

**Media Factsheet**  
**(caa 4 Jan 2018)**

***About the NEHR***

It is common for many patients to visit multiple healthcare providers in their lifetime - from different General Practitioner (GP) clinics and polyclinics, to specialist clinics, therapy centres, and hospitals. As a result, each of these providers will have different parts of patients' healthcare history.

Since 2011, the **National Electronic Health Record (NEHR)** has been progressively deployed to both public and private healthcare institutions across Singapore to support "One Patient, One Health Record". Owned by the Ministry of Health (MOH) and managed by the Integrated Health Information Systems (IHiS), the system collects summary patient health records across different healthcare providers. This enables authorised healthcare professionals to have a holistic and longitudinal view of their patients' healthcare history.

***Benefits of the NEHR for patients***

The NEHR enables authorised healthcare professionals (doctors, nurses and pharmacists) to be able to deliver safer, more effective, and more personalised care for patients. Authorised clinicians are able to access their patients' medical history from the NEHR at any time to help them make better-informed diagnoses and treatment decisions that could improve a patient's health outcomes. The sharing of critical information such as drug allergies or travel history via key alerts in the NEHR could be potentially life-saving and minimise risks to patient safety. During emergencies, it can save lives. The availability of information in the NEHR could also help patients to reduce duplicative tests, saving them time and money. To empower patients to take charge of their health, patients are also able to access part of their health records captured in NEHR through HealthHub.

***Status of Access and Data Contribution***

As of December 2017, healthcare professionals from over 1,200 healthcare providers across all care settings have access to the National Electronic Health Record (NEHR). This includes all the public healthcare institutions, all community hospitals, slightly more than half of GP clinics, clinical laboratories, and approximately 70% of nursing homes. Usage of the NEHR is

active and increasing every month, with more than 1.1 million patient record searches in the month of November, signaling the usefulness of the system.

While access to the NEHR has significantly increased over the years, progress for data contribution has been slower. To facilitate digitisation for greater efficiency and encourage data contribution for patient safety, tailored solutions have been developed for community hospitals, nursing homes (including VWOs), and GPs.

#### Data sets required for contribution to the NEHR

The data sets to be contributed to NEHR is focused only on a **summary record** of the patient's medical history. It will not include the doctors' personal case notes of every consultation. The summary health records would be transmitted seamlessly from the providers' electronic system to the NEHR. The data required for contribution would be based on the nature of service provided by the respective healthcare sector where applicable and could include:

- Patient demographics
- Patient visits
- Diagnosis
- Discharge Summary
- Medications
- Laboratory Reports
- Radiology Reports
- OT Notes / Procedure / Treatments
- Immunisation
- Allergy

#### Enhancements to the NEHR

In the last one year, the NEHR has been enriched with new data sources (nursing homes and HPB), as well as received new data types (radiology images, referral notes, appointments, problem list, ECGs and care management programmes) to facilitate the continuity of care to patients. The NEHR was also enabled to allow sharing of data with the patients' caregiver via patients' consent through HealthHub.

The NEHR's user interface was redesigned based on inputs gathered from healthcare professionals from different vocations and sectors. This was done to enhance the usability of the system so as to better support the continuity of care of the patients.

*Proposed changes to NEHR after licensee and public consultations in 2017*

Proposed changes have been made to the NEHR to incorporate some of the feedback we received. For example, NEHR will be accessed only for purposes of patient care. Use of NEHR for other purposes, including assessment for purposes of employment or insurance, will not be allowed, even with explicit patient consent.

Another proposed change is the opt-out system. Previously, patients were allowed to opt out of NEHR upon proper counselling. However, their information would still be uploaded to the system, but not accessible to healthcare providers. With the proposed change, patients who prefer not to have their information contributed to NEHR can be considered on a case-by-case basis. Patients would be advised on the consequences such as having a permanent gap in the NEHR, where their future care could be compromised even if they subsequently choose to opt back in.

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