



FEEDBACK ON THE PROPOSED UNIFIED HEALTH INTERFACE

The National Health Authority under the Ministry of Health and Family Welfare, Government of India has circulated a consultation paper on Unified Health Interface (hereinafter referred to as “Consultation Paper”), for inviting stakeholders’ feedback on the initiative.

<u>S.No.</u>	<u>Chapter reference from the Consultation Paper</u>	<u>Broad-level issues concerning the provisions of the Consultation Paper (Issue)</u>	<u>Recommendation with regard to the Issue</u>	<u>Rationale for the recommendation</u>
A. Data Usage and Consent Recording within UHI; Mandatory Health Ids for Users and Guidelines/Code of Conduct for Data Sharing				
1.	Chapter 1	Referring to provision 1.4 that broadly talks about Pilot of NHDM Building Blocks and Re-thinking Digital Health Services with UHI, we hereby highlight the issue and our proposal relating to <u>“Consent capturing mechanism for facilitation of data portability and Guidelines on sharing of information and interoperability and portability of medical data.”</u>	<ul style="list-style-type: none"> • Our recommendation for the consent capturing mechanism for sharing of protected medical information would include- a one-time, overarching mechanism recording the user’s permission to retain and transfer such data to the healthcare providers opted by the user, after establishing care with his/ her medical practitioner. This consent can cover the broad purposes of usage of the data within the UHI. The mechanism to capture consent to be user-friendly and uniform for providing seamless experience to the user. • It may be useful for the government to simultaneously enact a codified law that 	<ul style="list-style-type: none"> • Broadly, User’s authorization to share data with his opted healthcare providers such as hospitalists, primary care physicians, diagnostics, insurers, pharmacist, other health specialists etc should be recorded at the first stage, when he/she seeks consultation from his primary care physician, or on the date such medical record is created. Introduction of a complex consenting mechanism consisting of multiple-layered consent forms at every stage of data sharing may result in delayed delivery of healthcare services by increasing administrative burden on providers while making it a cumbersome exercise for Users.



			<p>provides clarity on the legal status of medical data records and also lays down a code of conduct on how such data can be shared or retained with user consent along with a demarcated time frame to continue sharing of medical information after the recording of consent. Further, for an efficient management of the UHI and healthcare delivery by stakeholders, data sharing should be subject to a uniform code as applicable under the current data privacy regime without excessive regulatory supervision and there should be specific procedures to ensure that stakeholders implement proper data security standards and instruments.</p>	<ul style="list-style-type: none"> Medical data is not a singular data source or a one-time record. It is a longitudinal data stream flowing right from the point a patient's interaction with his physician, leading to his diagnosis, referral, and the treatment of his medical condition. These records may include prescriptions, referrals, hospitalization data, diagnostic reports, insurance etc. Most of the medical records are not yet standardized. At present, there is no specific law recognizing the validity of digital prescriptions, clickwrap agreements recording consent, and data managers responsible for uploading such data. Further, the continuity of the data sharing process remains disputed. Therefore, having a uniform code pertaining to data sharing shall help stakeholders follow uniform process and makes the purpose of enacting UHI's seamless and more efficient.
2.	Chapter 3	<p>Referring to provision 3.7 that broadly talks about Re-thinking Digital Health Services with UHI, we hereby highlight the issue and our proposal relating to "<u>Health Ids and Guidelines for Health Ids.</u>"</p>	<ul style="list-style-type: none"> Our recommendation regarding Health Ids is that it be a mandatory requirement for it to substantially benefit the digital health ecosystem. Our second recommendation is for the Government to provide a separate set of detailed Guidelines with respect to establishing and using Health Ids for all stakeholders involved, including the issuing authority, users, platforms, as well as healthcare providers. 	<ul style="list-style-type: none"> Having mandatory Health Ids will facilitate efficiency, transparency and security in data portability, and ultimately, streamline different administrative healthcare functions for healthcare practitioners and improve healthcare delivery by all stakeholders, particularly insurers as it will reduce the number of false claims being filed annually. On the other hand, having optional Health Ids might in turn vitiate the very objective of UHI, which is to establish a secure, longitudinal data chain consisting of the User's medical history and other protected health information. A uniform code/guideline elucidating the Dos and Don'ts about using of Health Id shall get all stakeholders aligned and misuse of data shall be prevented further.



B. Data Compartmentalization by Intermediaries & Data-Sharing Continuity

<p>3.</p>	<p>Chapter 1</p>	<p>Referring to provision 1.4 that broadly talks about Pilot of NHDM Blocks, we hereby highlight the issue and our proposal relating to <u>“Data sharing and compartmentalization by the service providers possessing user data.”</u></p>	<ul style="list-style-type: none"> • More clarity on the user consent capturing mechanism from the standpoint of intermediary platforms/EMR software or other healthcare providers (Data Controllers) possessing medical records of the users, would be helpful. Government should address the issue of data management and compartmentalization by such Data Controllers so as to ensure that only the specific and relevant medical data of a user is made available to the concerned healthcare service provider. We also recommend allowing the Data Controllers to have a system in place for data sharing and management which should be as per the Guidelines that UHI may come up with. <p>In addition to the aforesaid, we recommend that the government set a criteria/ place some limitations on the continuity of disclosures to be made with respect to protected health information, once the consent is shared by the User.</p> <p><i>[Note: This is also drawing a reference to the recommendation provided in SI No. 1]</i></p>	<ul style="list-style-type: none"> • This will establish a clear data management system for the Data Controller and will also help in minimizing the purpose for which the data is being shared. For example, when a user particularly wants to order drugs from a pharmacy store, in such a case the Data Controller shall be able to only share Rx data and not all medical records that may be available with the Data Controller. • A provision setting out a timeline for validity of data sharing consent may provide more clarity to Data Controllers when they are treating a patient for a prolonged period of time, for care coordination or continuity of care purposes. For example, does the consent remain valid till the expiration of the event/ date, or until the user explicitly revokes consent?
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C. Verification of Healthcare Professional’s Accreditation



4.	Chapter 1	Referring to provision 1.4 that broadly talks about Pilot of NHDM Building Blocks, we hereby highlight the issue and our proposal relating to <u>“Healthcare Professionals Registry (“HPR”).”</u>	<ul style="list-style-type: none"> • Our recommendation regarding healthcare professional’s registry is that the verification process may be made mandatory for all healthcare professionals (“Provider”) participating in the UHI. Further, the verification process could also enable display of the Provider’s name, state of registration, areas of expertise and any such other required details in the UHI. In addition to the above, mandatory sharing of data by the HPR with other stakeholders of UHI should be enabled. 	<ul style="list-style-type: none"> • Mandatory participation will not only improve access to healthcare in underserved areas of the country but will also help in verifying the credentials of the Providers and would enable the establishment of an encompassing and holistic data landscape. Additionally, mandatory data sharing with other UHI stakeholders for faster delivery of healthcare services e.g., platforms providing teleconsultations, remote care, e-diagnostics, e-pharmacy services, thereby allowing UHI to also serve as a government-authorized verification platform.
D. Inclusion of Platforms/Marketplaces and B2B players in the UHI Network & Health Service Aggregators				
5.	Chapter 3	Referring to provision 3.2 that broadly talks about Introduction to UHI and UHI Network, we hereby highlight the issue and our proposal relating to <u>“UHI Network.”</u>	<ul style="list-style-type: none"> • Our recommendation here is to add e-pharmacies/platforms/marketplaces aiding in easy access to pharmaceutical and/or nutraceutical products; diagnostics services and teleconsultation within the ambit of “UHI Network”. 	<ul style="list-style-type: none"> • Platforms facilitating the said services play a critical role in providing timely access to quality and affordable medical countermeasures compared to offshore retailer pharmacies and diagnostics labs. Additionally, these platforms offer a convenient and round the clock access to healthcare providers, at lower out-of-pocket costs, and also, help the user in maintaining continuity of care by regular reminders. Thus, including them in the UHI network will create awareness.
6.	Chapter 5	Referring to provision 5.1 that broadly talks about UHI	<ul style="list-style-type: none"> • Our recommendation here is to include B2B supply chains for pharmaceutical and 	<ul style="list-style-type: none"> • The Government may consider this recommendation given that this would help to ensure that the pharma



		Architecture, we hereby highlight the issue and our proposal relating to <u>“UHI Digital Health Services- Open protocols and APIs.”</u>	nutraceutical products in the list of UHI’s Digital Health Services.	supply chain is made part of the UHI network to make the system more accessible and efficient in terms of inventory management.
7.	Chapter 4	Referring to provision 4.1 that broadly talks about Potential Incentives for Stakeholders, we hereby highlight the issue and our proposal relating to <u>“Health Services Aggregators.”</u>	<ul style="list-style-type: none"> Our recommendation is to specifically include B2C (e-pharmacies) and B2B platforms (for pharmaceutical and nutraceutical products deliveries for pharmacies) and e-diagnostics service providers within the ambit of “Health Services Aggregators”. 	<ul style="list-style-type: none"> This will draw a clear and complete interpretation of Health Service Aggregators.
E. Fair Discoverability; Independence in manner of Service Fulfilment and Financial Settlements				
8.	Chapter 3	Referring to provision 3.4 that broadly talks about Objectives of UHI and UHI Network, we hereby highlight the issue and our proposal of <u>“Fair Discoverability, Service Fulfillment, and Financial Settlements.”</u>	<ul style="list-style-type: none"> Our recommendation on fair discoverability of healthcare services, is that the UHI may ensure a level-playing field for the healthcare providers. Further, ensuring fair discoverability and availability of services by the UHI would entail establishing a uniform system to coding, define and register the various kinds of healthcare services and goods for optimal ground operations and inventory management early-on in the supply chain. UHI may limit itself to facilitating discoverability of services by the users thereby leaving services related to order/ appointment placements and transactions to the healthcare providers. In addition, the Government may allow platforms to facilitate and/or sell drugs or any healthcare products as per their standard 	<ul style="list-style-type: none"> Since, UHI aims to create an open, interoperable platform to connect all digital health services, therefore, it may also find a way to cater to the diverse needs of the different healthcare ecosystem players, who are the next beneficiaries of this scheme after the user. In addition, with regard to the service fulfilment, it would enable the individual level standard operating procedures of the respective entities/institutions to continue, thereby preventing impact on business. In our view, overhauling of the manner of service fulfillment by the UHI may adversely impact the business continuity and services of the entities, thereby delaying the healthcare delivery process.



			<p>operating procedure and further, the platforms should not be obligated to share inventory details with the UHI.</p> <ul style="list-style-type: none"> Facilitation of financial settlement by the UHI would involve sharing of transactional data between payment systems and UHI, which may be separately addressed under RBI's current payment systems regime. 	
F. Health Lockers & Health BOTs				
9.	Chapter 3	Referring to provision 3.7 that broadly talks about Re-thinking Digital Health Services with UHI, we hereby highlight the issue and our proposal relating to " <u>Health Lockers.</u> "	<ul style="list-style-type: none"> Our recommendation seeks clarity on the functionality of Health Lockers, user lock-ins, overcoming stakeholder accessibility issues etc. As per our understanding, Health Lockers are intended as a user-operated facility for uploading their medical records at one place. 	<ul style="list-style-type: none"> The Consultation Paper is silent on the role of the user and healthcare provider in the regular updation of these records in the user's health locker thereby, vitiating the very purpose of having a digitalized seamless system to allow data portability amongst numerous stakeholders.
10.	Chapter 3	Referring to provision 3.7 that broadly talks about Re-thinking Digital Health Services with UHI, we hereby highlight the issue and our proposal relating to " <u>Health BOTs.</u> "	<ul style="list-style-type: none"> Our recommendation on Health BOTs is for the Government to clarify the role of Health BOTs. Further, Health BOTs should be governed by good advertisement practices while advertising or marketing of products to patients and should adhere with the applicable laws and regulations. 	<ul style="list-style-type: none"> This will safeguard the user's interest from misuse of his/her data and to restrict encouraging substitution of products.
G. Anti-Competitive Issues				



11.	NA	NA	<ul style="list-style-type: none">• While the overarching intent and vision of the UHI framework is much appreciated, in our view, it may be useful to direct efforts to prevent any form of healthcare consolidation/monopolization in the hands of the dominant players in the market thereby deterring anti-competitive practices in the UHI network.	<ul style="list-style-type: none">• UHI is intended to cater to the diverse players of the health ecosystem-both offline and online. There are concerns that having such a system might have anti-competitive repercussions as it might create barriers to new market entrants and smaller/existing players not keen on being a UHI stakeholder. This could lead to market monopolization by the healthcare providers and/or platforms that are a part of the UHI.
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