



Key Elements of the Health Information Act

One Patient, One Health Summary, One Care Journey

Contributing data to the NEHR for better care

The National Electronic Health Record (NEHR) system has received patients' key health information since 2011. Healthcare providers are given controlled access to the NEHR for better patient care.

What will the HIA do?

- The HIA will require all healthcare providers to input patients' key health information to the NEHR.** These healthcare providers will be allowed controlled access to the NEHR as part of patient care delivery.

allergies, vaccinations,
diagnoses, discharge
summaries



How do you benefit from this?

- Improved care quality and reduced cost** – less duplicative tests when seeking treatment across different healthcare providers and settings. (See Illustration A)

Enabling outreach and care continuity

- The HIA will enable the sharing of non-NEHR health information to support programmes such as Healthier SG and Age Well SG. Non-NEHR health information (e.g. contact info, health risk indicators) can be shared among key public healthcare stakeholders. The HIA will provide an additional channel for sharing. (See Illustration B)



Ensure robust safeguards for information protection

- Healthcare professionals will only be permitted to access the NEHR information of patients they are caring for.** NEHR access for employment or insurance purposes will be prohibited.
- Technical controls and regular audits** to limit and flag unauthorised access.
- Patients can monitor and control access** to their NEHR information via the HealthHub app. They can choose which healthcare providers have access, and flag unauthorised access to MOH.



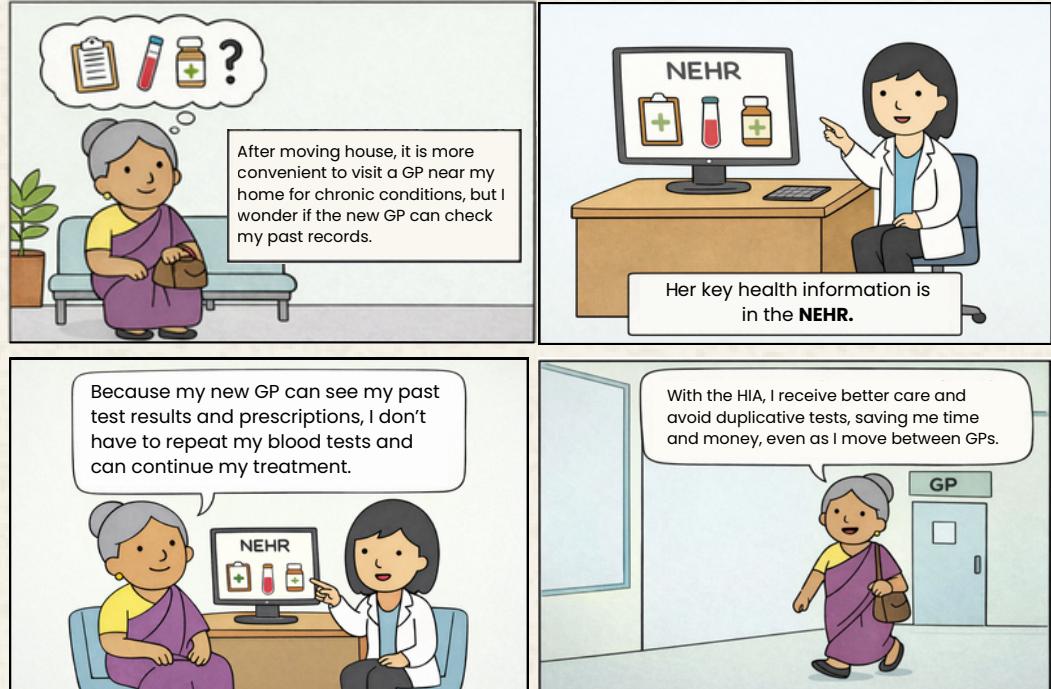
What patients can expect as a result of the Health Information Act

Illustration A:

Ms Kamala is seeing a new GP for her chronic conditions after moving to her new home.

As her previous GP contributed her key health information to the NEHR, her new GP can access this information.

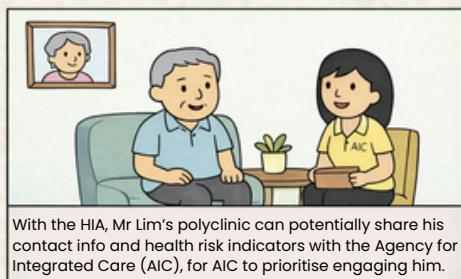
Ms Kamala can avoid repeating her blood tests. This saves her time and money.



Managing my diabetes is exhausting. Some days, it feels too hard to keep up.



Mr Lim misses his polyclinic appointments, and does not receive the care he needs.



With the HIA, Mr Lim's polyclinic can potentially share his contact info and health risk indicators with the Agency for Integrated Care (AIC), for AIC to prioritise engaging him.

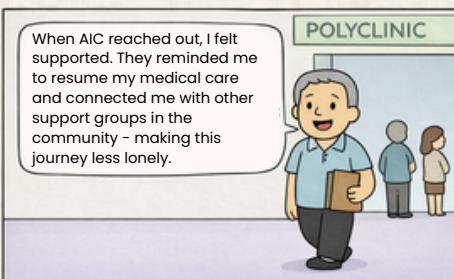


Illustration B:

Mr Lim is a senior living alone with diabetes. He struggles to keep his polyclinic appointments and rarely leaves home.

With the sharing of non-NEHR health information, his polyclinic can potentially share his contact info and health risk indicators with key public healthcare stakeholders who can then prioritise engaging him, to check on his well-being and link him with necessary support as needed.