



## KEY POINTS

- PARAT software helped establish Canada's first multi-disease electronic record surveillance system
- CPCSSN monitors chronic diseases such as diabetes, congestive heart failure and treatments
- Vital information is provided to governments, physicians, nurses and researchers
- Relying on PARAT, the central repository establishes risk thresholds for all research networks
- PARAT de-identifies personal health information for each network and data is sent to the central repository
- Compared to other options, PARAT helps save time and money

**“Even if you are a prescribed entity it’s going to be cheaper for you in the long run to use something like PARAT rather than hiring people to do this.”**

**Dr. Karim Keshavjee**



## CANADIAN PRIMARY CARE SENTINEL SURVEILLANCE NETWORK (CPCSSN)

The Privacy Analytics Risk Assessment Tool (PARAT) software was critical in helping to establish Canada's first multi-disease electronic record surveillance system, providing de-identification of personal health information in advance of submission to a central repository.

The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) is a digital health information repository headquartered in Kingston, Ontario, focusing on monitoring chronic diseases such as diabetes, hypertension, depression and their various treatments.

This project is funded by the Public Health Agency of Canada (PHAC) through a contribution agreement with the College of Family Physicians of Canada (CFPC) who along with nine primary care practice based research networks (PCPBRNs) across Canada provide additional “in kind” contributions for its successful implementation. Respect for patient privacy and preservation of the patient-doctor relationship were paramount considerations when establishing this meta-network.

By understanding the risks of re-identification and de-identifying personal health information, CPCSSN is able to fulfill its role as a provider of vital information to governments, physicians, nurses and researchers to improve primary health care.

As Data Architect and EMR Consultant to CPCSSN, Dr. Karim Keshavjee carefully considered the resources and various costs of establishing the network as a Prescribed Entity under the Personal Health Information Protection Act. Dr. Keshavjee advised an alternate plan that included the adoption of PARAT to save time and money.

“PARAT has democratized research data,” says Dr. Keshavjee whose primary objective was to make it easier for medical researchers to do their work.

“If you can de-identify the data to an acceptable level then, all of a sudden, we can make it available to researchers who have ordinary security, not extra-ordinary security.”

For more than three years CPCSSN has relied on PARAT to identify privacy risks while alleviating many IT concerns, advantages that will provide further opportunities in the future.

“As data is becoming easier to access, I think there’s going to be lots of sources of data out there. By being confident about the quality and safety of our data from a privacy perspective, I think that is a competitive benefit,” predicts Dr. Keshavjee.



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