

19 July 2021

Vikram Pagaria

Jt. Director, National Health Authority
New Delhi, India.

Re: Recommendations for the Health Provider Registry under the National Digital Health Ecosystem**Respected Pagaria Ji,**

It is my privilege to submit the following recommendations for the Healthcare Professionals Registry, which is certainly a step in the right direction for harmonizing health providers' veracity in India.

The recommendations made herein specifically address the following issues for consultation raised in the "Consultation Paper on Healthcare Professionals Registry", published by the National Health Authority:

- How should data on Healthcare Professionals be sourced, managed, and governed?
- What types of data on Healthcare Professionals should be collected to drive adoption?
- As discussed in 5.4, are the HP data types proposed appropriate? Are there any other data types on healthcare professionals that must be collected from a public health, regulatory or legal perspective?

Recommendation:

Apart from Credentialing, the HPR should subsume Privileging of Healthcare Professionals.

Rationale:

Most of the patient-facing healthcare professions include core privileges inherent to the qualification (e.g., every registered OBGYN can perform open Total Abdominal Hysterectomy). Further, there are special privileges that can only be granted to qualified/trained professionals (e.g., Laparoscopic Hysterectomy can only be performed by OBGYNs who have adequate training

or certification in Laparoscopic procedures). This kind of criteria-based privileging¹ will ensure better outcomes and minimize malpractice.

Method:

During the self-declaration process the HPR registration portal / application can also have dynamic forms specific to the specialty and highly specialized skills or procedures. Providers will be required to enter information about their experience with these and upload certificates of training, workshops etc. These will then be reviewed by the competent authority and privileges will be granted. There will be a procedure for maintaining, updating, revoking privileges.

Benefits:

As envisioned in section 2.4.2, the scope of the HPR should go beyond administrative benefits. To make the HPR registry truly trustable, privileging of HPs is a cardinal requirement and will allow:

- Evidence-based case allocations, pre-authorizations, claims adjudications, and fraud analytics for health insurance, especially under AB-PMJAY.
- Continuous professional development of HPs so that they can acquire incremental privileges.
- Search for providers with specific skills that they are privileged for, ensuring patients do not get referred indiscriminately, to the detriment of their health and safety.

I certainly hope you will find these recommendations useful. Me and my team would be honored to help out in any way. Wishing you the best for the successful launch of the HPR, HFR, and the future (promising) roadmap of the NDHM.

Sincerely,



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Medical Director, **Rectore Healthcare**

¹ Sud, Akash. "Criteria-based core privileging: Best form of privileging." *The Journal of National Accreditation Board for Hospitals & Healthcare Providers* 2.2 (2015): 61.