





2022 MEMBERSHIP SURVEY

# There is value in membership

95% of members surveyed rated their membership as good value, above average value, or outstanding value.

95%

# Board of Directors and Management Team



President  
Shannon Malovec  
*Provincial Health Services Authority*



Director  
Keltie Jamieson  
*Digital Health Strategist*



Past-President  
Shiran Isaacksz  
*Altum Health, University Health Network*



Director  
Mary Sanagan  
*Deloitte*



Vice President  
Cassie Frazer  
*Canada Health Infoway*



Director  
Zen Tharani  
*Xenex Consulting Inc.*



Secretary-Treasurer  
Jonathan Choy  
*Alberta Health Services*



Director  
Blair White  
*Government of Newfoundland and Labrador*



Director  
Dr. Syed Sibte Raza Abidi  
*Dalhousie University*



Mark Casselman  
Chief Executive Officer  
*Digital Health Canada*



Director  
Katherine Hay  
*Kids Help Phone*



Shannon Bott  
Executive Director,  
Operations  
*Digital Health Canada*



Director  
Angela Lianos  
*PwC Canada*

# Message from CEO and Board President

Congratulations! This past year, 2021-22, was one of our most unique, most challenging, and most successful operating years in recent history. Thank you to our members, partners, stakeholders, volunteers, staff, and board of directors. Your contribution to our mission—to connect, inspire, and empower the digital health professionals building the future of health in Canada—has paved the way forward to a bright future.

Now, more than ever before, professional community is a key to success for members as you navigate an accelerated digital world together. Over the past year, the power of our national digital health community has been evident—100% virtually! The power of connecting together. The power of inspiring each other. The power of learning together and empowering professional development and growth.

Despite the continued uncertainty throughout the past year, Digital Health Canada continued to innovate and deliver solid value to members and stakeholders. Our staff was flexible in responding to your emerging member needs and interests—and expanded upon the robust set of high-quality virtual programs and services. In spite of the challenges, Digital Health Canada members engaged together and connected frequently via an expanded set of offerings for programs, services, and events. As a result, the association demonstrated solid performance against stated goals and budget for the past year.

Some of the key highlights of the 2021-22 membership year include:

Our community network is healthy. Membership is growing.

- Digital Health Canada membership grew by 160% over last year to more than 5000 members; and closed the year with the highest number of members in history across most major membership categories

Member engagement with programs and services is strong.

- Members and stakeholders “walked through our virtual doors” at 30+ events (national, regional, chapter, showcases, CHIEF Executive Forum and more) and 33 Webinar Wednesday sessions – representing more than 4,500 attendees throughout the year
- 600+ stakeholders engaged in professional development programming through Digital Health Canada
- Member engagement is backed by strongly positive scores on member satisfaction surveys

Expanded infrastructure and tools to deliver member value.

- We expanded the digital foundation of the association (website, LMS, database, event platforms, community tools) and skills and experience of staff and volunteers
- We expanded organizational capacity to deliver programs and services in physical and virtual spaces using both synchronous and asynchronous processes

Financial foundation is solid.

- The balance sheet is healthy, and the reserve fund is being replenished on schedule (see Secretary Treasurer report)

Our volunteers and staff are expert, engaged, and energetic.

- Our team has grown stronger through 2021-22 through expanded virtual programming experiences, team workshops, use of new technology, and a commitment to continuous learning and improvement. We welcomed new team members Ashley Caesar, Caitlin Ritter, and Treasure Ledgister who have each made a significant positive impact on the association and our members
- Our staff morale is high; the most recent staff survey posted an average satisfaction rating of 84%

Our management and board continue to pay close attention to subtle yet significant shifts that may impact the association, including:

- Public sector care delivery organizations and governments managing human resource challenges while facing a large number of postponed non-urgent surgeries, diagnostic testing appointments, and outpatient clinic services (in addition to possible future pandemic waves)
- Uncertainty related to public-sector professional resumption of non-essential travel, and striking a balance between virtual and physical events and programming
- Potential for increased competition for time and attention for our members as face-to-face programming resumes and workload continues to intensify across Canada and internationally

Our association has a strong plan and budget for operations in 2022-23 that will build on our current momentum and deliver an outstanding membership experience to all. Our current strategic plan Strategy 2023 has positioned us well to deal with risks and deliver value to members. As management and the board move forward with the development of our next strategic plan (launching in 2023-24), we will challenge current thinking and underlying assumptions to explore future potential and opportunities for Digital Health Canada.

We are truly excited about this year ahead for members and the delivery of both in-person and new digitally enabled programs and services (watch for announcements soon!) to Digital Health Canada stakeholders. We continue to plan for and anticipate growth and greater national impact as we relaunch in-person events in fall 2022 such as the CHIEF Executive Forum Fall Symposium and popular regional events.

We'd like to extend heartfelt thanks to all members, volunteers, board, management, and staff for their outstanding commitment, passion, and energy throughout this past year. This is our moment. Now more than ever, Canadians are aware of the current state and future possibilities for health in our digital world. And, we are looking forward to an excellent and innovative year ahead together!

*Mark Casselman*  
*Chief Executive Officer*  
*Digital Health Canada*

*Shannon Malovec*  
*Board President*  
*Digital Health Canada*



2022 MEMBERSHIP SURVEY

# We come recommended

96% of members surveyed said it was likely or extremely likely they would recommend membership to a colleague.

96%

# In 2021-2022, we connected, inspired, and empowered 5,086 members

In 2021-2022, Digital Health Canada introduced a new Association Management System to make it easier for members to purchase, renew, or change their membership. The new platform (Wild Apricot) has been operational since the first quarter of 2021 and is linked to our main website through the Member Login portal. It offers streamlined services to members, with event registration, member resources, and a searchable member directory all in one place. A more efficient system means less time wasted solving technical issues, leaving more time for member support and new program development.

The names of some membership levels have been updated for clarity and simplicity. Membership levels formerly identified as 'Corporate Membership Level' with a 1 to 5 numerical identifier are now 'called Group Membership' and include a number corresponding to the number of people included on the roster. Group Membership 5 extends membership benefits to five people in an organization, Group Membership 10 covers 10 people, and so on up to Group Membership 500 for larger organizations. Members can increase the number of people on their corporate roster at any time by simply changing their membership level to a larger group.

Academic Group Membership (formerly Academic Institutional Membership, or AIM) was particularly active in 2021-2022. A campaign to increase student engagement ('Pave the way from student to professional') contributed to significant membership growth.

Programming for students included a Webinar Wednesday ('Pave the way: Tips for emerging professionals in digital health) presented by three members (Andrew Schroen, Diana Dini, and Naima Salemohamed) who described their personal journeys from student to professional and how active participation in Digital Health Canada membership contributed to their success. 231 members registered to attend.

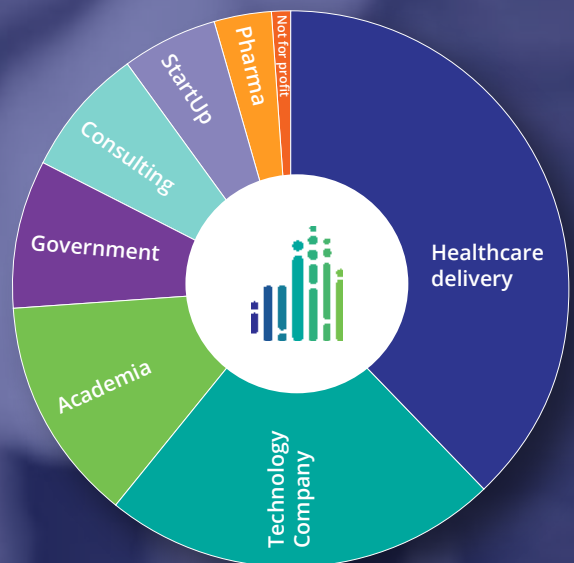
We know our members working on the front lines of Canadian healthcare—as well as members who support them in data management, hospital administration, research, and IT—have all faced unique challenges over the past year. We know time and resources are in short supply, and appreciate that the activities of a professional membership association are not always top of mind.

So it was gratifying to learn from Digital Health Canada's 2022 Membership Survey that 96% of members surveyed were likely or even extremely likely to recommend membership to a colleague and 95% of members surveyed rated their membership as Good, Above Average, or Outstanding Value (more results from the survey are included in the pages of this report).

We continually strive to deliver that value through learning and engagement that might help members work through new challenges; events that help members reconnect with other professionals; and opportunities that contribute to professional development. Thank you, Digital Health Canada members, for your continued support and engagement.

# We serve Canadians from multiple industry sectors

Academia  
Association/Not for profit  
Consulting/Services StartUp  
Government  
Healthcare delivery  
Insurance  
Pharma Biotech  
Technology Company





# Events **connect** digital health professionals from multiple sectors across Canada

Our mission to connect, inspire, and empower digital health professionals comes to life at every one of our annual events.

Pandemic restrictions in 2020 meant swiftly pivoting to virtual conference delivery, a practice we maintained throughout 2021 and the first half of 2022, experimenting with multiple platform delivery options in search of the best possible online conference experience.

As we cautiously return to in-person gatherings, the health and safety of our members remains a top priority. The Digital Health Canada events team can now draw on a combination of live event experience and newly-acquired virtual conference delivery skills to create high-quality learning and networking opportunities in the coming months.

**Atlantic Region Conference** offers networking and learning for Atlantic Chapter members and digital health professionals from across the region. We hosted 91 attendees online on October 4, 2021. We look forward to welcoming attendees in person in Halifax on October 4, 2022.

**Driving the Future of Digital Health: Connecting the Digital Health Ecosystem** brings together professionals, organizations, and ideas from across stakeholder segments for incubation and advocacy. We hosted 138 attendees for the virtual conference on November 2, 2021. This conference will once again be presented virtually on November 1, 2022, to maintain a variety of attendance options for members who aren't yet ready to travel or gather in large groups.

72 people attended the first annual **Winter Workshop** on January 11, 2022—an afternoon of interaction for public sector digital health leaders, with active goal-oriented breakout working sessions resulting in a *Report on Automation in Healthcare*, now available to members online. The next Winter Workshop will be on January 17, 2023.

**Digital Health Canada/ANHIX Calgary Winter Conference** attracts leaders, thinkers, senior executives, and individuals within the health space from Calgary and the surrounding area. **Ahead of the Curve** brings together professionals, organizations, and ideas from across the Vancouver digital health landscape. These two events were combined into a single Western Region conference on March 28 and 29, 2022 with 218 attendees. We look forward to returning to Calgary on February 7, 2023, and Vancouver on February 9, 2023.

**UpOnDigital: The Update on Ontario Digital Health** brings public and private sector leaders together to explore themes of importance to Ontario patients, caregivers, and digital health professionals. We hosted 411 attendees online on March 7, 2022. We look forward to welcoming attendees in person in Toronto on March 7, 2023.

**e-Health Conference and Tradeshow** remains the optimal spot for sharing digital health ideas, expertise, successes and challenges with peers from across Canada and beyond. We welcomed 608 attendees to e-Health 2021 on May 26 and 27, 2021. We will return to the Beanfield Centre in Toronto from May 28 to 31, 2023.

# 2021-2022 Highlights

**5086**  
Members

A photograph of two women standing together at a conference. The woman on the right is wearing a floral patterned top and a lanyard with a badge. The woman on the left is wearing a dark top and glasses.

**CHIEF** | Executive Forum


**180**  
MEMBERS

A photograph of several people sitting around a table in a meeting room, engaged in a discussion. There are laptops and documents on the table.

**78 MEMBER ORGANIZATIONS**

A photograph of several tall skyscrapers reaching into a clear blue sky, viewed from a low angle looking up.

5 regional conferences.  
849 attendees.  
All held virtually.

An icon representing a virtual meeting, showing a computer monitor with three person icons on the screen.

33 Webinar Wednesdays

**2,591**  
attendees

A photograph of a man wearing a headset and smiling while looking at a laptop screen.

**8 INDUSTRY SHOWCASE WEBINARS WITH 635 ATTENDEES**

An icon representing a webinar, showing a person standing at a podium with a screen behind them, and three audience members seated in front.

International speakers from seven countries.

A photograph of the Earth as seen from space, showing the curvature of the planet and city lights at night.

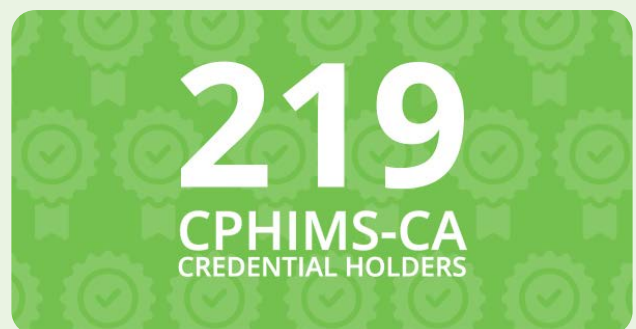
**305 LMS USERS**

A photograph of a man wearing glasses and a headset, sitting at a desk with a laptop and writing on a notepad.

**210**  
CERTIFICATES COMPLETED

A background pattern of graduation caps (mortarboards) on a teal background.

**219**  
CPHIMS-CA CREDENTIAL HOLDERS

A background pattern of checkmarks inside circles on a green background.

# Digital Health Canada award-winners **inspire** others with their achievements



**Digital Health Executive of the Year** David Helliwell, Thrive Health; Joshua Liu, Seamless MD; Alisa Simon, Kids Help Phone

**Digital Health Leader of the Year** Kimberly Ramirez, TransForm

**Clinical Innovator of the Year** Dr. Antonio (Tony) Meriano, TransForm

**Community Care Leader of the Year** Paul Young, Health PEI

**Emerging Leader of the Year** Shy Amlani, Alberta Health Services; Naima Salemhamed, Gevity part of Accenture; Sheridan Cook, Gevity part of Accenture

**Start-up Innovator of the Year** Dr. Ryan Doherty, EMPOWER Health; Don Watts, Khure Health; Alex McCauley, Thrive Health

**Emerging Professionals** No submissions this year



## Women Leaders in Digital Health

**Leaders** Lana Solberg, Boehringer Ingelheim Canada Ltd.; Annette Stelmachuk, Huron Perth Healthcare Alliance

**Executives** Sandra Cascadden, Province of Nova Scotia; Tara Coxon, St. Joseph's Healthcare Hamilton; Dr. Kayleigh Gordon, VITALL; Michelle Mula, Saskatchewan Health Authority; Jackie Nelson, NorQuest College; Megan Stowe, Vancouver Coastal Health Authority; Alexis Villa, University Health Network



2022 MEMBERSHIP SURVEY

# Professional development is a key benefit

Members value health informatics courses (32%), the CPHIMS-CA credential (35%), and access to thought leadership publications (24%).

32%

# Volunteer opportunities **empower** members with experience and networking

Access to a variety of volunteer opportunities is one of the benefits of Digital Health Canada membership. Volunteering builds experience, contributes to professional development and learning, and helps expand our members' professional networks. In 2021-2022, 248 members enriched themselves and the association by volunteering in the following roles:

Digital Health Canada education programs are developed with volunteer health informatics experts and leaders operating in a variety of professional settings. We are honoured to have 15 volunteer subject matter experts populating the **Digital Health Canada Faculty**—the backbone of the Core Health Informatics Education program.

Members attend events and summarize sessions for reports published on the Digital Health Canada website. These volunteer **Event Correspondents** help publicize the quality of our event content and spread the word about advancements in digital health. So far 8 volunteers have reported on events, drawn from a pool of 72 members interested in this volunteer opportunity. 14 members volunteered on **Event Planning Committees**, steering program content and bringing speaker recommendations and connections.

Our **Board of Directors** is composed entirely of volunteers. Turn to page 2 of this document to see the 11 people volunteering their time and expertise on the 2021-2022 Board of Directors (+ 6 people volunteered on the **Board Development Committee**).

We attempt to bridge the geographical distance separating members with Regional Chapters run by volunteer committees. These volunteers meet and plan regular virtual meetings (**Chapter LinkUps**) to bring chapter members together for discussion and networking. 5 volunteer members run the **British Columbia Chapter Advisory Committee**; 5 people volunteer on the **Atlantic Chapter Advisory Committee**, and the **Alberta Chapter Advisory Committee** relies on 5 local volunteers to keep members in Alberta connected.

The CHIEF Executive Forum relies on a volunteer **Advisory Board** as well as **Event Volunteers**. 18 members helped steer the CHIEF Executive Forum in 2021-2022.

Digital Health Canada Awards and Women Leaders Awards rely on independent adjudicators to assess and score submissions and choose the winning candidates. We are grateful to the 17 **Volunteer Adjudicators** who took this on in 2021-2022.

Volunteers contribute heavily to the success of each e-Health Conference and Tradeshow. 30 volunteers worked on e-Health 2021 as **Abstract Reviewers** and **Planning Committee** members.

Finally, we would be unable to offer one of our most popular member benefits without the participation of volunteers willing to share their work and projects with other members. 36 members generously offered to volunteer as **Webinar Wednesday Presenters**, offering learning opportunities for more than 2,500 attendees throughout the year.

Thank you, Digital Health Canada volunteers!



# CHIEF | Executive Forum

**Digital Health Canada's CHIEF Executive Forum brings together 76 member organizations for collaboration and relationship-building.**

# “... a venue for dialogue with some of the top digital health leaders from across Canada.”

CHIEF Executive Forum membership remains a valuable place for senior professionals and leaders in digital health and healthcare to collaborate, exchange best practices, address professional development needs, and offer their expertise in setting the agenda for the effective use of information and technology to improve health and healthcare in Canada.

CHIEF membership stands at 180 individual members (134 public sector/46 private sector) from 76 member organizations (53 public sector/23 private sector).

## Thought Leadership

In 2021-2022, CHIEF Executive Forum Members made real contributions to moving the digital health agenda forward with the publication of *The Value of the International Patient Summary in Canada*. Developed by a CHIEF member working group and funded by Canada Health Infoway, the paper explores and articulates the value of the International Patient Summary (IPS) for Canadian healthcare and aims to educate and inform the industry and further the understanding of the clinical, patient, and health system value of the IPS as a key component of interoperability.

## Engagement

Development of CHIEF Executive Forum program content and approach is guided by the nine-member Advisory team. Thank you to 2021-2022 CHIEF Executive Forum Advisory Members Blair White (Government of Newfoundland and Labrador), Elizabeth Keller (Amazon Web Services), Scott McMillan (Cercle Group), Dave Wattling

(Wattling Group), Andrew Nemirovsky (Cerner), Kevin Jones (Strata Health), Keltie Jamieson (Digital Health Strategist), Jonathan Choy (AHS), and Alisa Simon (Kids Help Phone).

## Events

Four virtual events were held for CHIEF Executive Forum members in 2021-2022, featuring relevant member-selected topics and a vibrant mix of international and Canadian presenters. A total of 127 individuals attended at least one of the following events:

- The annual CHIEF Executive Forum Spring Symposium (April 2021) addressed **Innovative Strategies for Consumer-Focused Healthcare and Supporting Partnerships to Drive a Stronger More Innovative Digital Health Sector**
- The September 2021 CHIEF Executive Forum C90 (a 90-minute virtual conference) addressed the importance of the **International Patient Summary**
- The annual CHIEF Executive Forum Fall Symposium (November 2021) featured Rapid Fire presentations on **Healthcare AI for the Real World: Practical, Real-world AI Use Cases** followed by **Lessons for Leaders Building a Pathway to the Future** with Dr. Helen Bevan, NHS England
- CHIEF Executive Forum C90 (February 2022) shared **Best Practices and Lessons Learned in Building a Robust Cyber Defence Program**

Thank you to our CHIEF Executive Forum members.



2022 MEMBERSHIP SURVEY

# Group Membership brings value to employees

42% of members surveyed are part of  
an employer's corporate membership.



# Board Development Committee

As Chair of the Board Development Committee (BDC), it is my pleasure to introduce the new Directors on the 2022-2024 Digital Health Canada Board.

This year we had six open Board positions with 15 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 682 members voting this year.

Our BDC had six volunteers act as scrutineers this year: Mary Deren, Scott McMillan, Scott Overhill, Naima Saleemohamed, Peter Smith, Gillian Strudwich. The committee oversaw the election process and reviewed the results.

The BDC conducted its business by videoconference and emails between March and May 2022. 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 contacted 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, Shy Amlani, Chris Carvalho, Cassie Frazer, Blair White and Julia Zarb.

These individuals will officially assume their duties with the 2022 - 2023 Board immediately following the Annual General Meeting, taking place on June 15, 2022 virtually. Congratulations and welcome!

Meet your 2022-2023 Digital Health Canada Board:

- Shannon Malovec, Past-President
- Dr. Syed Sibte Raza Abidi
- Shy Amlani
- Chris Carvalho
- Dr. Jonathan Choy
- Cassie Frazer
- Katherine Hay
- Keltie Jamieson
- Zen Tharani
- Blair White
- Julie Zarb

On a personal note, I would like to thank Mary Deren, Scott McMillan, Scott Overhill, Naima Saleemohamed, Peter Smith, and Gillian Strudwich for their assistance on the Board Development Committee. Thanks also to Shannon Bott and her team at the National Office who oversaw the election process.

Respectively submitted,

*Shiran Isaacksz*

*Chair, Board Development Committee*

# Finance and Audit Committee Report

Our Association, our membership, and our world continue to navigate uncertain and unprecedented times. Digital Health Canada focused on growth in the fiscal year 2021-2022, and ensuring we continue to serve our members and be innovative in delivering programs virtually. The Audited Financial Statements are available for member review on pages 22-25 and reflect the fiscal year that concluded March 31, 2022.

The statements show that Digital Health Canada had a net gain of \$272,435 for the year. The Board of Directors had approved a budgeted revenue over expenses of \$41,650 for FY21-22 with a 14% increase in revenues compared to last fiscal year. Digital Health Canada is pleased to report that membership has grown this year by 76% and membership revenue grew by 31.5%. Events through the year were very successful leading to 12% higher year over year revenues (excluding e-Health) and the 2021 e-Health Virtual Conference was very successful.

In accordance with accounting standards, expenses of \$40,983 were recorded for e-Health 2022. These are expenses that must be realized within the fiscal year, with all revenues and remaining expenses included in the 22-23 fiscal once the event takes place. The Statement of Financial Position outlines the revenue for e-Health 2022 under deferred revenue as of March 31, 2022, and the remaining pre-pays for 2022.

Digital Health Canada received \$49,783 in Canada Emergency Wage Subsidy and repaid \$20,000 of the Canada Emergency Business Account. The remaining \$20,000 will be repaid in the coming months in advance of the December 2023 deadline for repayment.

The Statement of Changes in Net Assets reflects an increase in Members' Equity to \$415,815 as of March 31, 2022. This includes both reserved and unreserved operating funds. The Steven Huesing Scholarship Fund ended the year with \$18,538 and is a separate protected component of the Members' Equity. There were two scholarships awarded in 2021 and Digital Health Canada added \$2,000 to the fund at year-end.

The Finance and Audit Committee has been paying close attention to the Members' Equity to ensure it is replenished to a level in line with an updated Members' Equity Policy that states that The Protected Reserve Fund shall maintain a minimum of three (3) to a maximum of six (6) months operating expenses in order to provide a safe margin for the organizations operations and reduce financial risk to the association.

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 four Board members who worked with the CEO and Executive Director, Operations to oversee the financial management and financial accountability of the association. Thanks to Angela Lianos, Blair White, and Katherine Hay for their participation on this committee.

### **Overview of 2021 - 2022 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 2022-2023. 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.

The Board has approved a budget for FY22-23, with total revenues of approximately \$1,363,426 and total expenditures of \$1,539,663 projecting a surplus of \$44,163 for the year. The budget includes small investments in technology including adding additional features to our new online member management and members-only website and connecting our learning management platform to the member management system to create a seamless experience. The proceeds from e-Health 2022 will be reflected in the next fiscal. 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 empower.

Respectively submitted,

*Dr. Jonathan Choy*  
*Secretary-Treasurer*

# 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, 2022, 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, 2022, 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.

## **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.

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

# Financials

## Statement of Financial Position

as at March 31, 2022

	2022	2021
	\$	\$
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	335,477	282,111
Investments (Note 2)	473,001	397,092
Accounts receivable	86,862	72,321
Prepaid expenses - e-Health Conference	31,292	21,359
Prepaid expenses - Other	18,714	21,150
	945,346	794,033
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	76,632	18,295
Accounts payable - e-Health Conference 2020 refunds	-	152,150
Government remittances payable	92,743	34,999
Deferred revenue (Note 3)	184,001	176,966
Deferred revenue - e-Health Conference (Note 4)	137,617	207,710
	490,993	590,120
CANADA EMERGENCY BUSINESS ACCOUNT (CEBA) LOAN (Note 5,6)	20,000	40,000
	510,993	630,120
<b>NET ASSETS</b>		
Unrestricted net assets	415,815	145,380
Scholarship Fund (Note 7)	18,538	18,533
	434,353	163,913
	945,346	794,033

## Statement of Changes in Net Assets

for the year ended March 31, 2022

	Unrestricted Net Assets Total	Scholarship Fund	2022 Total	2021 Total
	\$	\$	\$	\$
Balance, beginning of year	145,380	18,533	163,913	117,679
Excess (deficiency) of revenues over expenses for the year	270,435	2,000	272,435	46,034
Net funds (disbursed) received (Note 7)	-	(1,995)	(1,995)	200
Balance, end of year	415,815	18,538	434,353	163,913

# Financials

## Statement of Operations for the year ended March 31, 2022

	2022	2021
	\$	\$
<b>REVENUES</b>		
Membership services	737,622	561,033
e-Health - 2021 (Schedule II) (Note 8)	381,415	-
Conference and events	230,449	205,224
Training, education and thought leadership	135,737	70,064
Government assistance (Note 6)	49,783	168,729
Corporate services	945	2,447
e-Health - 2020 (Schedule I) (Note 8)	-	131,101
	1,535,951	1,138,598
<b>EXPENSES</b>		
Membership services	608,218	456,953
Conference and events	310,098	240,509
e-Health - 2021 (Schedule II) (Note 8)	163,926	48,644
Training, education and thought leadership	140,291	247,583
e-Health - 2022 (Schedule III) (Note 8)	40,983	-
e-Health - 2020 (Schedule I) (Note 8)	-	98,875
	1,263,516	1,092,564
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	272,435	46,034



## Schedules to Statement of Operations

for the year ended March 31, 2022

	2022	2021
	\$	\$
<b>SCHEDULE I - 2020 e-HEALTH CONFERENCE</b>		
REVENUE	-	131,101
EXPENSES	-	98,875
<b>EXCESS OF REVENUES OVER EXPENSES FOR THE YEAR</b>	<b>-</b>	<b>32,226</b>
<b>SCHEDULE II - 2021 e-HEALTH CONFERENCE</b>		
REVENUE	381,415	-
EXPENSES	163,926	48,644
<b>EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR</b>	<b>217,489</b>	<b>(48,644)</b>
<b>SCHEDULE III - 2022 e-HEALTH CONFERENCE</b>		
REVENUE	-	-
EXPENSES	40,983	-
<b>(DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR</b>	<b>(40,983)</b>	<b>-</b>

# Notes to the financial statements

## **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. Digital Health Canada connects, inspires, and empowers the digital health professionals creating the future of health in Canada.

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 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 and the CEBA loan.

### **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.

## **Government Assistance**

Government assistance is a restricted contribution and is accounted for using the deferral method based on the assistance provided:

### **Wage Subsidies**

Wage subsidies are recognized as revenue in the year the related wages are incurred.

### **Forgivable Loans**

Forgivable loans are accounted for based on how the proceeds are utilized. If used for current operations, the amounts are recorded as revenue in the corresponding period. If used for operations in later periods, the amount is deferred until those periods. If used for the acquisition of an asset, the amount is deferred and is recognized as revenue on the same basis as the amortization expense related to the acquired capital asset.

### **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, 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.

## **2. INVESTMENTS**

The investments consist of the following:

	2022 \$	2021 \$
Investment savings account: interest payable based on market rates	473,001	397,092

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.

## **3. DEFERRED REVENUE**

Deferred revenue consists of the following:

	2022 \$	2021 \$
Membership Fees	179,001	89,378
Event Fees	5,000	87,588
	184,001	176,966

## **4. DEFERRED REVENUE - e-HEALTH CONFERENCE**

Deferred e-Health conference revenue consists of the following:

	2022 \$	2021 \$
Registrations and sponsorship	119,617	189,710
Seed funds (from CIHI)	18,000	18,000
	137,617	207,710

## **5. CANADA EMERGENCY BUSINESS ACCOUNT (CEBA) LOAN**

In fiscal year 2021, the Organization received \$60,000 in government assistance from the Canada Emergency Business Account (CEBA), of which \$20,000 was deemed to be forgivable and was recognized as government assistance revenue. The CEBA loan is interest free with 33% forgivable if repaid by December 31, 2023. Any balance owing after December 31, 2023 will be converted to a three-year term loan with a fixed interest rate of 5% per annum. The full balance must be repaid by no later than December 31, 2026.

In the current fiscal year, \$20,000 was repaid and management concluded that the remaining \$20,000 outstanding will be repaid by December 31, 2023.

# Notes to the financial statements

## 6. GOVERNMENT ASSISTANCE

During the fiscal year, the Organization received government assistance as follows:

	2022 \$	2021 \$
Canada Emergency Wage Wage Subsidy (CEWS)	49,783	136,341
Temporary Wage Subsidy for Employers (TWS)	-	12,388
Canada Emergency Business Account (CEBA) loan forgiveness	-	20,000
Total received	49,783	168,729

Refer to Note 5 for details on the CEBA loan.

The CEWS serves as financial relief for a portion of employee wages. The CEWS was temporary and was available from March 15, 2020 to October 23, 2021 for eligible employers.

The TWS serves as reduction in the amount of payroll deductions required to be remitted to the Canada Revenue Agency (CRA). The TWS was temporary and was available from March 18, 2020 to June 19, 2020.

The assistance received is not repayable albeit is subject to audit by the Canada Revenue Agency (CRA).

## 7. SCHOLARSHIP FUND

The Steven Huesing Scholarship was established in 1999 in recognition of the contribution that the late Steven Huesing, COACH Founding President, made to the association. The Scholarship was developed to reflect the spirit, dedication and innovation that COACH's Founding President has brought to the field of health informatics (HI).

The purpose of the scholarship fund is to provide financial assistance to students to pursue post-secondary studies in health informatics. The Scholarship fund awarded \$2,000 to both the 2022 winners.

As at March 31, 2022, \$18,538 (2021: \$18,533) of the cash held by the Organization is committed to the Scholarship fund.

## 8. e-HEALTH CONFERENCES

### 2022 Conference

The 2022 virtual e-Health conference and tradeshow is being held on June 1 & 2, 2022 and operations will be managed by Digital Health Canada. All revenues and expenses for the 2022 conference will be collected and paid for by the Organization on behalf of the conference partners. The total conference revenues collected as at March 31, 2022 is \$137,617, which is deferred. The total conference expenses paid as at March 31, 2022 is \$72,275, of which \$31,292 is prepaid and \$40,983 is expensed. The profit split for the 2022 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.

### 2021 Conference

The 2021 virtual e-Health conference and tradeshow was held on May 26-27, 2021 and operations were managed by Digital Health Canada. All revenues and expenses for the 2021 conference were collected and paid for by the Organization on behalf of the conference partners. The total conference revenues collected as at March 31, 2022 is \$381,415 and the total conference expenses paid as at March 31, 2022 is \$212,570, which includes CIHI and Infoway's share of the e-Health 2021 profit. The profit split for the 2021 conference was Digital Health Canada 80%, CIHI 10% and Infoway 10%.

### 2020 Conference

The 2020 in-person conference was cancelled on March 26, 2020 due to the novel Coronavirus ("COVID-19"). A virtual popup e-Health Conference and Tradeshow was held in its place. All revenues and expenses for the 2020 conference were collected and paid for by Digital Health Canada on behalf of the other partners. The profit split for the 2020 conference was Digital Health Canada 80%, CIHI 10% and Infoway 10%. The total conference revenues collected is \$131,101, which includes CIHI and Infoway's share of the eHealth 2020 loss and e-Health 2020 popup profit.

## 9. ALLOCATION OF EXPENSES

Pursuant to the policy described in Note 1, the Organization's administrative expenditures for the year are allocated as follows:

	2022 \$	2021 \$
Membership services	604,345	454,476
Conference and events	282,613	282,256
Training, education, and thought leadership	115,968	197,162
e-Health Conference	-	48,644
	1,002,926	983,538

## 10. 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, 2022.

**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 \$10 (2021: \$2,366).

**Liquidity Risk** is the risk the Organization will encounter difficulties in meeting obligations associated with financial liabilities. The Organization's exposure to liquidity risk is mainly in respect of its accounts payable and refunds due. The Organization expects to meet these obligations as they come due by generating sufficient cashflow from operations.

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

**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.

## 11. COMMITMENTS

The Organization entered an agreement dated December 3, 2019 with Beanfield Centre to host the 2021 e-Health Conference and Tradeshow. The contract was amended to a 2023 conference. 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.

## 12. THE NOVEL CORONAVIRUS ("COVID-19")

In March 2020, the World Health Organization declared a global pandemic due to the outbreak of the novel Coronavirus ("COVID-19"). The situation is continuously developing and the economic impact has been substantial to both Canada and the globe.

The Organization is aware of the changes in its operations as a result of the pandemic, including the transition to virtual events and the receipt of government assistance. Management does not foresee any future significant financial impact on operations and expect to have a combination of virtual and in-person events going forward.

The duration of the pandemic is unknown at this time. As a result, it is not possible to reliably estimate the length or severity of these developments, nor the impact on the financial position of the Organization.

# About Digital Health Canada

Digital Health Canada is a member-supported not-for-profit professional association that connects, inspires, and empowers the digital health professionals creating the future of health in Canada.

Our strategic architecture (mission, vision, values, pillars) is the foundation and framework for our current priorities and acts as a source of alignment for all members, partners, and stakeholders.

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

Our **vision** is that, together, we will catalyze the digital health community.

Our **values** are steadfast and have been a cornerstone for members and the association since 1975, guiding our actions together as the association and industry grew and changed.

- **Innovation** Demonstrate leadership by introducing innovation that accelerates the transformation of health service delivery
- **Collaboration** Value collaboration through sharing of health informatics and digital health knowledge and experience with others
- **Diversity** Recognize the diversity of our membership
- **Education** Remain committed to continuous learning
- **Integrity** Be guided by professionalism, integrity and ethics
- **Service** Respond to and serve the needs of the members and the health system

Our pillars (we connect, we empower, we inspire) support a linked set of ecosystems, organizations, and individuals who are passionately pursuing the future of health in Canada together.

- **We connect** a network of professionals and organizations to facilitate lasting business relationships and collaborative partnerships.
- **We empower** by leading knowledge sharing, learning and credentialing, and developing content and tools.
- **We inspire** our members and community to be visionary and transformative thought leaders.

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.

Digital Health Canada membership is ideal for anyone with an interest in health informatics, health information management, digital health, m-health, e-health, or related healthcare issues and practices.

Visit [digitalhealthcanada.com](https://digitalhealthcanada.com) to learn more.

