Manitoba Centre for Health Policy
Accreditation 2022 – Shortened version
MCHP acknowledges that we live and work on Treaty 1 land, the home of the Anishinaabe, Cree, Oji-Cree, Dakota and Dene peoples and the homeland of the Métis Nation. We respect the treaties that were made on these Territories, we acknowledge the harms and mistakes of the past, we recognize the ongoing present day colonial violence that is faced by Indigenous peoples within healthcare, education, justice, child welfare and government systems and we dedicate ourselves to moving forward in partnership towards decolonization in the spirit of reconciliation and collaboration.
Introduction
MCHP Accreditation

• Who
  • MCHP Staff, PIs on all research projects, people with access to MCHP computer network.

• When
  • Before or at the time of starting project or work
  • Re-certification required annually (web-based since spring 2011)

• Why
  • Common information on research & data use at MCHP
MCHP Accreditation

• Basic knowledge of MCHP data holdings, and location of additional information and resources;
• An understanding of the process for starting and running a research project;
• Expectations around limits on access, use, and publication of data; and
• Time and cost estimates to start and execute a project.
U of M Research Unit

• “MCHP is a research unit within the Department of Community Health Sciences in the Max Rady College of Medicine, Rady Faculty of Health Sciences at the University of Manitoba.”

• Formed in 1992 administrative data has been housed and collected representing health services data since 1970, and expanded to include Education, Social, Justice data.

• Supporting ~250 ongoing research projects
Research at MCHP - Deliverables

• Deliverables
  • Several major projects annually (deliverables)
  • Knowledge translation through the Evidence to Action (E2A) Annual Workshop
  • Examples: Primary Care Projections, Methamphetamine consumption, Immigrant Health, First Nation health, Gastrointestinal Endoscopy Utilization, Transitions in Care, ICU use predictions, overlaps in Child Welfare with Justice and Education and Surgical Procedures.
Research at MCHP - Investigators

- Research Projects
  - Researcher driven & funded projects
  - Cost recovery – not for profit
  - Possible topics include: COVID-19 modeling and outcomes, prescription medication or antibiotic use, cardiac surgery follow-up, IBD, ICU recovery, educational achievement, child welfare involvement, justice system involvement and overlaps, mental health, program evaluation, First Nation and Metis, validation studies, maternal and child health, osteoporosis, immunization and vaccine uptake, Multiple Sclerosis treatment, illicit drug use, immigrant health
Manitoba Population Research Data Repository

Total health datasets available: 57

Total social datasets available: 21

Total registries datasets available: 6

Total justice datasets available: 3

Total education datasets available: 9

Repository Domains
Scope and Coverage

- Represents whole Manitoba Population
- Data are installed/updated after year end files are closed
- Data are de-identified with a common encrypted ID
- Linkable – but not maintained in a linked format.
- Can be used only for approved research project

- Project Specific Data (Survey, RCT, Clinical)
Data Equity?

“Data equity is the consideration, through an equity lens, of the ways in which data is collected, analyzed, interpreted, and distributed. It underscores marginalized communities’ unequal opportunities to access data and, at times, their harm from data’s misuse. Data equity pushes us to consider the ways that data can reinforce stereotypes, exacerbate problems like racial bias, or otherwise undermine social justice.”
Data Equity

• Data are not objective
  • Requires historical and cultural context, especially as we confront racism, colonialism, ableism, gender inequities and other systemic forms of discrimination
  • What data are collected or are not collected reflect the values of the system
    • In the case of admin data, the data gathered are the information that provincial /federal govt values
    • Though we have “whole population” level data, there is lots of information missing.

• Data can do harm
  • Research using admin data provides us an excellent window into the past; however, the past cannot inform future policy without reflecting on the contexts mentioned above – high probability of repeating mistakes without taking past structures into account.
Detailed Data Dictionaries
Access and Use of Repository Data Process

Project Based
Limited Use and Results Reporting

- Use of data is limited within each project to the approvals obtained.
- Data cells representing 1-5 individuals or events must be suppressed. Some data providers (IRCC) require 10-20.
- Copy of publication or presentations must be sent to data providers and MCHP a minimum of 30 days prior to release.
- Vetting and transfer of aggregated data and results for external researchers/analysts.
  - Ethics, Privacy, and Impact reviews must be kept current.
- Inactive or expired projects will be archived.
- When a project is complete, a Final Study Status Report must be submitted.
- Projects will be archived for 7 to 10 years.
Breach – Definition and Reporting

• Breach
  o Individual records or personal information released/disclosed
    ▪ Within system/MCHP
    ▪ Externally
  o Individual records or personal information used or accessed outside of approvals
  o Integrity of data is compromised
  o Small numbers released/disclosed
  o Release of results outside of process (e.g. published without review)

• Reporting
  o Notification of direct supervisor/MCHP
  o Review/Extent
  o Notification of UofM/Gov - Access and Privacy Office, MB Gov Dept/MH
  o Review - what was the breach; is further investigation necessary
  o Correction/Follow-up
  o Documentation
Publications/presentations based on Manitoba Health Deliverables require special permission prior to release.

<table>
<thead>
<tr>
<th>Type</th>
<th>Manitoba Health (PHRPC)</th>
<th>MCHP</th>
<th>Other Providers (some specific DAS may have further requirements)</th>
</tr>
</thead>
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<tr>
<td>Articles (publications, thesis, new release)</td>
<td>30 days</td>
<td>30 days</td>
<td>Prior to public release</td>
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<tr>
<td>Presentations (with handout, abstract or compendium)</td>
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<td>Prior to public release/presentation</td>
</tr>
<tr>
<td>Oral Presentation only</td>
<td>10 days</td>
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<td>Prior to public presentation</td>
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MCHP Provided Support
Remote Access Sites

- VPN access from desktop – in Manitoba currently. Resolving with province to allow access externally.
- Requires currently patched Windows, and Anti-Virus running – compliance tested with each login.
- Feasibility provides cost estimate. MCHP based on hourly for direct support is $115.00
- There is an initial project startup cost of $6000 with a subsequent annual of $600.00
- If RAS is being used; $3500 user access
- Students - if PI has a Project, then RAS fee waived and direct support is $50.00/hr.

- [Student Guidelines](#)
- [Private Sector/Contract Guidelines](#)
MCHP: Audits and Reviews

• Ensure compliance and protection
  • Approvals (U of M, MHSC, others…. ) ongoing
  • Data access
  • System access
  • Publication review
  • Forms (RA, Confidential Data)
U of M Pledge of Confidentiality

- Required for everyone with access to Personal Health Information, MCHP staff, project PI, and individuals with MCHP system access.

- Required to be completed for HREB submission

- Completion of the U of M MCHP Associated PHIA Orientation material and corresponding Pledge of Confidentiality is required

- U of M PHIA & Pledge of Confidentiality must be completed even if PHIA orientation has been completed with a different organization (e.g. WRHA, Province of Manitoba).
Thank you/Questions

umanitoba.ca/centres/mchp

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