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Digital Transformation of Healthcare Delivery in India: Infrastructure, Adoption, and the Persistent Equity Gap

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ABSTRACT

In addition to the rapid emergence of digital technology solutions, there has been an improvement in healthcare provision in India through better access healthcare, efficiency and quality of healthcare services. Government programs like Ehealth records (EHRs) ,Ayushman Bharat Digital Mission (ABDM), tele medicine, and m health , e-Sanjeevani applications have increased digital healthcare use in India. However,disparities in the availability of digital technology infrastructure, levels of internet penetration, digital literacy and socio-economic condition continue to influence access to healthcare, particularly among people in rural India. This paper aims at analyzing the effect of the digital healthcare infrastructure on digital healthcare adoption, healthcare delivery and healthcare equity in selected districts of Madhya Pradesh (Indore, Khargone and Barwani). Research methodology used in this study is quantitative in which data collected using the structured questionnaires given to 300 respondents.Data that was collected from respondents were then analysed using the IBM SPSS software in the form of descriptive statistics and reliability test, Pearson correlation , multiple regression analysis. Results obtained reveal that there is a significant and positive impact of digital healthcare infrastructure on digital healthcare adoption. The digital healthcare adoption is associated with the delivery of healthcare services and healthcare equity.Poor digital literacy, poor internet connectivity and geographical barriers are some of the major barriers in making the digital healthcare inclusive. From the results it can be seen that the necessary measures should be taken to improve digital infrastructure, raise the level of digital literacy, protect data security and make an inclusive digital health policy to provide equal access to healthcare. This study is one of the important additions to the existing literature in the area of digitalhealthcare transformation in the India.....

Keywords: Digital Healthcare Infrastructure, Digital Healthcare Adoption, Healthcare Delivery, Healthcare Equity, Telemedicine,Ayushman Bharat Digital Mission, Madhya Pradesh, India.

INTRODUCTION

There is a prototype shift in India's healthcare infrastructure as the nation strives to increase access to cost-effective and quality healthcare for its 1.4 billion people. Although there has been much improvement in the infrastructure development of the healthcare delivery system and health programs, healthcare access in India is still inequitable in many ways. People residing in rural and disadvantaged areas face problems regarding healthcare workforce shortage, specialized care, diagnostics, affordability, and physical accessibility to healthcare institutions. These issues have created an urgent need to not only enhance the healthcare infrastructure but to build a more accessible and technology-friendly healthcare system.

In that regard, the Ayushman Bharat Scheme launched by Indian Gonverment in 2018 is a significant milestone in this direction. The scheme consists of two key components that are the Health and Wellness Centres, which was later named as Pradhan Mantri Jan Arogya Yojana (PM-JAY), Ayushman Arogya Mandirs (AAM) As the name suggests, while AAMs target the availability of primary healthcare, the PM-JAY ensures financial coverage for secondary and tertiary hospitalization. The two initiatives take care of the issues of accessibility of health services from two sides which are availability and affordability. Thus, the aim of the AAM initiative is the comprehensive primary healthcare, including the services that are preventive, promotive, curative, rehabilitative, and palliative whereas the PM-JAY scheme ensures the health coverage to be given per year of up to Rupees 5 lakh per family for eligible families.

The extent of such interventions highlights the increasing scope of the Ayushman Bharat system. As of July 2026, over 1.86 lakh Ayushman Arogya Mandirs have been functional across the nation, which enhances the provision of primary healthcare services. Similarly, PM-JAY includes a target beneficiary base of 55 crore people, which refers to economically vulnerable individuals, and it has been extended to provide coverage for all citizens above 70 years irrespective of their economic position. Thus, the current trend shows the emergence of a new healthcare system, which focuses on financial protection and better primary/preventive care.

One more step in the evolution process of India's healthcare system is associated with the implementation of digital technology in healthcare. Ayushman Bharat Digital Mission (ABDM), which was initiated in September 2021, serves as a digital platform, which helps to create an integrated and interoperable health system. The main elements of ABDM include Ayushman Bharat Health Account (ABHA)and the digital health information exchange mechanism, Health Facility Registry (HFR) Healthcare Professionals Registry (HPR),. Based on these building blocks, ABDM is intended to help people manage their health records, promote interoperability among healthcare providers, and reduce fragmentation in the system.

The fast growth of ABDM indicates how quickly digital health systems are being adopted in India. On 20 July 2026, over 94.87 crore ABHA accounts were created, with 5.36 lakh healthcare facilities listed in the Health Facility Registry and 10.09 lakh professionals in the Healthcare Professionals Registry. In May 2026, the number of health records connected to ABHAs exceeded 100 crore, indicating significant progress in the adoption of digital health records and mechanisms for their interoperability. It can be assumed that India has gone from creating the infrastructure for digital health to creating an ecosystem where digital identities, health records, healthcare providers, and technologies platforms work together.

Digital transformation is also bringing about changes to traditional models of healthcare delivery. eSanjeevani, the national telemedicine service, has become one of the mechanisms of remote communication between the patients and the healthcare professionals, especially in rural and less developed areas. By 5 March 2026, eSanjeevani helped 45.42 crore patients and enlisted 2.3 lakh healthcare professionals.

Thus, the results of digital transformation are not limited to creating digital accounts or digital platforms. Digital health could potentially enhance accessibility, continuity of care, efficiency, convenience, patient engagement, and healthcare coordination. ABHA allows the users to connect and access their medical records while the integrated system of ABDM is intended to enable consensual exchange of data among participating healthcare providers. Digital registration systems, like Scan-and-Share, would help to make outpatient visits easier while telemedicine could help in extending specialist consultations to faraway communities. In other words, digital healthcare could help to complement physical infrastructure and financial protection by overcoming some geographical and informational barriers that affect healthcare access.

At the same moment, the rapid growth of digital infrastructure should not be regarded as evidence of automatic emergence of equity and universal accessibility of digital healthcare. The presence of an ABHA account does not necessarily mean that people use digital health services and benefit from improvements in healthcare.

This results in a critical difference between the concepts of health care infrastructure digitization, health care adoption of digital solutions, and equity of health care results. The first term denotes the presence of digital technologies, the second one – to the willingness and capability of the individuals or health care professionals to make use of those technologies, and the third one – to the fair distribution of the benefits. So, despite the fact that the introduction of digitization to the health care system will increase its performance levels, it is possible that some groups of people would not benefit from the process.

The dimension of rural/urban areas is especially relevant in the current context. On the one hand, the concept of digital healthcare allows reducing the geographical barriers through connecting rural individuals with distant health care professionals as well as portability of the health care information within the institutions. On the other hand, the rural community may have specific difficulties regarding connectivity, digital literacy, device availability, and health care infrastructure. Therefore, the same intervention may have completely different effects on the residents of the urban and rural areas.

In light of this backdrop, the current study explores digital healthcare transformation in India by specifically focusing on adoption and equitable healthcare access. Digital Literacy and Readiness, Government Policy Efficacy, Perceived Socio-technical Benefits, and Trust and Data Security have been conceptualised as the factors that may have an influence on Digital Healthcare Adoption Intention. Digital Healthcare Adoption Intention is conceptualised as a mediating factor that may have an impact on Perceived Healthcare Performance and finally on Equitable Healthcare Access. In addition to this, Area of Residence (Rural / Urban) has been conceptualised as the moderating factor since the benefits and challenges of adoption of digital healthcare vary depending upon the geographical location of the user.

Thus, instead of assessing the extent to which the digital healthcare infrastructure is growing, the study tries to address the following fundamental issue: Is the increase in digital healthcare leading to tangible improvements in healthcare access and performance?

Literature Review

Datta et al. (2021) have developed a malleable framework for introducing POCQI into India's healthcare system. The researchers revealed that quality improvement programs including engagement of healthcare professionals, digital mentoring, and stakeholder collaboration were critical factors in improving service delivery in primary, secondary, and tertiary care facilities. It is important to note that the authors stated that an effective healthcare system transition needs adaptation, capacity-building, leadership, and technology platforms for sustaining quality improvement programs. The results of the study will be helpful in introducing the Ayushman Bharat Digital Mission as a digital health project in India.

Rai and Singh (2022) the effectiveness of the primary healthcare policies and interventions in India was evaluated during the COVID-19 pandemic. The process identified the problems of healthcare in India, which included poor infrastructure, shortage of healthcare workers, and lack of equal access to healthcare services. Rai and Singh underlined the significance of improving

the existing healthcare situation in India using more public investments, digital healthcare solutions, telemedicine, healthcare workforce support, and policies.

Buthcher and Hussain(2022) found that there was enormous potential for improving healthcare quality, access, and efficiency through the use of digital healthcare technologies such as AI, telemedicine, mHealth, and wearables. The study also found that in order for the technology to be implemented successfully, interoperability, data security, clinical buy-in, and robust digital infrastructure were key.

Sharma et al. (2023), the study acknowledges that the success of ABDM implementation is contingent upon increased stakeholder participation, public awareness, effective data governance and regular monitoring and evaluation. Although the article provides an in-depth analysis of the digital health ecosystem in India from a policy perspective, it mainly focuses on a conceptual framework and calls for empirical research regarding user awareness and adoption of ABDM.

Laskar (2023) studied the evolution of digital society in India and the existing gap in the digital world between urban and rural populations. Utilizing qualitative research methodology, the author noted that digital inequality is associated with socioeconomic inequality involving educational inequality, income inequality, digital literacy inequality, and digital infrastructure inequality. Despite the fact that digitalization has been spreading rapidly due to the availability of the internet and affordable mobile phones, rural and marginalized communities still experience unequal access to education, health care, and economic enhancement in the digital world.

Rana et al. (2024) The work by Rana et al. (2024) focused on the development of digital health in India and demonstrated the pivotal role played by digital health technologies such as telemedicine, electronic health records (EHRs), artificial intelligence (AI), wearable technology, and Ayushman Bharat Digital Mission (ABDM) in enhancing healthcare accessibility, quality, and effectiveness. It was pointed out that the efforts made in the field of digital health such as CoWIN, eSanjeevani, and ABDM have enabled India to build its digital health infrastructure in the context of universal health coverage, interoperability, and patient-focused healthcare system. Yet, it was noted that there is still a number of issues including the digital divide, data privacy issues, low digital literacy, insufficient infrastructure, and others.

Mantri et al. (2024) investigated the design and implementation of national digital health platforms based on the WHO–ITU Digital Health Platform Handbook framework and assessed its implementation via Ayushman Bharat Digital Mission in India. As mentioned in the article, an efficient national digital health platform must be based on interoperable, reusable, and standardized components which provide a smooth exchange of health-related information among different healthcare providers. According to the authors, ABDM is a federated platform that is based on open APIs, Health Information Exchange (HIE), consent management, digital registries, and international interoperability standards such as HL7 FHIR, SNOMED CT, ICD-10, LOINC, and DICOM. Besides, the article emphasizes various implementation issues which include poor digital literacy, workforce readiness, voluntary participation of stakeholders, problems with data privacy, as well as the need for improved governance, certification, and capacity building measures.

Kapoor et al. (2025) have analyzed the contribution of Ayushman Bharat Digital Mission (ABDM) in promoting health equity through strengthening the existing primary healthcare (PHC) system in India with the help of a digital health ecosystem. According to the article, ABDM provides for continuity of care by offering digital health infrastructure such as Ayushman Bharat Health Account (ABHA), Health Facility Registry (HFR), Healthcare Professionals Registry (HPR), Personal Health Records (PHR), and a mechanism for consent-based sharing of data. These elements promote health information exchange, facilitate effective referral process, and allow long-term management of chronic illnesses. The researchers also mention that the introduction of digital tools helps to enhance the work of frontline healthcare providers due to the improvements in patients' registration, follow-ups, telemedicine consultation, and reporting of patients' health status. However, some barriers to effective implementation of ABDM are listed in the study, which include weak digital infrastructure, low digital literacy levels, resistance to change of clinical workflow processes, and issues of data security.

Kamath, Rajesh et al. (2025) carried out a qualitative study on the awareness, perceptions, and barriers faced with regards to Ayushman Bharat Digital Mission (ABDM) among postgraduate health science students of coastal Karnataka. It was established that even though the participants were knowledgeable about ABDM being a digital health program of the government, their perception and knowledge about ABDM functions was not sufficient, and they mistook ABDM to be the Ayushman Bharat health insurance scheme. Further, it was evident from the findings that lack of digital literacy, poor awareness among the masses, issues of data confidentiality and security, trust issues, and communication problems were key barriers to the use of ABDM.

Research Gap

While earlier studies have emphasized the advantages of adopting digital healthcare in terms of enhanced access and service delivery in India, there is little research to understand how regional differences in infrastructure affect digital healthcare adoption and trust. Earlier studies do not provide much understanding about the impact of digital literacy, perceived benefits, issues of data security, and urban-rural differences in the context of adoption. The proposed study will fill this gap in knowledge by studying digital healthcare adoption and regional differences in its adoption in Madhya Pradesh.

Research Objectives

To investigate how digital healthcare infrastructure affects the adoption of digital healthcare services in India.

To study the effect of digital healthcare adoption on the access to and quality of healthcare delivery.

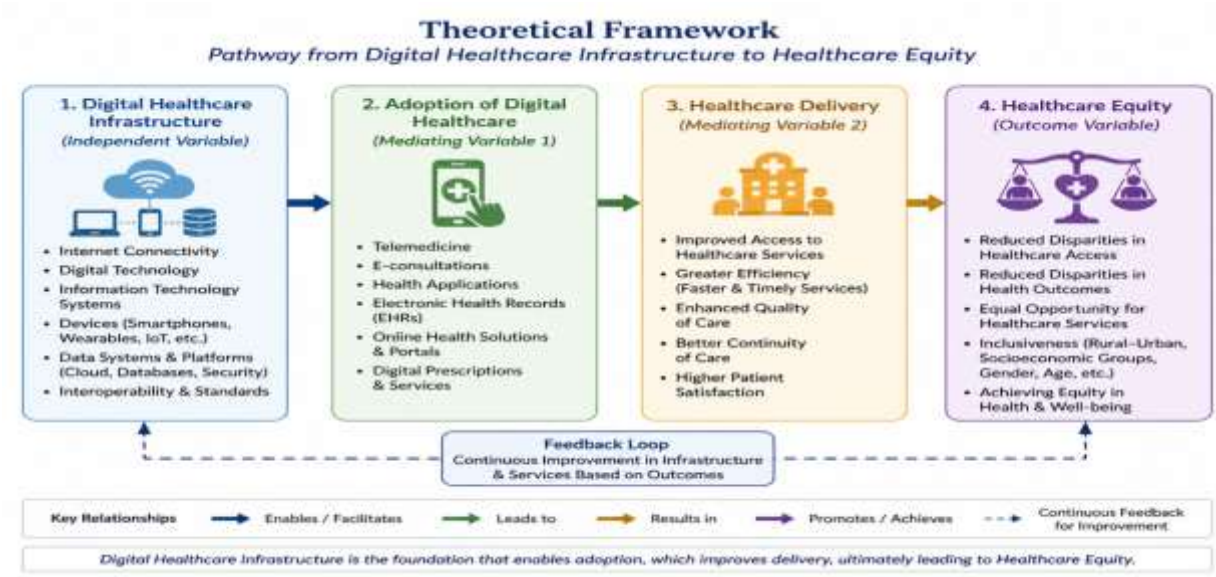
To investigate how the transition to digital healthcare impacts the healthcare equity gap in India.

Theoretical Framework

Lee and Ok (2026) study employs the model of the Unified Theory of Acceptance and Use of Technology (UTAUT) and modifies it by integrating the construct of Trust in telemedicine adoption. According to the model, Performance Expectancy, Effort Expectancy, and Social Influence have positive effects on users' Trust in telemedicine tools. As a result, Trust plays an important role in improving Behavioral Intention toward the use of telemedicine.

Conceptual Framework

The suggested framework shows the effects of the Digital Healthcare Infrastructure on Healthcare Equity through the adoption of Digital Healthcare and Healthcare Delivery. Digital healthcare infrastructure that involves internet, digital technology, information technology, devices, and data systems forms the basis of adopting digital healthcare solutions. The improvement in digital healthcare infrastructure will facilitate the adoption of digital healthcare facilities such as telemedicine, e-consultations, health applications, electronic health records (EHRs), and other online health solutions. Enhanced digital healthcare adoption will lead to the better healthcare delivery as it leads to improved access, efficiency, quality of healthcare provision, and patient satisfaction. In this way, healthcare delivery facilitates healthcare equity by minimizing the disparity between the healthcare access and outcomes among various groups of people.



Research Methodology

Research Design

This study involves a quantitative, descriptive, and explanatory research design to analyze the association between digital healthcare infrastructure, digital healthcare adoption, healthcare delivery, and healthcare equity in India. This study is conducted on selected districts of Madhya Pradesh (Indore, Khargone, and Barwani) to understand differences in the adoption of digital healthcare and their impact on healthcare equity.

Data Collection

This study uses primary data collected through a structured questionnaire designed for health care service users. Questions have been included on digital healthcare infrastructure, digital healthcare adoption, healthcare delivery, and healthcare equity in the questionnaire. Likert scale has been used in order to record responses, with 1 being lowest level of agreement (Strongly Disagree) and 5 being highest level of agreement (Strongly Agree). For secondary data, government reports, research articles, journals, and publications on digital healthcare in India have been considered.

Sampling Technique and Sample Size

Stratified random sampling will be used in order to represent the two types of populations, that is, urban and rural populations in the chosen districts. This study will focus on the people who have used digital healthcare services, including telemedicine, mobile health apps, online consultations, and electronic health records. It is recommended that 300 respondents will suffice.

Variables of the Study

Independent Variable: Digital Healthcare Infrastructure

Mediating Variables: Digital Healthcare Adoption and Healthcare Delivery

Dependent Variable: Healthcare Equity

Data Analysis Methods

The gathered data analyzed using IBM SPSS Statistics (Version 26). The following statistical methods were used to investigate research questions and validate the theoretical framework.

Descriptive Statistics: Frequency, percent, mean, standard deviation were the descriptive statistics employed to analyse the demographics of the participants as well as the pattern of responses. mean values were analyzed as follows:

1.00–1.80 = Strongly Disagree

1.81–2.60 = Disagree

2.61–3.40 = Neutral

3.41–4.20 = Agree

4.21–5.00 = Strongly Agree.

Reliability Analysis: Reliability analysis conducted on the measurement scales through Cronbach's Alpha. Reliability of the measurement scale is considered acceptable when the Cronbach's Alpha score is 0.70 and above, good if 0.80 and above, and excellent if 0.90 and above.

Correlation Analysis: To conduct correlation analysis, Pearson's r coefficient was used. Correlation analysis was interpreted in the following manner:

0.00–0.19 = Very Weak, 0.20–0.39 = Weak, 0.40–0.59 = Moderate, 0.60–0.79 = Strong, and 0.80–1.00 = Very Strong. Statistical significance was determined at $p < 0.05$.

Table 1. Pearson Correlation Matrix

Variables	Mean	SD	1	2	3	4
1.Digital healthcare Infrastructure	4.12	0.58	1			
2.digital Healthcare Adoption	4.05	0.61	.682**	1		
3.healthcare Delivery	3.98	0.64	.64**	.731**	1	
4.Healthcare Equity	3.91	0.67	.547**	.659**	.748**	1
N			300			

Note: $p < 0.01$ (2-tailed).

Interpretation

The Pearson correlation analysis indicates significant positive relationships among all study variables ($p < 0.01$). Digital Healthcare Infrastructure has a strong positive correlation with Digital Healthcare Adoption ($r = 0.682$), Healthcare Delivery ($r = 0.614$), and Healthcare Equity ($r = 0.547$). Healthcare Delivery shows the strongest association with Healthcare Equity ($r = 0.748$), suggesting that improvements in healthcare delivery contribute substantially to reducing healthcare inequities.

Multiple Regression Analysis: Multiple regression analysis was conducted to identify influence of Digital Healthcare Infrastructure on Digital Healthcare Adoption, Healthcare Delivery, and Healthcare Equity. Model considered statistically significant when p-value was less than 0.05.coefficient of determination (R^2) was used to measure proportion of variance in the dependent variable explained by independent variables. Standardized regression coefficients (β) were used determine the strength and direction of relationships.

Table 2. Multiple Regression Analysis

Dependent Variable: Healthcare Equity

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	0.816	0.666	0.662	0.391

ANOVA

Model	Sum of squares	Df	Mean square	F	Sig
Regression	91.825	3	30.6.8	200.214	0
Residual	46.341	296	0.157		
Total	138.166	299			

Coefficients

Predictor	B	Std. Error	Beta(β)	t	Sig.	VIF
(Constant)	0.524	0.221	-	2.37	0.018	-
Digital Healthcare Infrastructure	0.201	0.052	0.212	3.87	0	1.92
Digital Healthcare Adoption	0.286	0.058	0.324	4.97	0	2.11
Healthcare Delivery	0.418	0.054	0.471	7.74	0	2.36

Interpretation

The multiple regression model is significant statistically ($F = 200.214$, $p < 0.001$), and the model accounts for 66.6% of variance in Healthcare Equity ($R^2 = 0.666$). It means that Healthcare Delivery, Digital Healthcare Adoption, and Digital Healthcare Infrastructure play a considerable role in determining Healthcare Equity.

In the predictors, Healthcare Delivery exerts the most positive effect on Healthcare Equity ($\beta = 0.471$, $p < 0.001$), followed by Digital Healthcare Adoption ($\beta = 0.324$, $p < 0.001$) and Digital Healthcare Infrastructure ($\beta = 0.213$, $p < 0.001$). The Variance Inflation Factors (VIF) are below 5, which means that there is no multicollinearity problem. The results prove the hypothesized framework where improvement in digital healthcare infrastructure leads to better healthcare adoption and delivery and healthcare equity in general.

Mediation Analysis: Mediation was used to establish the existence of Digital Healthcare Adoption and Healthcare Delivery as mediators in the relationship between Digital Healthcare Infrastructure and Healthcare Equity. The mediation effect was regarded to be significant if the indirect effect was statistically significant ($p<0.05$). Full mediation would occur if there was no direct effect after the inclusion of the mediator, whereas partial mediation would take place if the direct and indirect effects were still significant.

Ethical Considerations

All individuals involved in the study take part voluntarily and consent is sought from all the respondents prior to collecting the data. Confidentiality, anonymity of participants is ensured, and collected data is used for research purposes only.

Findings

study evaluated effect of digital healthcare infrastructure on digital healthcare adoption, delivery of healthcare services, and healthcare equity for healthcare service consumers in selected districts of Madhya Pradesh. According to the descriptive analysis, the respondents perceived the digital healthcare services positively, with average scores exceeding 3.80 on a five-point Likert scale.

From the reliability test, it was clear that all scales have satisfactory internal consistencies since their Cronbach's Alpha values were above the required value of 0.70. This implies that the questionnaire is reliable enough to measure the constructs in this study.

The Pearson Correlation analysis revealed positive correlations among all variables at $p < 0.01$. The variable Digital Healthcare Infrastructure had a strong positive correlation with Digital Healthcare Adoption ($r = 0.682$), implying that good infrastructure leads to more adoption of the use of digital technologies in healthcare delivery. On the other hand, the variable Digital Healthcare Adoption had a high correlation with Healthcare Delivery ($r = 0.731$), indicating that more adoption of technology improves efficiency, effectiveness, and quality of healthcare. Finally, the variable Healthcare Delivery had a strong positive correlation with Healthcare Equity ($r = 0.748$).

Further confirmation of the above relationships came from the results of the multiple regression analysis. The regression model accounted for 66.6% ($R^2 = 0.666$) of the variation in Healthcare Equity and showed statistical significance ($F = 200.214$, $p < 0.001$). Out of the predictors used, Healthcare Delivery exerted the greatest impact on Healthcare Equity ($\beta = 0.471$), followed by Digital Healthcare Adoption ($\beta = 0.324$) and Digital

Healthcare Infrastructure (β = 0.213). These findings corroborate the conceptual framework put forward and show that investments in digital healthcare infrastructure enhance healthcare equity through increased digital healthcare adoption and healthcare delivery.

Conclusion

The conclusions drawn from the study suggest that digital healthcare infrastructure is crucial for the rapid adoption of digital healthcare services in India, and therefore improving healthcare provision. According to the findings, having adequate digital infrastructure, including access to the Internet, digital platforms, and health information systems is associated with higher rates of adoption of telemedicine, electronic health records, and mobile health solutions. More adoption of these technologies results in better healthcare accessibility, efficiency, and quality, and thus contributes to greater healthcare equity.

The research findings show that healthcare delivery acts as one of the major tools of reducing inequalities in accessing healthcare thanks to digital transformation. Nonetheless, there are several factors, such as lack of digital skills among patients, poor Internet connectivity in rural regions, problems with privacy, and regional differences in general, which prevent the inclusive adoption of digital healthcare solutions.

In general, the study proves the importance of developing digital healthcare infrastructure and increasing the adoption of digital healthcare services.

Recommendations

As per the results obtained from the study, there is a need for improvement in the infrastructure of digital healthcare, especially in rural and underdeveloped regions, in order to provide access to the healthcare institutions. It is important for the government as well as the healthcare institutions to emphasize on improving the level of digital literacy so that people can efficiently use telemedicine and other forms of digital healthcare. There is a need for policymakers to come up with strong data privacy and cybersecurity policies.

Limitations

The study is confined to only three districts of Madhya Pradesh (Indore, Khargone, and Barwani); thus, the results cannot be generalized to all other states/regions of India.

The data collection was done through self-administrated questionnaire; therefore, the results can be biased either due to the respondent himself or social desirability.

The study focuses on information collected from health service consumers and excludes healthcare providers, policymakers, or people who are developing the technology.

Although a lot of healthcare equity has been explained by the model (R^2 = 0.666), some other variables such as healthcare finance, government policies, culture, and institutional capacity have been excluded from the analysis.

Only quantitative methodology was applied in this study, but future researches could use mixed or qualitative methodologies.

Future Scope

The present study will serve as a foundation towards gaining an insight into the relevance of digital healthcare in delivering equal healthcare services. Future studies may be carried out through widening the scope of this study in terms of taking a larger sample size from different Indian states and carrying out longitudinal research to understand any change in the adoption of digital healthcare in the future. Some of the variables that may be considered in future research are digital literacy, trust, data privacy, and government policies along with the use of more advanced approaches such as structural equation modeling.

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