Challenges of a Digital Health Mission

THE Prime Minister announced the launch of the National Digital Health Mission (NDHM) in his Independence Day speech this year. A blueprint of the NDHM was floated last year for inputs and comments.

If ever there was a realization of the need for a robust health infrastructure throughout the country it has been exemplified with the experiences of the past six months during the coronavirus pandemic. However, apart from augmenting the physical public health infrastructure in the country the need for a digital and telemedicine capable health apparatus has also been felt for a long time. Digitization of health records and creating an environment for telemedicine form an essential part of strengthening the health infrastructure in the country.

India has been moving towards this goal taking small steps at a time. For instance, on 25 March 2020, around the time the first lockdown was being announced, the Government of India issued the "Telemedicine Practice Guidelines", enabling registered medical practitioners to legally provide online consultations to patients across the country. This was a welcome step especially for those who could not move out due to the lockdown or did not want to visit health facilities for fear of contracting COVID-19. This also relieved the strain on hospitals as the numbers of COVID-19 patients started increasing.

The National Digital Health Mission programme for which the Finance Ministry has approved a budget of Rs 470 crore, envisages improving the efficiency, effectiveness and transparency of health service delivery by leveraging open digital systems and integrating current digital health services.

Among other measures, the NDHM would provide a personal health ID for every Indian. As mentioned in the NDHM document, the unique identification of Persons, Facilities, Diseases and Devices is sought to be handled through two building blocks, namely, Personal Health Identifier (PHI) and Health Master Directories & Registries. The uniqueness in identification would be achieved through a combination of Aadhaar-based identification/authentication and through other specified types of identifiers in respect of the rest. The PHI in tandem with a Health Locker will facilitate the creation and maintenance of Personal Health Records. This ID will be applicable across states, hospitals, diagnostic laboratories and pharmacies.

The platform would be voluntary and health records will be shared only after authorisation by the individual. This is sought to be achieved through a combination of Consent Manager, Anonymizer and Privacy Operations Centre.

Apart from digitisation of health records the NDHM has also envisaged a registry of doctors and health facilities across the country. Through a Digi Doctor option the NDHM would allow doctors from across the country to enroll, giving their details, including their contact numbers. The doctors will also be assigned digital signature for free which can be used for writing prescriptions.

At a later stage, NDHM will also include e-pharmacy and telemedicine services. These access and delivery functionalities are sought to be achieved by a combination of Web (India Health Portal), Mobile (MyHealth App) and Call Centres besides Social Media Platforms. The 'Mobile First' principle has been emphasized for the majority of the stakeholder-facing services.

Of course, there will be many technological challenges. These will range from hurdles in basic digitisation and data collection to standardization and integration of wearable devices. It will also require countrywide skilling of healthcare workers. Machine learning and artificial intelligence platforms would have to be roped in for increased functionalities.

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