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National Electronic Health Records (NEHR) THE “WHATS” AND “HOWS”

THE UPCOMING HEALTHCARE SERVICES (HCS) BILL, TARGETTED FOR ENACTMENT IN 2019, MANDATES HOW FAMILY DOCTORS CAN CONTRIBUTE THEIR PATIENT'S DATA INTO THE NEHR DATA DEPOSITORY. WITH THE AIM TOWARDS SEAMLESS CARE, IT IS HOPED THAT PATIENT INFORMATION CAN BE ACCESSED OVER A WIDER HEALTHCARE LANDSCAPE SUCH THAT FLOW OF INFORMATION CAN BENEFIT ANOTHER INSTITUTION OR CLINIC.

BUT THE “WHATS” AND “HOWS” WILL DETERMINE HOW FAMILY DOCTORS VIEW SUCH A MOVE. COLLEGE MIRROR POLLS HER READERS AND THIS IS WHAT SOME HAVE TO SAY...



REASONS FOR CONCERN

It is good that NEHR is made mandatory so that data contribution is done for benefit of patients, as long as patient retains control over who views his/her data.

PROPOSED SOLUTIONS

Patient needs to retain control over who views his/her data, and it will be good for patients to specify which doctor can see by entering the doctor's MCR number and allowing that doctor to be on the viewing list.

REASONS FOR CONCERN

Medico-legal safeguards are skewed against doctors. Whether we submit, don't submit, check or don't check, all are prone to error. How protected are doctors or is this just another stone that we will stumble over?

PROPOSED SOLUTIONS

Legal assurance that use / non-use will not constitute medical negligence.

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(continued from Cover Page: National Electronic Health Records (NEHR) The "Whats" and "Hows")



REASONS FOR CONCERN

Our clinic is concerned that the IT infrastructure for seamless upload of electronic medical information is not ready for private clinics.

Therefore the clinic workflow for patients will be slowed down or affected.

On the ground, there are quite a number of feedback that CMS GP connect still has quite a number of bugs that need to be fixed. The system often has downtime that affects the clinic operations.

PROPOSED SOLUTIONS

The government need to work with the other private CMS IT providers to develop solutions for seamless uploading of information.

Either that, the government has to develop the IT solution or programme that will allow the above before implementing the new NEHR law.

(continued on the next page)

- Erratum -

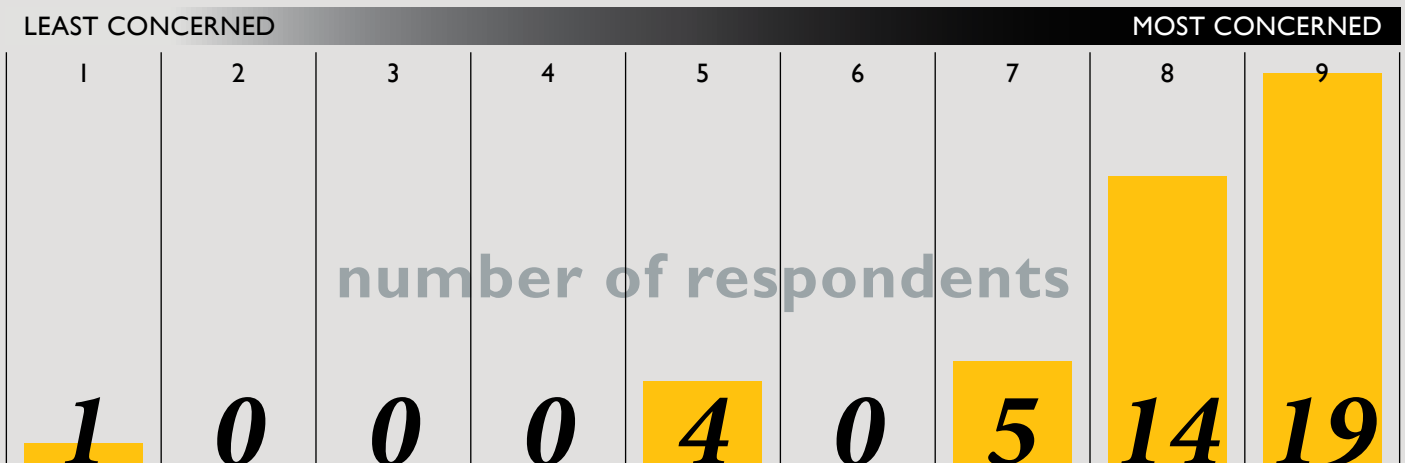
College Mirror Vol. 43 No. 4 December 2017 Event Photos - Family Medicine Convocation 2017

On Page 13 of the original article, under the group photo for GDFM Graduands - Standing (middle row from left) - Dr Phua Hui Ling Michelle was left out.

The online version of the article has been corrected to reflect the change.
We apologise for the error.

(continued from Page 3: National Electronic Health Records (NEHR) The "Whats" and "Hows")

ON A SCALE OF 1 (LEAST CONCERNED) TO 9 (MOST CONCERNED), HOW CONCERNED ARE YOU?



REASONS FOR CONCERN

I provide sexual health screening and treatment services for my patients who understandably want discretion first and foremost.

PROPOSED SOLUTIONS

Important details to general continuation of care that other physicians may find useful should be submitted but sensitive topics could be omitted.

REASONS FOR CONCERN

Medico-legal safeguards are skewed against doctors. Whether we submit, don't submit, check or don't check, all are prone to error. How protected are doctors or is this just another stone that we will stumble over?

PROPOSED SOLUTIONS

Legal assurance that use / non-use will not constitute medical negligence.

REASONS FOR CONCERN

The medicolegal implication a medical practitioner may be liable for should he/she didn't go through all the patient records when patient consulted him/her for a simple ailment such as URTI and missed a CXR reporting a mediastinal mass. This CxR is not ordered by this doctor but ordered by another doctor from another clinic.

REASONS FOR CONCERN

- Will a doctor be liable if he fails to offer a patient the option to opt out of NEHR and the patient finds out after the consult that some information which he wishes to keep confidential is now accessible by other medical practitioners?

- Tying in with scenario I, if the physician is deemed liable, does it mean we

have to counsel the patient with regards to NEHR everytime he/she comes in for a possibly sensitive consultation?

- Will the current driving license form be still relevant? Will physicians be obliged to go through NEHR to look at the patient's past history before certifying him fit to renew his license or will the current signed declaration by the patient stand?

PROPOSED SOLUTIONS

We can enforce physicians to put in place IT systems that are capable of submitting information to the NEHR.

However, to uphold autonomy and confidentiality, shouldn't we give patients the chance to decide? Will it be more ethical to have an opt in system for the patient versus an opt out system.

THE 26TH COUNCIL WISHES ALL FAMILY PHYSICIANS

happy WORLD FAMILY DOCTOR DAY 19 MAY



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

REASONS FOR CONCERN

- Increase administrative work.
- Compelled to sign onto only two approved clinic software.
- Increase cost. Need to enhance clinic software and employ more assistance for data entry.
- But may not translate to better care as doctors will be too pre-occupied to type than to look at patient.
- Some older doctors are excellent family doctors who have great difficulty to adjust and adapt and forced into earlier retirement because of all these regulations.

There should be some space for these small groups of doctors and adequate time to help them to come on board.

PROPOSED SOLUTIONS

Progressive implementation with adequate funding. Use PCN resources to help and lead. Using carrot rather than stick will be better approach instead of legislation. Make it financially so attractive for doctor to change rather than a high handed approach. If you don't win the hearts of the people on the ground, the policy however sound will not succeed.

REASONS FOR CONCERN

Singhealth IT system requires additional time consuming steps to access NEHR for each patient. This discouraged checking it. Thus, integrating the information on one platform is desperately needed.

PROPOSED SOLUTIONS

We need to come together to create a new platform that is user friendly

REASONS FOR CONCERN

- Additional "administrative" duty and time taken implies increased screen time and reduced patient contact time.
- Differing interface would need some form of integration or painful enforced adaptation.
- Medicolegal implications eg insurance companies request for past history and management.

PROPOSED SOLUTIONS

- National integration and automation of data extraction with financial support I to bridge the multiple IT interface.
- Authorities to have a better understanding and feel of the ground, eg. insurance practices and having guidelines on request of information and some sort of standardization of medical request forms.

(continued on Page 7)

(continued from Page 5: National Electronic Health Records (NEHR) The "Whats" and "Hows")



Dear Colleagues

I am glad that College is seeking feedback from our members.

This is a very important feedback as it affects all doctors in Singapore and once Parliament approves the drastic changes there will hardly be any turning back.

Although the changes proposed by the MOH are useful, there are certain concerns:

1. CONFIDENTIALITY

It is unacceptable that a patient's record can be sourced electronically by any doctor, who may or may not be attending to the patient's illness.

Experts or even amateurs can hack into their medical records. Just recently, a young amateur in the USA hacked into the email of the Secretary State of Defence in the US, including the confidential records of the the Ministry of Defence.

MOH allows patients to opt out of the NEHR system. So, if the majority of our patients opt out of the system, will the system achieve its target?

How can the MOH reassure our patients of the confidentiality? Many patients do not wish other doctors to know of their sensitive medical history.

2. TIME CONSUMING

For the younger generation of doctors who are electronically trained since young and who can type without looking at the key board, the new changes are in keeping the the new era.

However, for the older generation of doctors who are not able to key in data as fast as writing into case notes, it will be laborious and will lose the important eye contact with their patients.

May I suggest that if the electronic system is approved, kindly allow such senior doctors to opt out of the electronic system for a minimum of two or three years from the time of the legislation. This will allow very senior doctors (eg 70 years and older) who are about to retire to continue working as their patients are so used to their personal doctors.

Dr. Lee Suan Yew

Past President of the College of Family Physicians
Past President of the Singapore Medical Council
Past Director of the SGH Board of Directors
Past Chairman of the Singapore Ethics Committee

To provide patients who are treated at A & E of various hospitals with instant information of their medical conditions, we can allow them or their relatives to photograph their case notes with their phones. This would include all the relevant data that is being sorted by the emergency doctor attending to the patient.

The photo should include the all the relevant data and the latest treatment, and any allergies or side-effects of any drug.

In case the patient is not educated, a face and thumb print code will allow the doctor to access into such data. Even the next of kin can access such data.

This method will allow the doctor attending to the patient to access into the important data that is being sought.

Besides, it will allow the senior doctors to continue serving their patients instead of retiring earlier than planned. Society still needs such experienced doctors. Those who wish to keep on working after a designated period will then have to follow the latest electronic system if approved.

I sincerely hope that the MOH will consider a grace period for senior doctors. The cut off age can be decided by the relevant authorities.

Thank you for allowing me the express my views.

