



2017-2018

Annual Report



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Through four decades, Digital Health Canada has met the growing needs of our members. Our mission has evolved along with the industry. Our mission describes why we exist, our vision is what we aspire to achieve and our values provide the framework for how we conduct ourselves as an organization.

Mission

Connect, inspire, and educate digital health professionals who are creating the future of health in Canada.

Vision

Catalyze the digital health community, incubate knowledge, and advocate for professional members and the industry.

Values

While our mission and vision are evolving to reflect changes in our industry, our values remain the same. The association:

- Demonstrates leadership by introducing innovation that accelerates the transformation of health service delivery
- Values collaboration through sharing of health informatics and digital health knowledge and experience with others
- Recognizes the diversity of our membership
- Remains committed to continuous learning
- Is guided by professionalism, integrity and ethics
- Responds to and serves the needs of the members and the health system

Board of Directors



Leon Salvail
President and
Board Chair



Shiran Isaacksz
Vice-President



Elizabeth Keller
Secretary-
Treasurer



Mike Barron
Past President



Susan Anderson
Director



Hélène Clément
Director



Angela Copeland
Director



Ted Scott
Director



Christine Sham
Director



Gillian Sweeney
Director

Management Team



Mark Casselman
Chief Executive
Officer



Shannon Bott
Executive Director,
Operations

From the President

Embracing innovation,
forming connections,
and staying relevant

Just like regular check-ups help us keep tabs on our health, periodically taking stock of where we stand and where we are going, both as an association and as an industry, contributes to healthy growth and good planning. This quarter—which marks both the start of a new fiscal year and the end of my two-year term as Board President—is a perfect time to look back on how far we have come, and look forward to the future.

LOOKING BACK

It is an exciting time in the industry and for Digital Health Canada; there are so many positives to celebrate. Over the last few years, the association hired a new CEO, implemented a staff-based model for the association secretariat, and successfully rebranded as Digital Health Canada. We also enjoyed a period of stellar membership growth, with membership at the end of the last quarter exceeding 2,500 – more members than we have ever had in the history of the association, and a testament to our vibrancy and relevance. We continue to experience success as co-hosts of the e-Health Conference and Tradeshow – Canada’s only national digital health event – and are focusing on creating a sense of community and heightened interest by expanding what we offer in the event space with an increasing number of regional conferences, meet-ups, and breakfast events. These are all positives, and really good things that the national office team works hard to implement.

LOOKING FORWARD

Our mission to connect, inspire and educate our members – the digital health professionals creating the future of health in Canada – helps focus the planning and decision-making that supports everything we do as an association.

Here’s what I see when I look to the future of Digital Health Canada: we will build bridges between traditional and new members through local engagement, Communities of Action, and events that bring together professionals from public and private organizations and diverse sectors. We will forge more connections by establishing regional chapters and partnerships with local organizations. Our members will continue to push the boundaries of what digital health means by engaging in debate and discussion at symposiums and events, and by presenting new ideas on Webinar Wednesdays.

We will continue to educate the professionals working to make a difference in advancing healthcare through information technology by fostering the development of unique educational content and inviting participation from industry experts through our newly launched faculty program. We will invest in partnerships that bring value to membership and expand existing opportunities to learn and educate. We will continue to inspire by publishing the work of our members in industry guidelines, whitepapers and reports, and to advocate for the digital health industry by helping public and private organizations find their place in the market. We will continue our commitment to membership growth through engagement and to financial stability through careful stewardship.

Much like our members, this more than 40-year-old, proudly Canadian association will thrive by embracing innovation, forming connections and staying relevant. Over the past two years, we reinvented ourselves once again to better serve the needs of our members. I encourage us to continue to keep pace with the new through constant innovation and reinvention!

Leon Salvail

President and Board Chair

From the CEO

An important year
in the history of the
association

When we developed the 2017-2020 Digital Health Canada Strategic Plan, one thing we recognized was a need for change—across the industry, across member organizations, and across the association. Many of the expected changes and themes began to play out over this past year: major tech players like Amazon, Apple, Google, and Salesforce moved into the health sphere and new partnerships developed between payers, solution providers, and healthcare service delivery organizations. We also saw an increased focus on tech and innovation beyond the EHR and hospitals, with continued growth of patient engagement activity, home and community-based care models and innovations and federal funding allocated to consumer gateway development; continued growth and diversity of professionals and adjacent industries involved in digital health; and growing pressures to address the fundamental challenges in delivering high-quality cost-effective care to our aging population. Our members and volunteers continue to address these challenges with creativity, compassion, and innovation, and Digital Health Canada will continue to fulfill our mission to connect, inspire, and educate these digital health professionals who are creating the future of health in Canada.

Thanks to the efforts of our exceptional members, volunteers, staff team, board of directors, and partners, Digital Health Canada delivered impact for members and the industry across many areas in 2017-18, including growth of our membership to 2,501 (a 14% increase over last year's total of 2,201), both the largest and the most diverse (in terms of member organization type, roles, and segments) membership body in organization history. We launched the Women Leaders in Digital Health Award, relaunched Communities of Action (engaging more than 85 volunteers), and added a Continuing Education Provider program to recognize our content partners and a Faculty Program to recognize Education contributors.

We added regional events like Toronto's Driving the Future of Digital Health, hosted MeetUps and Breakfast events across the country. Finally, we modernized our brand to align with our future-focused strategy and to more accurately communicate the association story, mission, and values. We also increased web traffic by improving our website user experience, publishing more than 20 industry-specific blog posts, and creating a more active social media presence.

BUILDING MOMENTUM IN 2018-19

Plans for the upcoming membership year include growth of both our general membership and membership in CHIEF: Canada's Health Informatics Executive Forum; growth across regions with the launch of a regional chapter program; and growth in valuable member resources with the expansion of Communities of Action and Education. The upcoming year will see the development of a Content Library populated with thought leadership resources, an updated Resource Guide, expansion of our web-based education program, and development of a new certificate program.

All our efforts are undertaken in response to member requests for networking, education, and professional development opportunities. As we close out an important year in the history of the association and launch into our first full fiscal year under our new Digital Health Canada brand, I look forward to growing momentum for the future while continuing to build on (and celebrate) the history that began in 1975 with the launch of the Canadian Organization for Advancement of Computers in Health (COACH). Our foundation is our strength and, through change, we grow stronger for the future.

Mark Casselman
Chief Executive Officer

Board Development Committee Report

Introducing the new Directors on the 2018-2019 Board

As Chair of the Board Development (BD) Committee, it is my pleasure to introduce the new Directors on the 2018–2019 Digital Health Canada Board.

This year we had five open Board positions with 10 candidates standing for election. I would like to extend a sincere thank-you and hearty congratulations to all who ran for a position, as well as the members who nominated them. Thank you also to those of you who took the time to consider the slate of candidates and cast your vote. I am pleased to report that we had 345 members voting this year with 1772 views to the Meet the Candidates page on our website between February 27, 2018 to April 20, 2018.

The committee had three volunteers act as scrutineers this year: Lydia Lee, Liz Loewen, and Don Schick. The scrutineers tested the election platform that was used this year, and were comfortable with the system and the results.

The BD Committee conducted its business by teleconferences and emails between January and April 2018. The committee confirms that the following guidelines were met.

1. Call for Nominations was open to all Digital Health Canada members.
2. Election open and close dates were publicized in advance of the election.
3. All candidates had their applications posted on the Digital Health Canada website.
4. The nomination and election process was clearly defined and posted on the Digital Health Canada site.

5. The BD Committee had access to the official results in order to ratify the election.
6. All nominees were contact by phone or in person after the election was ratified, and told whether they were elected or not.

I am pleased to report that you, the Digital Health Canada members, elected Dr. Syed Sibte Raza Abidi, Helene Clement, Keltie Jamieson, Shannon Malovec and Mary Saragan. These individuals will officially assume their duties with the 2018 - 2019 Board right after the Annual General Meeting, taking place May 29, 2018 in Vancouver in conjunction with the e-Health 2018 Conference. Congratulations and welcome!

Meet your 2018 – 2019 COACH Board:

- Leon Salvail, Past-President (ex-officio)
- Dr. Syed Sibte Raza Abidi
- H  l  ne Cl  ment
- Angela Copeland
- Shiran Isaacs
- Keltie Jamieson
- Shannon Malovec
- Mary Sanagan
- Ted Scott
- Gillian Sweeney

On a personal note, I would like to thank Lydia Lee, Liz Loewen, and Don Shick for their assistance on the BD Committee. Thanks also to Shannon Bott and her team at the National Office who oversaw the election process.

Respectively submitted,

Mike Barron
Chair, Board Development Committee

Secretary-Treasurer's Report

An active year for Digital Health Canada

Digital Health Canada had an active and successful year! We are continuing to build momentum under our new brand and value for members as we advanced our education, thought leadership and events agenda. The Audited Financial Statements are available for member review on pages 7 – 17 and reflect the fiscal year that just concluded.

Digital Health Canada closed the fiscal year in a positive financial position with excess revenues over expenses of \$10,626 (on total revenue of \$1.1M). Membership revenues and numbers were up from last fiscal. Lower than budgeted revenue from custom education programs and CHIEF membership resulted in lower than budgeted year-end revenue totals. However, the association found ways to manage financial risk by reducing expenses to close in a positive financial position with a strong reserve and good momentum leading into 2018-2019.

The Balance Sheet remains strong with Members' Equity of \$360,059 as of March 31, 2018. This includes both reserved and unreserved operating funds. The Steven Huesing Scholarship Fund ended the year with \$14,993 and is a separate protected component of the Members' Equity.

The Finance and Audit (F&A) Committee is an integral part of Digital Health Canada, overseeing the audit process, the development of the Digital Health Canada annual budget and any large expenditures. The F&A Committee is comprised of two Board members and one additional members-at-large, who work with the CEO and Executive

Director, Operations to oversee the financial management and financial accountability of the association. This committee is chaired by the Secretary-Treasurer. I extend my thanks to Gillian Sweeney and Michael Whitt for their participation on this committee.

OVERVIEW OF 2018 - 2019 BUDGET

The Board has taken into account the results of the past year in setting a budget for 2017-2018. Our future stability and growth will come from investing appropriately in our programs to provide value to members. This includes continued support of our current members and member experience and continued membership growth; the credential program and related training and education, managing the product lifecycle of our thought leadership products, delivering value through our e-Health Conference and events, and developing new valued products and services for our members and stakeholders.

The Board has approved a budget for 2018 – 2019, with total revenues of approximately \$1.39 million and total expenditures at approximately \$1.37 million. Digital Health Canada is projecting excess revenues over expenses of over \$25,000 for the year on operations and intends to invest up to \$75,000 in new program work. This will be targeted primarily on the updating of Digital Health Canada digital platform, online education, virtual offerings and regional chapter program.

Respectively submitted,

Elizabeth Keller
Secretary-Treasurer

Year in Review

NEW NAME + BRAND



Connect
Inspire
Educate

Membership

increased by 14% to
2,501



New
Member
Engagement
Program
launched

24

CHIEF
Corporate
Members

108

CHIEF
Executive
Members



405
Regional
Event
Attendees



115
NEW
MeetUp
Attendees



1220
Webinar
Wednesday
Attendees



110
CHIEF
Symposium
Attendees

NEW! Driving the Future of Digital Health Conference
NEW! Gold, Silver, and Bronze Sponsorship Packages

2017-2018

5



organizations
sign up for the
NEW Certified
Education
Provider
Program

10



members
qualify as
Digital Health
Canada
Faculty

54



members
achieve their
CPHIMS-CA
credential

9 Communities of Action with
89 Volunteers from
32 Organizations
NEW publication



NEW! Women
Leaders in
Digital Health
Award



500+

new Twitter
followers
after we
rebranded
as Digital
Health
Canada



Website
traffic
doubled
Q4-2017
VS
Q4-2016

Thank-you to
the following
organizations
for hosting Digital
Health Canada
National Office
staff meetings in
2017-2018.



Congrats on the name launch! It looks
awesome, a job well done to your team!

Independent Auditors' Report

To the Members of
Digital Health Canada

Report on the Financial Statements

We have audited the accompanying financial statements of Digital Health Canada, which comprise the statements of financial position as at March-31-18 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements 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 organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Digital Health Canada as at March-31-18, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

KRIENS-LAROSE, LLP

**Chartered Professional Accountants
Licensed Public Accountants**

Toronto, Ontario
May 11, 2018

Financials

Statement of Financial Position

as at March 31, 2018

Current Assets	2018	2017
Cash	\$ 153,519	\$ 29,196
Investments (NOTE 2)	145,752	145,030
Accounts receivable	196,884	323,200
Prepaid expenses - conference	33,250	79,281
Prepaid expenses - other	12,310	17,430
	\$ 541,715	\$ 594,137
Current Liabilities	2018	2017
Accounts payable and accrued liabilities	\$ 76,628	\$ 26,123
Government remittances payable	13,137	12,433
Deferred revenue (NOTE 3)	76,898	191,659
	\$ 166,663	\$ 230,215
Net Assets	2018	2017
Unrestricted net assets	\$ 360,059	\$ 349,433
Scholarship Fund (NOTE 4)	14,993	14,489
	\$ 375,052	\$ 363,922
	\$ 541,715	\$ 594,137

Statement of Changes in Net Assets

for the year ended March 31, 2018

Current Assets	Unrestricted Net Assets	Scholarship Fund	2018 Total	2017 Total
Balance, beginning of year	\$ 349,433	\$ 14,489	\$ 363,922	\$ 392,878
Excess (deficiency) of revenues over expenses for the year	10,626	—	10,626	(29,676)
Funds received	—	504	504	720
Balance, end of year	\$ 360,059	\$ 14,993	\$ 375,052	\$ 363,922

Statement of Cash Flows

for the year ended March 31, 2018

CASH WAS PROVIDED BY (USED IN): OPERATING ACTIVITIES	2018	2017
Cash receipts from Membership Services	\$ 503,774	\$ 467,443
Cash receipts from Conference and Events	471,201	403,085
Cash receipts from Training and Education	84,871	62,861
Cash receipts from Thought Leadership	49,453	35,892
Scholarship Fund	504	720
Cash paid to suppliers and employees	(984,758)	(1,173,434)
Change in cash and equivalents	125,045	(203,433)
Cash and equivalents, beginning of year	174,226	377,659
Cash and equivalents, end of year	299,271	174,226
Cash and equivalents consist of the following:		
Cash	153,519	29,196
Investments	145,752	145,030
	\$ 299,271	\$ 174,226

Statement of Operations

for the year ended March 31, 2018

Revenues	2018	2017 (NOTE 7)
Membership Services	\$ 492,219	\$ 510,857
Conference and Events (NOTE 5)	471,201	403,085
Thought Leadership	49,453	116,432
Training and Education	84,871	62,861
	\$ 1,097,744	\$ 1,093,235
Expenses	2018	2017 (NOTE 7)
Membership Services	\$ 464,683	\$ 343,781
Conference and Events	317,906	296,757
Thought Leadership	\$ 84,568	\$ 232,620
Training and Education	216,071	248,190
Corporate Services	3,890	1,563
	\$ 1,087,118	\$ 1,122,911
DEFICIENCY (EXCESS) OF REVENUES OVER EXPENSES FOR THE YEAR	10,626	(29,676)

Notes to the Financial Statements

for the year ended March 31, 2018

PURPOSE OF THE ORGANIZATION

Digital Health Canada, previously known as COACH: Canada's Health Informatics Association, was incorporated on October 25, 1976 as a not for profit organization without share capital under the Canada Not-for-profit Corporations Act. The mission of Digital Health Canada is to promote understanding and adoption of health informatics within the Canadian health system through professional development, advocacy and a strong and diverse membership. On February 26, 2018 Canada's Health Informatics Association announced that it will be changing its name to Digital Health Canada, effective November 30, 2017. The Organization is a not-for-profit organization under section 149(1) of the Income Tax Act (Canada) and as such, is exempt from the payment of corporate income taxes.

1. SIGNIFICANT ACCOUNTING POLICIES.

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook and include the following significant accounting policies:

Financial Instruments

The Association initially measures its financial assets and liabilities at fair value. The Association subsequently measures all its financial assets and financial liabilities at amortized cost. Changes in fair value are recognized in the statement of operations. Financial assets measured at amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable.

Use of Estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of revenues and expenses for the reporting period. Actual results could differ from these estimates. These estimates are reviewed periodically and adjustments are made, as appropriate, in the statement of operations in the year they become known.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand and fixed income investments with maturities of less than 90 days.

Investments

Investments include all investments with original maturities greater than three months but less than one year. Investments are classified as held for trading and are recorded at market value.

Prepaid Expenses

Prepaid expenses are recorded for goods and services being received in the next fiscal year but paid for in the current fiscal year.

Revenue Recognition

The organization follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

All revenues, with the exception of interest, are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Amounts received in advance of the year of service are recorded as deferred revenue, and subsequently recorded as revenue in the year of service.

Interest is recognized as income when received.

The unrealized gain or loss on investments, being the difference between book value and fair value, is included in the statement of operations. Transaction costs are expensed as incurred.

Donated Property and Services

During the year voluntary services were provided. Because these services are not normally purchased by the Association, and because of the difficulty of determining their fair value, donated services are not recognized in these statements.

2. INVESTMENTS

The investments consist of the following:

	2018	2017
Investment savings account; interest payable based on market rates	\$123,777	123,174
Guaranteed investment certificate; .9%, maturing March 4, 2019	21,975	—
Guaranteed investment certificate; .55%, maturing March 5, 2018	—	21,856
	145,752	145,030

The Association's investment policy states that 100% of the investments are to be invested in instruments backed by either the Federal or Provincial Governments or the Canadian Deposit Insurance Corporation.

3. DEFERRED REVENUE

Represents membership fees received in advance of the year of membership.

4. SCHOLARSHIP FUND

The purpose of the scholarship fund is to provide financial assistance to students to pursue post-secondary studies in health informatics. As at March 31, 2018 \$14,993 (2017: \$14,489) of the cash held by the Association are committed to the Scholarship fund.

5. ANNUAL CONFERENCE

The annual conference revenue represents the organization's share of the net surplus from the conference. The total conference revenue in the March 31, 2018 fiscal year was \$1,497,186 (March 31, 2017 fiscal year: \$1,478,889) and total conference expenses in the March 31, 2018 fiscal year were \$1,017,290 (March 31, 2018 fiscal year: \$1,080,885).

The conference is hosted by three parties: Digital Health Canada, CIHI and Canada Health Infoway. There is a 3 year agreement in place. The revenue split for 2018 is Digital Health Canada 80%, CIHI 10% and Infoway 10%.

6. COMMITMENTS

The Association is committed to a 3-year contract with International Conference Services for management of the annual conference for 2016, 2017, and 2018. The annual obligation under the contract is \$192,000 for 2018. In addition, International Conference Services is paid a profit share of 20% of any surplus in excess of \$400,000.

7. FINANCIAL INSTRUMENTS

The Association is exposed to various risks through its financial instruments. The following presents the Association's risk exposures and concentrations at March 31, 2018.

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Association's credit risk would occur with their accounts receivable. Actual exposure to credit losses has been minimal in prior years. The allowance for doubtful accounts is \$0 (2017: \$0).

Liquidity Risk is the risk the Association will encounter difficulties in meeting obligations associated with financial liabilities. The Association is exposed to this risk mainly in respect of its accounts payable. The Association expects to meet these obligations as they come due by generating sufficient cash flow from operations. There has been no change in the risk assessment from the prior period.

Market Risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risks: currency risk, interest rate risk and other price risk.

Currency Risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Association is not exposed to foreign currency risk.

Interest Rate Risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Association is not exposed to fair value risk due to changes in market rates of interest.

Other Price Risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Association is not exposed to other price risk.

Lifetime Members

Bill Childs

Trevor Craddock^{CST} (2008–10)

Bill Dartnell (1996–98)

Dr. Robert Filler^{CST} (2000–02)

John Flint (1980–82)

Neil Gardner (2012–14)

Kathryn Hannah (1990–92)

Al Haskell* (1986–88)

Chris Helyar (1994–96)

John Hendriks (1988–90)

Melville Hodge

Dr. Max House^{CST}*

Steven Huesing* (1975–78)

Dr. Penny Jennett^{CST} (2002–04)

Pat Jeselon (1998–2000)

Lydia Lee (2010–12)

Shelagh Maloney (2006–08)

John McKenna (1984–86)

Linda Miller (2008–10)

Judy Moran-Fuke (1982–84)

Don Newsham (2004–06)

Robb Palmer

Laurie Poole^{CST} (2006–08)

Denis Protti (1978–80)

Gil Sampson (2002–04)

John Schinbein

Dr. Richard Scott^{CST} (2004–06)

Brendan Seaton (2000–02)

Colin Shanks

David Shires

Brian Shorter (1992–94)

Dr. Mo Watanabe^{CST}
(1998–2000)

Robert Zuckerman*

() The term of office for Past President is indicated in brackets

^{CST} Canadian Society for Telehealth

* Deceased

Congratulations new credential holders!

Tanis Alton

James Bain

Jennifer Betts

Stacey Black

Alison Bowes

Eleanor Campbell

Calvino Cheng

Sandra Colavecchia

Jane Cooks

Terra Decooman

Wenda Dottridge

Christian Duguay

David Evans

Ian Everett

Farzini Farsiani

Anne Fazzalari

Darcelle Hall

Jodi Hunt

Ashraf Iqbal

Ramachandar Iyer

Keltie Jamieson

Julie Johnson

Vanessa Kinch

Karen Kuhn

Stephanie Leblanc

Wes Lynah

Laura Jean MacDermid

Robert MacDonald

Olga Maciejewski

Jim Maclean

Mary Eileen MacPhail

Niladri Majumder

Elaine Maloney

Jamey Martell

Mona Mattei

Erane McManus

Drae McQueen

Kartini Mistry

Seema Nayani

Natalie Oake

Jacquelyn Onions

Sandeep Sahdra

Margo Salmon

Avtar Seehra

Boyde Sharpe

Dawn Storm

Kenneth Tam

Mike Thibodeau

Martin Trepanier

Brian Vanoosten

Lisa Warkentin

Keith Whelpdale

Anna Xiaoliang Wu


CPHIMS-CA
Certified Professional in Healthcare Information & Management Systems


Thank you!

to our volunteers – we couldn't
have done it without you.

Volunteers are the heart and soul of the association.
Your time and talents in the past year have benefited all Digital Health
Canada members as well as the health informatics profession. Thank you!



Interested in volunteering with Digital Health Canada?
Visit digitalhealthcanada.com for more information.



Digital Health Canada connects, inspires, and educates the digital health professionals creating the future of health in Canada. Our members are a diverse community of accomplished, influential professionals working to make a difference in advancing healthcare through information technology. Digital Health Canada fosters network growth and connection; brings together ideas from multiple segments for incubation and advocacy; supports members through professional development at the individual and organizational level; and advocates for the Canadian digital health industry.

For more information, visit **digitalhealthcanada.com**.