

# Digital Health Canada

## Annual Report 2019-20





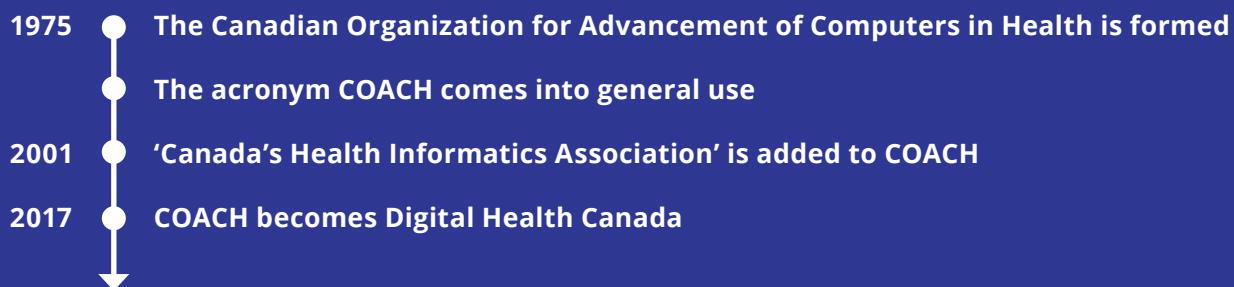
# Mission, Vision, and Values

**Our mission is to connect, inspire, and educate** digital health professionals who are creating the future of health in Canada.

**Our vision is to** catalyze the digital health community, incubate knowledge, and advocate for professional members and the industry.

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





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**Members from all across Canada contribute to make Digital Health Canada a powerful professional community. Our largest member groups are further supported by a growing network of Regional Chapters in jurisdictions across the country.**



# Board of Directors



# Management Team

Digital Health Canada  
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Toronto, ON M5C 2W7 Canada  
Phone 647.775.8555  
Email [info@digitalhealthcanada.com](mailto:info@digitalhealthcanada.com)



# From the President

The COVID-19 pandemic has introduced sweeping changes to our lives. Like you, I am managing the challenge of working from home while keeping tabs on and offering support to family members. My colleagues and the Digital Health Canada member community have been a constant source of support, ideas and humour over the past few months, as we all work to adapt with grace and professionalism to the new normal.

For me, professional change came in the form of a new position as Vice President, Altum Health & Business Development at University Health Network, where I will oversee the merging of Altum Health, the International Program, and UHN Connected Care into a single portfolio. This new role will usher in change for the organization and for the people we support, and is representative of the conversion and connection happening all over the Canadian health ecosystem. Like other organizations and jurisdictions, we want to move quickly to bring integrated care together and offer better experiences for Canadians.

My role at Digital Health Canada is changing, too. My two-year commitment as President of the Board of Directors ends this June. When I stepped into Past President Leon Salvail's shoes in 2018, the association was experiencing a growth spurt—I was gratified by the trust placed in me by the members and was pleased to be given the opportunity to meet so many of you.

As President, I was excited to watch the industry and the people who work in it grow and change. Of course, no one anticipated the change on the scale of which we have experienced so far this year.

Fred Rogers said, "When I was a boy and I would see scary things in the news, my mother would say to me, 'Look for the helpers. You will always find people who are helping.'"

That's exactly what I see happening in this industry. Consider the speed with which multiple organizations stepped up to support providers and patients in the health system with accelerated delivery of virtual care, COVID-19 testing, PPE production, data tracking, and more. Members freely shared solutions, ideas, and information on how to offer quality care to Canadians in the midst of a pandemic.

Our members are truly the helpers Mr. Rogers talks about; the people who step up, en masse and individually. This is why I am proud to be part of this community of great helpers who offer their expertise wherever they see a need.

Recent unprecedented events make me realize that we all crave the feeling of engagement, and knowing that I am part of a large cross-Canada community makes isolation just a little easier. We are better together and, collectively, we can make a positive impact on the health of Canadians.

COVID-19 is not going away; this is a marathon not a sprint. Let's continue to support one another, to engage and work together toward our common purpose of making a difference in advancing healthcare through information, technology, and data management.

**Shiran Isaacksz**  
Digital Health Canada Board President

# Board Development Committee Report

As Chair of the Board Development Committee (BDC), it is my pleasure to introduce the new Directors on the 2020 - 2021 Digital Health Canada Board.

This year we had six open Board positions with nine 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 618 members voting this year.

Our committee had five volunteers act as scrutineers this year: **Mary Lou Ackerman, Elizabeth Keller, Scott McMillan, Megan Stowe and Gillian Sweeney**. The committee oversaw the election process and reviewed the results.

The BDC conducted its business by teleconferences and emails between January and May 2020. The committee confirms that the following guidelines were met.

5. The BDC had access to the official results in order to ratify the election.
6. All nominees were contact by phone or via email 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, Cassie Frazer, Angela Lianos, Shannon Malovec, Mary Sanagan and Blair White**.

These individuals will officially assume their duties with the 2020 - 2021 Board immediately following the Annual General Meeting, taking place June 24, 2020 virtually. Congratulations and welcome!

## Your 2020-2021 Digital Health Canada Board

- Shiran Isaacksz, Past-President
- Dr. Syed Sibte Raza Abidi
- Karla Avery
- Dr. Jonathan Choy
- Angela Copeland
- Cassie Frazer
- Angela Lianos
- Shannon Malovec
- Mary Sanagan
- Blair White

On a personal note, I would like to thank **Mary Lou Ackerman, Elizabeth Keller, Scott McMillan, Megan Stowe and Gillian Sweeney** for their assistance on the BDC. Thanks also to **Shannon Bott** and her team at the National Office who oversaw the election process.

Respectively submitted,

**Leon Salvail**  
Chair, Board Development Committee

# From the CEO

Together, we have shared an unprecedented year filled with inspiring moments, successes to celebrate, and substantial and significant challenges. As a collective community, the global pandemic has threatened our physical health and mental wellness, our financial status and economy, and our ability to continue making progress. Through these challenging times, I have been inspired by the resilience, flexibility, and agility of our members, partners, stakeholder, staff, volunteers, and board of directors. Our national community has come together working shoulder-to-shoulder (and videoconference-to-videoconference) to address challenges proactively. Together, we are standing strong in the face of this crisis and moving forward with cautious optimism as we plan for the future.

As you'll note in the pages of this Annual Report and the "Year in Review: 2019-2020" section, Digital Health Canada enjoyed a strong and successful start to membership year 2019-20 which resulted in positive impact across program areas and the overall member experience. The membership community of nearly 3,000 professionals was instrumental in driving the growth of Digital Health Canada through programs as outlined on pages 9 and 10.

However, while the past year brought many successes, we have also faced major challenges brought on by the pandemic. In March, our e-Health Conference Host Committee (host partners are Digital Health Canada, Canada Health Infoway, and Canadian Institute for Health Information) unanimously agreed that it was necessary to cancel e-Health Conference 2020 to protect the health and safety of all stakeholders. The financial impact of this cancellation on Digital Health Canada business operations is substantial (as detailed in the Secretary-Treasurer's Report and audited financial statements in this Annual Report). Our management team and board of directors has worked hard to develop a 2020-21 plan that reflects the current state realities and is based upon the best available information and data for agile decision-making. We have implemented a

measured, conservative approach and budget with focus on validating assumptions quickly to course correct as needed. Given the positive early results for FY20-21 we are confident that we've chosen the right path forward.

## Forging ahead in the "new normal"

Alongside our members, partners, and stakeholders, Digital Health Canada is poised and ready to demonstrate flexibility, agility, and resilience in 2020-21. We will be flexible to respond to emerging member needs and interests and to look at programs and services through members' eyes. We will be agile and adjust our pace and direction in response to changing circumstances. We will be resilient and plan for the future—ready to make difficult decisions when needed to ensure our members have a strong and vibrant association to call home.

We know that many members will be conducting work remotely for most of the year and non-essential travel will be nearly non-existent. We believe that recovery from a healthcare and economic standpoint will be measured in quarters and years rather than weeks and months. Given these circumstances, Digital Health Canada is focused on virtual engagement, building our community, and creating impact at a distance via technology and differentiated methods and approaches as a "virtual association". We will deliver an outstanding member experience in new ways as we continue to operate and learn together in this "new normal". Members will benefit from the strategic investment in "Learn" (our learning management system) and our strong capabilities in leading virtual sessions over several years combined with leading-practice tools and methodologies for virtual meetings and events. These program offerings will help us to assist our members and provide strong value to professionals as they navigate through the recovery from these uncertain times. We are looking forward to hosting e-Health Conference Virtual PopUp with our Host Committee partners on July 20 & 21!

# From the CEO continued

Our member experience focus for FY 2020-21 has our staff and volunteer team members working on three core areas, including:

1. **Virtual events** including member MeetUps and Chapter LinkUps, large regional events, CHIEF Executive Forum Symposia and C60, C90, and CGlobal sessions, and e-Health Conference Virtual PopUp that meet the needs of attendees, presenters, sponsors and exhibitors, and stakeholders.
2. **Learning Management System (LMS)** called "Learn", to deliver training, education, and networking, as well as new certificate and credential offerings to professionals, students, and all learners.
3. **Growth of membership services** that connect, inspire, and educate, including webinars, web tools and resources, virtual working groups, discounted events, and more.

## Building the future together

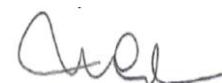
I am proud of the community that is Digital health Canada—and look forward to working with all members and stakeholders to build the future together. Volunteers play a critical role in the success of all programs and services, and I'd like to say congratulations and thank you to each and every volunteer who contributed to building the collective community in 2019-20. Our management and staff are constantly inspired by the energy and passion brought forward by volunteers who

invest their time to build Digital Health Canada through committees, working groups, event volunteers, faculty members, board of directors, and more. Thank you for your continued support and enthusiastic efforts to extend and grow Digital Health Canada programs and services.

Now, more than ever before, Canadians are aware of opportunities and requirements to advance health in a digital world: virtual health delivery has been deployed rapidly and widely, public health data and informatics has moved into mainstream conversation, and the "digital first" approach has become a necessary mindset adopted by many sectors, organizations, and citizens in Canada. And so, despite the significant challenges this pandemic has brought forward, Digital Health Canada stands steadfastly as a relevant and essential professional community where Canadian professionals come together to connect, inspire, and educate one another.

In the coming year, I look forward to connecting with you—whether working remotely, collaborating virtually, and once again gathering in-person. Stay safe, be well, and reach out to connect.

Best regards,



**Mark Casselman**  
CEO, Digital Health Canada

# Year in review: 2019-2020



# Year in review: 2019-2020



## Education

29  
People sat for CPHIMS-CA Exam

33  
Learners participated in Core Health Informatics

2  
Custom education sessions delivered with TCET

## New Resource Guide

New Community of Action publications:  
**Technology Adoption in Care Transitions**  
**Virtual Care in Canada**  
**Patients in Tech**



# Secretary-Treasurer's Report

Our Association, our membership, and our world is experiencing an uncertain and unprecedented period of time. Digital Health Canada spent most of fiscal year 2019-2020 building momentum in all areas and programs despite ending the year with a loss. The Audited Financial Statements are available for member review on pages 13-21 and reflect the fiscal year that just concluded.

The statements show that Digital Health Canada incurred a net loss of \$280,224. The primary contributor to the overall FY19-20 net loss was e-Health 2020 Conference and Tradeshow expenses related to canceling the 2020 event in Vancouver due to COVID-19. Digital Health Canada took on the management and operation of e-Health Conference this year (e-Health 2020 Conference) and as such, all revenues and expenses for the conference appear in the Digital Health Canada statements. Both revenues and expenses have been kept on the Balance Sheet and it was expected that they would be moved to the operations during the month that e-Health Conference was set to take place in the next fiscal year (May 2020). Due to the global pandemic, the hosts of e-Health Conference (Digital Health Canada, Infoway, CIHI) made the decision to cancel the conference in March 2020 prior to the close of the fiscal year. As such, (due to accounting rules) all expenses incurred for the event have been realized in the year-end statements. This means that an additional \$151,439 in expenses were added to the statements causing the incurred net loss to rise from \$127,786 to \$280,224.

The Board of Directors had approved a budgeted deficit of \$73,035 for FY19-20. Investment in IT projects including a new learning management system and additional staff while realizing lower than budgeted revenues resulted in a year-end net loss of \$127,786 before e-Health 2020 Conference expenses were added.

The Statement of Changes in Net Assets reflects a substantial reduction in Members' Equity to \$99,346 as of March 31, 2020. This includes both reserved and unreserved operating funds. The Steven Huesing Scholarship Fund ended the year with \$18,333 and is a separate protected component of the Members' Equity.

Consequently, these financial results have resulted in the auditor note # 1 *Material Uncertainty Related to Going Concern*.

This note was added to the statements to draw attention to the significant reduction in reserve funds and the organization's continued existing commitments. In April 2020, the Board of Directors and Management discussed concerns about the financial future and assessed multiple 2020-2021 budget scenarios in consideration of the effects of COVID-19 and approved a conservative fiscal plan for the coming year. Regular monitoring activities, testing assumptions, and reporting on financial status will be brought to the board at regular intervals throughout FY20-21. The Finance and Audit Committee will work with Management on plans to replenish the financial reserves.

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 was comprised of three Board members and two additional members-at-large, who worked 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, Mary Sanagan, Jonathan Choy and Michael Whitt for their participation on this committee.

# Secretary-Treasurer's Report continued

## Overview of 2020 - 2021 Budget

The Board has taken into account the results of the past year as well as the current regional, national, and global conditions in setting a budget for fiscal year 2020-2021. 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 learning management system with education and training and our credential program; and delivering value through our virtual events including e-Health Conference Virtual PopUp.

The Board has approved a budget for FY20-21, with total revenues of approximately \$638,347 and total expenditures of \$781,899 reflecting a deficit of \$143,552 for the year. Management will monitor

financial status and program activities closely to ensure that the final deficit for FY20-21 is lower than budgeted. It should be noted that the association has received close to \$60,000 in government wage subsidies that were not included in the budget when it was approved. It should also be noted that the budget did not include e-Health Conference Virtual PopUp which is expected to generate additional profit. At this time, all new capital investment projects have been placed on hold until further notice. Our board, management, and staff will continue to stay focused on our members' needs and programming to deliver on our mission to connect, inspire and educate.

Respectively submitted,

**Keltie Jamieson**  
Secretary-Treasurer

**Core Health Informatics education modules are now available online in Digital Health Canada Learn, a new Learning Management System that makes it easier for digital health professionals to access virtual learning when, where, and how they need it.**

Bundle: Core Health Informatics

System Design,  
Selection &  
Procurement

Privacy & Security;  
System Testing &  
Evaluation

Organizational  
& Behavioural  
Management;  
Operations  
Management

Information  
Technology; System  
Requirements &  
Analysis

Information  
Management;  
Analysis &  
Evaluation

Canadian Health  
System; Healthcare  
Environment

Clinical & Health  
Services; HI  
Leadership

# Financials

## Independent Auditors' Report

### To the Members of Digital Health Canada Report on the Audit of the Financial Statements

#### Opinion

We have audited the financial statements of Digital Health Canada, which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Digital Health Canada as at March 31, 2020, 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.

#### Basis for Opinion

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

**Material Uncertainty Related to Going Concern**  
We draw attention to Note 1 in the financial statements, which indicates that Digital Health Canada incurred a net loss of \$280,224 during the year ended March 31, 2020. As stated in Note 1, these events or conditions, along with other matters as set forth in Note 2, indicate that a material uncertainty exists that may cast significant doubt on the Organization's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

#### Responsibilities of Management and Those Charged with Governance 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.

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

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

#### Auditor's Responsibilities for the Audit of the Financial Statements

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

*continued on page 14*

# Financials

## Independent Auditors' Report (continued)

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

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

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

KRIENS~LAROSE, LLP  
Chartered Professional Accountants  
Licensed Public Accountants

Toronto, Ontario  
JUNE 3, 2020

# Financials

## Statement of Financial Position

as at March 31, 2020

Current Assets	2020	2019
Cash	\$ 380,984	\$ 171,447
Investments (NOTE 4)	396,047	376,824
Accounts receivable	137,472	45,469
Prepaid expenses - e-Health Conference 2021	5,000	32,500
Prepaid expenses - Other	16,271	11,894
	\$ 935,774	\$ 638,134

Current Liabilities	2020	2019
Accounts payable and accrued liabilities	\$ 120,583	\$ 138,588
Accounts payable - e-Health Conference 2020 refunds	276,150	—
Government remittances payable	12,437	2,270
Deferred revenue (NOTE 5)	66,680	101,223
Deferred revenue - e-Health Conference (NOTE 6)	342,245	—
	\$ 818,095	\$ 242,081

Net Assets	2020	2019
Unrestricted net assets	\$ 99,346	\$ 379,570
Scholarship Fund (NOTE 7)	18,333	16,483
	\$ 117,679	\$ 396,053
	\$ 935,774	\$ 638,134

## Statement of Changes in Net Assets

for the year ended March 31, 2020

Current Assets	Unrestricted Net Assets	Scholarship Fund	2020 Total	2019 Total
Balance, beginning of year	\$ 379,570	\$ 16,483	\$ 396,053	\$ 375,052
Excess (deficiency) of revenues over expenses for the year	(280,224)	—	(280,224)	19,511
Funds received	—	1,850	1,850	1,490
<b>Balance, end of year</b>	<b>\$ 99,346</b>	<b>\$ 18,333</b>	<b>\$ 117,679</b>	<b>\$ 396,053</b>

# Financials

## Statement of Operations

for the year ended March 31, 2020

Revenues	2020	2019
Conference and Events (NOTE 8)	\$ 579,457	\$ 550,560
Membership Services	531,068	519,115
Training and Education	91,573	125,721
Thought Leadership	51,153	49,782
	\$ 1,253,251	\$ 1,245,178
Expenses	2020	2019
Conference and Events - 2019 (NOTE 8)	\$ 520,184	\$ 398,285
Membership Services	496,309	493,248
Training and Education	233,498	226,337
e-Health 2020 (NOTE 8)	151,439	—
Thought Leadership	132,045	107,797
	\$ 1,533,475	\$ 1,225,667
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	(280,224)	19,511

# Financials

## Statement of Cash Flows

for the year ended March 31, 2020

CASH WAS PROVIDED BY (USED IN): OPERATING ACTIVITIES	2020	2019
Cash receipts from Conference and Events	\$ 588,957	\$ 550,560
Cash receipts from e-Health 2020	618,395	—
Cash receipts from Membership Services	395,022	694,855
Cash receipts from Training and Education	91,573	125,721
Cash receipts from Thought Leadership	51,153	49,782
Scholarship Fund	1,850	1,490
Cash paid to suppliers and employees	(1,518,190)	(1,173,408)
Change in cash and equivalents	228,760	249,000
Cash and equivalents, beginning of year	548,271	299,271
Cash and equivalents, end of year	777,031	548,271
Cash and equivalents consist of the following:		
Cash	380,984	171,447
Investments	396,047	376,824
	\$ 777,031	\$ 548,271

# Notes to the Financial Statements

for the year ended March 31, 2020

## 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 (the 'Organization') is to promote understanding and adoption of health informatics within the Canadian health system through professional development, advocacy and a strong and diverse membership. 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. OPERATIONS

A net loss of \$280,224 was realized in the current fiscal year, reducing the cumulative net asset balance from \$379,570 (at March 31, 2019) to \$99,346 as at March 31, 2020. The existing balance, although in a surplus position, may cause the Organization cashflow difficulties in realizing its assets and discharging its liabilities in the normal course of business.

The ability of the Organization to repay all or a portion of its liabilities is dependent on the Organization's 2021 operating results, in achieving management's virtual e-Health conference surplus budget and through federal government wage subsidies as applicable. As of May 15, 2020, \$12,777 has been received through the 10% COVID wage subsidy and \$25,792 has been received through the Canada Emergency Wage Subsidy program. The financial impact of the novel Coronavirus is further described in Note #2.

The financial statements have been prepared based on the achievement of management's 2021 budget, and using accounting principles applicable to a going concern, which assume that the Organization will achieve a balanced of budget and be able to realize its assets and satisfy its liabilities in the normal course of operations.

## 2. FINANCIAL IMPACT OF THE NOVEL CORONAVIRUS (COVID-19)

In March 2020, the World Health Organization declared a global pandemic due to the novel Coronavirus (COVID-19). The situation is constantly evolving and the economic impact has been substantial.

As at June 3, 2020, the Organization is aware of changes in its operations as a result of the COVID-19 crisis, including the cancellation of the 2020 e-Health Conference and Tradeshow on March 26, 2020. A virtual 2020 e-Health Conference and Tradeshow is expected to be held July 20-21, 2020 in its replacement, which is estimated by management to achieve a budgeted surplus of \$82,300.

As at June 3, 2020, management estimates that the cancellation of the 2020 e-Health Conference and Tradeshow will result in \$276,150 of refundable registration and sponsorship fees. The adjustment for the estimate has been reflected in these financial statements in accounts payable and accrued liabilities.

The overall effect of these events on the Organization and its operations is too uncertain to be estimated at this time. The impacts will be accounted for when they are known and may be assessed.

## 3. 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 Organization initially measures its financial assets and liabilities at fair value. The Organization 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 and accrued liabilities.

#### **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 to be received in the next fiscal year, which were 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 Organization, and because of the difficulty of determining their fair value, donated services are not recognized in these statements.

#### **Allocation of Expenses**

The Organization reports its administrative expenses under one of the following functions: conference and events, membership services, training and education and thought leadership.

Each of the functions is allocated a portion of the Organization's total salaries and benefits expense and a portion of the office expenses. The allocation of salaries and benefits is allocated based on the relative amount of time the Organization's employees work on each function. The allocation of the office expenses is based on the same percentage allocation as the salaries and benefits.

Details of the amounts allocated are disclosed in Note 9.

### **4. INVESTMENTS**

The investments consist of the following:

	2020 \$	2019 \$
Investment savings account; interest payable based on market rates	396,047	376,824

The Organization'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.

### **5. DEFERRED REVENUE**

Deferred revenue consists of the following:

	2020 \$	2019 \$
Membership fees	57,180	101,223
Event Fees	9,500	—
	<b>66,680</b>	<b>101,223</b>

## **6. DEFERRED REVENUE - EHEALTH CONFERENCE**

Deferred e-Health conference revenue consists of the following:

	<b>2020 \$</b>	<b>2019 \$</b>
e-Health conference registrations and sponsorship	324,245	—
e-Health conference seed funds	\$18,000	—
	<b>342,245</b>	<b>—</b>

## **7. 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, 2020, \$18,333 (2019: \$16,483) of the cash held by the Organization is committed to the Scholarship fund.

## **8. ANNUAL CONFERENCES**

### **2019 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, 2020 fiscal year was \$1,555,629 (March 31, 2019 fiscal year: \$1,344,014) and total conference expenses in the March 31, 2020 fiscal year were \$1,044,971 (March 31, 2019 fiscal year: \$805,798).

The 2019 conference was hosted by three parties: Digital Health Canada, CIHI and Canada Health Infoway. The revenue split for 2019 is Digital Health Canada 80%, CIHI 10% and Infoway 10%.

### **2020 Conference**

The 2020 conference is being managed and hosted by Digital Health Canada. All revenues and expenses for the 2020 conference will be collected and paid for by the Organization on behalf of the other parties. The total conference revenues collected as at March 31, 2020 is \$342,245. The total conference expenses paid as at March 31, 2020 is \$151,439. The profit split for the 2020 conference will be Digital Health Canada 80%, CIHI 10% and Infoway 10%. The split between parties will be recorded and accounted for on the conference date.

The 2020 conference was cancelled on March 26, 2020 due to the novel Coronavirus (COVID-19). A virtual 2020 e-Health Conference and Tradeshow was confirmed May 20, 2020 and is expected to be held July 20-21, 2020.

## **9. ALLOCATION OF EXPENSES**

Pursuant to the policy described in Note 3, the Organization's administrative expenditures for the year are allocated as follows:

	<b>2020 \$</b>	<b>2019 \$</b>
Conference and Events	186,735	291,429
e-Health Conference 2020	151,439	417,903
Membership Services	426,173	417,903
Training and Education	162,423	152,051
Thought Leadership	132,045	105,799
	<b>1,058,815</b>	<b>1,385,085</b>

## **10. COMMITMENTS**

The Organization is committed to a one year contract with International Conference Services for management of the annual conference for 2020. Due to the cancellation of the 2020 e-Health Conference and Tradeshow, a final invoice of \$50,165 (inclusive of sales tax) is to be paid for all work completed up to April 23, 2020. Management estimates any additional cost to be minimal.

The Organization entered an agreement dated December 3, 2019 with Beanfield Centre to host the 2021 e-Health Conference and Tradeshow. The Organization has committed to

\$99,975 (inclusive of sales tax), of which \$5,650 has been reflected in these financial statements as prepaid expenses.

The Organization entered a three year contract commencing August 10, 2019 with Growth Engineering for learning technology licensing services. The total financial commitment is \$51,840 USD, of which \$17,280 USD has been paid and expensed in the current fiscal year.

## **11. FINANCIAL INSTRUMENTS**

The Organization is exposed to various risks through its financial instruments. The following presents the Organization's risk exposures and concentrations at March 31, 2020.

### **Credit Risk**

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 Organization'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 (2019: \$0).

### **Liquidity Risk**

Liquidity risk is the risk the Organization will encounter difficulties in meeting obligations associated with financial liabilities. The Organization has a moderate liquidity risk as outlined in Note 1.

### **Market Risk**

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**

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 Organization actively manages the currency risk by reducing the use of foreign currency in business transactions.

### **Interest Rate 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 Organization has a low interest rate risk.

### **Other Price Risk**

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 Organization is not exposed to other price risk.

# Congratulations on achieving your Digital Health Canada credential in 2019-20!

Kashfia Alam	Neil McFarlane	Dan Rhodes
Chantelle Bailey	Don Mercer	Andrew Smith
Manish Bhatnagar	Dorrell Metcalfe	Cynthia Startup
Finnie Flores	Adefunke Deborah Oladeji	Kelly Steffens
Nona Gatchalian	Irene Pathy	Julie Stratton
Joble Geevarghese	Damian Claydon Platt	David Wells
Cindy Hartlen	Michael Peng	Laura White
Andrea Hilchie-Pye	Nina Reddick	Katie Williams
Alyson Lamb		

## Digital Health Canada Lifetime Members

Steven Huesing (1975–78)	Pat Jeselon (1998–2000)	Neil Gardner (2012–14)
Denis Protti (1978–80)	Dr. Robert Filler <sup>CST</sup> (2000–02)	Mike Barron (2014–16)
John Flint (1980–82)	Brendan Seaton (2000–02)	Leon Salvail (2016–18)
Judy Moran-Fuke (1982–84)	Dr. Penny Jennett <sup>CST</sup> (2002–04)	Bill Childs
John McKenna (1984–86)	Gil Sampson (2002–04)	Melville Hodge
Al Haskell (1986–88)	Dr. Richard Scott <sup>CST</sup> (2004–06)	Dr. Max House <sup>CST</sup>
John Hendriks (1988–90)	Don Newsham (2004–06)	Robb Palmer
Kathryn Hannah (1990–92)	Shelagh Maloney (2006–08)	John Schinbein
Brian Shorter (1992–94)	Laurie Poole <sup>CST</sup> (2006–08)	Colin Shanks
Chris Helyar (1994–96)	Trevor Cradduck <sup>CST</sup> (2008–10)	David Shires
Bill Dartnell (1996–98)	Linda Miller (2008–10)	Robert Zuckerman
Dr. Mo Watanabe <sup>CST</sup> (1998–2000)	Lydia Lee (2010–12)	

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

<sup>CST</sup> Canadian Society for Telehealth

# Thank you!

THANK YOU  
to our volunteers.  
Your time and talents in the  
past year benefit the digital  
health profession as well  
as all Digital Health Canada  
members.

Board of Directors  
Faculty  
Education Committee  
Board Committee  
Advisory Committees  
Community of Action  
Working Groups  
CHIEF Executive Forum  
Working Groups  
Awards Adjudication  
Committee  
Election Scrutineers  
Event Plenary Committees  
Students  
Emerging Professionals

THANK YOU  
to our meeting hosts.  
The following member  
organizations generally  
donated office space that made  
it possible for the Digital Health  
Canada National Office Staff to  
meet weekly throughout  
2019-2020.





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, and data management. 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](https://digitalhealthcanada.com)**.



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