

RESPONSE TO CONSULTATION PAPER

Consultation topic:	Consultation Paper on Unified Health Interface (UHI) (Link)
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Q1. Please refer to section 1.6.3. The Telemedicine Guidelines were issued by The Board of Governors of the Medical Council of India (MCI) in March 2020. Stakeholders are requested to go through them and suggest changes to the policy, if any, to ensure adoption of telemedicine and e-pharmacy. Please note that NHA will act as a coordinator and only forward these suggestions to the appropriate/ concerned ministry

Please add the following items to the Telemedicine Guidelines:

- Please specify what elements can be considered as Patient Health Information or PHI. This would enable end user application developers in telemedicine to build appropriate patient consent features
- Please define privacy guidelines for video, audio, text based or asynchronous communication methods
- Please also include doctor verification from the hospital, as a second verification step after the doctor registration certificate verification. This is to make sure that the doctor is associated with the hospital

Q2. As a stakeholder in the health ecosystem, what benefits and risks do you see if an open network approach to digital health services is implemented? Please respond with details.

The open network system will enable more service options for the end customer or patient. It will also enable an increase in patient availability to providers. Furthermore, as a platform company, IHX is keen to adopt an open network approach as it would increase digitization and adoption of AI models across the ecosystem of hospitals and insurance companies that it is associated with. Adoption improvement would lead to better Turn Around Times both upstream and downstream in the insurance processes. We also see greater opportunities for reducing patient dissatisfaction due to lack of online appointment booking, delayed claim settlement etc.

There are also a few risks for some of the current stakeholders in the healthcare ecosystem. Might be disadvantageous to B2C players, as their current USP is the largest NW, but if the same NW is available across, they lose the edge. (e.g., PayTM before and after UPI). Also, promotional services available in current platforms may not be available to end customers in the open system, until and unless both patient and HSP use the platform from the same technology partner.

Q3. The primary stakeholders in the UHI ecosystem are mentioned in section 3.3. While the list is more indicative than exhaustive, are there any other primary or secondary stakeholders that should be considered while building the interface? If yes, please outline their role in the UHI ecosystem.

Here are what we think, can be important stakeholders to the UHI network:

Primary stakeholders:

- Insurance and Third-Party Administrators can be considered as primary stakeholders who could make use of UHI. We would also suggest creating a common claims standard as part of the UHI, that would make it easier and quicker to settle claims. Use of digital signatures by hospitals with adequate security could help pinpoint fraud and abuse in hospitals.
- Healthcare lenders and NBFCs who enable loans for healthcare will be an important stakeholder for the ecosystem. While the patient gets superior healthcare services with the open network, the lender will be able to take care of payment settlement seamlessly. Also, the UHI will be able to help the lenders to find and partner with more hospitals

Secondary stakeholders

- A very important stakeholder in the UHI system will be the family members of the patients. In most Indian families, one family member takes care of the healthcare needs of other

family members. With this setup, family members should have the authority to access other family members' health records, and give consent to share the health records with HSPs. As part of UHI guideline, please also include directives on how a family member can manage a patient's health information

Q5. UHI will support a range of digital health services and is expected to evolve with time. What digital health services should the initial version of UHI focus on?

Digital health services such as tele-consultation, e-prescriptions, e-pharmacy and EHR should be the focus initially. Strong adoption of these services could stimulate patient demand for digital health services. This will automatically stimulate further adoption of digital services across the healthcare industry.

As part of the tele-consultation, following elements also need to be defined, for standardization, and interoperability:

- Video Conferencing technical Standards
- Access mechanisms to retrieve back video and audio data
- Standards for data masking/encryption

Q8. In the proposed discovery model in section 5.1.3.1 EUAs are expected to present all responses returned by the Gateway to the user and allow the user to choose the HSP. Should any alternate models be allowed? If yes, provide details.

EUAs can present all responses returned by the gateway, but they can mark the responses (HSPs or patients) if they are in their platform. In this way, the EUAs can provide preferential pricing, offers or services to its subscriber base.

Others:

- Please share a plan or directive on how to migrate existing systems to be compliant with UHI.
- Is there a plan to design UHI to meet international standards? We suggest following FHIR (Fast Healthcare Interoperability Resources) standards. This will help in integrating with the worldwide network