Study on private sector adoption of government-led digital health initiatives in India through a focused geographical approach of Microsite

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1). Background/Introduction

Ayushman Bharat Digital Mission (ABDM) envisions comprehensive digital health ecosystem in India by developing structures for integrated digital health. With citizen-centric focus, individuals are provided **Ayushman Bharat Health Account (ABHA)** IDs for managing their digital health records and verified registries are created for **Health Professionals (HPR) and Health Facilities (HFR).**

A key initiative under ABDM is the **100 Microsites** Project, led by the **National Health Authority (NHA)**, to boost digital health adoption, especially in the private sector. Microsites are clusters of healthcare providers—clinics, nursing homes, labs, and pharmacies—adopting ABDM-enabled services. These ecosystems focus on registering providers, promoting certified applications, and enabling patient access to digital health records via platforms like the ABHA app. The project is implemented in collaboration with state governments, development partners (DPs), and interfacing agencies (IFAs).

2). Objectives

- Conduct a comprehensive assessment of ABDM microsite implementation in the region.
- Identify critical factors influencing the success and efficiency of microsite.
- Assess the experience of stakeholders in ABDM adoption within the microsite.

3). Methodology

Employed a **mixed-methods research design** to analyze the implementation of the Microsite Project in Lucknow, Uttar Pradesh.

Site Selection
- Analyzed ABDM public dashboard data to identify digital adoption trends in Lucknow.
- Used purposive sampling to select 7 facilities based on ABHA-linked health records.

Assessment
- Designed structured survey tools to capture both quantitative and qualitative data from stakeholders.

Primary Data Collection
- Conducted 15 in-depth interviews with stakeholders, like facilities, DP, IFA, and state government leaders.
- Collected observational data during on-site visits to evaluate digital system workflows.

Data Analysis
- Quantitative analysis measured digital health adoption (e.g., token generation trends, ABHA-linked records).
- Synthesized qualitative insights to explore stakeholder experiences and barriers to adoption.

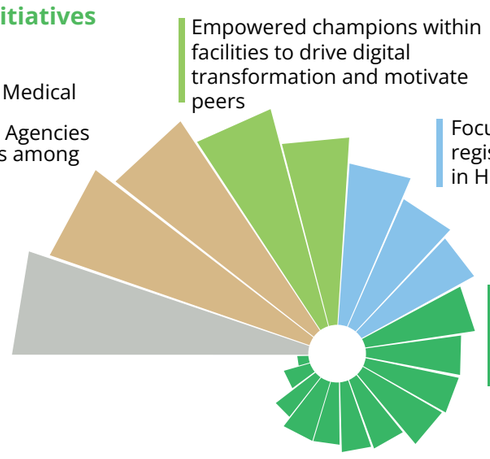
Report and Recommendation
- Compiled findings into a report shared with ABDM state leadership and NHA.
- Recommendations focused on enhancing microsite implementation, interoperability, and stakeholder engagement.

The methodology comprehensively evaluated the Lucknow microsite, capturing stakeholder insights and identifying key challenges.

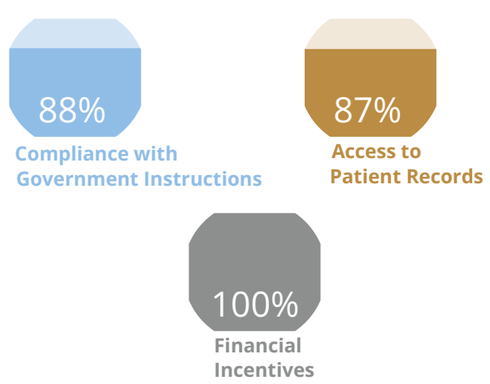
4). Major Findings

49% Modern Medicine | 42% Ayush | 6% Dental | 3% Nursing

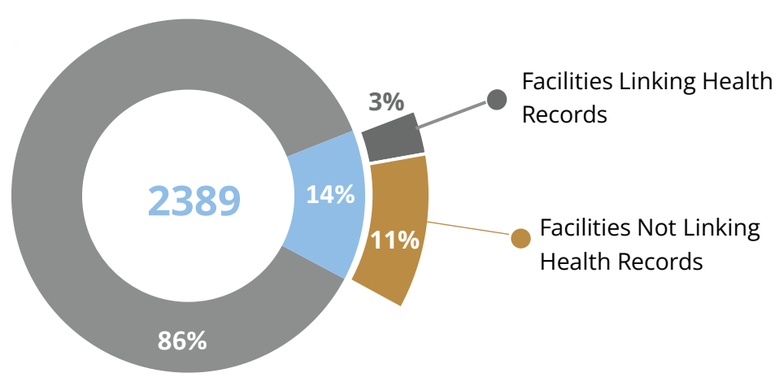
1. State Leadership initiatives



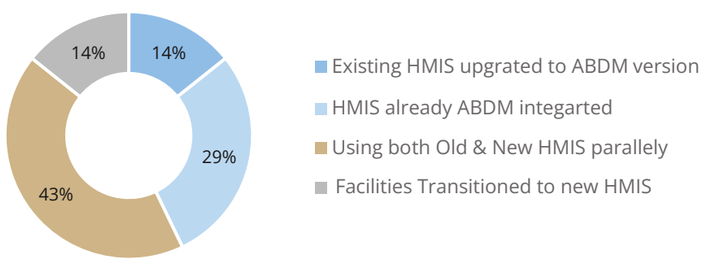
2. Motivational Factors



3. Use of ABDM-Enabled HMIS



4. Mixed Approaches to ABDM-Enabled HMIS Adoption Across Facilities



5. Skill and Training

Skill Area	Number of Facilities	Key Insights
Familiar with ABHA Creation	4	Require further improvements in record linking using ABHA numbers.
Skilled in Record Linking	3	Need additional training in record retrieval.
Training Needs	7	All facilities require further assistance and training to enhance HMIS usage.

6. Role of Development Partners (DP)

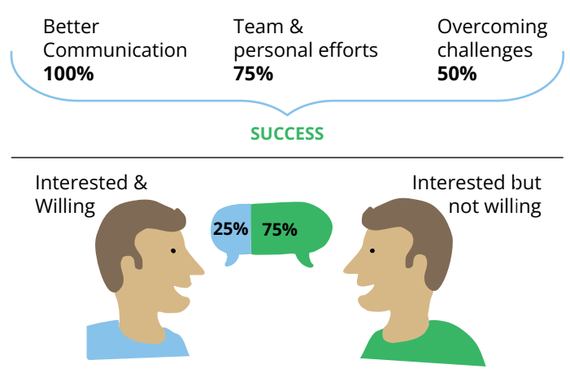
- Foundational training for implementation agency
- Facilitate communication and coordination among different entities
- Sensitize and raise awareness and understanding of specific focus areas
- Sharing IEC Material and new learnings

What worked
- Regular awareness sessions with practitioners
- Utilizing platforms of Indian Medical Association (IMA) and Patient Provider Support Agencies (PPSA).

What needs improvement
- Timely payments
- Recruit trained staff to ensure quality and efficiency
- Enhancing on-ground presence and activities

7. Role of Interfacing Agency

Interfacing agency successfully met HPR and HFR targets through strategic planning, efficient execution, and consistent follow-ups.



Challenges

Adaptive
- Progress requires learning
- Multi-stakeholder responsibility
- Experimental work
- Hearts, minds, experiences and deeply held values are key.

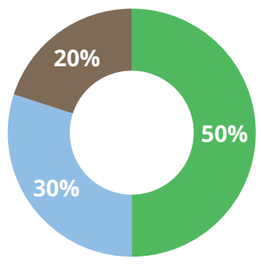
Technical
- 50% reported technical challenges with systems
- Technical support requirements
- Resolution/response times

Strategies deployed by Interfacing Agencies

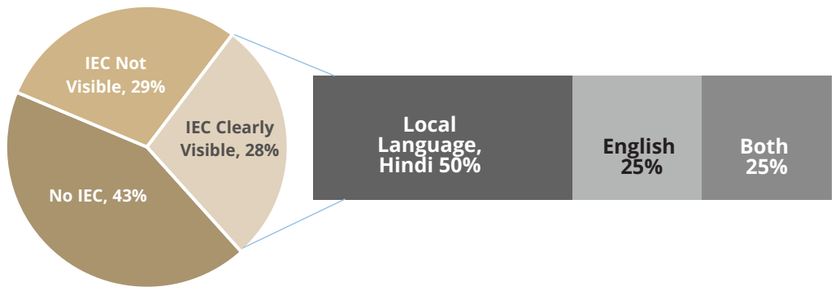
Strategies to outreach facilities
- Leveraging Existing hospital Relationships
- CMO official letters for HPR/HFR & awareness Initiatives via CME events.
- Regular follow up & Showcase good performing facilities.
- Emphasized benefits of ABDM,

Monitoring Methods
- Track progress through:
- Daily entries on Google Sheets.
- GPS tracking.
- Portal insights.
- Raise issues in a WhatsApp group with stakeholders.
- Submit daily reports to State leadership

Stakeholder Support Levels
- State Leadership support for administrative tasks, coordination, & monitoring.
- Moderate support from NHA for funding, guidelines, and technical support
- Need more support from DP for training & knowledge sharing



8. Impact of Information, Education, and Communication (IEC) material



9. Challenges faced by facilities

- **Patient Resistance:** Resistance to OTP sharing among patients.
- **DHIS claim Knowledge Gap:** Facilities lack understanding of DHIS claiming procedures.
- **ABDM Awareness:** Limited knowledge about ABDM
- **IEC Material Scarcity:** Limited IEC materials are currently available..
- **Technical Issues:** Server problems during ABHA creation and OTP delays in certain facilities.

10. Drivers and key success factors

Self-Awareness
- Doctors are IT-savvy and have been using systems for multiple years.
- Self-registration for HFR and HPR
- 80% - 90% Conversion through mobile

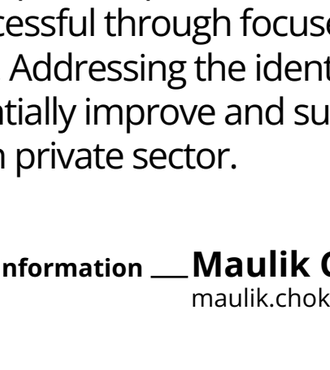
Behavioral Changes
- Letter from CMO to private facilities
- Regular nudge by field officers (FO) for record linking
- State webinars created awareness among facilities

Digital Health Incentive Scheme (DHIS)
- DHIS playing a major role to motivation of staff and doctors

Motivated
- Doctors are self-motivated to use EMR for better patient care
- Early adopters are creating ABHA without additional manpower

5). Policy Recommendation

- Exclusive team for regular monitoring under state leadership
- Provide IEC materials to boost ABDM awareness
- Recommendations on their Strategic placement
- Launch ABDM benefit awareness programs
- Development partner led initiatives. Greater on ground presence & Leadership
- Deployment of resources proportional to size of distribution
- Enhance field officer training
- Hand holding and regular training of facility staff on ABDM adoption.
- Monitor and assist with process of incentive claiming



6). Conclusion

ABDM adoption in private health facilities has been successful through focused leadership initiatives. Addressing the identified challenges can potentially improve and sustain adoption process in private sector.

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