

Volume 1, Issue 1

# The Founder



## TECH MINDS — BUILDING FUTURE

*Exclusive Interviews*

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# AYUSHMAN BHARAT DIGITAL MISSION: MAKING NUMBERS COUNT



*Dr Rajendra Pratap Gupta, Founder, Digital Health Academy, explains the role of startups in the Ayushman Bharat Digital Mission (ABDM), and how technology can be a catalyst to make this scheme more effective and comprehensive*

**With NHA itself being a startup from the Centre, it needs to create a flourishing ecosystem with more startups, rather than just romancing and dancing to the tunes of the BIG-TECH**



**T**he Ayushman Bharat Digital Mission (ABDM) is the world's biggest programme for digital health, and the accomplishments speak for themselves with over 50 crore Ayushman Bharat Health Account (ABHA) numbers allotted. This makes it the biggest digital health record system. Given that ABDM will form the backbone of the *Pradhan Mantri-Jan Arogya Yojana (PM-JAY)* – the world's most ambitious health insurance scheme, the expectations and opportunities are phenomenal, and the time and resources are limited. While the recent Comptroller and Auditor General's (CAG) report might have pointed to some gaps, it should not



worry us, given that we are rolling out the world's most ambitious digital health mission with no precedent, and these are learnings along the way. We are on the right track; now that the skeletal system has been created, it is time to adopt a multi-dimensional approach. In 2013, when I was drafting the election manifesto of the BJP, I envisioned the creation of this body (given the name of National eHealth Authority). Finally, we have the National Health Authority (NHA). Nevertheless, what is the endgame, and what will define the impact?

By giving a health ID (ABHA number), we are ensuring that people will only use one government scheme and that they will have one health record that is digital. The biggest advantage that will accrue from the utilisation of ABHA numbers is that healthcare will become outcome-driven. If one refers to the National Health Policy (NHP) 2017, the private and public facilities mandatorily disclosing the treatment and success rates will ensure that the quality issues associated with healthcare are addressed. This will require careful onboarding, delivery and monitoring of services using the ABHA ID. By 2027, if we implement the digital mission effectively, the Indian healthcare delivery system will be the first in the world to become an 'Outcomes-Based & Value-Based Care System.' This is the vision of our Prime Minister Narendra Modi. For now, we have a formidable task, and we need to do a stock-taking of the launch phase of ABDM and define the next phase. With 50 crore ABHA numbers rolled out, all PM-JAY beneficiaries are yet to be enrolled. With only 2.3 lakh health

professionals enrolled in the Health Professionals Registry (HPR), India has more than 1.3 million allopathic doctors (NMC, June 2023), AYUSH professionals (0.79 million), nurses (2.34 million), pharmacists (1.2 million), dentists (0.27 million), physiotherapists, Accredited Social Health Activist (ASHA)/Anganwadi Workers (AWWS) (1 million), we have registered just about 15 per cent of the health professionals. It may be time to chart out a clear-cut programme to enlist every healthcare professional in the HPR. It is time to integrate the registration of health professionals with their professional councils and make this registry interoperable.

Out of the 27,000 hospitals/facilities enrolled in the PM-JAY scheme; 18,783 remain active. India has over 18,000 government hospitals and over 27,000 private hospitals (though these numbers are not updated, real numbers may be higher). With over 45,000 hospitals in the country, only 27,000 have registered with ABDM. Taking 1.6 lakh Health and Wellness Centres (HWCs) and other facilities, ABDM has registered about 10 per cent of the healthcare facilities in the country. If we fail to register facilities, we will certainly fail to deliver through registered facilities.

ABDM leadership needs to introspect and reflect on the success stories, bringing in the value proposition of the scheme clearly to providers and care-seekers, and move swiftly. The communication needs to be ramped up quickly to build trust; otherwise, it will require a restructuring of ABDM sooner, rather than later. This scheme could give an innovative healthcare

model to the world, and, for now, the start has been good yet patchy. One of the things to do is to bring e-Sanjeevani into the fold of ABDM. Additionally, the plan for small hospitals could be clearer, as those face a crisis of existence. If they don't get the required support from ABDM, affordable healthcare will remain a pipe dream.

With private equity companies taking a stake in Indian hospitals, foreign funds will eventually own large hospital providers, and lobbying will change how we design, price and deliver healthcare. Hence, ABDM needs to draft a clear strategy and move forward.

## STARTUPS ARE THE DISRUPTORS

Startups hold the key to disrupt healthcare. With NHA itself being a startup from the Centre, it needs to create a flourishing ecosystem with more startups, rather than just romancing and dancing to the tunes of the BIG-TECH.

Finally, the numbers will have to show an impact on the ground, and just sharing the data of tens of crores will not be a great thing. Let us not forget the old dictum: Not everything that can be counted counts, and not everything that counts can be counted. It is time for India to up the ante on ramping up the Digital Health Mission (DHM) for impact on the ground and come out with its impact report. A successful DHM will solve the healthcare conundrum for all.

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