The Great Indian Standardisation Drive

These are interesting times for India's eGovernance, in general, and the country's eHealth, in particular, says **Vinay Venu**, Technical Architect, ThoughtWorks, Bangalore

Over the last couple of years, we have witnessed the government's concerted effort to standardise data, metadata, communication protocols and processes in the health sector. Looking back at the Mini Timeline of eHealth initiatives:

It was August 2013 when the Ministry of Health and Family Welfare introduced the Electronic Health Record Standards so the country's hospitals and healthcare providers could benefit from a uniform system of maintaining Electronic Health Records (EHR).

In November 2013, a draft version of the Metadata and Data Standards (MDDS) for health domain was published. This will help promote interoperability across different eGovernance and eHealth applications.

By April 2014, India became a member of the International Terminology Standards Development Organisation (IHTDSO). This enabled the country's speedier adoption of Systematized Nomenclature of Medicine-Clinical Terms (SNOMEDCT) as its clinical healthcare terminology.

On March 16, 2015, the Ministry of Health and Family Welfare placed a concept note on setting up National eHealth Authority (NeHA) as a promotional, regulatory and standards setting organization. One of the primary responsibilities of NeHA is to setup and maintain health repositories, electronic health exchanges and the National Health Information Network.

Interesting times indeed! While EHR adoption in India is still catching up, we have several international national eHealth system use case scenarios to learn from. We are perfectly poised to take stock, clarify our direction and start building the right information systems for the India of tomorrow.

Reality Check

This is where we have to remember that the end state we hope to achieve is Utopian and the ask is Herculean.

With EHRs installed at every point of care and exchanging data via Health Information Exchanges, the benefit to stakeholders is huge. Medical records are not lost. They are no longer in silos, each with a different healthcare provider. Doctors have a better insight into the patient's history. This helps the former take better decisions. Test results are not misplaced.

The implementation of universal coverage becomes much easier. Public health programmes are better focused and more effective with the availability of rich and more accurate data. The list could go on. And for all these benefits to see the light of day, there are challenges to be met and compromises to be made.

The Challenges

Apart from the usual technical laundry list of challenges like handling deduplication, legacy data, security, scale, usability and more, there are perhaps a few just as if not

more important factors to deal with. A successful national eHealth system needs sufficient electricity and network connectivity, which means it has to be much better than it is now.

We plan to use Aadhar cards to identify people in the proposed new national eHealth system. However, around 27 per cent of the country still needs to get their Aadhar cards done. The current concept note to create NeHA mentions inter-agency cooperation. How well cooperation is achieved will decide the success of the programme.

The Compromises

One of the biggest compromises would be eating into doctors' time. In a country where the doctor to patient ratio is already skewed, providing additional responsibilities to doctors will definitely affect the care provided.

However, as it is imperative that solutions like the Electronic Health Record (EHR) not affect patient care, the EHR systems need to be more robust, tactical remedies like

implementing transcription could help. Apart from this, judicious consideration of how much data is collected might be required. Add to this a long term vision of increasing the number of practicing doctors (by building more medical colleges) and we have the makings of a solution.

Keeping Everyone Happy

No easy task especially when stakeholder requirements are in conflict.

Here is an example, today, most health data collection happens at the

aggregate level this makes it easier to collect and maintain. Most policy decisions are based on such data. However, while tactical decisions can maximise the system's' utility, unless detailed patient records are collected, the system is in fact ignoring patients.

What would help, here is making

the complex decision of how much data is enough for a clinician to capture. And this is a hard decision what is better for patient care, is it more data at the cost of a doctor's time or an incomplete patient record. Here, answers are not simple to find and such decisions are taken based on experience. Keeping the program's end goal. Bringing a smile to the patient's face, in mind ensures the right decisions are taken.

And what makes these tough decisions worth it? That, in these times of data driven decisions, relevant data analyses performed for public policy be part of the public domain as open data. Taking the right steps to ensure an excellent healthcare system for our and future generations also means taking bold, confident and careful steps towards that future.©

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