

TIPS TO IMPROVE NEHR DATA QUALITY (DQ) CONTRIBUTION



ACCURACY (CLINICAL)

- Input the most relevant Visit Diagnosis with the corresponding SNOMED code. There are diagnoses available for different visit purposes, even for non-diagnostic visits such as routine screening.
- Commonly used codes for diagnostic visits in primary care can be found in Annex A of MOH Advisory No. 03/2024.

EXAMPLES:

Visit type	How should I use SNOMED?
Patient is collecting chronic prescriptions	<ul style="list-style-type: none"> • Both repeated prescriptions (SNOMED: 182918009) and chronic condition codes are accepted as long as they are valid SNOMED codes.
Patient is claiming under CHAS subsidy [^]	<ul style="list-style-type: none"> • Only CHAS patients whose visits are tagged with an appropriate ICD-10AM code are allowed for CHAS claims. • These diagnosis codes should be claimable acute/chronic conditions based on CHAS guidelines.
Patient left the clinic without seeing the doctor	<ul style="list-style-type: none"> • GPs should cancel this visit on your CMS#. • If your CMS does not support cancellation of such visit, please select an appropriate SNOMED code for such scenario i.e. “patient left without being seen” (SCTID: 21541000119102).

[^] Please note claims for medications under CHAS are disallowed for (a) acute conditions without consultation on the same day the medications are dispensed to/collected by the patient, and (b) chronic conditions where there is no documentation of regular management of chronic conditions by the doctor or clinic.

[#] Please check with your CMS vendor on the steps for cancelling the visit on your CMS.

ACCURACY (STANDARDS)

- GPs should follow the coding for diagnosis (SNOMED CT6) and medications (SDD 7) to ensure accurate interpretation of information for patient care.
- Non-HSA regulated medications (e.g. supplements, lozenges, drug concoctions mixed in the clinic) will not have a Singapore Drug Dictionary (SDD) code. For these items, GPs may select **"NONHSAMANAGED"** code from **Jun 2024**.
- GPs may use this code to streamline the management of ordered and dispensed items that are out of scope for SDD. The local description for these items remain the same.

	SDD Drug	Out of Scope Items
Code	497486131000133103	NONHSAMANAGED
Description (local)	Amlopin (amlodipine) 10mg tab	Zecuf Lozenges

- **No further actions required for GPs who will be engaging the centralised SDD mapping service as the changes will be done by mappers.**
- **Actions required for GPs who perform self-mapping**
 - **Compile out of scope items:** Identify all ordered and dispensed items that are out of scope for SDD. You may refer to [this document](#) to identify out of scope items.
 - **Update in CMS:** Collaborate with your CMS vendors to ensure these items are properly mapped to new "NONHSAMANAGED" code. Your CMS Partners have been notified of this new code.
- **For new drugs added into your inventory, please ensure that they are also mapped to the relevant SDD codes.**

SUPPORT FOR SDD MAPPING

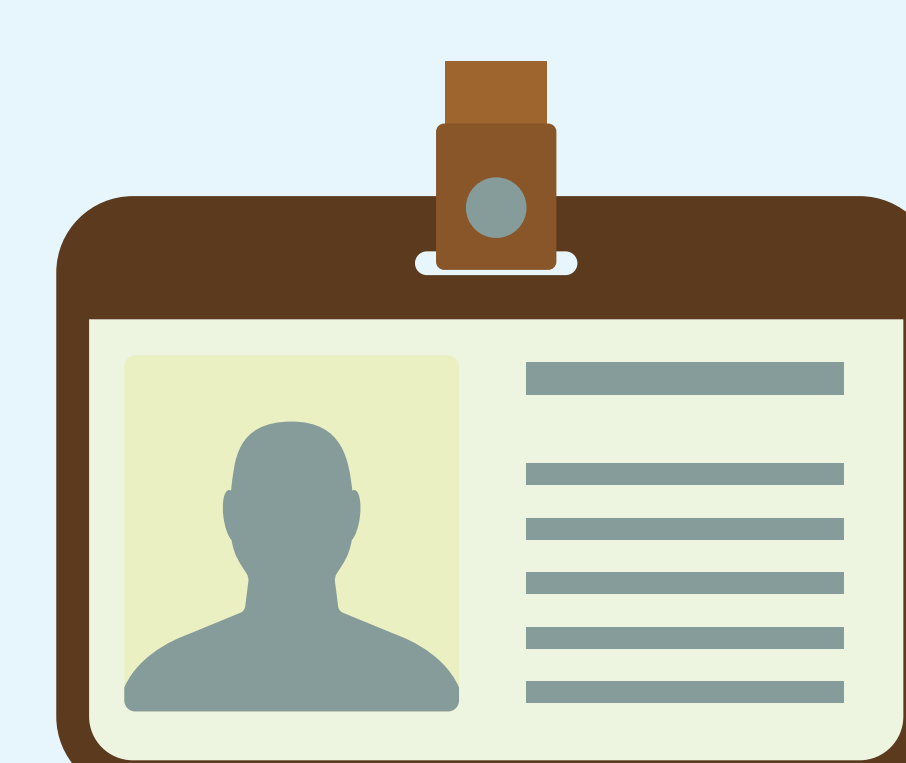
- Training on clinical standards used in NEHR and SDD mapping process are held every Monday (excluding Public Holidays) at 4pm. Please email nehr.onboarding@synapxe.sg to register. You may also watch a self-learning video on SDD mapping via this [link](#).
- If you require help in SDD mapping, sign up for the drug mapping service [here](#).

ACCURACY (DEMOGRAPHICS)

- Input the patient's full name as per their NRIC. This includes all alphabets, symbols, and brackets except Chinese or Arabic characters.
- Input the patient's date of birth and gender exactly as per their NRIC.

SUGGESTION

- Clinics may check with your CMS vendor if the CMS supports barcode scanners and work with your CMS vendor to procure and deploy barcode scanners to automate the process of capturing demographics through scanning the NRIC barcode.



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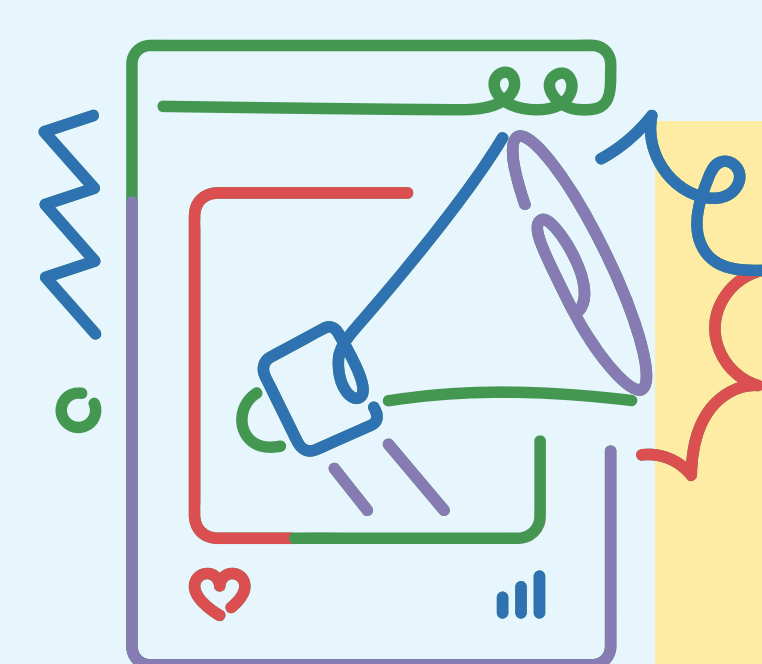
ACCURACY (DEMOGRAPHICS) CONT.

Name as per NRIC	Entered in CMS	DQ Pass / Fail
TAN CHEE KIANG (CHEN ZHIQIANG)	TAN CHEE KIANG	PASS
	TAN CHEE KIANG (CHEN ZHIQIANG)	PASS
CHONG HAI MING (ZHANG HAILANG)	Principal Name: CHONG HAI MING Other Name: ZHANG HAILANG	FAIL Reason: Missing () in the "Other Name" field. Clinic should enter it as (ZHANG HAILANG) in the "Other Name" field.
LIM SOO SUAT @ CHEN SOON FA	LIM SOO SUAT	PASS
	LIM SOO SUAT @ CHEN SOON FA	PASS
CHEN SUI FA @ HENG SOON HUAT	Principal Name: CHEN SUI FA Other Name: HENG SOON HUAT	FAIL Reason: Missing @ in the Other Names field. Clinic should enter it as @ HENG SOON HUAT in the "Other Name" field.
SOON YI-JIE, CHARIS	SOON YI-JIE, CHARIS	PASS
	SOON YI-JIE CHARIS	PASS
	SOON YI-JIE	FAIL Reason: Name does not match NRIC name
NOR LIYANA BINTE ISMAIL	NOR LIYANA BINTE ISMAIL	PASS
HONG SHI-JIA, ANDY	Principal Name: HONG SHI-JIA	PASS
	Other Name: ANDY	
HAREKIRSHNAN SUBRAMANIAM S/O ANISH KUMAR	HAREKIRSHNAN SUBRAMANIAM S/O ANISH KUMAR	PASS
ELAMPARIDHI S/O RAJAGOPAL	ELAMPARIDHI SO RAJAGOPAL	FAIL Reason: Missing / symbol
DAVID HONG	DAVID HONG 02/01/24, IOU \$100	FAIL Reason: Name does not match NRIC name

Date of birth as per NRIC	Entered in CMS	DQ Pass / Fail
31-12-1986 <small>Tip: For patients with only birth year on their NRIC, enter date of birth as 01 Jan YYYY, where YYYY represents their birth year.</small>	31 Dec 1986	PASS
	31 Oct 1986	FAIL Reason: Wrong Month
	01 Dec 1986	FAIL Reason: Wrong Day
	31 Dec 1981	FAIL Reason: Wrong Year

Gender as per NRIC	Entered in CMS	DQ Pass / Fail
M	M	PASS
	F	FAIL Reason: Wrong Gender

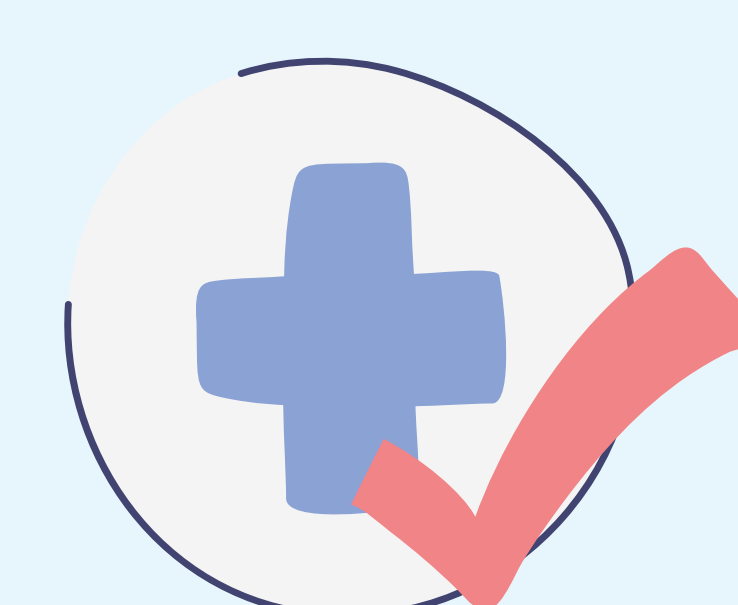
NEHR DQ CONTRIBUTION CRITERIA FOR EARLY CONTRIBUTION INCENTIVE (ECI) AND GP IT ENABLEMENT (GP ITE) GRANT



From Feb 2024, the requirement for grants monitoring has been **updated from 3 consecutive months to any 2 months of quality data contribution to NEHR.**

NEHR DQ CONTRIBUTION CRITERIA (5 AREAS)

No.	Component	Current Passing Criteria (with effect from 1 Feb 2024)
1	Timeliness [revised]	≥90% of records sent within 72h
2	Completeness [revised]	≥ 95% submissions without error
3	Accuracy (Clinical) [revised]	≥ 80% of the visits with Visit Diagnosis contributed
4	Accuracy (Standards) [no change]	≥ 70% submissions meet the national coding standards
5	Accuracy (Demographics) [no change]	≥ 90% submissions have the correct demographics information based on the patient ID



OTHER MEASURES TO IMPROVE NEHR DQ CONTRIBUTION

- GPs may download a detailed report highlighting specific reasons of failure at the [ECI Grant Portal](#). View guide on how to read your DQ report [here](#).
- GP webinars were held in May 2024 to clarify the DQ contribution criteria, share common errors and solutions. You may access the recording [here](#).
- Synapxe has been working with CMS partners to resolve system-related errors to improve NEHR DQ. As of 15 May 2024, HSG-compatible CMS partners have completed demonstration of NEHR DQ rectification. NEHR DQ improvement will continue to be observed progressively, with the cooperation from GPs in adhering to quality data submission.
- **For more details and FAQs, refer to MOH Advisory No. 03/2024 sent via email on 21 Mar 2024.**

LAST CALL TO APPLY FOR GP ITE ENABLEMENT (GP ITE) GRANT BEFORE 30 JUNE 2024



This one-time grant supports GP clinics in adopting a Clinic Management System (CMS) that fulfils data contribution to Healthier SG (HSG) and National Health Electronic Record (NEHR).



OSG Portal
(Apply for GP ITE Grant here)

Apply now via [OurSG Grants \(OSG\) Portal](#) or by scanning the QR code.

1. WHO CAN APPLY

- GP clinics offering primary care services licensed under the Private Hospitals & Medical Clinics Act (PHMCA) or Healthcare Services Act (HCSA).

2. PRE-REQUISITES FOR APPLICATION

- Be accredited for all national schemes: CDMP, CHAS, PHPC, PCN, HSG
- Be onboarded to NEHR for data contribution by CMS monitoring start date

3. KEY STEPS IN APPLICATION & AWARD

- Provide full PHMCA/HCSA licence number.
- Identify suitable start date for monitoring of data contribution to NEHR and/or HSG. You may use this [checker](#) to gauge the additional timeframe to factor in for the start date for your clinic's grant monitoring period.
- Accept GP ITE Grant LOA in OSG Portal once application is approved.



GP ITE Grant monitoring start date checker

4. GRANT DISBURSEMENT CRITERIA



GP clinics must meet the above criteria within the grant monitoring period in order to receive the grant payout. For more details, please refer to [GP ITE Grant on AIC's Primary Care Pages](#).



Primary Care Pages (GP ITE Grant)

Each clinic will receive a monthly report on whether their data contribution has met the NEHR DQ contribution criteria. You may also visit [Synapxe's website](#) to find out more on the common NEHR data quality issues and the actions to resolve them.



NEHR DQ issues & suggested rectifications

For any queries, please contact your [AIC account manager](#).

CLINIC MANAGEMENT SYSTEMS' READINESS FOR JAN 2025

A Healthier SG (HSG)-compatible Clinic Management System (CMS) from Jan 2025 is:

Capable of contributing data to National Electronic Health Record (NEHR)

Adhered to Code of Practice for CMS Data Portability

Compliant with cybersecurity requirements in line with the MOH Healthcare Cybersecurity Essentials (HCSE)

Integrated with web services under the CHAS and Clinical programmes

NEW

Integrated with web services under the HSG programme [New Enhancements] - releases are in Apr & Nov 2024

· I Quit (Apr 2024)

· Patient Care Summary (Nov 2024)

· Care-reporting, Resident Health Plan and prevailing requirements enhancements (Apr & Nov 2024)

*The latest CMS status in fulfilling of April 2024 enhancement release is also published via <https://www.synapxe.sg/partner-us/smartcms>.



HSG-compatible CMSes



Clinics that wish to apply for HSG must fulfil all the IT requirements before HSG onboarding

- For more details on **Clinics' HSG IT Requirements**, please refer to the EDM sent by gp@aic.sg on 17 May 2024. Requirements will be enforced* under HSG's contractual terms and conditions.

*Measures (e.g. enrolment freeze, suspension, removal from HSG) may be taken as appropriate.