Data Stewardship Committee
Annual Report, 2010/2011

Requirement to Report

This report is submitted in fulfillment of the requirements of Section 16(1) of the e-Health (Personal Health Information Access and Protection of Privacy) Act:

16(1) At least once each year, the data stewardship committee must report to the minister respecting
(a) The activities of the data stewardship committee,
(b) Information-sharing agreements entered into by an administrator under this Division, and
(c) Any matter the minister requires.

Activities of the Data Stewardship Committee in 2010/2011

The Data Stewardship Committee activities continued to focus on committee formation and development in its second year.

An effective working relationship has been established between the Committee and the Ministry of Health, in particular the Office of the Chief Data Steward, the Data Stewardship Secretariat, and the PharmaNet Stewardship Committee. Collaboration between the Data Stewardship Committee and the PharmaNet Stewardship Committees is a priority for both the Committees and the Ministry.

During 2010/2011, six members were reappointed to the Committee, the College of Pharmacists member was replaced mid-term, and a new public member was appointed (replacing one who resigned).

The Committee met four times during the year, with one meeting held as a joint session with the PharmaNet Stewardship Committee. Two Request to Contact applications were reviewed by the committee, and one pan-Canadian study was introduced. No decisions on access to government data were made or information-sharing agreements were entered into during the Committee’s second year.

The Data Stewardship Committee looks forward to contributing to the effective stewardship of health data in BC in the future.

Next Steps

As Chair, I feel it is essential that a deadline-directed approach be taken in dealing with both health planning and research data requests. The committee feels that a 90-day period of time between when the request for data access is received complete and the data are returned to the authorized user is reasonable, and the DSC should work to ensure this is possible over the next two years now that committee formation and development is complete.

This will require two additional meetings of key MoH staff and the Chair of the Data Stewardship Committee each month. These meetings would be approximately 30-60 min in length. I have proposed these changes to the Chief Data Steward.
It is imperative that the Data Stewardship Committee establish these timelines with Ministry of Health staff, as there are many branches affected by timelines such as those proposed above. The central goal of next year’s committee work will be to establish these timelines.

Authorized timely access to health data holdings in BC is imperative for better health planning and patient-directed outcomes research to develop to aid the government in the quest to deliver better and more efficient health services in the near future. I believe the Data Stewardship Committee can be of great assistance in this regard.

Sincerely,

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BC Children’s Hospital  
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