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REPORT

# CSA Group Digital Health Forum

August 2026



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## Acknowledgements

CSA Group wishes to acknowledge all the speakers and presenters at the digital health forum without whom this report would not be possible. This initiative promotes the development of standards to improve the quality and effectiveness of digital health infrastructure across Canada.

For questions and comments on this report, or for more information on our work in digital health, please contact: healthandwellbeing@csagroup.org



# Executive Summary

The Digital Health Forum, held on October 8, 2025, explored how digital transformation is reshaping health service design, operations, and infrastructure. Participants from clinical operations, digital strategy, infrastructure development, provincial systems, and finance described increasing expectations for infrastructure that is reliable, interoperable, and responsive to both clinical and operational needs. Conversations pointed to persistent pressures, workforce capacity, uneven foundational resources, procurement rigidity, fragmentation between legacy and modern systems, and the pace of technological change relative to organizational readiness, as key factors influencing the speed and consistency of implementation. The Forum was structured to combine panel discussions with an interactive workshop so that system-level themes and frontline realities could be considered together.

In the opening panel, speakers framed a shift in perspective in how healthcare digital infrastructure is evaluated, from traditional return on investment to a return on value, where safety, patient, and staff experience, in addition to access, and quality complement financial stewardship. They emphasized embedding digital infrastructure in facility design and management, through early cross-functional planning, performance-based requirements, lifecycle cost visibility, and post-occupancy evaluation to connect investments with outcomes. Practical delivery considerations included flexible vendor partnerships across long project timelines, approaches for managing legacy systems during redevelopment, and the use of coordinated procurement models to accelerate adoption and improve consistency. These elements reinforced the importance of treating digital capabilities as integral to clinical operations rather than discretionary additions.

Participants then engaged in a workshop which used the *Three Horizons* framework to highlight near-term challenges, longer-term aspirations, and the transition steps between them. Participants identified gaps in employee training and system capacity constraints in the adoption of digital technologies; as well as challenges with interoperability between technologies, software usability and accessibility as recurring barriers. The rapid pace of technological change was identified as being an ongoing challenge in the health care system's digital readiness. Participants outlined a desired future for health care which included a consistent digital experience across settings, impact-based decision-making, embedded AI and automation, and equitable access for underserved communities. To bridge the gap, participants emphasized the need to build digital leadership and skills, advance data and interoperability standards (including AI governance), modernize risk and procurement policies, redesign workflows to reduce waste, and strengthen collaboration to scale what works across organizations and jurisdictions.

The final two panels for the forum added practical context. In an interprovincial dialogue, current successes in healthcare digital technological integration were highlighted. Nova Scotia outlined a coordinated model that embeds digital enablement within major capital projects through structured governance, shared services, and early integration of digital design standards, while Ontario highlighted scalable infrastructure backbones, collaborative procurement, and governance mechanisms intended to reduce fragmentation over long project timelines. The closing panel reinforced the need to plan facilities and digital systems together from the outset, with attention to wayfinding, provider workflows, patient experience, capacity modeling, command-centre approaches, modularity, and thoughtful placement of infrastructure so that facilities remain adaptable as technologies and care models evolve. These insights pointed to standards and governance as levers for improving coherence and readiness across health care.

The insights gained throughout the Forum pointed to a practical way forward, with strengthened alignment on data and interoperability foundations, recommendations to plan digital and physical infrastructure in tandem, and guidance on building the leadership and skills that translate technology into measurable value. Participants indicated that with sustained collaboration and standards-based guidance, health system administrators and policy makers can move from isolated initiatives to a more connected, resilient, and person-centred digital health ecosystem.

The Digital Health Forum brought together participants with experience in clinical operations, digital strategy, infrastructure development, and provincial health systems.




## Introduction

The expansion of digital technologies into health care is shaping how health services are planned, delivered, and supported. This is creating expectations for digital health infrastructure that is reliable, integrated, and responsive to both clinical and operational needs. As newer technology such as artificial intelligence, advanced analytics, and virtual care becomes embedded in care pathways, health care facilities are encountering practical questions about workforce readiness, system interoperability, and the long-term sustainability of digital investments. These evolving conditions are influencing how organizations think about the design, governance, and maintenance of digital health infrastructure.

The Digital Health Forum brought together participants with experience in clinical operations, digital strategy, infrastructure development, and provincial health systems. The Forum combined panel discussions with an interactive workshop designed to gather practical insights, highlight implementation challenges, and identify opportunities for improved alignment of digital system implementation practices across health care. The perspectives shared during this event provided an important understanding of current barriers and enablers of digital adoption and will help contribute to a greater understanding of how to best support a more coordinated and resilient digital health infrastructure landscape.

## Overview of the Digital Health Forum

The Digital Health Forum was convened on October 8, 2025, as part of CSA Group's *Enhancing a Safe and Adaptive Workforce Committee Week*. The event brought together leaders and practitioners from across health care to examine the practical realities of digital transformation, share perspectives on emerging technologies, and explore how digital health infrastructure intersects with clinical operations, facility design, and system governance. The event was in-person, and combined structured panel discussions with an interactive workshop, enabling participants to reflect on current pressures, future aspirations, and the transition steps required to support a digitally enabled health system. Key elements of the Forum included:

- **Opening Panel:** Finance infrastructure and IT leaders discussed the realities of digital infrastructure planning and implementation, highlighting funding pressures, evolving investment narratives, and the importance of cross-functional collaboration among finance, IT, and infrastructure teams.
- **Interactive Workshop:** A facilitated session where participants identified current challenges, prioritized future needs and co-designed potential solutions, with a focus on what tools are needed to support continued health care digital integration.

- **Provincial Dialogue:** Insights were shared by representatives from Ontario and Nova Scotia on provincial digital health implementation initiatives, highlighting persistent challenges, promising innovations, and how local contexts influence system-level advancement.
- **Closing Panel:** Speakers examined how emerging infrastructure trends are shaping future healthcare spaces, emphasizing design strategies that support digital integration, flexible environments, and technology-enabled models of care.

# Digital Health Forum – Sessions

## Opening Panel – Digital Health Infrastructure and Return on Investment: Telling the Right Story

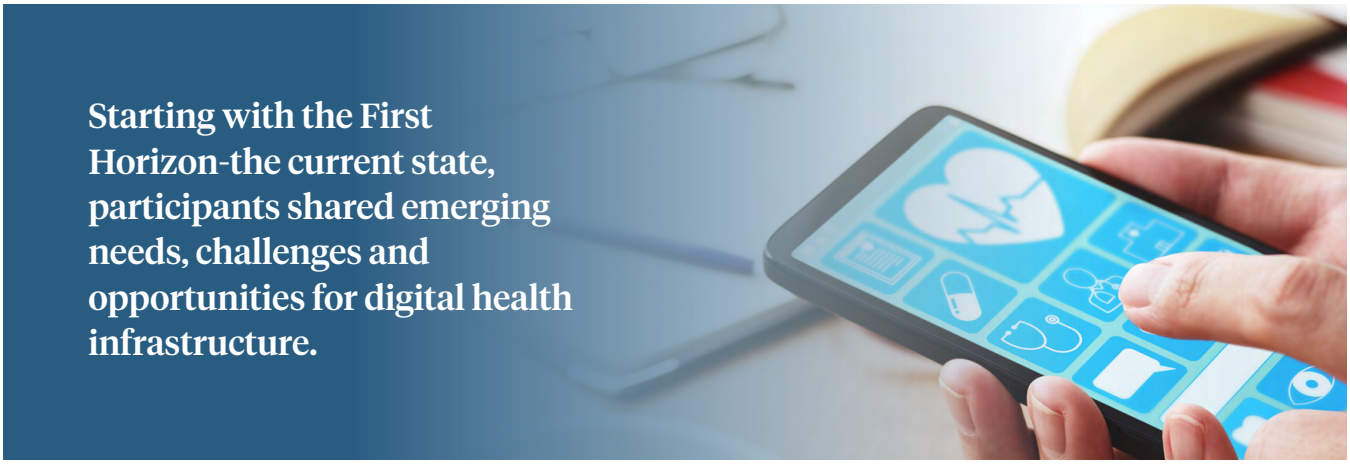
The session opened with a presentation on the fiscal challenges facing health organizations and the implications for digital investments. The presentation highlighted pressure on operating budgets, the need to balance near-term service demands with longer-term platform readiness, and the importance of articulating benefits that extend beyond cost containment. The speaker underscored that when planning digital infrastructure, highlighting the benefits to safety, quality, workforce efficiency, equity of access, and patient experience can support more balanced decisions. The framing also encouraged participants to consider the total cost of ownership across the lifecycle of digital platforms and the role of disciplined benefits tracking after implementation. This provided context for a discussion on how organizations can position digital infrastructure as essential to clinical operations rather than as a discretionary add-on.

Panelists described a shift in how the success of digital health care investments is being evaluated from traditional return on investment toward return on value, where measures of patient and staff experience, safety, access, and quality complement financial stewardship. They emphasized that digital capabilities operate within the wider hospital system and require ongoing operational support, change management, and




continuous optimization. Benefits often emerge months or years after the digital system is implemented, and information technology teams enable value but do not realize it alone. Close partnerships between digital technology teams and clinical and operational leaders were highlighted as necessary to translate capabilities into outcomes.

The panel highlighted the need for early collaboration among finance, information technology, infrastructure, and clinical teams to develop performance-based requirements that can withstand lengthy timelines and market change. Panelists pointed to flexible vendor relationships and long-term partnerships that allow for adaptation when technology evolves during construction or redevelopment. Examples included approaches to managing legacy systems during expansion and the use of late-stage clinical testing to validate the suitability of the digital solution before commissioning.




Looking ahead, panelists identified standards and governance as important tools in creating a unified healthcare digital infrastructure strategy. In particular, data and interoperability standards were noted as central to planning, patient experience, and long-term sustainability. Speakers encouraged organizations to treat digital infrastructure as part of routine business operations. To support this integration panelists recommended focusing on the optimization of available resources, improved prioritization by those most affected by decisions, and assessment of the total cost of ownership across a platform's lifespan.

## Interactive Workshop – The Future of Digital Health

The workshop used the three horizons framework as a structured format to gather the comments and perspectives of participants. Each table was provided with a large canvas and sticky notes to explore the following key questions, as they relate to the three horizons:

a. What are the emerging challenges and opportunities facing digital health infrastructure?

b. What do we hope is the future of digital health infrastructure?

c. What examples exist today that tell us this future is possible?

d. What actions and strategies are needed to address the emerging challenges and get us to the future vision?

By discussing digital health infrastructure using this framework, participants were able to identify and clarify the key actions needed to obtain their desired future.

### First Horizon (discussion point A): Emerging challenges and opportunities for digital health infrastructure

Starting with the First Horizon – the current state, participants shared emerging needs, challenges and opportunities for digital health infrastructure, such as:

- **People & capacity constraints:** The human side of digital transformation is often the bottleneck, with limited digital literacy (staff knowledge is evolving slower than technology), unclear roles, staffing competition, and siloed expertise slowing adoption. Even when tools exist, people may not be equipped or willing to use them. Many groups highlighted that people might be the biggest obstacle to enhancing digital health infrastructure.
- **Limited funding and resource allocation:** Digital health progress is limited by uneven access to baseline resources, outdated funding models and cost sharing agreements, and long planning and construction timelines that delay implementation. Many organizations are struggling to secure the foundational stability needed before pursuing innovation.

> The Third Horizon focused on describing an improved medical system widely incorporating digital technologies. This involved participants sharing their aspirational future for digital health infrastructure.



- **Fragmentation & interoperability issues:** Health systems are constrained by a patchwork of legacy and modern systems that make it difficult to access, connect and share health records. Without standardized approaches and seamless data exchange, integration efforts remain costly and slow.
- **Usability, accessibility & trust:** Digital tools should be designed with end users in mind; otherwise, they risk creating friction or exclusion. Both staff and patients need systems that are intuitive, accessible, and equitable. Engagement from users of the system, along with understanding of workflows, is needed to help enhance the application of digital tools.
- **Pace of change vs. system readiness:** Technology is advancing much faster than healthcare systems can adapt, creating constant tension between keeping up with innovation and maintaining operational stability. Future models of care are unclear, making long-term digital planning difficult. Particularly given the rapid pace of technological change, by the time a new system is implemented, emerging models may have already shifted the market, rendering it obsolete.

Across groups and participants, while discussing the current opportunities and challenges, there were a number of differing perspectives shared, such as:

- **Definition of digital health infrastructure:** Participants talked about digital health infrastructure as physical connectivity and EHR systems and / or AI-enabled care and self-service devices. Without a shared definition, insights and priorities may differ.
- **Innovation vs foundational infrastructure:** Participants discussed the tension between laying solid foundational infrastructure (connectivity, interoperability, digital literacy) and pursuing cutting-edge technologies (AI, automation, smart systems).
- **Standardization vs flexibility:** Participants shared the need for standardization across hospitals and regions to enable interoperability; however, this conflicts with the reality of different institutional needs and resource levels.

## Third Horizon (discussion point B): Vision for the future of digital health infrastructure

Using the three horizons framework, we asked participants to move from the current state to the longer-term future state. The Third Horizon focused on describing an improved medical system widely incorporating digital technologies. This involved participants sharing their aspirational future for digital health infrastructure, and included the following key elements:

- **One consistent digital experience across lifespans and systems:** A nationally mandated foundation of shared digital health standards to allow for seamless data exchange, continuity of care, and compatibility across all providers and sectors. No matter where a patient goes, their health data follows them. People will engage with healthcare through a single digital environment that works across all ages, providers, and services. Whether accessing lab results, registering at a clinic, or receiving virtual care, the journey feels continuous and coordinated.

- **Government-led access & procurement models:** Centrally procured and government-funded technology for physicians and providers. This technology would be offered free in exchange for secure, ethical data access. This removes cost barriers and accelerates adoption of innovation.
- **Shift to impact-based decision making:** Digital health investment should be evaluated not solely on financial return, but on health outcomes, access improvements, and system-wide efficiencies. The value of infrastructure will be measured through equity, safety, and patient empowerment.
- **Embedded AI & intelligent automation:** AI will be seamlessly integrated into every layer of the system, from predictive models and proactive interventions to automated workflows and augmented treatment tools such as AR, wearables, and remote monitoring. Dashboards, forecasting tools, and integrated data models will be utilized to drive earlier intervention and reduced wait times.
- **Seamless, low-friction user experience:** Digital platforms will be intuitive, accessible, and as easy to use as consumer-grade applications, so that they are navigable by all Canadians and supportive of aging populations. In the ideal future reduced clicks, clear instructions, and visual clarity are non-negotiable design principles for digital platforms. Patients will also actively control and contribute to their digital records, feeding in data from wearables, home monitoring devices, and lived experience.
- **Infrastructure equity across all communities:** Remote and underserved populations will receive the same digital access and infrastructure as urban centres. Flexible models will support care at home, offline capabilities, and hybrid service delivery.

While discussing the future vision for digital health infrastructure, there were also a number of differing perspectives and tensions shared, such as:

- **AI everywhere vs. workforce readiness:** Participants shared a vision that assumes AI would be widely used enabling proactive predictive care. They also shared the need to train people on technology to build the capacity of the workforce to achieve the potential of AI in healthcare. Through implementation, this may present some challenges given groups shared that some of their present-day challenges are related to low technological literacy and a workforce struggling to keep pace with technological change.
- **Standardized, centralized systems may conflict with the desire for system transformation:** Some groups described a future vision that focused on standardization and universal systems, including standardized IT infrastructure and one common digital experience across organizations and sectors. While other groups shared a vision focused on innovation and experimentation, particularly with rapidly evolving AI systems and opportunities. These are both desirable attributes of a digital health future, however can also be perceived as contradictory or difficult to implement.
- **Provocative proposal for government-paid systems in exchange for data access:** One group shared their idea for government-paid systems for physicians in exchange for data access, which raises questions about privacy, data governance, and trust.

## Third Horizon (discussion point C): Pockets of the future in the present

After discussing the preferred future, we asked participants to identify current examples that tell us that the aspirational future is possible. Participants shared the following examples:

- **Funding and policy shifts are enabling new models of care:** Funding models such as social prescribing are already being piloted, signaling a move toward more holistic and community-oriented care. Incorporation of digital infrastructure standards in some newly constructed hospitals has shown that health care facilities are beginning to set stronger digital default requirements.
- **Adoption of AI is no longer theoretical:** AI is already being used for clinical triage (ChartWatch at Unity Health Toronto), resource planning (ED volume modeling), ambient documentation (AI scribes), and patient navigation (bots for triage).



- **Personalized and patient generated data is being integrated into care:** Patients can now share wearable and home device data with physicians, showing movement toward actionable, real-time monitoring. Self-serve digital tools and publicly posted wait times are increasing transparency and agency.
- **System design innovations are emerging:** Humber River's Command Centre and Peel Region urgent care dashboards demonstrate system-wide coordination and live operational oversight. Digital Twins and remote virtual surgery illustrate how simulation and tele-enabled services are expanding what is possible.
- **Risk framing is becoming a stronger driver of adoption:** Cybersecurity systems were adopted quickly to manage digital risks to patients and staff, showing that framing adoption around risk reduction is more effective than promoting innovation.

## Second Horizon (discussion point D): Actions and strategies needed to enable and unlock our aspirational future

Finally, participants focused on the Second Horizon, to connect the current challenges and opportunities with the longer-term aspirational future. The Second Horizon is focused on a transition state where activities are paving the way to achieve the Third Horizon. Participants shared actions and strategies that are needed in the near-term, responding to the challenges identified in the First Horizon. The following summarizes what participants shared, without prioritization:

- **Invest in people, skills, and digital leadership:** This action focuses on building capacity in digital health care by investing in people and leadership. It involves recruiting and elevating leaders who are digitally fluent, visionary, and courageous enough to champion transformation, while upskilling existing staff to use technology with confidence. By making digital transformation exciting and aspirational, the organization can also attract and retain top talent inspired by innovation and impact.
- **Transform funding and incentive models:** This action calls for reimagining how healthcare innovation is funded and incentivized to better align with long-term impact and system-wide improvement. It involves shifting funding decisions from short-term financial returns to outcomes that improve patient care and societal well-being, supported by consistent and sustainable funding streams. By redesigning incentives to reward collaboration and innovation, and reframing digital infrastructure as an essential enabler rather than a cost, the sector can build public understanding, trust, and buy-in for lasting digital transformation.
- **Mandate national standards and interoperability:** This action emphasizes the need for a unified, standards-driven approach to digital health across Canada. It proposes legislating consistent data formats, privacy policies, and interoperability requirements to support the seamless integration of systems. By introducing a universal, transportable patient record and adopting national policies for ethical AI governance and technology commissioning, the healthcare system can improve coordination and reduce duplication.

- **Modernize risk and procurement policies:** This action focuses on modernizing procurement and risk management to better support innovation and long-term transformation in healthcare. It calls for replacing risk-averse policies with system-level decision-making that prioritizes improved health outcomes over individual organizational-level budget considerations. By embedding shared ownership of risk, establishing clear tolerance levels for experimentation, and integrating contingency plans into digital initiatives, the system can become more agile and resilient in the face of rapid technological change.
- **Redesign processes and reduce operational waste:** This action aims to improve efficiency and maximize the value of digital investments by streamlining processes and reducing waste. It involves redesigning workflows to eliminate unnecessary steps and duplication, such as repeated diagnostics, while helping ensure that digital tools lead to measurable improvements through standardized post-implementation audits. By embedding digital infrastructure planning into all capital and facility investments, organizations can create more integrated, efficient, and future-ready systems.
- **Strengthen collaboration:** This action focuses on strengthening collaboration across the healthcare ecosystem to accelerate digital transformation. It calls for building deeper partnerships between technology vendors and care providers, while aligning with international models to streamline adoption and benefit from global standards. By promoting system-level coordination rather than fragmented, organization-by-organization efforts, the sector can achieve greater alignment, efficiency, and impact.

Across groups and participants, while discussing actions and strategies needed, there were a number of differing perspectives shared, such as:

- **Risk tolerance:** Participants shared the need for bravery and innovation yet also recognized that healthcare culture tends to be risk-averse and bound by safety and fiscal accountabilities.
- **Incremental action and system change needed:** Some participants emphasized the need for system transformation (e.g. new funding models, legislative changes), other participants focused on immediate, practical actions like workflow redesign and digital training that would be implemented at a local level. This might mean that strategies and actions should consider both levels of change to achieve, expressed by workshop participants.



- **People and technology focus:** Several participants stressed that digital transformation is "not a tech problem—it's a people problem." However, others leaned heavily on technical fixes like AI governance and interoperability standards. While these actions may not be mutually exclusive, it points to the need to consider both technological development and people-readiness in a dual track strategy.
- **National consistency vs. local autonomy:** Participants saw value in nationally mandated standards to facilitate interoperability (e.g. legislated data standards either federally or internationally, AI governance policies), but this may be at odds with the local control many hospitals and provinces want to retain. Some participants worried that overly centralized governance could stifle innovation or fail to reflect regional realities. This tension points to a need for national standards that support alignment and cohesion, while also providing agency at the local level.

## Provincial Dialogue – Digital Health in Canada: In Conversation with Ontario & Nova Scotia

The session began with an overview of Nova Scotia's province-wide digital transformation efforts, which established the foundation for the broader discussion on regional approaches to digital health. Participants heard how digital enablement is positioned as a core pillar of the province's multi-year Action for Health strategy, underpinning ongoing improvements to infrastructure, workforce modernization, cybersecurity, and patient experience. The presentation emphasized that digital capabilities are being embedded across all major redevelopment projects through structured governance, cross-agency collaboration, and early integration of digital considerations into planning and capital design processes. This framing illustrated what a coordinated provincial approach can look like and set up a comparative conversation with other jurisdictions.

Building on this overview, the panel highlighted Nova Scotia's emphasis on digital enablement within large-scale redevelopment, referencing projects from the Halifax Infirmary Expansion to new community hubs in New Waterford and Northside, and underscoring consistent digital design standards and the integration of digital considerations into equipment and building systems. Panelists noted objectives such as improving access, reducing wait times, strengthening protection of clinical information, and developing a more centralized foundation for shared services. Key learnings included the value of cross-agency collaboration, keeping patient and staff needs at the center of design decisions, forming strategic partnerships, and planning for sustainable digital infrastructure as part of major system changes.

From an Ontario perspective, participants heard about the increasing use of collaborative procurement models, scalable infrastructure approaches, and governance structures designed to promote consistency while reducing unnecessary layers of approval. The dialogue drew attention to the realities of long project timelines, during which technology and care models continue to evolve. Panelists discussed challenges associated with legacy systems, the importance of clear change management, communication with frontline staff, and the need to address accessibility requirements during system development.

The discussion that followed highlighted how jurisdictional context shapes the evolution of digital health across Canada. Panelists described the distinct pathways taken by the two different provinces as they advance digital strategies, integrate clinical information systems, and adapt governance models to support coordinated implementation. Participants heard that progress depends not only on technology, but also on organizational structure, policy alignment, and the capacity of health systems to manage change over time. The session provided a comparative view that helped illustrate why digital transformation proceeds at different speeds and in different forms across the country.

## Closing Panel – Physical Infrastructure Needs for an Evolving Digital Health Landscape

The panel highlighted the importance of viewing digital health technology as an integral part of facility planning. Panelists noted that documents like CSA Z8005, *Special requirements for digital infrastructure and digital health care technologies* in Canadian health care facilities are increasingly used as foundational tools to guide the development of digitally enabled hospitals and to support early planning conversations about how digital systems fit into long-term facility strategies. The discussion emphasized the growing focus on wayfinding, support for provider workflows, and improvements to patient experience as central goals that digital infrastructure must help address.

Participants heard that digital tools are beginning to influence how organizations plan for capacity, staffing, and system flow. Examples included the use of digital tools for long-term capacity planning, predictive staffing based on trend analysis, and command-centre models that consolidate operational data to support decision-making. Panelists stressed that successful digital integration depends on considering people,



processes, and technologies together from the outset of capital projects. They also underscored the need to understand patient interfaces, including readiness among different populations to use digital tools, and to maintain redundant processes for individuals who may not be able to rely on technology for care navigation or service access.

The panel concluded by acknowledging the challenge of future-proofing facilities in the face of rapidly evolving technologies and changing care models. Panelists pointed to the value of a strong organizational vision, sustained leadership, and a culture of change management to help ensure digital systems evolve alongside clinical and operational needs. They also emphasized thoughtful infrastructure placement, modular design, and flexible planning approaches that can adapt to new technologies over time. A key question raised during the discussion was how organizations can develop technology plans when care models are still emerging, with panelists noting the importance of setting clear objectives early and ensuring both leadership and frontline support remain strong throughout the project lifecycle.

## Next Steps and Conclusion

Looking forward, meaningful progress will require sustained collaboration, iterative learning, and solutions that reflect both national priorities and local realities.

The following considerations could guide the next phase of work:

- **Deepen Engagement Across Interest Groups:** Continue dialogue with diverse health system interest groups including leaders, clinicians, technology partners, policymakers, and patients to validate insights and co-develop practical guidance. Broader engagement will help ensure that standards and policies reflect diverse needs and contexts.
- **Conduct a System-Level Gap Analysis:** Assess current interoperability, governance, and procurement practices to identify priority areas for standardization. This analysis should include technical, operational, and cultural dimensions of digital health adoption.
- **Advance Standards Development:** Begin drafting foundational standards for interoperability, AI governance, and usability, informed by global best practices and aligned with Canadian health system requirements. These standards should enable innovation while safeguarding privacy, equity, and patient safety.
- **Pilot and Evaluate Implementation Approaches:** Support early adopters through pilot projects that integrate standards into procurement, facility design, and digital health planning. Post-implementation evaluations will help provide evidence to refine guidance and scale successful models.
- **Promote Knowledge Sharing and Capacity Building:** Develop resources, training, and toolkits to build digital literacy and leadership across the health ecosystem. Share lessons learned from pilots and international models to help accelerate adoption and reduce fragmentation.
- **Consider Inclusivity and Equity:** Assess accessibility for underserved communities to help address regional disparities, and incorporate input from people with lived experience in future standards and policies.

These steps represent an opportunity to move from discussion to action, to support the development of a digital health ecosystem that is interoperable, resilient, and person-centered. By working collaboratively and leveraging standards as a catalyst for change, Canada can move towards a future where digital health infrastructure is treated as a key component of the Canadian health care system.

# Appendix A: List of Speakers, Panelists and Moderators

## Opening Panel – Digital Health Infrastructure and Return on Investment: Telling the Right Story

1. Darlene Dasent (CFO, UHN) – *Keynote Speaker*
2. Sarah Muttitt (CIO, SickKids & UHN)
3. Tom Parker (Director Redevelopment, Unity Health)
4. David Steiner (Director, Infrastructure Ontario)
5. Shannon O'Connor (Digital Health Canada Board and Manager, CIHI) – *Moderator*

## Interactive Workshop – The Future of Digital Health

1. Creative Futures Studio – *Facilitators*

## Provincial Dialogue – Digital Health in Canada: In Conversation with Ontario & Nova Scotia

1. Sean Elliott (Director, Department of Cyber Security and Digital Solutions (CSDS), Nova Scotia)
2. David Steiner (Director, Infrastructure Ontario)
3. Mathieu LeBreton (Lead for the New Campus Development, The Ottawa Hospital) – *Moderator*

## Opening Panel – Digital Health Infrastructure and Return on Investment: Telling the Right Story

1. Megan Angus (Senior Vice President, Strategy & Digital Services, H.H. Angus & Associates Ltd)
2. Allison Savigny (Principal, Inform Planning (BC))
3. Christine Chadwick (Managing Director, Archus Canada) – *Keynote Speaker & Moderator*

## CSA Group

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