



The Digital Personal Data Protection Act, 2023 - For Life Sciences and Health Care Industry



The Life Sciences and Health Care (LSHC) industry heavily relies on data, including Intellectual Property (IP), Personal Health Information (PHI), and Personally Identifiable Information (PII). In the case of pharma and bio-pharma companies, the data mainly consists of research and product-related intellectual property, as well as personal information of employees and third parties. Health care organisations, on the other hand, focus on patients' and their caregivers' personal records.



PHI ranges from demographic (age, gender, marital status) to financial information such as insurance-related details; however, at its core is information on or of an individual's health from medical procedures, prescriptions, genomics, or other related information. PHI, PII, and other sensitive data are collected both digitally and physically. Digital data collections happen at various touchpoints, while data exchange takes place through an array of platforms, such as mobile messaging, emails, websites, and/or applications, with the potential for data leakage at each point.

Indian health care ecosystem, digitalisation, and access to patient data



The Indian health care ecosystem consists of various fragmented entities, including private and government hospitals, clinics, laboratories, pharmacies, health tech providers, home health providers, and insurance providers. These entities exchange valuable information, often in real-time, creating a dynamic and interconnected network. Top health care institutions in India have information management systems and electronic medical records, equipped to exchange information with one another.



However, it is not just top hospitals that are disrupting this space. As the sector draws closer to improving patient experiences, outreach, clinical outcomes, and overall ease in management, small clinics are also demonstrating a penchant towards digital platforms and technologies for facilities such as web presence, appointment scheduling, and feedback. Hospitals in India are also considering vertical integration to transform into all-in-one centres for various medical services, provided either at the hospital, or remotely at the patient's home, or in certain clinics. The probability of employing numerous point software solutions is steadily rising. This, combined with the continued use of older operating systems in laboratories and the introduction of connected medical devices (some with known vulnerabilities), is expanding hospitals' digital footprint.



This digital journey within the sector received a significant push from the government. The Ayushman Bharat Digital Mission (ABDM, erstwhile known as the National Digital Health Mission), aimed at creating a nationwide digital health ecosystem, witnessed a 70 percent increase in budget allocation, from INR 200 crore in FY23 to INR 341.02 crore in FY24. There is visible encouragement and incentivisation from the centre to fast-track the adoption of ABDM even in private set ups, which will further the scope for digital patient records, and subsequent exchanges.

Impact of the DPDP Act



The parliament's recent passing of the DPDP bill into a law heralds a new era of change. While it digitally empowers individuals, it also empowers the health care industry, which is still in its early stages of digital evolution, compared with other sectors. This presents an opportunity for the health care sector to embrace privacy-conscious and data-responsible practices at the opportune moment, fostering the ideal environment and ecosystem for a patient-centric digital transformation.

The DPDP Act will impact everyone in the value chain, from the largest entities to the smallest clinics. As organisations embark on the journey towards preparedness by prioritising a comprehensive data inventory, a consent management mechanism, data retention policies, data security measures, and regular audits and assessments, understanding the provisions of the law and what they mean for organisations will be crucial.

The most significant opportunity for health care organisations in general and hospitals, in particular, lies in reevaluating both their clinical and non-clinical workflows. Frequently, these workflows have been designed with non-digital processes in mind. They play a crucial role in defining the data to be collected and its usage. This process is critical as it helps identify the ultimate owner of the data, be it an individual or a specific department. A similar exercise must be undertaken by other organisations such as clinical research organisations, and research arms of medical devices and pharmaceutical organisations. It will consequently lead to a comprehensive assessment of consent distribution and initiate business process reengineering to establish how the new data flows align with privacy controls.

Furthermore, there is a need to increase awareness and education amongst key stakeholders in LSHC organisations on crucial aspects of data collection and usage. Organisations may also need to understand and develop the talent necessary to implement these changes effectively. Ultimately, successful implementation will depend on the interdependencies amongst organisations, their suppliers/partners, and departments in data collection, usage, and governance.

The DPDP Act represents a positive step forward, offering the industry the opportunity to relook at some legacy business processes and comprehend how data is collected, used, and governed. This will ultimately lead to better care outcomes and an improved patient experience.

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