by Adj Asst Prof Tan Tze Lee, President, 26th Council, College of Family Physicians Singapore

The 3rd quarter has been a very eventful and exciting one for the College. We had our Commencement Ceremony and Annual General Meeting on the 28th July 2018, and this year it was held at the Singapore Chinese Cultural Centre. Prof Doris Young was our Guest-of-Honour, and she gave a rousing and inspiring speech to our new trainees.

We are very encouraged by the strong interest by our young doctors in our programmes. This year there are 247 applicants for the Graduate Diploma of Family Medicine (GDFM) course, 20 for the MMed(FM) College programme, and 19 for the Fellowship programme. With these increased numbers comes much responsibility. I am happy to report that our GDFM candidates have done very well, with a pass rate of 73.6% in 2018, a great improvement when compared with 60% in 2017. Credit must go to the candidates and the GDFM team for working so hard to achieve this excellent result.

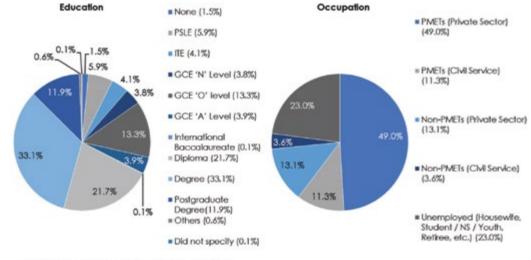
Dr Wong Tien Hua and Dr Lawrence Ng now lead the GDFM team as Programme Director and Associate Programme Director respectively. They will be making every effort to revamp and enhance the course, to better prepare our trainees for the new challenges they will face with an ageing population, which include new modules in mental health, geriatrics, and an optional Certificate in Community Hospital Practice programme.

As a profession, we are active observers and participants in the development of our healthcare system. Early on in 2018, whilst reviewing the proposed Health Care Services Act (HCSA), and the implications for the nationwide implementation of mandatory contribution to the National Electronic Health Record (NEHR), the College of Family Physicians Singapore, the Academy of Medicine Singapore and the Singapore Medical Association agreed to conduct a joint survey on the public sentiments towards the NEHR.

The objectives of the survey were to evaluate the general public's sentiment and awareness of the NEHR, understand the perceptions and misconceptions of the public towards the NEHR, and identify any concerns they might have.

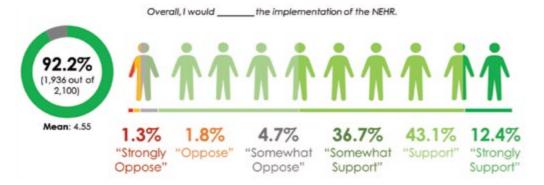
This survey was carried out over a six-week period between 9 Mar 2018 to 15 April 2018. A total of 2100 responses were collected comprising 2000 online submissions and 100 face-to-face interviews. The face-to-face interviews were done to reach out to non-IT savvy respondents aged 60 years and above with these being recruited in the town centres, key districts and heartland areas.

The subject pool comprised 90.4% (1899 of 2100) being Singapore citizens, with 79.8% (1676 of 2100) living in public housing. 58.0% (1217 of 2100) were females, with the ethnic distribution being representative of the Singapore population.



Note: This analysis was based on all respondents, n = 2,100.

We found that 1936 of 2100 (92.2%; "Somewhat Support" / "Support" / "Strongly Support") of the study cohort were supportive of the NEHR.

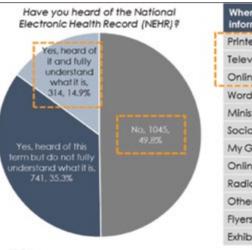


PRESIDENT'S FORUM

Which of the following best describes your intention towards the NEHR?	%		
would <u>definitely like</u> to have my records maintained in the NEHR.			
I would <u>like</u> to have my records maintained in the NEHR BUT do not want any healthcare provider to access it without my explicit consent except during emergencies.	56.0		
It <u>does not matter</u> to me whether my records are in or out of the NEHR.	5.0		
I would like to <u>opt out</u> of the NEHR presently, BUT still have my records uploaded in the NEHR (with access blocked for now) so that they can be viewed in the future should I choose to opt in again.			
I would like to <u>opt out</u> of the NEHR presently AND do not want any records stored in the NEHR. Should I change my mind and opt in in the future, I accept these permanent gaps in my record.	3.3		
I would like to <u>opt out</u> of the NEHR and am unlikely to opt in in the future. I would not want to store my data in the NEHR at all.	2.0		
Note: This analysis was based on all respondents, n = 2,100,			

581 of 2100 (27.7%) definitely wanted to have their records maintained in the NEHR.

1175 of 2100 (56.0%) would like their records maintained in the NEHR but did not want any healthcare provider to access it without their explicit consent except in emergencies.



Where have you heard / received information on the NEHR?	n	%
Printed media (e.g. Straits Times)	325	30.8
Television	222	21.0
Online news	210	19.9
Word-of-mouth (e.g. friends, family, relatives)	184	17.4
Ministry of Health (MOH) website	174	16.5
Social media	114	10.8
My GP / Doctor	92	8.7
Online Search Engines	84	8.0
Radio	77	7.3
Others (e.g. Workplace, Hospitals)	58	5.5
Flyers / Brochures	50	4.7
Exhibitions / Roadshows	22	2.1

314 of 2100 (14.9%) were fully aware of the NEHR, and 1045 of 2100 (49.8%) had not heard of it at all. Awareness of the NEHR was lowest amongst the 21-29year olds (62 of 170; 36.5%) and those above 60 years old (141 of 320; 44.1%).

- This analysis was based on all respondents, n = 2.100.
- 2. Analysis on "Where have you heard / received information on the NEHR?" was based on all respondents who answered "Yes" for the question "Have you heard of the National Electronic Health Record (NEHR)?", n = 1,055

On a scale of 1 to 6, where 1 please rate your ex					n	Mean	Top 3 Boxes (%)
With the NEHR, my doctor(s) of able to make better-inform siagnoses and decisions for the course of treatment to improve health.	ned ne best	25.0%	42.3%	26.9%	2,100	4.86	94.2
The NEHR will raise patient sar enabling medical profession access critical medical inforr (e.g. name of medicatic prescribed, diagnoses) in emergency.	nals to mation on an	23.7%	42.4%	28.8%	2,100	4.90	94.9
■ Strongly Disagree	Disagree		= Somewhat Disagree				
= Somewhat Agree	Agree		Strongly Agree				

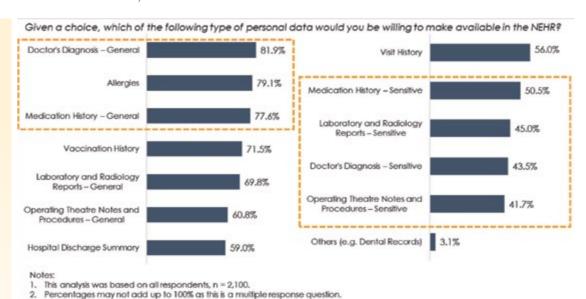
1979 of 2100 (94.2%) of the respondents felt that their doctors would be able to make better informed diagnoses and decisions with the NEHR, and it would also have raised patient safety (1993 of 2100; 94.9%).

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Majority of the respondents were willing to disclose general information, such as doctor's general diagnoses (1719 of 2100; 81.9%), allergies (1661 of 2100; 79.1%) and general medication history (1629 of 2100; 77.6%).

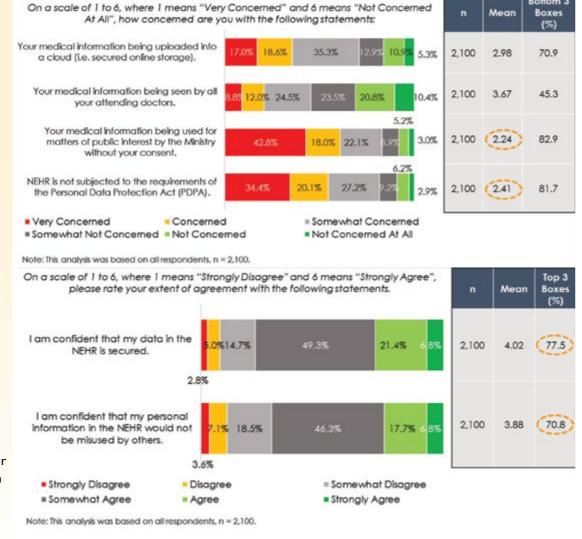


However, when it came to "sensitive" information, the support was lower [medication history (1061 of 2100; 50.5%), lab and radiology results (946 of 2100; 45.0%), doctor's more specific diagnoses (914 of 2100; 43.5%) and operation/procedure notes (876 of 2100; 41.7%)].

77.5% (1627 of 2100) of the respondents were confident that their data in the NEHR was secure, and 70.8% (1487 of 2100) were confident that their data would not be misused by others. Nevertheless, there were specific concerns:

1.70.9% (1489 of 2100) were concerned about their medical information loaded onto a cloud (secured online storage),

2. 82.9% (1741 of 2100) were concerned that their medical information would be used for matters of public interest by the Ministry without their consent, and



3. 81.7% (1715 of 2100) were concerned that the NEHR was not subjected to the requirements of the Personal Data Protection Act (PDPA).

The conclusion was that

PRESIDENT'S FORUM

- About half (1055 of 2100; 50.2%) of the respondents were aware of the NEHR with 14.9% (314 of 2100) "fully understanding" what NEHR is.
- 2. More than 90.0% of the respondents agreed that with the NEHR, "their doctor(s) would be able to make better-informed diagnoses and decisions for the best course of treatment to improve their health" (1979 of 2100; 94.2%) and that "the NEHR would raise patient safety by enabling medical professionals to access critical medical information (e.g. name of medication prescribed, diagnoses) in an emergency" (1993 of 2100; 94.9%).
- Most of the respondents 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%). Nevertheless, there were still concerns with data confidentiality with regards to their "medical information

being used for matters of public interest by the Ministry without their consent" (1741 of 2100; 82.9%) and that "NEHR is not subjected to the requirements of the PDPA" (1715 of 2100; 81.7%).

4. In a nutshell, while 92.2% of the respondents supported the implementation of the NEHR to varying extents, about a quarter of all the respondents (581 of 2100; 27.7%) mentioned that they "would definitely like to have their records maintained in the NEHR". More than half of the respondents (1175 of 2100; 56.0%) "would like to have their records maintained in the NEHR but do not want any healthcare provider to access it without their explicit consent except during emergencies".

The survey results has helped us to better understand the public perceptions of the NEHR, and the sensitivities regarding the privacy and confidentiality issues of personal medical records that concern the members of the public. With this insight, we hope that it will help to shape how the NEHR will develop especially in the light of the forthcoming Health Care Services Act (HCSA).

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MINISTRY OF HEALTH'S STATEMENT ON THE JOINT PUBLIC SENTIMENT SURVEY ON NEHR BY AMS, CFPS AND SMA

The Ministry of Health (MOH) would like to thank the Academy of Medicine, Singapore (AMS), College of Family Physicians Singapore (CFPS) and Singapore Medical Association (SMA) for providing additional valuable feedback on the National Electronic Health Record (NEHR).

- 2. The survey validates much of the feedback that we had gathered during MOH's public consultation sessions in early 2018 from various stakeholders, including current and prospective licensees, professional bodies, and members of the public.
- 3. The survey indicates broad support for the NEHR as an enabler to facilitate care continuity as patients move across healthcare settings. We are also heartened that respondents agreed that the NEHR will raise patient safety by enabling medical professionals to access critical medical information during emergencies.
- 4. The survey findings reiterate concerns similar to those raised during the public consultation, such as

patient confidentiality and data security. MOH plans to enact legislations to protect patients' healthcare data and usage in NEHR.

- 5. As patient confidentiality is of utmost importance to us and in view of the recent major cyberattack on SingHealth's database, MOH has directed the Integrated Health Information Systems (IHiS) to conduct a thorough review of the robustness of the cyber safeguards of our key IT systems. These include the NEHR, which is different and separate from the affected system at SingHealth. While we conduct this review, we will take a pause on our plans on mandatory contributions of healthcare information to NEHR. This will allow us to review and strengthen our cybersecurity measures where necessary before proceeding.
- 6. MOH recognises that doctors and dentists, as future users of NEHR, play a critical role in ensuring that electronic medical records are used safely, effectively, and ethically for the benefit of our patients. We thank AMS, CFPS, and SMA once again for sharing their survey findings with us.