have HR incorporated in them
- There are accreditation processes in Canada
- When they design standards they should have community participation

Implementation

- Accreditation and evaluation needs to be part of planning
- Capacity building component for each component at the community level
- Change management: culturally appropriate process and engagement strategy
- Client centred models
- Community champions are needed and should be planned for
- Culturally appropriate
- Elders input, youth input
- Elders need to be recognized as teachers
- Establish First Nation Chief Information Officer, FN Privacy Commissioner/Ombudsman
- How to include training requirements i.e. staff training
- Look at different media - Visual, Public Service Announcements etc. Plus language
- Need communications people
- Needs assessment and education on ICT's and deployment and security policies
- Package info to the right people
- Respect existing community/FN agreements.
- Start with communications with AFN, PTOs, FN

Infrastructure

- AFN lobbying for FN participation of \$7 billion rural connectivity
- Based on community usage demand driven (holistic, education, economic development, social)
- Connectivity policy position regarding the size of bandwidth
- eHealth opportunities must be now - AFN Role to lobby for responsive policies and acceptable standards for future
- Environmental scans need to be all-inclusive
- Implementation and sustainability funding required
- Industry Canada's lack of First Nations priority policy is a major barrier
- Interoperable networks and security domains
- Look at infrastructure in broader way
- Needs Assessments for an overall plan
- No one left behind should not just be a community with a good consultant who can write proposals



- Opportunities for sharing infrastructure
- Plan what is needed and how to share supports between First Nations
- Service level agreements, standards
- Update the policies regarding who are the F/P/T players? INAC envelope (Education, Social Allowance, Capital)

Key Messages

- Dedicated sustainable funding is needed
- Develop human resources and training
- Document best practices so that there is uniformity/consistency across the country
- FN health should go about setting priorities as opposed to being reactive
- Infoway - include First Nations in provincial and funding
- Look at wise/best practices and recommendations from the Aboriginal Health Transition Fund (AHTF) three envelopes of adaptation, integration and pan-Aboriginal
- New ways of thinking are needed; the same old way achieves the same results
- No Borders (i.e. patient focused) systems and policies must recognize that FNs people cross P/T borders
- Planning process and community engagement
- F/P/T commitments on money and policy are needed
- Usable standards are required
- Use collective purchasing power

OCAP

- Develop a guide to the “operationalization” of OCAP
- Develop regional privacy guidelines/policy templates
- OCAP is community defined
- Share DSAs

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APPENDIX E: CLARIFICATION OF ROLES KEY POINTS RAISED

AFN

- Gather common priorities and visions from Regions
- National Steering committee
- EMR Strategy

First Nations

- Needs Analysis
- Inter tribal institutions
- Identify priorities
- Support eHealth leads and leverage successful projects
- Capacity strategies for FN
- Collective support services - IT
- Data Management
- Human Resources
- Political accountability
- Education funding, levels of service to health, social development in special needs
- Access issues for FN
- Inter-tribal communication Systems
- eCommunity
- eHealth
- Generate revenue
- Business Cases

Health Canada

- INAC Client Registry
- FNIH, First Nations need to be involved in Treasury Board submission
- FNIHB, enable eHealth to become sustainable
- Regions become reactive to headquarters priorities i.e. readiness assessments
- FN have own strategies and priorities; message is not getting to headquarters
- Recognize transferred and non-transferred communities
- Headquarters role is not operations; their role is liaison with Treasury Board, (funding) other Health Canada branches
- Accountability
- Investors in tripartite agreements
- Work with INAC, Industry Canada and Infoway to ensure eHealth and related dependencies are a funded service
- Prioritize eHealth between headquarters and regions
- Enable standards development
- Collaborate with FN



- Share information with First Nations - communication

Industry Canada

- Broadband

Canada Health Infoway

- Regional Chief address their board counterpart
- FN rep on Infoway board; bring issue to AFN Executive Board

Provincial

- Provinces and territories are willing partners
- Align positions and job descriptions with First Nations
- Infrastructure
- Implementation
- Province/territory to province/territory

Regions-PTO's-FN regional government model

- Develop eHealth strategies
- Identify priorities
- Funding
- Distinction between political and service

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APPENDIX F: SUMMARY OF RECOMMENDATIONS

POLICY DIRECTION 1:

DEVELOP A COMMON FIRST NATIONS eHEALTH DEVELOPMENT FRAMEWORK

Recommendations

- 1.1 Develop vision and eHealth framework for FN
- 1.2 Develop resolution in support of eHealth framework
- 1.3 Develop communications system – regional/national/international
- 1.4 Develop eHealth information repository
- 1.5 Host Annual National eHealth Forum for FN

POLICY DIRECTION 2:

ENABLE PROVINCIAL AND TERRITORIAL INTEGRATION

Recommendations

- 2.1 Develop business case template for F/P/FN Partnerships
- 2.2 Lobby provincially and territorially for increased engagement in national tri-partite eHealth forum
- 2.3 Consider covering provincial and territorial participation in future National eHealth Forums

POLICY DIRECTION 3:

SECURE IMPLEMENTATION AND SUSTAINABILITY FUNDING

Recommendations

- 3.1 Develop FN business drivers of eHealth
- 3.2 Engage with Infoway for development of FN Blueprint that supports FN jurisdiction
- 3.3 Lobby for FN eHealth funding envelope from Infoway
- 3.4 Lobby for FN eHealth funding envelope from Health Canada
- 3.5 Develop culturally appropriate change management processes and engagement strategies
- 3.6 Obtain Phase 2 funding for FN Client Registry
- 3.7 Develop funding and sustainability template for FN eHealth



POLICY DIRECTION 4:

ESTABLISH DATA MANAGEMENT/GOVERNANCE MODELS

Recommendations

- 4.1 Develop wise/best practices around FN Data Management that recognizes FN Jurisdiction and OCAP principles
- 4.2 Develop repository of Data Management Agreement templates
- 4.3 Develop OCAP “operationalization” guidelines
- 4.4 Develop FN Privacy guidelines
- 4.5 Explore the need and role of a FN Chief Information Officer and/or FN Privacy Officer
- 4.6 Liase with FN Information Governance Centre² on FN eHealth Issues

POLICY DIRECTION 5:

CLARIFY HEALTH CANADA ROLE AND RESPONSIBILITIES

Recommendations

- 5.1 Develop official response to HISAP
- 5.2 Explore opportunities for AFN to align with HISAP
- 5.3 Clarify role FNIHB and FNIH in eHealth development
- 5.4 Establish role for FN in Treasury Board submissions

POLICY DIRECTION 6:

DEVELOP HUMAN RESOURCES/CAPACITY BUILDING STRATEGIES

Recommendations

- 6.1 Determine HR requirements for FN eHealth systems
- 6.2 Liase with COACH, HRSDC, Health Canada, Industry Canada to identify FN Health Informatics Human Resource requirements and strategy

² Note that there is a FN Governance Centre, not to be confused with FN Information Governance Centre.



POLICY DIRECTION 7:
SOLIDIFY FIRST NATIONS TECHNICAL AND INTEROPERABILITY STANDARDS

Recommendations

- 7.1 Participate in Infoway Standards collaborative
- 7.2 Ensure FN standards support communication with provincial and territorial systems

POLICY DIRECTION 8:
SUPPORT eCOMMUNITY, BROADBAND AND INFRASTRUCTURE STRATEGIES

Recommendations

- 8.1 Develop policy position on eHealth bandwidth requirements
- 8.2 Develop policy around institutional connectivity and health centre network management and use
- 8.3 Establish a strong link between the AFN Connectivity Working Group and the national eHealth working group
- 8.4 Explore options for FN Data Centres—inter-tribal/regional/national

POLICY DIRECTION 9:
RE-ESTABLISH/ESTABLISH NATIONAL FNs eHEALTH WORKING GROUP

Recommendations

- 9.1 Form a national First Nations eHealth Working Group
- 9.2 The Working Group will prioritize the recommendations in this report
- 9.3 The Working Group will identify next steps to implement the recommendations of this report