# *Interview with A/Prof Goh Lee Gan on* Healthcare Services Act

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### HCSA AND NEHR

*As readers are aware, the Ministry of Health is currently inviting feedback on the proposed new Healthcare Services Act (HCSA) due to be tabled in Parliament soon. The HCSA is intended to replace the current Private Hospitals and Medical Clinics ACT (PHMCA) in regulating the provision of health care services in Singapore (ref 1). One of the new requirements is for mandatory input of patient data by all healthcare insitutions, including laboratories in the National Electronic Health Records (NEHR). The College Mirror team interviewed A/Prof Goh Lee Gan for his opinion on this.*

## IMPLICATIONS TO PRACTITIONERS

**College Mirror (CM):**

*Should we doctors be concerned about HCSA, especially the provisions on mandatory clinical records submission to the National Electronic Health Records (NEHR)?*

**A/Prof Goh Lee Gan (GLG):**

Yes. Doctors who are submitting patient health information to the NEHR are described as "Contributing licensees" and doctors accessing patient health information are described as "Accessing licensees". Section 42 of the HCS Bill (Ref 2) states that "The Minister may prescribe, by name or licensable healthcare service provided, the licensees that are required to disclse the health information of their patients to the national integrated electronic platform…"

Clearly, there are implications on patient confidentiality and privacy that must be followed. Thus, Section 46(2) of the HCA Bill states "(2) An accessing licensee must not disclose the health information of an individual that the accessing licensee has accessed … to another person except –

(a) with prior consent of the individual;
(b) when it is necessary to do so in connection with the administration or execution of anything under this Act;
(c) when ordered to do so by a court
(d) for the purpose of providing the identity of the individual to any person or class of persons to whom, in the Director's opinion, it is in the public interest that the health information be disclosed;
(e) where it is permitted or provided for under this Act or any other law; or
(f) in such other circumstances and to such persons as may be prescribed."

In the Public Consultation Paper from MOH on the New Healthcare Services Bill (Ref 3) it is also stated in item 5(iv) that "Safeguards will be put in place to ensure that patients' NEHR records are kept confidential. The NEHR can be accessed only for purposes of patient care, and not for other purposes, including assessment for employment and insurance."

**CM:**

*There is a section, namely section 48 (1) (a) (b) on "Accessing and using health information for other purposes", presumably in the context of public interest (See Section 46(2)(d) in Reference 2). Some doctors are particularly concerned for the potential for misuse by authorities of such circumstances. The question is, what is defined " to be in the public interest that the health information be diclosed" and are there safeguards here?*

**GLG:**

Yes. This is a sensitive area. There is a need to examine and define as to what are examples of information that are to be "in the public interest" to warrant disclosure. Also, the question of whether Minister of Health is enough to grant approval or more than one person is required as a safeguard needs further discussion. Studying the provisions in other jurisdictions such as UK or Australia may be useful here.

**CM:**

*Are there any professional implications arising from NEHR? For example, will overprescription for cough syrups, or inadequate standard of care be liable for prosecution?*

**GLG:**

If there is a complaint, be it from patients, or other health providers, or MOH with an affadavit submitted, SMC will investigate. The presence of an NEHR record that is properly entered with adequate factual details will clearly be the doctor's best defence. The consultation time should be adequate to include the time for entry of adequate records.

**CM:**

*Is it even possible to read every NEHR entry, especially if there are decades of data in it. What about liabilities arising from missing one line, hidden in decades of NEHR records?*

**GLG:**

This is an important question. For the "first visit" patient, an adequate consultation process that seeks out the reason for encounter (RFE) and ideas, concerns, and expectations (ICE); past history of medical illnesses and hospitalisations; social history including past and present occupations; family history; past allergies; and systems review will be needed either from the patient, and or accompanying person.

This will indicate how much scrutiny of the NEHR is needed. Obviously the need for a scrutiny of the NEHR will be of greatest value in the first consultation of a patient. If there is a NEHR record and this is the patient's first consultation it will be foolhardy not to look at it.





It is also useful to cross-check entries in the NEHR judicisouly with the patient, such as the cause for hospitalisation, current illnesses, and medications. For example, I have detected entries where the side of weakness from a stroke is on the wrong side; or the patient had wrong ideas of which medications for what medical conditions.

Will all this take too much time? Well, this is legitimate consultation time. Dividing the consultation into long or short helps one to decide which type of consultation and how much the consultation fee should be. Certainly, if the patient has multiple problems, it will take some time to sort things out in the first consultation, and even subsequently.

**CM:**

*Is there really a need for mandatory NEHR?*

**GLG:**

There are many advantages for a NEHR to be set up. It allows the implementation of the "One Patient, One Health Record" system where information from different providers can be on one common platform and shared. Authorised clinicians are able to access their patients' medical history from NEHR at any time to 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 could potentially be lifesaving. The availability of information in the NEHR can also reduce duplicative tests (Ref 4). So the answer is a resounding "Yes".

**CM:**

*Mandatory NEHR also means that all doctors will soon practice in a more "open system", where other colleagues and the government can see our management. Any advice on this?*

**GLG:**

Yes. We expect a learning curve. Positive thinking helps us provide better quality care and be better practitioners. Let us welcome the ability to integrate our understanding of the patients' medical problems and care received with other providers. By being an "open system" helps us to be on our toes too.

## PUBLIC SENTIMENTS TOWARDS NEHR

**CM:**

*The College recently conducted a "joint survey on public sentiments towards NEHR with SMA and AM." Should we be concerned that while 92.2% of patients supported implementation of NEHR to varying extents, only 14.9% of respondants had "full understanding" of what NEHR is?*

**GLG:**

The survey results are helpful. It shows there is a need to help our patients to have a fuller understanding of what are their medical conditions and what have been documented in the NEHR records of their conditions. They can help to verify if the entries are correct if they are able to understand what are their medical conditions all about.

**CM:**

*Most of the respondents in the public survey were confident that their data in the NEHR was secure (1627 of 2100; 77.5%), and that their data would not be misused by others (1487 of 2100; 70.8%). What are your comments?*

**GLG:**

It is good the public trust towards the NEHR is good. We should work hard to ensure this trust is not misplaced.

## WHERE DO WE GO FROM HERE?

**CM:**

*The NEHR is going to be the centre-piece of the HCS Act. Where do we go from here?*

**GLG:**

There is a need for many helping hands – doctors, nurses, allied health practitioners, adminstrators, patients to contribute ideas, express support and contribute community support to make the NEHR a tool that helps us together create a workable healthcare information delivery system. Attention to defining what are in the public interests for using the NEHR outside healthcare provision, as well as safeguarding the security of NEHR is of ongoing importance too.

**CM:**

*Thank you A/Prof Goh.*

**GLG:**

Thank you. You are welcome.

### REFERENCES AND FURTHER READING

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