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OPENING ADDRESS BY MR LIM HNG KIANG, MINISTER FOR HEALTH AND SECOND MINISTER FOR FINANCE AT THE 2ND MOH IT SEMINAR ON SATURDAY 18 NOVEMBER 2000, 8.40 AM, AT THE AUDITORIUM, LEVEL 1, CHANGI GENERAL HOSPITAL

Seminar Theme – INTERNET: Driving The Revolution of Healthcare Delivery

Mr Lim Yong Wah, Chairman SingHealth
Mr Michael Lim, Chairman NHG
Distinguished guests
Ladies and Gentlemen

Introduction

Let me first extend a very warm welcome to all our distinguished overseas guest speakers from Australia, US and Canada who will be sharing with us their experience in the use of the Internet technology to bring about more efficient delivery of health care services.

2	I am pleased to be here with you this morning for the 2nd MOH IT Seminar. The MOH IT Seminar series was initiated by MOH two years ago to provide a forum for our public healthcare institutions to review developments in the use of IT in healthcare, and to share their knowledge and experiences on how IT has been used to improve the care of their patients.

Challenges

3   The theme for this year's MOH IT Seminar is on the impact of the Internet on Healthcare. The Internet revolution has touched every facet of our lives and brought about major changes to the way business is done and services are delivered. The healthcare sector is no exception. Through the Internet the public can have quick and easy access to a huge database of information on health and disease conditions. As our population grow more IT-savvy, the well-informed and more educated patients will increasingly want to be involved in the decisions and management of their health. In the past, doctors were practically the only source of information for patients. Doctors had the complete trust of their patients because the patients did not know any better. Nowadays, patients are well read and well-informed through surfing the net where they can get up-to-date health information from all over the world. I am told some patients turned up at the clinic armed with a stack of information and questions for the doctor.

4   There are two major consequences of this trend. The first is patients are demanding to know more about their medical conditions. Being more knowledgeable makes it possible for them to play a bigger role in managing their own health. This is a plus and we must, therefore, make sure that our system is able to tap this strength.

5   The second consequence is patients will no longer be satisfied with just what is available based on the doctors recommendation. Patients will get to know of successful treatment modalities and effective medicines available elsewhere very quickly. The sharing of knowledge through the Internet and telemedicine will also greatly enhance the professional knowledge of our doctors, nurses and other healthcare professionals. The result of this is greater pressure to bring in higher end medical services and a faster rate of upgrading of healthcare standards compared to the past. While it is good and necessary to maintain high healthcare standards, we must guard against a rapid escalation of healthcare costs. We should, therefore, introduce a new medical treatment only when it is proven to be medically sensible and cost effective.

IT Initiatives in Our Public Healthcare Institutions

6   IT technology and applications in healthcare will raise public expectations and will lead to an escalation of healthcare costs if we do not have a practical IT strategy. So far our approach has been two-fold. One, to keep abreast of

developments, tracking where the technology is progressing but assessing the applicability in a hard headed way. We should not be carried away by technological hype. But we will continue to keep up with developments as long as they are proven cost-effective.

7   Two, to make use of IT to improve our operations and care delivery processes so as to achieve better service levels for our patients. Many of these IT developments were in backroom operations and have hence been largely transparent to the patient. In the next few years, we will continue with this pragmatic approach but with greater emphasis on improving patient care and outcome. IT will therefore impact patients more directly.

8   One of the objectives of forming the two clusters is to facilitate integration of healthcare services at the various levels. The clusters have begun introducing measures to integrate primary healthcare at the polyclinics and secondary care at the hospitals. In doing so, I have no doubt that IT will have a major role to play. For example, NHG will be integrating its registration systems such that its patients only need to register the first time that they are seen at an NHG institution and not at subsequent visits to any other NHG institution. SingHealth has also started the link-up with the restructured polyclinics by extending access of the Electronic Medical Records system, or EMR, in SGH to doctors and care-givers at the SingHealth polyclinics.. This will enable transfer and retrieval of key patient information, such as patient's biodata, laboratory investigation results, hospital inpatient discharge summaries and other relevant treatment procedures. Doctors across the different levels of care setting will now be able to share expertise and pool resources to manage patients, especially those with chronic disease conditions such as diabetes and high blood pressure.

9   The two clusters have put in place comprehensive IT strategies and plans to be implemented over the next few years. The focus will be on the use of IT to further enhance the integration of care within each institution, within each cluster and eventually across clusters and where practical, with the private sector. The clusters will first develop the key systems within selected institutions. Thereafter, these systems will be replicated in the other institutions in each cluster. An example of a key building block in this effort is the development of EMR to replace our system of filing records in bulky compactors and filing cabinets. EMR will facilitate sharing of the information and quick reference by the doctors attending to patients. It will also open up the scope for some of the medical records to be shared with the patients themselves.

10   I am pleased to note that SingHealth has already started using an EMR system in SGH. Similarly, the National Healthcare group has also started using EMR systems in TTSH and NUH. The aim of the clusters is to implement the EMR in all institutions within each cluster within the next three years.

11   SingHealth and NHG have initiated a study on a cross-cluster e-procurement system for drugs (generics and proprietary), medical and surgical supplies, as well as other supplies required in providing the various services to patients. A new Group Procurement Office has been set up with effect from 1 Oct 2000 to manage the central procurement functions for both clusters while studying how best to put in place the most appropriate and cost-effective supply-chain management system, including e-procurement, to meet the needs of both clusters. This will enable standardisation of the procurement procedures, standardising of drugs formularies, and pooling of volume to obtain lower prices.

Personal Medical Dossier

12   A pertinent question to ask is how will the IT developments help patients directly? As medical advances bring better healthcare services to patients, they also require doctors to specialise and sub-specialise in narrower and narrower fields. A patient with chronic disease conditions is likely to see more than one doctor over a period of time. Under such a scenario, it will be very useful for each doctor to have ready access to the patient's medical records. This will reduce the need for repeat tests and procedures, thus moderating increases in healthcare costs. The availability of comprehensive medical records in electronic form will also make it easier to allow patients to have access to selected information on their medical conditions. The patient can then maintain his or her own health dossier. Before the EMR is available throughout all the institutions in both clusters, the Ministry is working with the clusters to consider the feasibility of making the hospital in-patient discharge summary available in a hardcopy form to all patients. This document will summarise the salient medical findings of the episode of care. Should there be a need to consult another doctor, this summary would allow the new doctor to better understand the patient's medical history. We expect this to be implemented by our public hospitals within the next 12 months.

A Health Information Portal

13   One of the key prongs of our approach to better health for Singaporeans is to emphasise health education and promotion. The Ministry has already announced the formation of the Health Promotion Board on 1 April 2001 as the arm of the

Ministry to develop and implement national health education and promotion programmes. The Board will be developing a Health Information Portal that will provide the public with reliable and authoritative information on health promotion and lifestyle-related diseases. In addition, it will also be linked to recommended sites that provide reliable information on disease treatment and prevention. The Health Information Portal will be launched in April 2001.

Role of Ministry of Health

14   Before the full potential of IT can be exploited in health care applications, complex issues such as patient health data privacy and confidentiality and other medical-legal concerns need to be addressed. The Ministry has formed a Medico-legal Workgroup to study and put in place the legal, ethical and policy framework necessary to support the effective and innovative use of IT in the healthcare sector.

15   The Ministry will also form a National Health Data Standards Committee to formulate data standards, policies and guidelines to facilitate the sharing of electronic healthcare information at a national level. The Committee will oversee four Sub-Committees that will be responsible for developing national standards for health data, data exchange format, and policies and regulations to address issues related to confidentiality and control over information access, This will ensure that patients' medical records are accurate, reliable, updated regularly, and protected from unauthorised access. The National Health Data Standards Committee will make available the national standards once they are ready.

16   It is the intention of my Ministry to work closely with the two clusters to ensure that, where practical and necessary, common standards will be set. This will give us the assurance of better connectivity of systems within and across clusters. Where appropriate, my Ministry will share our experience with the private sector healthcare providers.

Conclusion

17   In conclusion, I would like to thank all the organisers for the efforts that they have put in for the 2nd MOH IT Seminar. You have brought together a distinguished panel of overseas and local speakers and workshop leaders to stimulate our thoughts on how IT can be usefully and appropriately applied in health care delivery to achieve a higher standard of healthcare.

18   I am also heartened to note the enthusiasm of the participants, illustrated by

your presence here today, from the various institutions of both clusters, the Ministry and MOH institutions. The showcase of IT projects that individual institutions have put on exhibition will be an excellent opportunity for you to share and learn from each other. I am confident that you will be able to harness the potential of IT to maintain a high standard of healthcare delivery in Singapore. I wish you a fruitful Seminar and look forward to seeing more examples of innovative use of IT in your respective organisations.

19   It is my pleasure to declare the 2nd MOH IT Seminar open.

Thank you.