



DIGITAL HEALTH NETWORK

RSN

DIGITAL HEALTH
SYMPOSIUM
REPORT

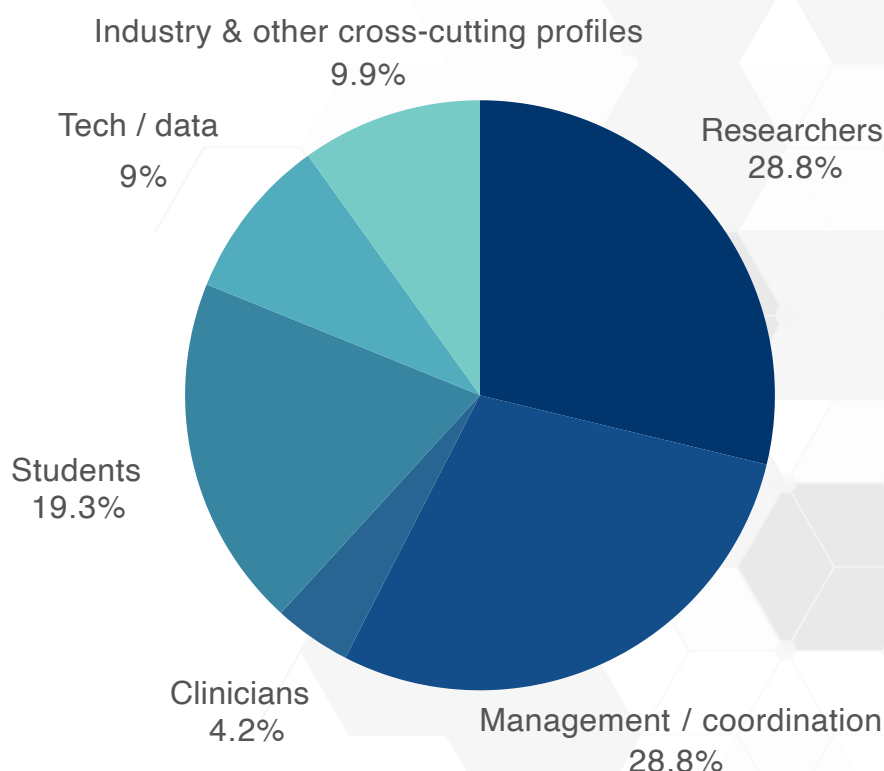
November 3, 2025 – Forum on Digital
Platforms for Health Research

Introduction

This report focuses on the first day of the [Digital Health Symposium: From Research Infrastructure to Clinical Care, namely the Forum on Digital Platforms for Health Research](#) held on November 3, 2025. The purpose of this day was to provide an overview of the main digital platforms supporting health research in Québec, to highlight their successes, and to open a dialogue on the challenges they face. It also aimed to foster collaboration between teams and to initiate a collective reflection on the sustainability of these initiatives and of their spaces for exchange. The chosen format therefore relied on short presentations, extensive interactions with the audience, and numerous opportunities for networking.

A few key figures

In total, **212 people** representing **more than forty institutions** registered for the Forum on the first day. **23%** of registrants were **members of the Digital Health Network (RSN)**. **180** people attended the event in person. Notably, representatives from the Ministère de l'Économie, de l'Innovation et de l'Énergie (**MEIE**), **CATALIS**, and **Santé Québec** were present in the room.



Overview of the Day



Block A – Health Data Infrastructures (Part 1 of 2)

A first block giving the floor to pioneers in the mobilization of hospital data.



HIGHLIGHTS:

CITADEL's achievement of **ISO 9001 certification**, the reduction in turnaround times thanks to the **JIRA** ticketing system at the **MUHC**, as well as the use of an **LLM** for the anonymization of unstructured clinical notes at **UnIC**. The MUHC and UnIC also highlighted their in-house **data catalogues**, while **SCIENTA** showcased an efficient management of the **project evaluation process**, supported by a fine-grained structuring of access to clinico-administrative data.

CROSS-CUTTING ISSUES:

Discussions brought out several shared challenges: **the complexity of co-governance models** (research, DRTI, DQEPE), **constant pressure on funding** even with cost-recovery models, the **difficulty of retaining highly qualified personnel**, and the **barriers to integrating certain types of data** into these infrastructures.

PERSPECTIVES AND COLLABORATION DYNAMICS:

The session concluded with a strong expression of **willingness to collaborate between institutions**, particularly around pooling strategies and tools, as well as with a sign of **openness on the part of Santé Québec** to maintain close dialogue with the research community.



Block B – Leveraging Health Data

Initiatives to leverage and share health data and to address the challenge of sustaining digital innovations, illustrated in particular through the Opal case.



HIGHLIGHTS:

At **Douglas**, the development of **DataBank**, an open-source data-sharing platform inspired by the **UK Biobank** model, was presented as a major success. The **Core Lab team** at the Montreal Heart Institute (ICM) showcased three AI projects applied to cardiology that are already in production. The MCIN, together with **LORIS** and **CBRAIN**, demonstrated its capacity to support large-scale multicentre research projects. Finally, the **PREVALIS** platform at **Université de Sherbrooke** presented an agile

service model combining methodological support and custom development, recently recognized through **TGV certification**. The presentation of **Opal**, which has been used for more than six years at the MUHC, also demonstrated the feasibility and clinical value of giving patients direct access to their health data (reduced anxiety, better follow-up in mental health services).

CROSS-CUTTING ISSUES:

Discussions highlighted several shared challenges: the rigorous **validation of AI tools**, the **operational realities** of managing and analysing data in multicentre projects, as well as the **opacity and complexity** of the processes related to the Act Respecting Health and Social Services information (**LRSSS**) within the **MSSS** and **Santé Québec**. As in the first block, the **funding and sustainability challenges** of these services were frequently raised. The case of Opal, marked by the termination of the project and the downsizing of the team from 25 to 5 people despite strong results, illustrates how **difficult it is to durably integrate research-driven innovations** into the health system.

PERSPECTIVES AND COLLABORATION DYNAMICS:

This block underscored the potential of a **platform ecosystem** capable of delivering robust digital solutions, while calling for clearer frameworks for **validation, funding and data access**. Reactions to Opal, PREVALIS and the other initiatives highlighted the need to **strengthen dialogue between platforms, clinical teams, the MSSS and Santé Québec** in order to support the scaling and long-term sustainability of innovations that are already demonstrating their value in practice.



Presentation by the Douglas team in the Cruess auditorium.



Block C – Health Data Infrastructures (Part 2 of 2)

Health data infrastructures built around co-governance, limited resources, and strong ambitions for interoperability.



HIGHLIGHTS:

The **Estrie University Digital Health Hub** illustrated the importance of recognizing existing expertise and bringing stakeholders together around a common objective when setting up data infrastructures. This **co-governance model** resonated with the presentation from the **CIUSSS du Nord-de-l'Île-de-Montréal**, where an initial mandate to build a research data lake quickly evolved into one that serves the entire institution. Presentations from **CIRRUS** and **INLPP** showed that it is possible to deploy data access services with small teams, with CIRRUS in particular highlighting the use of **open-source software** and INLPP emphasizing the specific features of its data and its future sharing plans.

CROSS-CUTTING ISSUES:

The flagship status of the **CIUSSS NIM DSN** sparked discussions on the **opacity of Epic**, the decommissioning of existing systems, and **interprovincial and inter-institutional collaboration**. Examples from the CIUSSS NIM (1.5 FTE), CIRRUS and INLPP (~2 FTE) also highlighted the tension between the scale of ambitions and the **limited human resources available**.

PERSPECTIVES AND COLLABORATION DYNAMICS:

This block showcased ambitious health data infrastructures driven by **co-governance**, **open source** and a desire for **interoperability**, but relying on very small teams. It underscored the need to consolidate resources to ensure the **sustainability and scaling-up** of these initiatives.



Block D – Groupings

Groupings and structuring projects seeking to pool digital health efforts at the local, provincial and interprovincial levels.



HIGHLIGHTS:

The block opened with **SD4H**, a community cloud platform with a flexible architecture, which emphasized the importance of secure and **sovereign solutions for storage, sharing and computation**. **MEDomics**, an open-source software, was then presented as a shared environment where clinicians and computer scientists can **co-design predictive models** based on heterogeneous medical data. The **VITAL** project, supported by **\$30M** in federal funding, aims to facilitate the secure sharing of health data between Alberta, Ontario and Québec, and has been the subject of a broad community mobilization effort. **IVADO R8** rounded out the picture by exploring the integration of multimodal

foundation models in health. Finally, the presentation of the **CAR** generated strong interest, particularly regarding the data already available and links with existing data-valorization platforms.

CROSS-CUTTING ISSUES:

Discussions around **SD4H** highlighted issues related to **encryption**, the **research data lifecycle**, and the **legal and operational constraints** associated with storing health data under the **LRSSS**. The **CAR**, for its part, was at the centre of discussions on **pricing, scaling up its services and data access** modalities, revealing strong expectations in terms of clarity and alignment with infrastructures already in place.

PERSPECTIVES AND COLLABORATION DYNAMICS:

Taken as a whole, this block showed the emergence of groupings capable of structuring a **health data-sharing ecosystem** at multiple levels, while emphasizing the need to maintain **transparent dialogue** between the CAR, the research community, platforms, and major projects such as VITAL and SD4H. This coordination appears essential to ensure the coherence, trust and long-term sustainability of the initiatives presented.

Conclusions of the discussions

KEY TAKEAWAYS OF THE DAY:

Funding and sustainability of platforms / HQP

- Continue funding platforms and HQP; **full cost-recovery models** per user are not viable.
- **Billing and performance management** take up too much space within already limited teams.
- Avoid losing **accumulated expertise** (e.g. Opal) by evolving funding mechanisms, for example by **integrating platform support** into centre renewal processes.
- Lack of support **to move** from a research project to an integrated health application.

Community, spaces for exchange and human resources

- Need to **maintain regular spaces for exchange** (recurring forum, workshops, working tables), including, where relevant, **international experts**.
- Set up **working groups / roundtables and regular virtual meetings** on specific themes with key stakeholders (technical research professionals and researchers).
- Importance of **retaining dedicated technical resources** for project management, for linking teams together, and for knowledge transfer with funding agencies.

Speaking with one voice and recognizing expertise

- Need to **speak** with one voice to decision-making bodies (**MSSS, FRQ, SQ, MEIE**).
- **Inter-platform collaboration** (sharing tools and practices) is seen as a condition for durability and credibility.

- Need to better **recognize and showcase the expertise of platforms and HQP** to these decision-making bodies.

Digital frameworks and security

- Call for greater **transparency around the Epic-based DSN** and for drawing lessons from other institutions that have implemented it.
- **Government security standards** are perceived as **vague and constraining** for projects involving sensitive data.

Mapping and overall vision

- Importance of continuing to **map digital health information assets** (platforms, data, services).



The RSN team, from left to right: Martin Vallières, Sergio Cortez Ghio, Sara Ahmed, Tess Berthier, Charithe Bonifacio, Isabelle Belley Ferris, Aude Motulsky and Philippe Després.

Contact us



For any questions about the Forum or to continue the discussion, please write to us at rsn.gestion@rimuhc.ca

If you would like to follow our activities, take part in upcoming events or contribute to digital health initiatives, we invite you to [become a member of the RSN.](#)

Annex – List of acronyms

To make the report easier to read, here is a list of the main acronyms used and their meaning in the context of digital health and health research data in Québec.

CAR – Centre d'accès pour la recherche

DQEPE – Directorate of Quality, Evaluation, Performance and Ethics

DRTI – Directorate of Research, Transformation and/or Innovation

DSN – Digital Health Record (Dossier de santé numérique)

FTE – Full-time equivalent

ISO – International Organization for Standardization

LLM – Large Language Model

LRSSS – Act respecting health and social services information (Loi sur les renseignements de santé et de services sociaux)

HPQ – Highly qualified personnel

SQ – Santé Québec