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ABDM Roll-out for Facilities

August 2026

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Prerequisites for ABDM Implementation

Software Integration

Ensure the HMIS is integrated with ABDM (Milestones M1, M2, and M3).

Reference Resources:

- Here is a list of ABDM compliant HMIS providers if you are planning to onboard a new solution.
- Review developer APIs in the official Sandbox documentation if your solution provider wants to integrate the existing solution

Network Infrastructure

Good network and internet connectivity are required across all registration desks, OPDs, and IPDs:

- **Registration Counters:** Stable connections for instantaneous ABHA creation and scanning.
- **OPD & IPD Departments:** High-speed local network access to link digital records.

Hardware Setup

Procure necessary physical infrastructure to fully support multi-modal ABHA creation methods:

- **Computers:** Set up computers and essential IT hardware at OPDs and registration counters.
- **Biometric Devices:** Fingerprint scanners to capture biometric data (List of UIDAI registered devices available here)

Key Principles for ABDM Implementation

1. **Patient Flows are Important**
   Focus on streamlining registration and patient journeys. Do not recreate or add extra steps to existing workflows.

2. **Test Small, Start with a Pilot Roll Out**
   Begin implementation with specific registration counters before scaling up across the facility. Observe technical stability and manage friction at a few counters before a full-scale rollout. Scale down or up based on the immediate context and system performance.

3. **Develop a Change Management Plan**
   The IT and OPs teams must provide direct, on-the-ground support for users at the registration desk/OPD/IPD adapting to the new system.

4. **Understand Patient Cohorts**
   Work toward complete ABHA registration by utilizing different modes (Aadhaar OTP, biometric, etc.) based on the specific patient context. Be prepared to modify workflows dynamically during the rollout if friction points are identified during user/patient interactions.

5. **Strengthen Patient Communication and Sensitisation**
   Ensure clear communication to patients regarding why ABHA is being created/fetched, what ABHA based hospital flows enable and its benefits for patients.

Preparation for Rollout: Operational Roadmap

Pre-rollout activities, and staff preparation steps mapped to an operational timeline leading up to Launch Day (T-0).

Set Up Infrastructure

T-30 Days

- Procure required hardware such as scanners and biometric devices.
- Plan IT support and staff training for the rollout.

01

Ensure Solution Readiness

T-20 Days

- Confirm technical and security requirements with the solution provider.
- Complete DHIS registration to avail incentives.

02

Connect Hospital Software to ABDM

T-15 Days

- Connect the hospital's software to ABDM through the required bridge URL linking.

03

Test Key Workflows

T-10 Days

- Test key patient and staff workflows before launch.
- Confirm that key hospital use cases and patient workflows are functional and stable.

04

Prepare Staff

T-5 Days

- Train clinical and administrative staff on the new workflows.
- Assign selected staff members to support others during the rollout.

05

Prepare the Facility

T-3 Days

- Place patient-facing materials such as QR codes and banners in the registration/ front-desk area and waiting room.

06

Go-Live Support: System Stability & Support to Patients and Users

Provide operational support to ensure seamless system adoption of workflows and technical reliability.



Observe Solution Stability

HMIS Stability

Continuously monitor technical stability during the initial rollout phase to detect performance issues



Handholding Support to Users

On-the-Ground

Provide immediate, on-the-ground support to frontdesk users, OPD/IPD staff, and other clinical staff to help them adapt to new workflows



Patient Communication

Provide Clear Instruction

Assist staff in clearly communicating the new ABDM-compliant processes to patients, including the benefits of ABHA



Troubleshoot & Resolve

Triage & Log Resolution

Identify workflow bottlenecks (e.g., OTP failures) and actively monitor logs to troubleshoot and escalate technical glitches in real-time. Manage friction at counters.

Post-Rollout Diagnostics: Measuring Effectiveness & Identifying Blockers

01

Test Flows & Monitor Adoption Data

Continue testing flows. Collect data on time taken for registration and adoption.

02

Identify Friction Points

Observe user (registration desk staff) and patient interactions to understand common friction points.

03

Optimise Workflows

Use collected data to modify and optimize patient workflows.

04

Scale-up

Implement new use cases as needed (e.g., Scan & Register, Scan & Pay) based on initial success and patient requirements.

05

Avail Incentives for Upgradation

Use incentives via the DHIS and leverage it to upgrade digital infrastructure and other improvements.

06

Set Governance Cadences

Institute governance cadences with all relevant team members from IT, patient teams, Frontdesk, Ops to review adoption progress and take measures as needed

Hospital Level Stakeholder Roles and Responsibilities

Successful ABDM adoption requires clearly defined roles and responsibilities aligning clinical, operational, and IT teams.

Stakeholder Role & Core Responsibilities	Technical Readiness	Staff Training	ABDM Flows & Sensitisation	Digital Prescription & EMR	Security Audit	IEC Deployment	ABDM Rollout, Timelines & Governance
Hospital Leadership Leads ABDM Implementation, DPDP compliance, IT budget allocation, monitors adoption metrics and DHIS claims							✓
IT Department Executes NHPR registration, bridge linking, HMIS integration, WASA, FT, staff trainings, and provides ongoing technical support	✓	✓			✓		
Operations & Front Desk Drives patient sensitisation, ABHA-based registration workflows, and any other use case implementation			✓			✓	
Clinical Staff & Doctors Generates EMR, requests patient consent for past records				✓			
Communications Team Deploys Information, Education, and Communication (IEC) materials (standees, QR codes), and patient sensitisation scripts		✓				✓	

Things To Keep in Mind

WASA Renewal [ANNUAL CYCLE]

Keep in mind that the Web Application Security Assessment (WASA) certification must be renewed every year. Check vendor compliance annually

Digital Solution and Infrastructure Renewals

Manage annual renewals for all associated software licenses and infrastructure components.

System Audits

Conduct regular internal system audits to ensure ongoing compliance with ABDM standards (M1, M2, M3) and data privacy regulations (DPDP Act).

Process Improvements

Use ABDM use cases to improve your digitization and patient experience, rather than undertaking it as a compliance exercise. Maintain active communication with the HMIS solution provider, internal staff and patients regarding updates in the ABDM ecosystem and continue to implement flows that improve the patient journey.

Master Implementation Checklist

This checklist can be used to drive adoption across all deployment phases, ensuring a seamless transition from testing to institutionalization.

Pre-Launch Readiness

- **Facility & Staff Registration:** Verify that the facility is registered on Health Facility Registry (HFR) & doctors are on Healthcare Professionals Registry (HPR).
- **Hardware & Connectivity:** Ensure computers, biometric devices, and internet is available at relevant areas.
- **Testing & Security:** Confirm completion of Sandbox testing (M1, M2, M3) and secure go-live post the FT and mandatory WASA certification from a CERT-empanelled agency.

Launch & Operations

- **Patient Communication:** Place IEC materials (standees, QR) at relevant patient touchpoints.
- **HMIS Monitoring:** Activate the HMIS (in production environment); monitor initial patient flows to resolve any technical issues.
- **Sensitization:** Ensure front desk staff use standardised scripts to explain ABDM to patients.
- **Weekly Adoption Audits:** Track ABHA creation, Scan & Register, record linking (M2) and any other use cases implemented.

Post-Launch

- **Avail Incentives:** Leverage the Digital Health Incentive Scheme (DHIS) to claim financial incentives based on patient records linked with ABHAs.
- **Regular Governance:** Establish regular review meetings with hospital leadership to track adoption, address operational/ technical issues, and improve workflows.

Resources & Links

01
Understand ABDM

Technical Overview & Use Cases

Comprehensive List of Digital Initiatives

02
Assess Readiness

Digital Readiness Assessment Tool

03
Build & Integrate

ABDM Integrated HMIS Solutions List

Sandbox Documentation

NHPR Portal

04
Test & Troubleshoot

Sandbox Support Portal

05
Drive Adoption

Patient Sensitisation Handbook

IEC Materials

Annexure 1: Patients Journeys and ABDM workflows









The Patient Journey

01
Registration

- ABHA is created or verified and used for registering the patient in the hospital record using the HMIS.
- Patient's demographic details are fetched into the HMIS after successful ABHA capture
- Registration continues through the hospital's existing workflow, including billing, assigning a doctor, consultation slot, etc.

02
Consultation

- Doctor records consultation details and generates a digital prescription (EMR) which is automatically linked to patient's ABHA.
- Previous ABDM-linked records can be accessed with patient consent, where available.
- Diagnostic tests and medicines are ordered through the hospital's existing systems.

03
Diagnostics & Pharmacy

- Lab tests results and prescriptions are digitally linked to the patient's ABHA.
- Digital prescriptions can be accessed by the pharmacy for dispensing.

04
Record Linking & Sharing

- Prescriptions, lab reports and other eligible records are linked to ABHA and can be accessed by patients using ABDM-enabled PHR apps after visit closure.
- Patients can provide consent to share their records with other healthcare providers.

What changes with ABDM?

Patient identification and health records can move digitally across different stages of care, reducing repeated data entry and enabling consent-based sharing.

The specific steps and ABDM use cases may vary depending on the size, services and digital capabilities of the facility. Smaller clinics may have fewer touchpoints, while larger hospitals may have separate registration, consultation, diagnostics, pharmacy and billing workflows.

ABHA Based OP Registration Flow

	Mode	Process
 **New Patient**	Walk-in Prior appointment	1 Create or verify ABHA details at the beginning of the process** **ABHA Creation** (one-time): Enter Aadhar number and verify through either method 1. Mobile OTP 2. Fingerprint verification **ABHA Verification:** Provide Phone number/Aadhar number/ABHA number/ABHA address. Verify through either Mobile OTP or Biometric modes
 **Repeat Patient**	Prior appointment*	

2
- Demographic details are captured by HMIS. Populate additional fields if needed and finish registration/billing
- Patient ABHA number and ABHA address maps to patient MR number in the database

** SMS links through app/phone can be sent to patient to create ABHA before coming to hospital*
***ABHA creation and verification can happen on the ABDM enabled HMIS or on any ABDM enabled Patient Health Record (PHR) app. A potential process flow is presented on the next slide*

Patient ABHA process flow



Patient

Has Smartphone?

YES

Has ABHA?

YES

- Scan facility QR code using any ABDM certified PHR app

NO

- Download any ABDM enabled PHR app
- Create ABHA using Aadhar (one-time process)
- Scan QR code through the app

- Share token number with frontdesk staff
- Frontdesk staff inputs token number and fetches demographic details into HMIS
- Complete registration and billing

NO

Has ABHA?

YES

Has feature phone (Aadhar linked)

YES

- Provide Mobile OTP at frontdesk
- Receptionist creates/verifies ABHA

NO

- Biometric verification (fingerprint/face) at the frontdesk
- ABHA gets created/verified

NO

Has Aadhar?

YES

NO

Continue process without ABHA. Guide patient on creating ABHA using DL (if applicable) before coming next time

Managing Diverse Patient Cohorts: Multi-Channel Registration Protocols

Smartphone Users

Protocol A: With ABHA

- Scan facility QR code using an ABDM-integrated PHR app (eg: Aarogya Setu 2.0).
- Share token number with frontdesk to fetch demographics.
- Instantly complete registration and billing.

Protocol B: Without ABHA

- Download any ABDM-enabled PHR application.
- Create ABHA using Aadhaar credentials (one-time setup).
- Scan the frontdesk QR code to register via standard flow.

Feature Phone Users

Protocol C: Aadhaar Linked

- Patient provides their Aadhaar-linked phone number at the counter.
- Patient receives a Mobile One-Time Password (OTP) instantly.
- Frontdesk staff inputs the OTP to create or verify ABHA via HMIS.
- Demographics auto-populate to complete registration.

Note: Essential for patients with active cellular connectivity but no smartphone compatibility.

Assisted / No Mobile

Protocol D: Mobile Unlinked to Aadhaar/No Mobile

- Utilize biometric verification (fingerprint or face authentication) at the frontdesk.
- Receptionist creates/verifies ABHA details directly.

Protocol E: No Aadhaar

- Continue standard manual registration process.
- Guide patient on creating ABHA using Driving License (DL) if applicable for future visits.

Key Risks in ABHA Registration & Mitigation Strategies

Identified Registration Risks	Management & Mitigation Protocols
1. Patient Requests Changes to Registration Details ABHA verification may successfully fetch demographic details, but patients may request changes to their registration details—for example, using updated last name, or updating a title such as “Ms.” to “Mrs.”	Allow staff to update the relevant registration details in the HMIS. Recommend that the patient update the information linked to Aadhaar before their next visit so that ABHA can be created/linked.
2. OTP Delayed / Not Arriving Network lag, expired sessions, or unlinked mobile numbers prevent patients from receiving OTP.	Try out the biometric flow. Or else proceed with standard registration flow on the HMIS without ABHA creation. Inform supervisor/IT team later.
3. Biometric Verification Issues Worn fingerprints, or poor scanner calibration cause high rejection rates.	Deploy high-quality registered scanners, clean contact surfaces, retry with different fingers, and guide patient finger positioning.
4. Patient Hesitancy & Resistance Apprehensions regarding data privacy, consent terms, or system mistrust lead to registration refusal.	Display clear bilingual privacy materials outlining ABDM's secure, consent-driven architecture to build trust and assure data safety. Sensitize patients directly
5. Patient Not Carrying Phone/Phone Not Working Inability to access phone prevents Aadhaar based authentication through OTP for ABHA creation/verification.	Proceed with standard registration flow on the HMIS without ABHA creation. Request the patient to carry a functional smartphone. Implement the biometric flow if volume of such patients is high within your facility.
6. ABHA App or System Error (Internal Glitch) Technical downtimes, API timeout failures, or system crashes block the registration flow.	Proceed with standard registration flow on the HMIS without ABHA creation. Take note of the error and report it to IT team/ supervisor later. IT team to notify HMIS vendor, check error logs, and raise tickets with the NHA if needed.

Annexure 2: Recommended ABDM Implementation Journey









Recommended ABDM Implementation Journey (6-12 Months)

1

Phase 1: Baseline Assessment

Focus on conducting a **Digital Readiness Assessment** to evaluate hardware, software, and staff capabilities to establish a solid compliance baseline.

2

Phase 2: ABDM Integration and Go-Live Certification

Work with the IT team through integrating **Milestones 1, 2, and 3, conduct Functional Testing** and get the application to undergo **Web Application Security Assessment (WASA)** by a NHA empanelled agency.

3

Phase 3: Launch and Workflow Deployment

Focus on rolling out **relevant ABDM use cases,** such as ABHA based registration, Scan and Register, Scan and Share of records, NHCX, PHR app adoption etc

4

Phase 4: Post-Launch Sustainability and Change Management

Emphasize patient sensitization strategies, staff training, and ensuring strict compliance with the **Digital Personal Data Protection (DPDP) Act**. Hospital leadership can leverage provided checklists and a RACI matrix to drive accountability across all phases.

Facility Digital Readiness Assessment

A comprehensive baseline assessment across infrastructure, systems, and personnel is mandatory to determine readiness for **ABDM implementation**.

Indicative Baseline Assessment Parameters

- **Infrastructure:** Computing devices (mobiles/tablets/laptops) and QR scanners at registration, labs, & pharmacies; functional LAN/Wi-Fi & integrated HMIS.
- **Patient Care Experience:** Provision of a unique patient identifier linked securely to health records alongside digitized check-in processes.
- **Data Capability:** Secure, cloud-based online storage repositories for health records coupled with actionable clinical data analytics.
- **Governance & Management:** Compliance with data privacy policies, dedicated budget allocation for software upkeep, and NABH accreditation.
- **People & Skills:** Technical competence of healthcare providers and available front desk resources to counsel patients on ABDM-compliant PHR solutions.

Note: These parameters are indicative and not all are strictly mandatory. For example, actionable clinical data analytics depends entirely on the needs and context of the health entity, while NABH accreditation is optional and often not pursued by smaller facilities.

3 Levels

Digitization Scale

- Required
- Good to Have
- Advanced

Facility Digital Readiness Tool

Framework utilized to check the existing level of digitisation in facilities and to assess the requirements to enable its integration with ABDM.

Steps for ABDM Implementation in facility with existing digital solution

Stage 1
NHPR Registration

HFR & HPR Setup

Register facility and professionals on NHPR.

One time

Stage 2
Tech Integration

Solution with ABDM flows goes live after testing

3-6 Months

Stage 3
Bridge Linking

Connectivity

Digitally link the software to the ABDM ecosystem*

One time

Stage 4
Staff Training

Capacity Building

Train clinical and administrative staff on ABDM workflows.

1 week

Stage 5
Pilot Rollout

Phased implementation of ABDM-enabled workflows across departments,

Upto 3 months

Stage 6
Full-Scale Rollout

Roll out other use cases, institutionalise ABDM workflows and fully digitise all patient flows, conduct staff refresher trainings, continue monitoring of adoption

6-12 Months

*To link your facility's software, log in to the NHPR portal, select "Software Linkage," enter your bridge ID, and register the HIP to complete the connection. Bridge linking can happen only after HFR verification; also it can be done only after the HMIS solution is fully integrated.

Annexure 3:
Patient Sensitisation









Why Patient Sensitisation is Critical

Trust is the friction point

Across different healthcare contexts contexts, patients are often not tech-savvy. Without sensitisation, "linking data" sounds like losing privacy. If staff cannot explain the security layers, patients will opt out, breaking the digital thread.

Efficiency through understanding

A trained staff member can convert a 2-minute manual registration into a 15-second Scan & Register event. This efficiency is only possible if the staff can convincingly explain the value proposition in their local language.

Empowering the patient

When a patient understands their PHR app, they become the carrier of their own data, reducing the burden on the hospital's medical records department for physical report requests.

Key Takeaway

The success of ABDM hinges less on the software and more on the ability of the frontline staff to communicate its value and navigate the new digital workflows. Training staff in sensitisation ensures that ABDM is seen as a clinical enabler rather than an administrative hurdle.

Suggested Training Sessions to be Conducted For Hospital Staff

Key Aspects to be Covered in Trainings

Track A: Technical & Workflow Integration

Focuses on the mechanics of M1, M2 and M3 flows under ABDM

- **M1:** ABHA creation & verification training
- **M2 & M3:** Linking records, requesting past records access, and managing consent flows
- **Scan & Share:** QR-based front-desk registrations to minimize waiting lines

Track B: Patient Sensitization & Communication

Driving hospital-wide adoption through communication and trust

- **Why ABHA:** Explaining data safety & privacy to skeptical patients
- **PHR App Adoption:** Assisting patients with viewing digital reports
- **ABDM vs. PMJAY:** Clarifying that ABHA is a digital health account, not free treatment
- **Consent-by-Design:** Informing patients they can revoke access at any time

Training Plan: Cadres, Content and Outcomes

Cadre	Content Focus	Intended Outcome
Registration & Front Desk	ABHA creation, Scan & Share, linking existing IDs	Reduced queue times; 90%+ ABHA capture rate at entry; zero manual errors
Nursing & Counseling	Explaining data privacy and the benefits of a portable health record	Patient trust; high conversion of paper patients to digital profiles
Doctors or Specialists	Requesting/viewing longitudinal records; digital signing of prescriptions	Informed clinical decision-making using past medical history; paperless referrals

Equipping Frontline Staff with Clear Communication Scripts & FAQs

Staff Scripts for Patient Interactions

- **Explaining ABHA Simply:** "ABHA is a unique 14-digit health ID—like a digital passport for health." Explain that it enables faster registration, easy access to past records, safer data sharing, and better diagnosis.
- **Script for the Confused Patient:** "ABHA allows you to securely organize and keep all your medical reports in one single, easy-to-use app."
- **Script for the Impatient Patient:** "By scanning this QR code, you can register instantly and skip the long physical waiting lines immediately."
- **Script for the Skeptical or Anxious Patient:** "Your health data is safe and end-to-end encrypted. Doctors can only view your records if you explicitly tap 'Approve' on your phone."

FAQ Solutions & Key Clarifications

- **Cost & Consent:** ABHA creation is entirely free, completely voluntary, and patients retain total control of their data.
- **Aadhaar Access Restrictions:** Aadhaar is utilized strictly for initial demographic verification; it does not grant the government or any third party access to any medical records.



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