# Consultation Paper on Health Facility Registry: Synopsis

The National Health Authority (NHA), on 22.06. 2021, published a consultation paper to invite comments on the design and functionality of the Health Facility Registry (HFR). The complete text of the consultation paper can be downloaded here; this document is primarily intended to provide an overview and summary of the key concepts and issues raised in the paper. For complete clarity and information on each of these concepts, it requested that the consultation paper be read in full.

## 1. Objective

The key objective of the consultation paper is to elicit feedback from the public and concerned stakeholders on the functional and technical design of HFR, to ensure that the process of development and implementation of HFR, including the final product, caters to the diverse needs of healthcare ecosystem players.

The current consultation paper and upcoming webinar is part of the 4th round of public consultations held on NDHM. The feedback raised by stakeholders in previous rounds of consultation has been evaluated and incorporated into the design of the current Health Facility Registry, and has also been detailed in the Consultation Paper.

## 2. Overview

The Health Facility Registry is proposed to be the primary source of information and facilitate exchange of standardized data of both public and private health facilities across all systems of medicine. Centrally maintained and stored, HFR includes data needed to uniquely identify each health facility as well as information on the service capacity of the facility in terms of departments and civil and medical infrastructure.

Each health facility in HFR has a unique primary key or identifier in the form of Facility ID (FID), which will be used to map the facility across the health ecosystem. The access to the details of the facilities will be through consented access, and facilities will be able to specify which details they share with different entities.

*For the purpose of Health Facility Registry, the term "health facility" refers to health facilities across the country and includes hospitals, clinics, diagnostic centres, health and wellness centres, mobile vans, ambulances and pharmacies.*

## 3. Key Challenges HFR Addresses

There are multiple existing registries that function as a repository of data on health facilities across the country, including NIN, NHRR, ROHINI, and PMJAY.

Neither of these registries serve as the single-most source of truth encompassing facilities across public and private domains and belonging to different systems of medicine. The following limitations were identified while studying the capacity of each of these registries:

- Not Dynamic - not updated in real time, limiting the usage of the information stored in their database
- Not Universal - No registry covers the entire gamut of public and private facilities across all systems of medicine across the country
- Not Comprehensive - No registry has an exhaustive set of information of health facilities with respect to civil and medical infrastructure

## 4. Health Facility Registry: Key Components and Issues

HFR aims to enable a multi-faceted, integrated, and robust digital environment to positively affect ease of doing business for stakeholders of Indian healthcare ecosystem and consequently, delivery of quality healthcare. To that effect, we now discuss the core elements of the Health Facility Registry.

### a. HFR Data

HFR Data refers to the information or data attributes that are included in HFR for each health facility. These attributes include both administrative information that can be used to uniquely identify and locate a facility - **Minimum HFR Data** - and service-capacity information that tells the medical and civil infrastructural details of the facility. **Detailed information**, which the healthcare facilities may opt-out of providing in the registry, includes information on departments and services, medical and civic infrastructure, quality metrics and accreditation, and so on.

Each attribute in HFR is defined against international data standards and is FHIR compliant.

### Key Issues for Consultation

Both sets of data - Minimum HFR Dataset and Detailed HFR Dataset - have been attached with the consultation paper as Annexure 1 and Annexure 2, respectively. The concerned stakeholders have been invited to share their comments on the following:

- Minimum HFR Dataset - whether there should be any changes in terms of adding/ deleting/ modifying fields and keeping the respective fields mandatory/ non-mandatory.
- Detailed HFR Dataset - whether any other entity's registration process should be included
- What should be the process flow for a health facility registering on HFR to fill these detailed fields?

### b. Health Facility Verifier

In the current version of the module, only the existence of the health facility that has registered on HFR is verified by the State/ UT administration. A 'Health Facility Verifier'(HFV) refers to an independent, third-party legal entity enrolled in NDHM that is responsible for the verification of data in the HFR.

The verification process is primarily facility driven and is entirely voluntary on the part of the registering facility. If the facility intends to verify the fields in HFR, it can undertake the services of the Health Facility Verifier, making the process market-driven and free of any mandates.

The proposed eligibility criteria and selection process to become a NDHM verifier has been defined in detail in the consultation paper here.

The verification process can either be taken up by using a platform developed by NDHM or the entity may build its own alternate platform and integrate with NDHM with the help of APIs. Under the latter alternative, NDHM may build the technology portal as a common building block; individual organisations eligible to become a Health Facility Verifier and enrolled in NDHM have the freedom to develop independent data verification platform for verification of Health Facilities, provided that the platform complies with the guidelines set by NDHM and is integrated with HFR using NDHM APIs.

### Key Issues for Consultation

Stakeholders are invited to share their comments on the following issues:

- The current process of verification by UT/ State administration and share any alternative methods of verification that can make this process faster and seamless
- The proposed criteria and whether modifications are needed to include/ exclude a parameter or a category of organisation
- The approach that should be followed to ensure complete transparency and objectivity in selection and onboarding of the Health Facility Verifiers

### c. HFR Organisation/ Programmes

HFR Organisation/ Programme Entities are entities engaged in activities including but not limited to granting licenses and certification to health facilities, implementing the government health and insurance programmes, empanelling hospitals as insurance companies and third-party administrators, and actively utilising a health facility's data in the aforementioned activities.

These entities are an integrated part of NDHE by undergoing a Sandbox entry and exit process as laid in the NDHM Sandbox Guidelines or through the digital solutions designed and developed for them by NDHM.

The proposed eligibility criteria to enroll in NDHM as a HFR Organisation/ Programme can be referred to in the consultation paper here.

This particular entity can integrate with the HFR either by using APIs developed by NDHM or by conducting independent verification of HFR data for their business purpose. If they choose to do so, the results should be notified to the HFR via the open APIs.

### Key Issues for Consultation

The points proposed with respect to the integration and functioning of HFR organisations/ programmes in the NDHM ecosystem raise some key questions.

- Any entity directly or indirectly using the HFR data is invited to share their consultation on the defined criteria and list of responsibilities to make it as comprehensive and structured as possible
- Entities can either integrate via open APIs or have NDHM build digital solutions for them, or both. Which approach should be adopted by NHA to engage with these organisations/ programmes (with valid reasons)?

To drive the ecosystem adoption of the registry, Incentives and methods of integration for each key stakeholder in the NDHM ecosystem with HFR has been detailed out in the consultation paper here.

### d. Data Management in HFR

All health facilities in the NDHM ecosystem that are enrolled on HFR may opt for verification of the information entered by them in the registry. The status of each data field changes based on the verification done by any third-party. Since the process is voluntary on the part of the facility, the verification is undertaken only for those attributes in HFR that the facility wishes to verify.

All audit logs are maintained, and the standards defined in the National Digital Health Blueprint are followed by the HFR, including, but not limited to:

- HFR Data once created cannot be deleted or modified without following due process
- Any data in HFR may be 'amended' with a new version number of the same data with any changes
- All data created and submitted in HFR must be traceable to its creator
- All creation, amendments, and access of data should be audit logged in a manner that is verifiable and reliable
- The Facility Manager will be able to control the access of others by sharing their consent at every instance of data sharing with other stakeholders

A predefined set of data attributes of a health facility shall be mandatorily displayed for public view. The list of attributes can be accessed here, and may be changed by NDHM from time-to-time.

Any data attribute not mentioned in the list of 'Public Data' shall be considered as 'Consented Data'. All users of HFR data, including verifiers, associate entities and residual users, shall raise a request to the facility to access the data. Once the Facility Manager shares his expressed consent, only then will this data be available to the participant entity.

The facility may share its consent for specific data fields it wants to display on the platform for public view. HFR grants complete control to the facility on the data/ information it wants to display.

### Key Issues for Consultation

- Comments are invited on any additional standards that should be followed to ensure the quality and transparency of data in HFR, along with views on the presentation of audited/ verified data in HFR
- Suggestions in the form of designs and wireframes are invited from concerned stakeholders on the display of verification logs to ensure the user-friendliness of the platform

## Additional Questions for Consultation

Apart from the questions mentioned in the individual sections of the consultation paper, there are a few additional questions that the stakeholders are invited to share their comments on. These include:

- Finalisation of the nomenclature of the new registries and classes of participants - Health Facility Registry, Health Facility Verifier, HFR Organisation/ Programmes
- Comments are invited by different stakeholders directly or indirectly engaging with HFR on their requirements and the modularities they might want HFR to possess.
- Comments on any additional APIs that stakeholders might require to make their integration with HFR more seamless
- Scope of responsibility of the Health Facility Verifier - Should the verifier be considered liable for the correctness and reliability of data in HFR?
- What should be the mechanism of setting the price for the verification services and should NDHM act as one of the parties involved in the process?
- Views are also invited on the accessibility of data in HFR by different groups of participants and stakeholders

Please note that this paper is only a summary paper. All stakeholders are requested to please read the full text of the consultation paper here for further clarity.

All stakeholders are encouraged to provide comments on the issues raised in the paper, preferably after they have reviewed the full text of the consultation paper. If there are any other issues that the public would like to raise or comment on, they are invited and encouraged to do so.