Factors Affecting Access to Administrative Health Data for Research in Canada
Cynthia Kendall 1,2, Geoff Porter 1,3, Adrian Levy 4, Elaine Gibson 5, Robin Urquhart1,3,4
1. Department of Surgery, Nova Scotia Health Authority; 2. Interdisciplinary PhD Program, Dalhousie University; 3. Department of Surgery, Dalhousie University; 4. Department of Community Health and Epidemiology, Dalhousie University; 5. Schulich School of Law, Dalhousie University

Background
- In Canada, a wealth of administrative health data are captured. Common databases typically include provincial/territorial insurance registries, physician billing claims, inpatient hospitalizations, day surgeries, vital statistics, and prescription medications [1,2].
- The primary use of these data is to facilitate healthcare administration, however, they are increasingly recognized as an invaluable resource for health research [3].
- In most provinces, provincial data repositories facilitate the use of these data for research purposes.
- Nonetheless, researchers across Canada are reportedly experiencing challenges accessing administrative health data for research [3-6].
- In addition, substantial inter-provincial variations in the timeliness of data access across provinces have been reported [6,7].

Research Questions
1) What are the factors affecting access to administrative health data for research purposes in Canada?
2) How do these vary across provinces? Why?

Objectives
1) Describe the processes for accessing administrative health data for research purposes in three Canadian provinces
2) Explore researchers’ experiences with accessing administrative health data for research purposes in each province
3) Examine the perspectives of individuals involved in the regulation of data with regard to:
   a) the use of administrative health data for research,
   b) regulatory processes and policies,
   c) their regulatory role,
   d) their capacity to effectively perform their regulatory role
4) Compare and contrast (1)-(3) across provinces

Methodology and Methods
Methodology:
- This study will use a qualitative, multiple-case study design.
- A case will include from each of three provinces: Nova Scotia, Ontario, and British Columbia.
- Each case will be comprised of a provincial data repository and relevant stakeholders.

Data Collection:
- Two methods: interviews and documents
- In each province semi-structured interviews will be carried out with:
  - Researchers and research staff who have accessed data for research purposes (n=10), and
  - Individuals involved in the regulation and oversight of data access (n=10).
- Total n=60
- Documents will be obtained from online sources and interview participants.

Analysis:
- Phase 1: Within-case analysis
  - Interview data for each stakeholder group will be analyzed separately using constant comparative analysis.
  - Document analysis will occur iteratively, and will inform interview guide adaptation, and supplement interview data.
- Phase 2: Cross-case analysis
  - Systematic comparison of findings for each individual case for each objective.
  - Development of a general theory on access to administrative health data that applies to all three cases included in the study.

Expected Contributions and Conclusion
- Expected contributions to existing knowledge:
  - Mid-range theory explaining inter-provincial variations in access to administrative health data in Canada
  - Evidence on whether, and the extent to which, Canadian researchers are experiencing barriers to data access
  - Detailed descriptions of the policies and processes for accessing administrative health data in the provinces included in this study
  - A taxonomy of factors affecting access to administrative health data

- Findings will inform the development and implementation of strategies to improve access to administrative data for research in Canada.

- Potential benefits of improved data access include: improved efficiency of research, timely access to research evidence by decision-makers, and improved healthcare organization and delivery.

References
5. Kephart G. Barriers to Accessing and Analyzing Health Information in Canada: Canadian Institute for Health Information; 2002.