Consultation Paper on Healthcare Professionals 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 Healthcare Professionals Registry (HPR). 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 this paper is to elicit feedback from the public on the functional and technical design of HPR to ensure that we are building the most valuable iteration of the product that caters to the diverse needs of healthcare ecosystem players. The current consultation paper and planned webinar is part of the 4th round of public consultations held with healthcare ecosystem stakeholders. The feedback raised by stakeholders in previous rounds of consultation has been evaluated and incorporated into the design of the current Doctor's Registry.

2. Overview

The concept of a registry that could serve as a comprehensive national source of truth for data on healthcare professionals was a core part of the original National Digital Health Blueprint. Currently, this vision exists as a Doctor's Registry (termed DigiDoctor) that is currently live in the six pilot Union Territories for NDHM, and is limited to doctors across traditional and modern systems of medicine.

HPR will expand the functionality of the Doctor's Registry to include categories of Healthcare Professionals (HP) other than doctors, including nurses, midwives, community health workers (e.g., ASHAs) and paramedical staff. Professionals will provide self declared data , and after verification by concerned governing councils, they will be granted a Healthcare Professionals ID - the unique identifier within the NDHM ecosystem. Such an effort will involve a fundamental rethinking of how HPR is designed to ensure robust data governance, incentive capture and ecosystem adoption.

3. Key Challenge Addressed and Current Context

HPR aims to address a key challenge in India's healthcare workforce: the lack of a **nationally recognized source of truth for data on healthcare professionals in India that is trusted, digitally enabled and widely adopted by healthcare ecosystem stakeholders.** HPR will comply with all regulations that govern healthcare professionals in India, and will not infringe on the existing jurisdiction of governing councils.

4. Stakeholders

The core incentives for each stakeholder group are articulated in detail in the consultation paper.

Stakeholder Group	**Core Incentive**
Healthcare Professionals	Seamless end to end digital governance; unique identifier to enable digital services such as Telemedicine
Students / Apprentices	Seamless applications for licenses; mapping and verification of educational credentials to the HPID
Patients	Reliable, searchable national database of verified healthcare professionals; enabler for telemedicine and other innovations
Health Facilities	Completely digital verification and onboarding of professionals; functionality to create verified links between HPIDs & Facility IDs
Regulators / Councils	Seamless licensing, relicensing, issuance of NOCs and compliance tracking for a variety of professionals

Pharmacies	Credentialing and verification services for e-prescriptions and online pharmacies
Policymakers	Data driven workforce planning and management through verified national source of truth
Industry Trade Groups / Professional Associations	Digital tracking and issuance of CME points; Common registration and verification platforms organization of conferences etc.
Insurers	Credentialing services may enable paperless claims adjudication
Educational Institutions	Common platform to verify educational credentials of professionals in the ecosystem
Heath Tech Players	Reliable datasets on healthcare professionals; credentialing services that can be used by private players

Key Questions for Consultation:

- Is this a correct list of stakeholders for the HPR platform? Are there key stakeholders that have not been addressed? Should any groups be considered 'out of scope' for HPR?
- Is this the right set of product applications / incentives? What are the risks associated with these potential applications / incentives? How should these be prioritized against each other?

5. Key Issue #1: Who is HPR for?

A key question posed for consultation is who the HPR platform should be designed for (which categories should be considered for inclusion in the registry). Two models are proposed here:

1. **Patient Centric Model:** Include only categories that directly interact with patients to provide health services, such as (not exhaustive) doctors, nurses, community health workers
    - **Implications:**
        - **Higher Value to the HPID:** Registry will be perceived as selective, driving trust, and making government-backed attestation more valuable
        - **Easier to maintain:** If registry is limited to certain categories who already have relatively robust verification mechanisms, the dataset is easier to maintain
        - **Security / Governance Implications:** Leaner dataset with fewer external integrating parties renders fewer points of failure
    - **Risks:**
        - **Limiting NDHM Ecosystem Value:** Under this model, NDHM's value will be limited to selected categories
        - **Maintenance Challenges:** Requires tracking of professional status. When professionals retire or change categories, records need to be updated live.

2. **Ecosystem Centric Model:** Also Includes a broader set who are involved with health services delivery directly or indirectly, such as, health service managers, support staff, life sciences workers and researchers (among others):
    - **Implications:**
        - **End to End Management of Healthcare Workforce:** Complements planned governance structures for various categories (e.g, Allied Healthcare Professionals Bill), to standardize and digitize data
        - **Data Driven Workforce Planning:** Enables personnel management and workforce planning across several categories who enable service delivery
    - **Risks:**
        - **Data Quality Implications:** Several non-patient facing HP categories do not have digital registries, and the data is often fragmented and inconsistent.

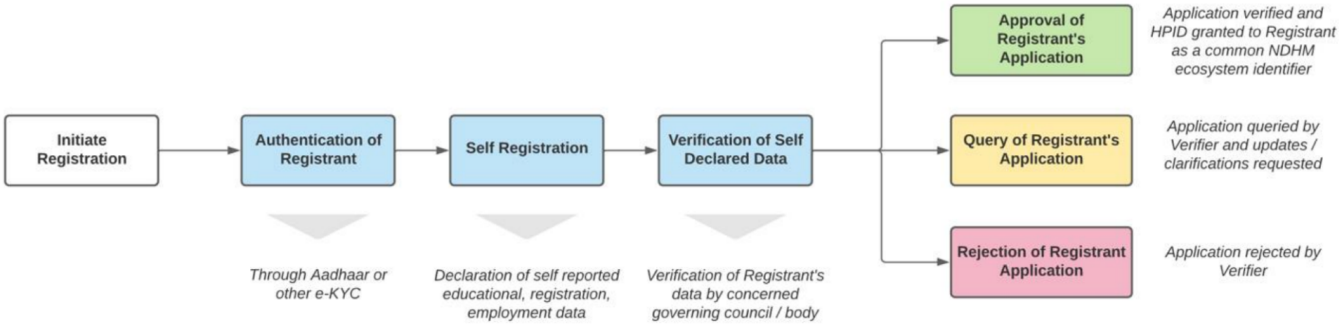
- **Security Implications:** Under this option, HPR must be more decentralized in terms of data governance, creating more points of failure for a data breach.

Key Questions for Consultation:

- Are there other potential models or approaches to be considered here?
- Are there other key features, implications or risks that must be addressed?

6. Key Issue #2: How should HPR data be Governed?

The paper also seeks feedback on the fundamentals of how data in HPR should be managed.



1. **Populating HPR Data:** Registration in HPR follows the below high level process.
2. **Data Types:** The below data types are proposed for inclusion in the base dataset for HPR. Attributes may be added as the ecosystem matures and various integrating entities adopt it.

Data Type	Verification
Demographic Information	Aadhaar or Other KYC
Languages Spoken	N/A
Educational Information	State or National Councils / Governing Bodies or educational institutions
Registration / Licensing Information	State or National Councils / Governing Bodies
Place of Practice	Health Facilities or Government Programmes
Other	Varies (may be specific to integrating entities)

3. **Modes of Verification:** The following verifying entities are proposed for HPR:
    - **By Governing Council:** Suited for those categories with well defined governance structures and regulators e.g., doctors, nurses
    - **By Associated Health Facility / Other Employer:** Suited for less regulated categories of professionals e.g., allied health professionals

4. **Linkage Functionality:** Professionals may link their HPR records to those of facilities in the Health Facility Registry (HFR), another core building block of NDHM. This linkage must be verified, and may be initiated by either the professional or the facility.

5. **Decentralized Data Governance Model:** The responsibility for data veracity rests with the existing councils / authorities who regulate various HP categories
    - **Key Implication:** NDHM only provides an IT platform and exposes APIs to enable digital

verification of records; complements the **patient centric ecosystem vision**
    - **Key Risk:** Categories without robust governance structures / councils backed by digital systems may not be able to integrate with HPR until they build them, slowing adoption

6. **Centralized Data Governance Model:** NDHM will liaise with governing councils / entities to manage and maintain the HPR dataset
    - **Key Implication:** HPR becomes a master data set for professionals, and replica databases managed by other entities will be synchronized; HPR will enable digital verification mechanisms if lacking; complements the **ecosystem centric vision**
    - **Key Risk:** Assuming ownership of data maintenance may pose operational challenges both to the legally mandated governing councils / bodies as well as to NDHM

Key Questions for Consultation:

- Is the proposed self registration flow appropriate? Are there other potential modes?
- Are the data types proposed appropriate? Should any other data types be collected?
- Are the proposed modes for data verification appropriate? Are there any other rules, regulations or operational challenges that should be considered?
- How can professionals and facilities be incentivized to link their records with facilities?
- Are there alternative models for data governance that have not been addressed?
    - Feedback on the proposed features, benefits and risks is invited
    - Feedback on potential security risks and strategies for mitigation is invited
    - Feedback on technology solutions to ensure robust data governance is invited

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.