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# NATIONAL DIGITAL HEALTH MISSION

## MOST IMPORTANT NOTES FOR MAINS



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**GS 2 -SOCIAL JUSTICE/HEALTH**

**NATIONAL DIGITAL HEALTH MISSION**

**(NDHM)**

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## **ABOUT NDHM**

- The NDHM is a complete **digital health ecosystem**. The digital platform will be launched with four key features
  - **health ID, personal health records, Digi Doctor and health facility registry.**
- At a later stage, it will also include **e-pharmacy and telemedicine services**, regulatory guidelines for which are being framed.
- The NDHM is implemented by the **National Health Authority (NHA)** under the Ministry of Health and Family Welfare.
- **Digi Doctor:**
  - An Online platform in which doctors from across the country to enroll their details
  - These doctors will also be **assigned digital signatures for free** which can be used for **writing prescriptions**.
  - It will be **voluntary for the hospitals and doctors** to provide details for the app.
- **Health ID:**
  - **A health ID is a randomly generated 14-digit number that will uniquely identify every citizen and will be a repository of their medical history.**
  - The national health ID will be a repository of all health-related information of every Indian.
  - Various healthcare providers — such as hospitals, laboratories, insurance companies, online pharmacies, telemedicine firms — will be expected to participate in the health ID system.
  - Every patient who wishes to have their health records available digitally must create a unique Health ID, using their basic details and mobile or Aadhaar number.
  - Each Health ID will be linked to a health data consent manager, which will be used to seek the patient's consent and allow for

seamless flow of health information from the Personal Health Records module.

- The Health ID will be voluntary and applicable across states, hospitals, diagnostic laboratories and pharmacies.
- All this will be done only with their **informed consent**, across multiple systems and stakeholders. Also, a user will be able to **permanently delete** or **temporarily deactivate** her health ID.

## **BACKGROUND**

- **National Health Policy 2017** envisions:
  - Highest level of health and wellbeing for all at all ages
  - Preventive and promotive health care orientation in all development policies
  - Universal healthcare access
- MoH&FM set up a **committee under J. Satyanarayana** to develop an implementation framework for the National Health Stack
- The Satyanarayana committee recommended drafting a **National Digital Health Blueprint** to lay down the building blocks and action plan for a digital health mission.
- National Digital Mission Blueprint recommended the establishment of an entity called **National Digital Health Mission** to provide for a digital healthcare ecosystem for healthcare services across the country.

## **Reason For NDHM**

- Management of chronic diseases has become a critical public health challenge in the past few decades, due to the absence of digital health records.
- With the current processes in hospitals, when a patient develops any complication, it gets difficult to track events.

- Moreover, in the **absence of digital health records**, a patient has to carry files of several years of treatment. In the event of an emergency, even this is not possible.
- Due to this, a lot of time, of both the patient and doctor, is wasted, and the cost of treatment too, increases a lot, as the medical consultation and investigation have to be started from absolute zero.
- Like patients, in the absence of a digitized medical history, it's a nightmare for doctors to get all the medical data required to make an accurate clinical diagnosis.
- They are under tremendous pressure due to the **fear of possible human error**, which can adversely affect a patient's life.
- The Digital initiative seeks to address these issues by creating a **seamless online platform** to access treatment records, and enable faster and effective treatment.

### IMPORTANCE OF NDHM

- Technology with the protocol will make India's Health sector one among the safest industries in the world: **Electronic Medical Records (EMR)** will help us document real-time events happening around a patient, inside the hospital, with seamless movement of data between various stakeholders on a mobile platform.
- **Affordability, Accessibility:** Providing smart digital tools to doctors, nurses, and technicians, morbidity mortality in healthcare will come down significantly. Access to healthcare will also improve and the cost of healthcare will come down.
- **Data portability and mobility:** A unique digital health ID will help chronic patients carry their medical records on their phones, which can be seen by doctors on their computers anywhere.

- **Prevents repetition:** Since most of the blood tests, CT scans, MRI, ultrasound reports will be available on the cloud from anywhere, patients do not need to go for painful and expensive repeat tests.
- **Facilitate analysis of Data:** Data analytics will build clinical decision support systems on EMRs which will suggest alternative diagnostics based on the patient's condition.
- **Early identification of trends:** The most granular data could also drive public health measures down to the village or block level and help identify early trends in diseases.
- Only registered doctors will be allowed to prescribe medication on digital prescription pads. Moreover, with the barcoding of medicine strips, fake medicines will also disappear thus an end to Quackery and fake medicines.
- Digitisation has disrupted every industry. For instance, Uber, the world's largest taxi company, owns no vehicles. Facebook, the world's most popular digital media owner, creates no content. Similarly, the world's largest healthcare provider will have no beds because it's going to be a Health app thereby Optimise resource utilisation takes place.
- **Enhanced Awareness and Access:** The system also makes it easier to find doctors and specialists nearest to you. Currently, many patients rely on recommendations from family and friends for medical consultation, but now the new platform will tell the patient who to reach out to, and who is the nearest. Also, labs and drug stores will be easily identified for better tests using the new platform.

## CHALLENGES

- **Misuse of data:** there is a danger that any large private insurance company could use sophisticated algorithms across the health and other databases to **construct risk-profiles** for people and make access to **affordable insurance difficult**.

- **Digital divide:** Other experts add that lack of access to technology, poverty, and lack of understanding of the language in a vast and diverse country like India remains as a concern.
- **Lack of healthcare facilities:** The defence of data security by expressed informed consent doesn't work in a country that is plagued by the acute shortage of healthcare professionals to inform the client fully.
- **Lack of finance:** With the minuscule spending of 1.3% of the GDP on the healthcare sector, India will be unable to ensure the quality and uniform access to healthcare that it aspires to bring about.
- **Lack of infrastructure:** Digital literacy and accessibility of digital records is a particular concern in rural areas, as most villages do not have the required digital infrastructure. Even government hospitals and dispensaries had limited information and communications technology infrastructure, with only a few major public hospitals having computers and connectivity.
- In India major share of healthcare delivery is done by Private healthcare providers, where out of pocket spending is highest in the world at 65% of total health spending, in this background additional expenditure that the private sector spends on technology will add to the health care spending of the common man i.e., **increasing cost of patient care.**

## **WAYFORWARD**

- **Health should be made a Justiciable right**, as prescribed in the draft National Health Policy, 2015.
- **To address the interoperability** (the right exchange and use of information) issues, we need to ensure interoperability standards. Further, the right tools and bandwidth will be required to address issues such as non-working links, data not being updated, and faster uploads for large file sizes such as X-ray's, MRI scans, etc.

- **The government needs to pass and implement the Personal Data Protection Bill.** This could ensure uniformity in data usage laws while providing better protection of citizen's data, addressing privacy concerns.
- Report prepared by the ministry of electronics and information technology (MeitY), in 2018 titled Adoption of EHR: A Roadmap for India, indicated that a **large investment in hardware and software** is required to ensure a robust ICT infrastructure.
- **We need to conduct pilot studies** to assess the use of technology for streamlining patient flows and medical records and thereby increase efficiencies across different typologies of hospitals and facilities.
- It must be ensured that the **health records** of the patients remain entirely **confidential and secure**.
- The **failure of a similar National Health Service (NHS) in the United Kingdom** must be learnt from and the technical and implementation-related deficiencies must be proactively addressed prior to launching the mission on a pan India scale.
- The **standardisation of NDHM architecture** across the country will need to find ways to accommodate state-specific rules. It also needs to be in sync with government schemes like Ayushman Bharat Yojana.
- Technological advancement and high security to avoid any leakage of the data.

NDHM or Ayushman Bharat Digital Health Mission create an integrated healthcare system linking practitioners with the patients digitally by giving them access to real-time health records. But the success of this programme lies in addressing concerns like Leakages from health repositories, Profiteering, surveillance, Data misuse and breach of the right to privacy so that a prompt and structured healthcare across the country can be created.



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