

# CHAMPIONING THE CAUSE OF **DIGITAL HEALTH IN INDIA**

A report on NATHEALTH's Digital Health Agenda Workshop  
Session facilitated by Bain & Company





## **Introduction**

NATHEALTH arranged a Digital Health Workshop on 2nd November 2020. The digital meet was attended by almost 60 key stakeholders of the healthcare industry. Participants were present from a range of healthcare arenas like public health, NASSCOM, leading hospitals, major diagnostic labs, digital health providers, home healthcare players, financial organizations, healthcare consultancies, medical technology providers, and more.

## **Objectives**

- 1) Brainstorming with the industry stakeholders on the future of digital health in India.
- 2) Formulating a concise, precise, practical & futuristic digital health agenda of NATHEALTH, with consensus and involvement of the health sector.

## **Acknowledgement**

Bain & Company

## Sharing of key findings - The Digital Health Survey

The meet started with a presentation on key findings of the Digital Health survey, which was undertaken by NATHEALTH and Bain & Company. The presentation also gave insights into the current digital health scenario.

The session stressed on the importance of strategically locating partners with whom NATHEALTH can collaborate, and then find objective ways to measure and define the success of the initiative. Finding alignment on digital health priorities was also focussed on, as a prominent point for NATHEALTH.

The presentation steered towards discussing megatrends and near-term action implications of digital health initiatives. The session also shared feedback and inputs from the Digital Health survey.

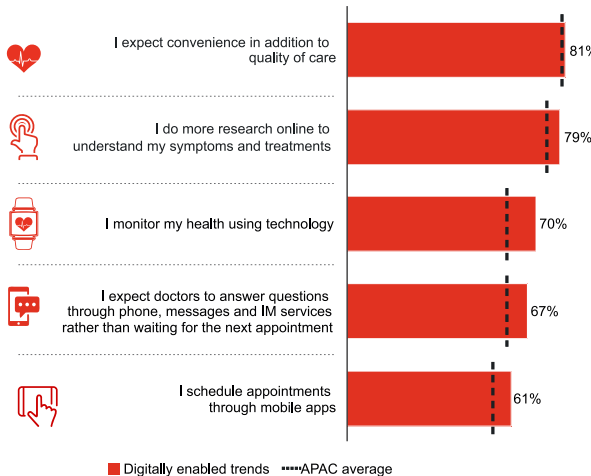
The numbers in the below figure depict how, even before Covid-19 hit India, the move towards digital health was significant. However, there is no denying that Covid-19 has accelerated the pace and also made digital health usage non-negotiable in the present times.

Services like e-pharma and telehealth have further made digital health a growing phenomenon.

Not only this, even the government has worked on pushing and enabling digital health. It has a special priority place in the Ayushman Bharat roadmap of the government. The Ministry of Health has digital health at its forefront.

### Even pre-COVID, the shift towards digital models of care was unmistakable

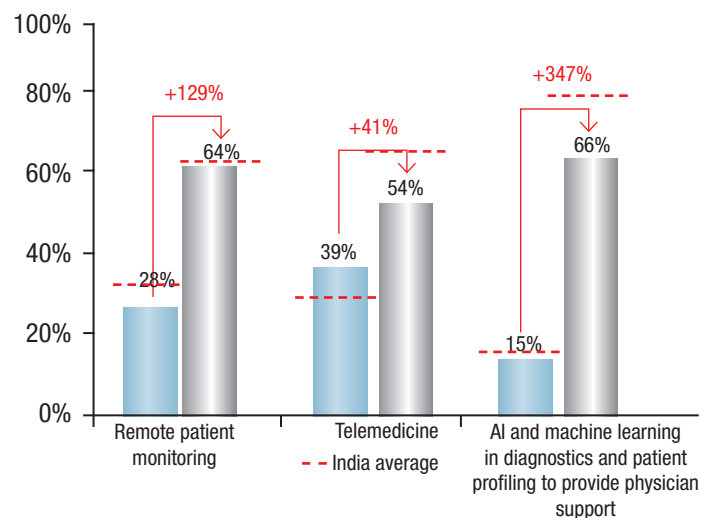
Consumers were already using digital health, and were demanding increasing convenience and control



Patient responses for survey question considered on LHS - "Compared with 3-5 years ago, to what extent are the following statements about you true today?"

Source: Bain Frontline of Healthcare APAC Survey 2019 (India n=300, APAC n=1823)

Physicians were also seeing a significant jump in use of digital tools to deliver patient care

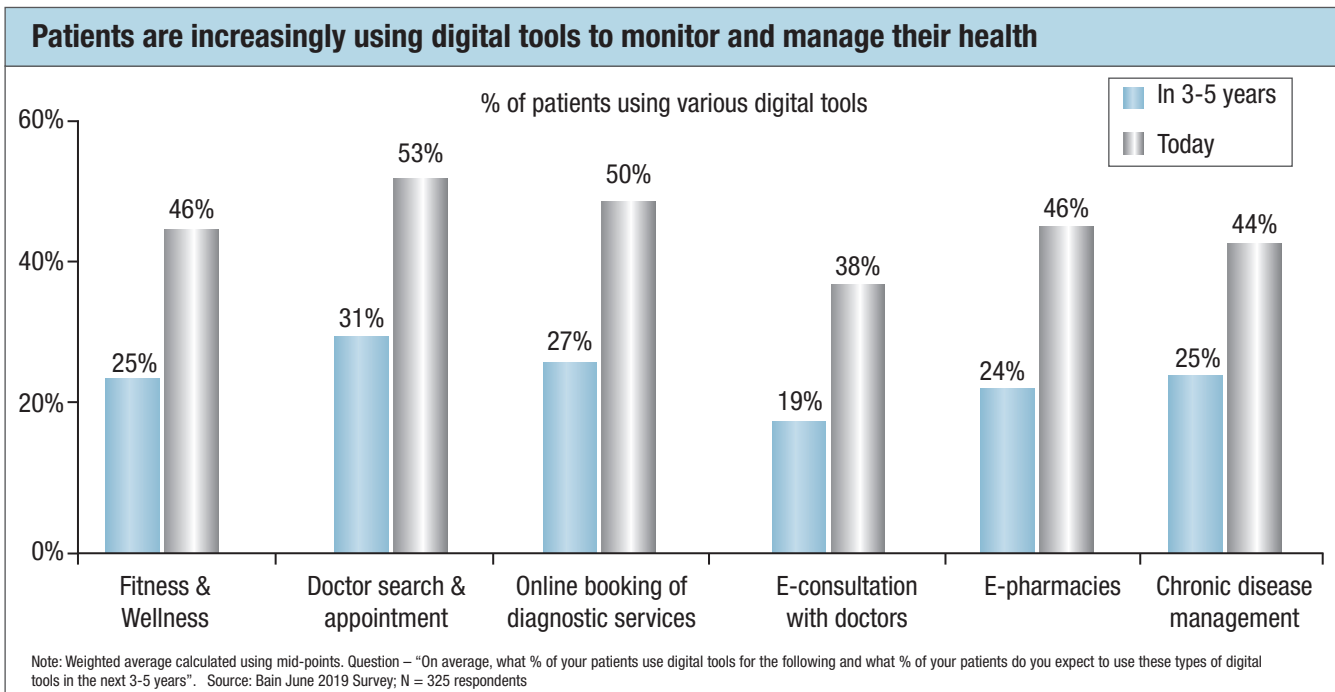


RHS - Physicians asked, "Which (1) have you used in the past 12 months, (2) would you use in the next 5 years if made available, or (3) have you not used and do not expect to use in the future?"

In fact, as an example, one can refer to the e-sanjeevani platform of the government. E-sanjeevani is a web-based telemedicine solution launched to facilitate patient doctor interaction through a hub and spoke model.

All put together, patients have also started to use digital health tools in an increased manner. The figure below depicts the current digital usage and the future trend as well.

It was also mentioned how government's Swasth app was being used prominently by the public and private players, plus the patients.



## Addressing pain points & discussing NATHEALTH's role in resolving them

The meet then turned towards certain pressing issues at hand, in terms of digital health adoption and implementation.

### Removing resistance to change & Resolving intra-operability issues

It was mentioned how a focus is required on the resistance to change. There is a need to bridge the knowledge gap and improve how stakeholders handle change management. It was stressed that there is also a trust deficit in technology adoption by many providers. Also, a cause of worry is that 'software' usually does not have a place in the budget of providers, and on most occasions, gets added only as an afterthought. Thus, pushing digital health on the backburner.

GE runs a program for start-ups called Edison [X] and it was proposed that GE and NATHEALTH can join hands to further accelerate this and boost the digital health agenda.

Also suggested was that NATHEALTH can join hands with hospitals, especially new and upcoming ones, to ensure that software and digital health is made a priority from day one of their project planning.

It is vital that hospitals/providers are made to realize that technology will only make them more effective and efficient, rather than being a hindrance or a cost addition.

Intra-operability of devices should be addressed, as it is still an unresolved & an under estimated issue in India. For instance, how can technologies of a GE Healthcare and a Philips Healthcare can all be integrated for a provider.

## Aligning track with NDHM & Formulating standards

It was shared how NATHEALTH can align its digital health track with that of the government's track of National Digital Health Mission (NDHM).

NATHEALTH, along with other stakeholders, can promote the adoption and investment in digital health by building certain programs that will benefit NATHEALTH's members, to begin with. The other players can then follow suit.

Additional suggestion was that NATHEALTH can help in formulating certain digital health standards so that the digital trends and solutions can be made resilient. This way, in the long run, they can be easily scaled up, when need be.

NDHM is said to be a federated architecture and the government plans to get all stakeholders together for its success. However, if this architecture has to be adopted across the sector, then it should ideally be designed keeping all stakeholders in mind. The structure has to be appealing to multiple stakeholders for it to hold any ground in the future.

NATHEALTH can play a role here in initiating a dialogue wherein this federated architecture can be made functional in a way that will allow for the public and private sector to work together.

### Top priorities for Government to translate its digital vision/NDHM into opportunities for the industry



Source: Bain & Company Survey

## Assistance to start-ups & Creating a coherent digital pathway

It was discussed how NDHM can be transformative and it may create opportunities going forward to measure healthcare outcomes, which is currently missing from the Indian healthcare system. It is then that the industry can start discussing and focussing more on how value-based healthcare is important.

It was also told how imperative is the role and capacity of data analytics in the digital health infrastructure.

Also mentioned was that it is worthwhile for NATHEALTH to look at how the debate can be shaped around value assessment frameworks, reassessment frameworks, and regulatory pathways. Plus, how a coherent digital pathway can be created, which can be useful for both public and private players.

NATHEALTH can assist the government in having the right policy levers in place and thereby increasing digital health reach in the country. NATHEALTH can also help the government in formulating a more transparent system for all of this.

NATHEALTH can additionally work towards creating a clearer and easier public procurement pathway. As right now, there is no standardized process and all players have their own ways of doing it.

The importance of assistance for start-ups was reiterated. It was mentioned how helpful it would be if NATHEALTH can provide a platform for start-ups and innovators in the digital space to come together and collaborate with established players and also with the government. It is significant to support digital health start-ups, so that they can get plugged in to the healthcare system with relative ease.

## Studying global systems & Tackling transition costs

The meet expressed significance of NATHEALTH championing the cause of creating standards. It was mentioned how the legacy systems need to change in order to use the new standards.

The digital health agenda cannot move forward unless the stakeholders agree on a common language (standards) in which they can talk to one another.

A way should be found to exchange and refer all health data, so that patients can be seamlessly treated across the continuum of care.

The cost angle was also explored, as transitioning always has a cost attached. Especially if the transition is towards a more standardized pathway. It was suggested that NATHEALTH should first locate the cost bearers and then could also find ways to minimize costs for these cost bearers.

NDHM Sandbox initiatives were discussed too and it was opined that NATHEALTH can work even on this front with the government, as certain Sandbox initiatives can be improved further.

It was shared that many nations globally have achieved great success in digital health. However, many of them hit a roadblock when players across the board did not collaborate enough and this slowed down the progress.

British Columbia, Canada, Estonia, Australia (esp. Queensland state), have achieved great levels of digital health and have found ways for the public and private sectors to work together and arrive at a win-win situation for digital healthcare delivery.

## Not re-inventing the wheel, but adopting from successful global systems

The participants further enhanced the global learning aspect. It was mentioned that India should strategically study, customize and adapt from some of the most successful tech-enabled healthcare systems of the world. This will increase the implementation pace in the country manifold. Instead of totally re-inventing the wheel and working from basics, this is a much better idea for boosting the speed of digital health for India.

The picture below gives an idea of the countries that have been successful in using digital health to their advantage.

### Some of the most successful countries with Digital Health as their core delivery mechanism



Source: Bain & Company survey

## Data ownership & Cyber security issues

In the meet, it was highlighted multiple times how data is a cause of concern in digital healthcare delivery. Importance was stated on maintaining data ownership. It was shared how the entire ecosystem should always remember that the data belongs to the patient and is housed at the provider's end. Hence, data should only be shared with the patient's and the provider's consents.

An example of UAE was given, wherein, the country failed to adhere to data ownership rules and resultantly, the digital health system sank and could not maintain the level they had hoped for.

NATHEALTH was suggested to advocate the data ownership agenda.

The discussion also emphasized on cyber security. All the devices used in digital health are basically connected to the internet (the IoT way). Which makes the data vulnerable to hacking and theft, a problem that many healthcare providers have already gone through.



It was recommended that NATHEALTH can play a role in creating a National Cyber Security System, wherein the patient data can be protected. A tie-up with NASSCOM can be explored for this.

The experts mentioned how there is a trust deficit between public and private players. Though organizations continue to create a repository of data, usually, they are not open to sharing their data.

It was proposed that NATHEALTH can work on building the trust. NATHEALTH members can start sharing data and walking the talk to showcase to the other players and the government, the authenticity of NATHEALTH's intent for its digital health agenda.

## Putting basic EHR/EHS/HIS in place & Ensuring last mile connectivity

Participants expressed opinions on the government's announcement regarding allocation of a digital health record number. It was stressed that in a country like India, where Aadhar cards and PAN cards are common, there is no need for another reference number. NATHEALTH should suggest to the government to simplify the process and not complicate it by adding another 'number' to the mix.

It was endorsed that NATHEALTH can work with the industry to first get basic EHR/EHS/HIS in place for all providers. The very base of digital health is data and Indian healthcare sector is lagging behind on data entry and thus, data availability.

It was mentioned how maintaining digital health records is a tough proposition even for private players (with all the intent & resources in place), while the government providers are even farther behind.

Role of doctors in data management was also stressed. As usually, the key question healthcare providers face is - who will enter all the data?

An example of NHS's EHR failure was shared, which was the result of non-involvement of doctors in the process. However, in India (as also worldwide), doctors are usually a busy set of professionals, with no time for data entry or management. Thus, addressing the data management part becomes even more vital in a digital health set-up.

Last mile connectivity is also an issue for digital health. While one may think it's easier for digital health to reach every corner of the country, sadly, the current state is far from ideal.

An instance of e-sanjeevani was shared, which has not yet connected and reached to all the targeted health centers. As per reports, the line fell short in many places at the panchayat level itself.

It was thus advised that a group of NATHEALTH members should be formed, which can discuss these issues with a similar group from the government's side.

## Additional panel suggestions

Enablement of a new care paradigm is required. Focus on value based care, telehealth, and remote monitoring, will assist India move up the digital health ladder. It was highlighted that there is a dire need to connect different elements of digital healthcare: at home, at the community level, at the hospital level. It is vital to ensure an easy flow between all these elements to enable portability of data and to create patient journeys, which can seamlessly go through all these modes.

Participants stressed that time has come to move out of silos and provide appropriate and value-based care by use of digital tools. NATHEALTH can create a platform to enable the above.

There was also a suggestion for creation of a common infrastructure, wherein providers can work on that one infrastructure. While, not having to worry too much about sharing their organizational info/data with each other. If NATHEALTH can ensure creation of such a platform, then it will fillip many players to board the digital health bandwagon.

Another recommendation was that capacity building is required from both the regulatory and the industry side to take any level of work on digital health, ahead. NATHEALTH can bring together relevant stakeholders for this to be achieved.

A point was also raised about finding ways to incentivize and work with the states. It was endorsed that NATHEALTH can work with the NDHM and locate the Indian states that have already started floating digital health into their systems. The industry players can then start a dialogue on working together with these state governments.

In the federated system that is being talked about for digital health, such a step made in conjunction with the NDHM, may help in moving faster towards the implementation stage.

## Parting notes

The concluding remarks mentioned about the various successful and ongoing partnerships between numerous government initiatives and NATHEALTH. Digital health also has been a major part of such partnerships.

Going ahead, NATHEALTH expressed its willingness and commitment to additionally partner with the NDHM as well, and move further the cause of Digital Health in India.

NATHEALTH also expressed that it will reach out to more stakeholders and create concrete next steps for its Digital Health Agenda.

The meet ended on a positive note, by participants agreeing that Covid-19 has brought everyone together and significantly accelerated digital health. It was concurred that if the industry and the stakeholders are able to do the right things, then India can enter in an era, for which the future generations will be thankful.

NATHEALTH and its members, along with other stakeholders of the industry, can propel India to that desired level of Digital Health adoption and implementation.

# In a Snapshot

## Suggested next steps for NATHEALTH's Digital Health Agenda

The meet discussed a number of tracks, as mentioned in the report and below in a snapshot. NATHEALTH should ideally focus and select which tracks are to be prioritized and pursued. There are near and mid term opportunities. These should be studied for this purpose. After apt prioritizing, a workplan should be devised. Fruitful governance and association partnerships with key stakeholders should also be looked at.

NATHEALTH will thus reach out to constitute core groups around the thematic areas, which can thrash some of the details and bring it to NATHEALTH Annual Summit in early 2021.

### Removing resistance to change & Resolving intra-operability issues

- ◆ Need to bridge the knowledge gap and improve how stakeholders handle change management.
- ◆ NATHEALTH can join hands with hospitals, especially new and upcoming ones, to ensure that software and digital health is made a priority from day one of their project planning.
- ◆ Intra-operability of devices should be addressed. For instance, how can technologies of a GE Healthcare and a Philips Healthcare can all be integrated for a provider.

### Aligning track with NDHM & Formulating standards

- ◆ NATHEALTH can align its digital health track with that of the government's track of National Digital Health Mission (NDHM).
- ◆ NATHEALTH, along with other stakeholders, can promote the adoption and investment in digital health by building certain programs.
- ◆ NATHEALTH can help in formulating certain digital health standards so that the digital trends and solutions can be made resilient.
- ◆ NATHEALTH can play a role in initiating a dialogue wherein the federated architecture (of NDHM) can be made functional in a way that will allow for the public and private sector to work together.

### Assistance to start-ups & Creating a coherent digital pathway

- ◆ Creating a coherent digital pathway, which can be useful for both public and private players.
- ◆ NATHEALTH can assist the government in having the right policy levers in place and thereby increasing digital health reach in the country.
- ◆ NATHEALTH can help the government in formulating a more transparent system.
- ◆ NATHEALTH can provide a platform for start-ups and innovators in the digital space to come together and collaborate with established players and the government.

## **Studying global systems & Tackling transition costs**

- ◆ Transitioning always has a cost attached, especially if the transition is towards a more standardized pathway.
- ◆ NATHEALTH should first locate the cost bearers and then could also find ways to minimize costs for these cost bearers.
- ◆ British Columbia, Canada, Estonia, Australia (esp. Queensland state), have achieved great levels of digital health and have found ways for the public and private sectors to work together and arrive at a win-win situation for digital healthcare delivery.

## **Not re-inventing the wheel, but adopting from successful global systems**

- ◆ NATHEALTH should (along with other stakeholders) strategically enable the study, customization and adaption from some of the most successful tech-enabled healthcare systems of the world.
- ◆ This will increase the implementation pace in the country manifold.
- ◆ Instead of totally re-inventing the wheel and working from basics, adapting is a much better idea for boosting the speed of digital health.

## **Data ownership & Cyber security issues**

- ◆ Data belongs to the patient and is housed at the provider's end.
- ◆ Data should only be shared with the patient's and the provider's consents.
- ◆ NATHEALTH was suggested to advocate the data ownership agenda.
- ◆ NATHEALTH can work on building the trust; NATHEALTH members can start sharing data and walking the talk.
- ◆ NATHEALTH can play a role in creating a National Cyber Security System, wherein the patient data can be protected.
- ◆ A tie-up with NASSCOM can be explored.

## **Putting basic EHR/EHS/HIS in place & Ensuring last mile connectivity**

- ◆ NATHEALTH can work with the industry to first get basic EHR/EHS/HIS in place for all providers.
- ◆ Role of doctors in data management is vital.
- ◆ Last mile connectivity is an issue for digital health. An instance: e-sanjeevani has not yet connected and reached to all the targeted health centers.
- ◆ A group of NATHEALTH members should be formed, to discuss these issues with a similar group from the government's side.

## List of Participants

1. Mr. Karan Singh, Managing Partner, Bain & Company
2. Mr. Amit Mohan, COO, GE Healthcare
3. Mr. Amit Mookim, Managing Director, South Asia, IQVIA
4. Dr. Om Manchanda, Managing Director, Dr. Lal PathLabs
5. Mr. Dennis Streveler, Consultant, Future Technologies in Healthcare
6. Mr. Daljit Singh, Advisor, Mentor, Coach at Fortis Healthcare
7. Mr. Himanshu Baid, Managing Director and Co-Founder, Poly Medicure
8. Dr. Arvind Lal, Chairman, Dr. Lal PathLabs
9. Ms. Meena Ganesh, CEO & Managing Director, Portea Medical
10. Mr. Mitesh Daga, Managing Director, TPG Capital Asia
11. Ms. Vinita Sethi, Chief Public Affairs & Sr. Vice President, Apollo Hospitals Enterprise Ltd.
12. Mr. Sumit Sinhal, Director, Kins Hospital
13. Mr. Sanjeev Vashistha, MD & CEO, PathKind Diagnostics
14. Ms. Shailaja Vardhan, Head - Leadership Communication, Apollo Hospitals Group
15. Ms. Monica Sakhadeo, AGM - PHP, Indus Health Plus
16. Mr. Mayank Bathwal, CEO - Aditya Birla Health Insurance Co. Limited
17. Mr. Vikram Thaploo, CEO - TeleHealth, Apollo Hospitals Group
18. Dr. Pratik Shah, Vice President - Medical Affairs, Bharat Serums and Vaccines Ltd.
19. Mr. Kiran Anandampillai, Core Volunteer - Healthcare ([www.ispirt.in](http://www.ispirt.in))
20. Mr. Anjan Ghosh, Bharat Serum

21. Ms. Prachi Athavale, Bharat serum

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22. Mr. Devesh Kothari, Bharat serum

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23. Mr. Sunny Walia, Bharat serum

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24. Ms. Rajeshri Talwatkar, Bharat serum

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25. Dr. Jyoti Bansal, Consultant Urologist & Kidney Transplant Surgeon, Manipal Hospital, Jaipur

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26. Ms. Shweta Bhardwaj, J&J Medical India

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27. Ms. Dakshna Moorthy, Strategic Accounts Lead, J&J Medical India

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28. Mr. Anirudh Sen, Country Lead, India, APACMED

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29. Mr. Pradeep Dadha, RIL

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30. Mr. Ravi Valia, Braun

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31. Ms. Vanita, Bharat serum

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32. Ms. Anjali Singh, Regulatory Affairs, Roche Diagnostics India Pvt. Ltd.

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33. Ms. Sumati Randeo, Head - External Affairs, Roche Diagnostics India Pvt. Ltd.

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34. Mr. Vijender Singh, CEO, Metropolis

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35. Varsha Agarwal, Aditya Birla

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36. Deeksha Anand, Aditya Birla

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37. Jimeet Jain, Aditya Birla

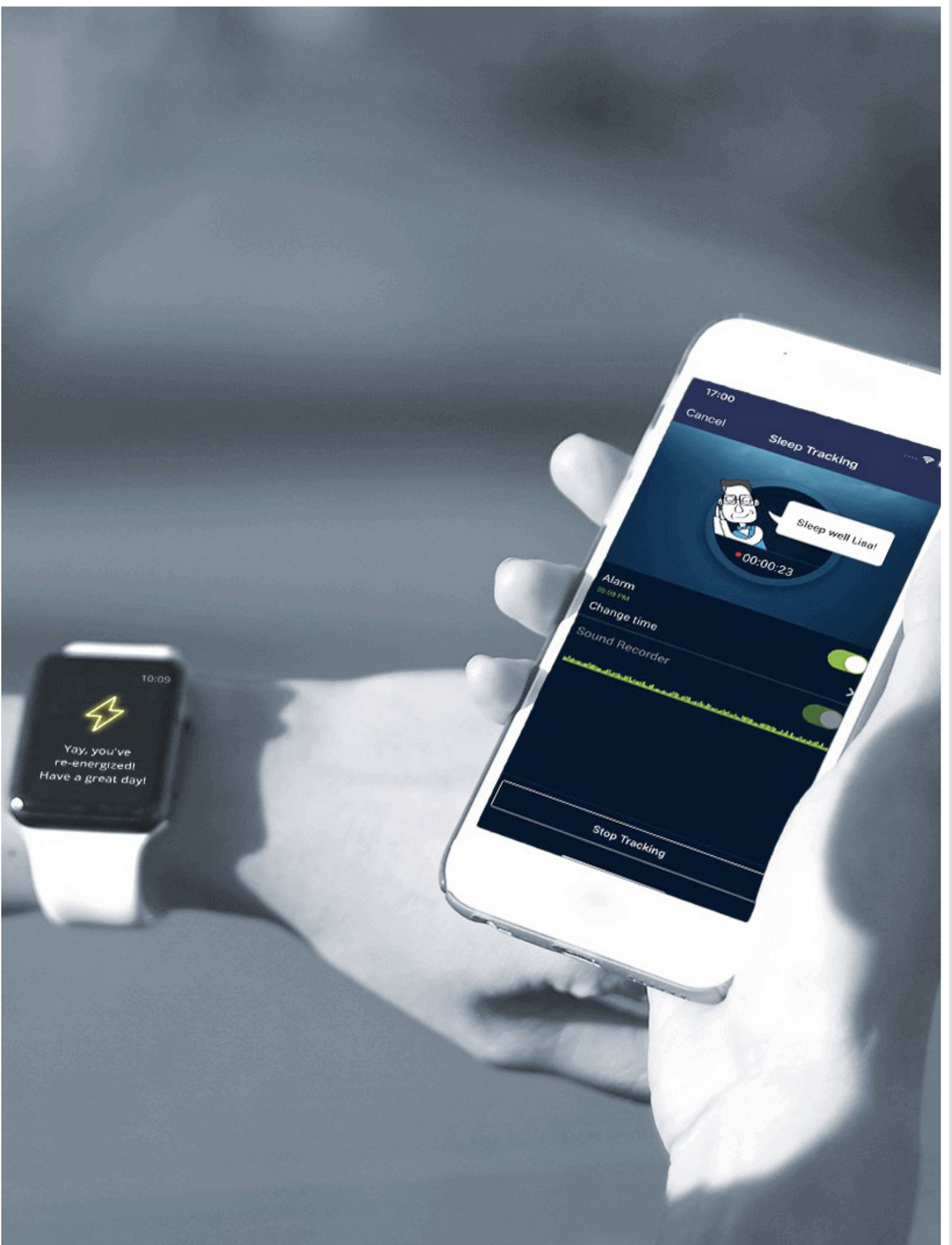
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38. Gaurav Tripathi, Aditya Birla

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39. Dr Sunil Singh Choudhary, Aditya Birla

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# NATHEALTH<sup>TM</sup>

Healthcare Federation of India

NATHEALTH is a leading Federation of healthcare organisations in India. NATHEALTH has been created with the Vision to “Be the credible and unified voice in improving access and quality of healthcare”.

Leading Healthcare Service Providers, Medical Technology Providers (Devices, Equipment & IT), Diagnostic Service Providers, Health Insurance companies, Health Education Institutions, Medical Journalism companies, Biotech/Lifesciences related companies, Healthcare Publishers, Healthcare Consultants, Home Healthcare companies, PE & VC companies and other stakeholders have come together to build NATHEALTH as a common platform to create the next level of momentum in Indian Healthcare.

## **Healthcare Federation of India (NATHEALTH)**

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