DIGITAL TRANSFORMATION

Transformation or procurement wearing the word?

What digital transformation actually changes inside an Indian hospital group, and the order that works.

Swipe →

Gaurav Phogat
gauravphogat.com



THREE WORDS, NOT ONE

Most programmes stop at step two

DIGITISATION	Scanning the paper: discharge summaries in a shared folder
DIGITALISATION	An existing process on a system: a form that emails the desk
TRANSFORMATION	Every enquiry in one owned queue; unit heads run Monday from it

Gaurav Phogat
gauravphogat.com



WHAT CHANGES

Four things a group is really transforming

1. **The patient's path in**
   Right specialty, right unit, booked without three phone calls
2. **How demand is captured and followed up**
   Is the 9pm message still alive on Thursday?
3. **What the group can see about itself**
   One answer to which specialties are growing, not five
4. **How fast a unit can act**
   Change something in a fortnight, or raise a ticket and wait

Operating outcomes that require technology. Not technology outcomes.

Gaurav Phogat
gauravphogat.com



THE TEST

After go-live, what changes on a Tuesday?

- A go-live date but no behaviour change named
- A vendor plan but no internal owner embarrassed if it fails
- Adoption as the measure: logins, downloads, tickets closed
- Arrives before the foundation it depends on

If the answer is the data will be available, that is procurement.

Gaurav Phogat
gauravphogat.com



THE ORDER

Close to the reverse of what most groups attempt

1. **Data and consent foundation**
   One patient identity across units, purpose-specific withdrawable consent under DPDP
2. **The front door**
   Listings, doctor pages, a booking path with no account
3. **The follow-up engine**
   Every enquiry in one place, named owner, next action, visible
4. **The analytics layer**
   One definition of enquiry, appointment and new patient

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gauravphogat.com



WHY IT STALLS

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The app was never the problem; the app was built on top of nothing.

Models do not repair duplicate records; they inherit them, at speed and with confidence.

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gauravphogat.com



INDIAN SPECIFICS

Five things that change the shape of the work

- Systems bought at different times by different people
- The primary patient channel is a messaging app, not a portal
- Cash, corporate, insurer and scheme patients behave differently
- Demand follows doctors, so the front door competes with them
- Every new Tier 2 unit inherits the standard or the fragmentation

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gauravphogat.com



NATIONAL SCALE

93 crore

ABHA accounts, with over 100 crore health records linked, per a July 2026 government backgrounder

Patients now compare your booking flow against ABDM, eSanjeevani, CoWIN and PM-JAY.

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PATTERNS TO COPY

Inside private groups, patterns not products

- One patient identity across units, linked to ABHA with consent
- A single enquiry queue across calls, WhatsApp, web and walk-ins
- Online OPD booking that reads live doctor slots

Cashless is becoming a data quality problem: clean structured data moves faster through NHCX.

Gaurav Phogat
gauravphogat.com



READ THE FULL GUIDE

Digital transformation in a hospital group, in full

- The six-layer hospital transformation framework
- A three-year roadmap in the right order
- ABDM, eSanjeevani, CoWIN, PM-JAY and NHCX explained
- gauravphogat.com/what-digital-transformation-means-inside-a-hospital-group

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