



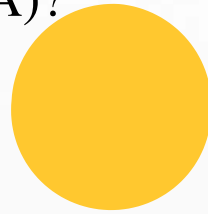
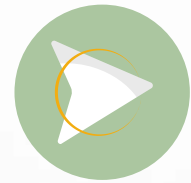
Challenges in Creating a Unified Health Record System in India: A Focus on “ABHA”

This policy brief discusses the needs, challenges and possible solutions to an effective Ayushman Bharat Health Account (ABHA) creation in India. The process of implementing ABHA across all states poses several challenges including engaging private players and state governments, managing interoperability issues and addressing technological issues.



Raising awareness among citizens of the benefits to easy access to healthcare through the ABHA system could be an effective solution to tackle the aforementioned challenges. One way to increase ABHA registrations would be to focus on schools and primary health units. Moreover, the integration of various health related schemes with ABHA and providing the right incentives to private players could accelerate the journey towards digitising the national healthcare system in the country.

WHAT IS AYUSHMAN BHARAT HEALTH ACCOUNT (ABHA)?



The critical path to any digital transformation is not just about technology but its people. This policy brief talks about the Ayushman Bharat Health Account (ABHA number), its conceptualization, creation and the potential challenges in its implementation in India.

ABHA is one of the key interventions in India's healthcare journey under the Ayushman Bharat Digital Mission (ABDM) of making India "Atmanirbhar". The ABDM was conceptualised by the Ministry of Health and Family Welfare (MoHFW) and is based on the National Health Policy, 2017. It aims to digitally transform the country's entire healthcare sector. The Mission intends to create the foundational framework that enables the nation's integrated digital health infrastructure. Big healthcare facilities register patients in their data management system by providing them with a number. Numerous numbers are assigned to one individual across different healthcare facilities and programs. To resolve this issue, on September 27th, 2021, ABDM introduced an integrated, uniform and interoperable ecosystem in an individual-centric manner known as the Ayushman Bharat Health Account (ABHA number). ABHA seeks to provide a standardised facility to facilitate access and sharing of medical information across different health facilities.

ISSUES AFFECTING THE EFFECTIVE CREATION OF ABHA

01

**INTEROPERABILITY
ISSUES ACROSS
HEALTH FACILITIES**

03

**ECOSYSTEM INERTIA
IN THE PRIVATE
SECTOR**

02

**ASYMMETRY IN THE
PACE OF ADOPTION
BY STATES AND UTS**

04

**TECHNOLOGY
BARRIERS**

1

Interoperability issues across health facilities

As per Statista 2019 data, there were around 69,000 recorded hospitals in India. ABDM does not store such medical records centrally. Healthcare providers create and store these records as per their retention policies. However, there is a dissimilarity between hospitals regarding the management of health-related data. Specifically, in the private sector, big chains like Apollo, Max, AIMS and Care have their own data collection and storage systems. These institutions employ dissimilar digital health platform standards such as Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT), International Classification of Diseases (ICD), Logical Observation Identifiers Names and Codes (LOINC). ABHA creation is the first step to ensure interoperability across hospitals where patients can easily shift seamlessly from one hospital to another. It will connect all such stakeholders in one place. However, many hospital chains are not part of the mission. As a result, health and medical records are fragmented. This fragmentation defeats the purpose of intervention.

ISSUES AFFECTING THE EFFECTIVE CREATION OF ABHA

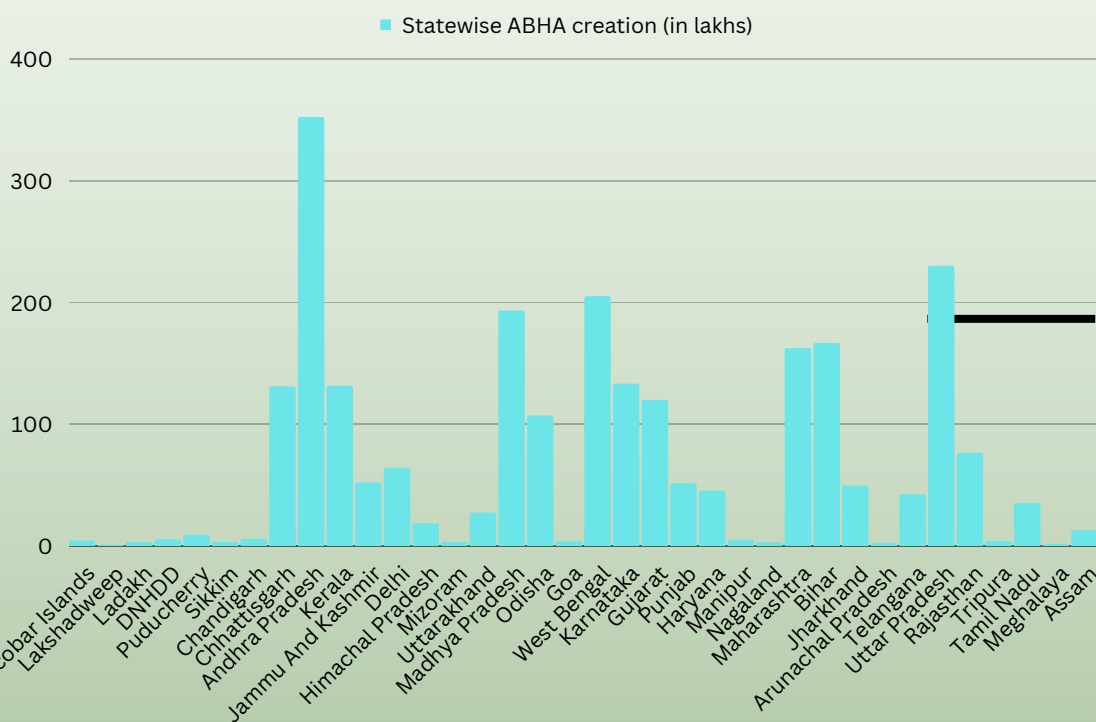
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Asymmetry in the pace of adoption by states and UTs

As of 16th December 2022, almost 29 crores ABHA accounts have been created as per the ABHA dashboard data. Andhra Pradesh was on top with 350 lakh ABHA accounts. On the other hand, states like Maharashtra, Delhi and Karnataka lagged behind with only 173.7L, 64.1L and 144.3L accounts respectively. These numbers reveal the asymmetry in the pace of progress by different states. However, this does not mean that Delhi, Karnataka and Maharashtra do not have the technology to adopt such a digital intervention. It reflects the lack of priority on the agenda of the state administration.

The Government of India (National Health Authority) is responsible for developing and managing core building blocks such as Health ID, Health Facility Registry etc. Entities joining the ABDM like citizens, healthcare professionals, hospitals and other healthcare facilities, health tech companies, etc will require intensive engagement. State governments and UT administrations are supposed to provide handholding support to all such entities and facilitate them in joining the ABDM. However, as the efforts of the state to advance this mission is voluntary, the pace differs across different states due to a lack of political will and other priorities.

One reason for the lack of motivation by many state governments could be that digitalization of the health sector is not a populist vote-appealing approach. Health-related benefits are not intangible outcomes that can be measured in numbers similar to creating toilets and building homes. Thus, there is no apparent visible incentive for states/political parties to adopt this mission aggressively.



Data Source - ABHA dashboard

ISSUES AFFECTING THE EFFECTIVE CREATION OF ABHA

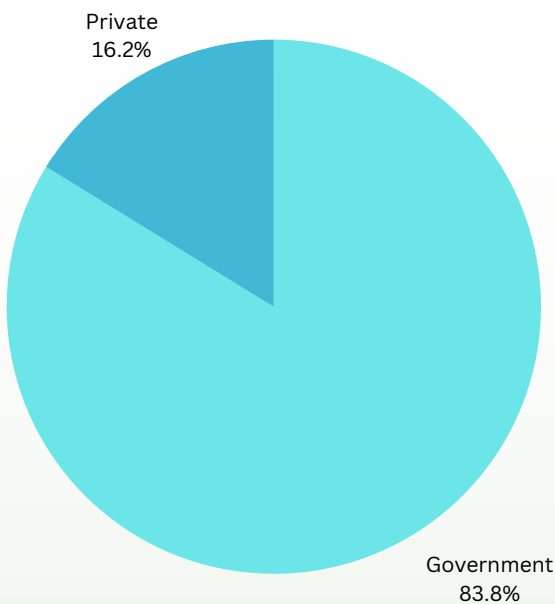
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Ecosystem Inertia in Private Sector

The private sector holds 70% market presence in the Indian health sector. There needs to be more interest by private players to promote and be part of ABHA creation. As discussed above, big hospital chains have well-established health data collection and exchange systems within their chain of networks. ABHA generation will not result in any extra expenses for hospitals since data will be generated and stored within the hospital's premises. However, one of the significant reasons for hospitals' apprehension is the possibility of losing patients.

Currently, a Max hospital patient can exchange his/her health data within its branches. This operability binds patients to continue their treatment in the same hospital chain. ABHA will allow interoperability between different hospitals and patients will be able to use their health records in different hospitals using one unique ID. Thus, private players are not actively participating as expected while designing the policy.

Verified facilities by ownership



Data Source - ABHA dashboard

4

Technology barriers

A large number of Indians prefer small clinics for their routine treatment. These small clinics operate in traditional systems where individual doctors prefer hardcopy data management. Exhorting such grassroots-level clinics to adopt a digital infrastructure will incur additional cost for them which they may not be willing to bear. The average patient footfall is 60-70 people/day in such clinics which can be easily managed using pen and paper. Therefore, they have little to no incentive to maintain patients' digital health records.

65% of India lives in rural areas. As per ICUBE 2020 report, 37% of rural India has an active internet connection. Of the rural mobile phone users, around 300 million still use a feature or a basic phone with no internet connectivity. A KPMG analysis showed that 43,000 villages, accounting for 6.7% of total villages in India, were not connected by telecom towers in the same year. Introducing such digital initiatives can worsen the rural-urban divide. Therefore, it is the responsibility of primary health care institutions to enter and update the data of villagers. But, given the current scarcity of hospital staff at the primary healthcare level, hospital staff usually spend around 1-2 hours on the screen to enter and update data.

POLICY RECOMMENDATIONS AND THEIR IMPLICATIONS



Targetting school students for ABHA accounts

According to the ABHA dashboard data(retrieved on 16th December 2022), only 7.33% of school students have created their ABHA accounts, even though they will be the future users of healthcare services. Therefore, targeting schools would be a feasible and efficient way to increase the number of ABHA account holders. Youth leaders (volunteers from each standard) can take initiative to raise awareness among parents. Creating ABHA accounts is a simple process that can be completed by senior students themselves. With the support of ministry officials, principals and teachers, students can organize monthly camps or events to facilitate the creation of ABHA accounts at the school level.

Mohalla/small clinics – a way for mass awareness and integration of ABHA with other health-related schemes

A majority of the populace prefers treatment from small, local clinics. To raise awareness of ABHA benefits at both the provider (hospitals, clinics) and consumer levels, promotional activities such as advertisements, informational material, and awareness posters could be utilized. Once individual citizens are convinced of the benefits of ABHA, a mass-level drive could be initiated to ensure that everyone has a unique health account. To enable small clinics to adopt and benefit from ABHA, an "ABHA Lite" application could be introduced, allowing them to create accounts for patients using a tablet. These clinics could then store and manage data at their level, thereby, eliminating the need for a technology-heavy infrastructure. However, they might be vulnerable to the risks of data breaches. The Digital Personal Data Protection Bill 2022 is expected to address this risk with its stringent regulations.

POLICY RECOMMENDATIONS AND THEIR IMPLICATIONS



Risk mitigation contracts to increase private participation

Private entities can play a crucial role in accelerating ABHA creation, but they must be incentivized to participate. Risk mitigation bonds can provide insurance to private players against any delays or barriers due to government processes such as approval, financing, and implementation. If a policy change affects the private players, the government can support them in mitigating their risks. Additionally, the government should ensure a stable political environment where policies are not changed frequently. This would improve the sustainability of PPP projects and increase investors' confidence.

CONCLUSION

The Ayushman Bharat Health Account is a critical intervention to provide a single identifier which has the potential to increase the efficiency and quality of the national healthcare ecosystem. It is a consumer-centric approach to make the citizen's experience digital, quick, and hassle-free. Although there are critical challenges of interoperability, technology, state accountability and low incentives for private players, these can be overcome by providing the right incentives and mitigation contracts to private players, utilising schools as ABHA registration centres, and integrating health-related schemes with ABHA. The scheme warrants more attention from state government authorities as it has the potential to transform the user experience in the health sector and improve public health outcomes across the country.

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