CROSSIDENTITY
IAM CONVERGED

Cross Identity: IAM in Hospitals

+91 901 926 6824 inquiry@crossidentity.com www.crossidentity.com

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1. Executive Overview

1.1 Context

Hospitals today operate in a highly interconnected digital environment that includes clinical systems, administrative platforms, third-party service providers, and government health ecosystems. Access to these systems is distributed across doctors, nurses, administrators, contractors, and external partners, creating a complex identity landscape that must function continuously without disrupting patient care.

1.2 Current Risk Exposure

Most hospitals manage identities and access through a combination of manual processes and disconnected tools. This results in:

- Delayed access revocation when staff or vendors exit
- Excessive or inappropriate privileges for clinical and IT users
- Limited visibility into who accessed patient data and why
- Increased exposure to ransomware and insider threats
- These identity gaps have been a common factor in recent healthcare cyber incidents globally and in India.

1.3 Regulatory & Governance Environment

Indian healthcare organizations are now subject to heightened regulatory oversight:

- Digital Personal Data Protection Act (DPDPA), 2023 requires demonstrable control over access to personal and sensitive patient data
- NABH accreditation standards mandate role-based access and comprehensive audit trails
- Ayushman Bharat Digital Mission (ABDM) requires secure, identity-verified access to national digital health infrastructure
- Together, these frameworks shift accountability for data access from policy intent to technical enforcement.

1.4 Role of Identity & Access Management

Identity & Access Management (IAM) provides the foundational controls that govern:

- Authentication of users accessing hospital systems
- Authorization based on role, responsibility, and context
- Privileged access to critical clinical and database systems
- Centralized auditability across all applications
- IAM serves as the unifying control layer that links security, compliance, and operational continuity.

1.5 Strategic Direction

To reduce risk and operational complexity, hospitals require a unified IAM approach that integrates access management, identity governance, and privileged access into a single operational framework. Fragmented or modular solutions increase integration effort, delay compliance readiness, and introduce governance gaps.

1.6 Expected Outcomes

- Improved security posture through consistent identity enforcement
- Stronger compliance alignment with DPDPA, NABH, and ABDM requirements
- Operational efficiency for clinical and IT teams
- Faster deployment and reduced total cost of ownership compared to multi-vendor approaches

1.7 Management Consideration

The decision on IAM architecture directly affects patient data protection, regulatory readiness, and clinical continuity. A unified identity strategy should therefore be treated as a core infrastructure decision rather than a standalone software purchase.

2. About Cross Identity

2.1 Company Overview

Cross Identity is a cybersecurity company focused on identity and access management as a foundational infrastructure capability. The company addresses identity challenges across access control, governance, privileged access, cloud entitlements, and compliance within a single operational framework.

Cross Identity's approach is designed for organizations that require enterprise-grade security outcomes without the operational complexity typically associated with large, multi-vendor identity stacks.

2.2 Relevance to Healthcare Environments

Healthcare organizations present a unique identity challenge due to:

- High volume of users with changing roles
- Life-critical systems requiring uninterrupted access
- Strict regulatory and audit requirements
- Limited tolerance for operational complexity

Cross Identity's focus on unified identity control aligns directly with these requirements, particularly in regulated sectors such as healthcare where access consistency, auditability, and speed of response are critical.

2.3 Market Positioning & Analyst Recognition

Cross Identity has been recognized by independent industry analysts for its strengths in:

- Identity Governance and Administration (IGA)
- Cloud Infrastructure Entitlement Management (CIEM)

These capabilities are particularly relevant for hospitals, where governance and visibility into access rights are often more challenging than basic authentication.

2.4 Operating Philosophy

Cross Identity's operating philosophy is based on the principle that:

Identity should function as shared infrastructure, not as a collection of disconnected security tools.

This philosophy emphasizes:

- Centralized enforcement of access policies
- Reduced dependency on integrations
- Simplified audit and governance operations
- Faster adaptation to regulatory and organizational change

2.5 Purpose of Inclusion in This Document

This document uses Cross Identity as a reference point to:

- Illustrate a unified approach to identity risk management
- Contrast architectural approaches in the IAM market
- Map hospital requirements to identity capabilities in a practical way

The intent is to support informed decision-making by hospital leadership, not to promote

3. Why Identity & Access Management Is Critical for Hospitals

3.1 Nature of Hospital Operations

Hospitals operate as continuous, high-availability environments where access to systems directly impacts patient care. Clinical outcomes depend on doctors, nurses, and staff being able to securely access electronic medical records, diagnostic systems, laboratory platforms, and pharmacy applications without delay. At the same time, these systems contain highly sensitive personal and medical data that must be protected at all times.

3.2 Complexity of Hospital Identities

A typical hospital manages multiple categories of identities, including:

- Clinical staff (doctors, nurses, technicians)
- Administrative and finance teams
- IT administrators and system operators
- External vendors, labs, insurers, and auditors

These identities span on-premise hospital information systems, cloud applications, mobile devices, and government health platforms. Without centralized control, access rights often accumulate over time and are rarely revoked promptly.

3.3 Identity as the Primary Attack Surface

In healthcare environments, most security incidents originate from compromised credentials rather than infrastructure failures. Common scenarios include:

- Former employees retaining access to clinical systems
- Excessive privileges granted for operational convenience
- Shared or unmanaged administrative accounts
- Lack of visibility into privileged activities

When identity controls are weak, attackers can move laterally across systems without triggering traditional security defenses.

3.4 Impact on Patient Safety and Operations

Identity failures do not only result in data loss; they disrupt clinical operations. Unauthorized access, ransomware incidents, or emergency account misuse can delay diagnoses, interrupt treatment, and damage patient trust. In healthcare, access control failures translate directly into operational and reputational risk.

3.5 IAM as Foundational Infrastructure

Identity & Access Management establishes the rules governing:

- Who is allowed to access hospital systems
- What level of access is appropriate based on role and context
- When access must be granted, limited, or revoked
- How all access is recorded and audited

By centralizing these controls, IAM becomes the foundational layer that supports security, compliance, and clinical continuity across the hospital ecosystem.

3.6 Consequences of Inadequate IAM

Hospitals that rely on manual processes or disconnected identity tools face:

- Higher likelihood of regulatory non-compliance
- Increased exposure to cyberattacks and insider threats
- Greater operational burden on IT teams
- Reduced confidence during audits and investigations

Effective IAM is therefore not optional—it is a prerequisite for safe, compliant, and resilient hospital operations.

4.Recent Healthcare Cyber Breaches & Key Lessons

4.1 Healthcare as a High-Value Target

Healthcare organizations have become one of the most targeted sectors globally for cyberattacks. Hospitals combine high-value personal data, legacy systems, continuous operations, and time-sensitive environments—making them attractive targets for ransomware, data theft, and extortion.

In many documented incidents, attackers did not exploit sophisticated technical vulnerabilities. Instead, they gained access through compromised identities—often using valid credentials that were poorly governed or insufficiently monitored.

4.2 Common Breach Patterns in Hospitals

Analysis of recent healthcare security incidents reveals recurring patterns:

- Compromised User Credentials: Phishing or reused passwords enabling unauthorized access to clinical systems
- Orphaned Accounts: Former doctors, contractors, or vendors retaining active system access
- Excessive Privileges: Users granted broader access than required for their role
- Uncontrolled Privileged Access: Administrative accounts used without sufficient oversight or audit logging

These weaknesses allow attackers to move laterally across hospital systems once initial access is obtained.

4.3 Operational and Clinical Impact

Unlike many other industries, cybersecurity incidents in hospitals have immediate operational consequences:

- Temporary unavailability of electronic medical records
- Disruption of diagnostic and laboratory systems
- Delays in treatment and patient discharge
- Emergency fallback to manual processes

Such disruptions directly affect patient safety and clinical outcomes, extending the impact of cyber incidents beyond financial or data loss.

4.4 Regulatory and Reputational Consequences

In the Indian regulatory context, healthcare breaches now carry significant legal and reputational implications:

- Mandatory breach reporting under data protection regulations
- Increased scrutiny during NABH audits and renewals
- Loss of patient trust and reputational damage

Regulators and accrediting bodies increasingly expect hospitals to demonstrate not only that policies exist, but that access controls are technically enforced and auditable.

4.5 Key Lessons from Recent Incidents

Across healthcare breaches, several consistent lessons emerge:

- Perimeter security alone is insufficient once identities are compromised
- Lack of centralized identity governance delays detection and response
- Manual access reviews and fragmented tools create blind spots
- Privileged access without oversight represents a critical risk

These lessons reinforce the need for identity-centric security controls that are continuously enforced rather than periodically reviewed.

4.6 Implication for Hospital Leadership

Cyber incidents in healthcare are no longer isolated IT events. They are organizational risks that impact patient safety, regulatory standing, and operational continuity. Addressing these risks requires shifting security focus toward identity—who has access, what they can do, and how that access is governed and monitored.

5. How Identity & Access Management Addresses Hospital Security and Patient Safety Risks

5.1 Shifting Security Control to Identity

In hospital environments, security effectiveness is determined less by network boundaries and more by how identities are managed. Once a user is authenticated, access decisions must reflect role, responsibility, context, and risk. Identity & Access Management (IAM) establishes this control by acting as the central authority for all access decisions across clinical and administrative systems.

5.2 Access Management: Securing Clinical Workflows

IAM enables secure and efficient access for doctors, nurses, and staff by:

- Verifying user identity through strong authentication
- Enforcing role-based access aligned with clinical responsibilities
- Reducing reliance on shared credentials and manual access approvals

This ensures clinicians can access required systems quickly while limiting exposure to unauthorized users.

5.3 Identity Governance: Controlling Who Should Have Access

Identity governance addresses one of the most common hospital risks—excessive and outdated access. Through governance controls, hospitals can:

- Automate access provisioning and de-provisioning tied to HR events
- Ensure access is granted based on defined roles and policies
- Periodically review and certify user access

This reduces the likelihood of orphaned accounts and unauthorized access to patient data.

5.4 Privileged Access Management: Protecting Critical Systems

Privileged accounts have unrestricted access to core hospital systems, including databases and electronic health records. IAM frameworks that include privileged access controls:

- Limit privileged access to approved users and time-bound sessions
- Monitor and log all privileged activities
- Prevent misuse of administrative credentials

Effective privileged access management is critical for preventing ransomware and insider-driven incidents.

5.5 Auditability and Accountability

IAM provides centralized logging and reporting of access activity across all systems. This enables hospitals to:

- Trace who accessed specific patient records and when
- Demonstrate compliance during regulatory or accreditation audits
- Investigate incidents efficiently using a single source of truth

This level of auditability is increasingly required by regulators and accrediting bodies.

5.6 Impact on Patient Safety and Continuity

By ensuring that access is both secure and appropriate, IAM helps maintain uninterrupted clinical operations. Rapid access revocation, controlled emergency access, and clear accountability reduce the risk of disruptions that can compromise patient care.

5.7 Summary

IAM transforms access control from a fragmented administrative task into a foundational safety and governance mechanism. When implemented as a unified framework, it directly addresses the identity-driven risks that have led to recent healthcare breaches while supporting regulatory compliance and operational resilience.

6. Regulatory & Compliance Drivers in India

6.1 Evolving Regulatory Expectations for Hospitals

Indian hospitals are operating under an increasingly formalized digital governance framework. Regulators and accreditation bodies now expect healthcare organizations to demonstrate technical enforcement of data access controls, not just written policies. This shift places direct responsibility on hospital leadership to ensure that patient data is accessed lawfully, securely, and audibly.

6.2 Digital Personal Data Protection Act (DPDPA), 2023

Under the DPDPA, hospitals are classified as Data Fiduciaries and, in many cases, Significant Data Fiduciaries due to the volume and sensitivity of health data they process.

Key obligations include:

- Ensuring personal and sensitive patient data is accessed only by authorized individuals
- Implementing reasonable security safeguards to prevent data breaches
- Maintaining the ability to demonstrate consent, access, and data handling practices
- Reporting data breaches within prescribed timelines

The Act introduces substantial financial penalties and places accountability on organizational leadership, making access control and auditability a legal requirement rather than an operational choice.

6.3 NABH Accreditation and Digital Health Standards

NABH accreditation standards increasingly emphasize information security and digital governance. Hospitals are expected to demonstrate:

- Role-based access control aligned to clinical and administrative roles
- Controlled access to electronic medical records
- Complete and tamper-proof audit trails of user activity

During accreditation and renewal audits, hospitals must show evidence that access policies are enforced consistently across systems and that deviations can be detected and addressed.

6.4 Ayushman Bharat Digital Mission (ABDM)

The ABDM initiative integrates hospitals into a national digital health ecosystem. Participation requires hospitals to:

- Securely authenticate healthcare professionals accessing patient records
- Protect ABHA-linked health data from unauthorized access
- Maintain trust and integrity within government-linked health exchanges

Identity assurance and access control are foundational to participating in this ecosystem without introducing systemic risk.

6.5 Implications for Hospital IT and Governance

Together, DPDPA, NABH, and ABDM establish a clear expectation:

- Hospitals must know who accessed what data, when, and why
- Access must be restricted based on role, context, and necessity
- Audit records must be readily available and defensible

Manual processes or disconnected tools are increasingly insufficient to meet these expectations at scale.

6.6 Compliance as an Ongoing Capability

Regulatory compliance in healthcare is no longer a one-time certification exercise. It requires continuous enforcement, monitoring, and reporting of access controls. Hospitals must therefore treat identity and access management as a long-term governance capability rather than a short-term compliance project.

7. Compliance Mapping: Regulations to IAM Capabilities

Identity challenges in banking are best understood by mapping operational and risk issues directly to the identity capabilities required to address them.

7.1 Regulatory Requirement to Control Mapping

Regulation / Framework	Regulatory Requirement	IAM Control Needed	Outcome for Hospital
DPDPA 2023	Ensure only authorized individuals access personal and sensitive patient data	Strong authentication and role-based access control	Reduced risk of unauthorized data exposure
DPDPA 2023	Demonstrate “reasonable security safeguards”	Centralized identity enforcement across all systems	Defensible security posture during audits
DPDPA 2023	Ability to investigate and report data breaches	Unified audit trails mapped to individual identities	Faster breach investigation and response
DPDPA 2023	Accountability of data access and handling	Identity-linked access logs and reporting	Clear ownership and traceability
NABH Accreditation	Role-based access to EMR/HIS systems	Identity governance aligned to clinical and admin roles	Compliance with accreditation standards
NABH Accreditation	Controlled access to critical systems	Least-privilege and segregation of duties	Reduced insider and misuse risk
NABH Accreditation	Complete and tamper-proof audit logs	Centralized access logging and reporting	Smooth accreditation and renewal audits
ABDM	Secure authentication of healthcare professionals	Strong identity verification for users	Trusted access to national health ecosystem
ABDM	Protection of ABHA-linked patient data	Consistent identity controls across platforms	Reduced exposure of government-linked data
ABDM	Auditability of access to shared health records	Identity-based access reporting	Compliance with ABDM security expectations

7.2 Key Executive Takeaway

Across DPDPA, NABH, and ABDM, the common denominator is identity accountability. Hospitals must be able to prove—at any time—who accessed patient data, what was accessed, and under what authority. IAM provides the technical foundation required to meet this expectation consistently and at scale.

8. Mapping Hospital Security & Operational Challenges to IAM Capabilities

8.1 Security Risk Mapping (Cyber & Insider Threats)

Hospital Security Challenge	Typical Cause	IAM Capability Required	Risk Reduction Achieved
Ransomware incidents	Compromised admin credentials	Privileged access management (PAM)	Limits blast radius of attacks
Insider misuse of data	Excessive or unmanaged privileges	Least-privilege enforcement	Reduced insider threat
Credential compromise	Weak or shared passwords	Strong authentication (MFA)	Lower account takeover risk
Lateral attacker movement	Disconnected access controls	Centralized identity enforcement	Faster containment
Undetected misuse	No identity-level monitoring	Identity-based logging & alerts	Early threat detection

8.2 Operational Mapping (IT & Hospital Administration)

Operational Problem	Current Reality	IAM Capability Required	Operational Benefit
Slow staff onboarding	Manual access approvals	Automated identity lifecycle	Faster clinician productivity
Delayed access removal	Exit processes not synced	Centralized de-provisioning	Reduced residual access risk
High IT workload	Multiple tools and consoles	Unified IAM control plane	Lower operational overhead
Audit preparation effort	Manual data collection	Centralized reporting	Faster audit response
Access errors	Human-driven provisioning	Policy-based access control	Fewer access mistakes

8.3 Clinical Workflow Mapping (Patient Care Impact)

Clinical Challenge	Impact on Care	IAM Capability Required	Clinical Outcome
Multiple logins	Delayed access to EMR	Single sign-on (SSO)	Faster clinical decisions
Emergency access misuse	Unaccountable break-glass use	Controlled emergency access	Accountability under pressure
Role ambiguity	Inappropriate data exposure	Role-based access control	Safer patient data handling
Shift-based access	Access persists beyond shift	Context-aware access control	Reduced unnecessary exposure

8.4 Executive Takeaway

Beyond regulatory compliance, hospitals face daily operational and clinical risks driven by identity sprawl, manual processes, and fragmented access controls. These challenges directly affect patient safety, IT efficiency, and organizational resilience.
IAM addresses these issues by enforcing consistent, automated, and auditable access controls across all hospital users and systems.

9. IAM Architecture Options for Hospitals

9.1 Overview

Hospitals must implement identity and access controls across clinical systems, administrative applications, infrastructure platforms, and external integrations. How these controls are architected has a direct impact on security risk, regulatory compliance, operational effort, and long-term cost.

9.2 Option 1: Fragmented (Best-of-Breed) IAM Architecture

In this approach, hospitals deploy separate systems for:

- Access Management (user authentication and login)
- Identity Governance (access approvals and reviews)
- Privileged Access Management (administrative access)

These components are integrated through APIs or custom connectors.

Implications:

- Higher implementation and integration effort
- Multiple operational consoles and policies
- Delayed propagation of access changes across systems
- Increased audit complexity due to distributed logs

9.3 Option 2: Unified IAM Architecture

In a unified architecture, access management, governance, and privileged access operate as a single identity control framework.

Implications:

- Centralized enforcement of access policies
- Immediate consistency of access changes across systems
- Single audit trail for clinical and administrative access
- Reduced operational and maintenance overhead

9.5 Key Consideration for Leadership

The architectural choice determines whether identity controls function as a collection of tools or as a core hospital infrastructure capability. Fragmented architectures introduce ongoing integration risk, while unified architectures simplify governance, auditing, and operational control.

10. Competitive Comparison: Okta vs Cross Identity

10.1 Purpose of This Comparison

This section compares two IAM approaches as represented by Okta and Cross Identity, focusing on hospital suitability, risk exposure, compliance readiness, and operational impact—not feature depth alone.

10.2 Executive Comparison Table

Dimension	Okta	Cross Identity
Architecture Model	Modular / best-of-breed components	Unified IAM platform
Core Focus Area	Access Management (SSO, MFA)	End-to-end identity control
Identity Governance	Available as a separate module	Built-in and integrated
Privileged Access	Separate offering / add-on	Integrated into the core platform
Regulatory Alignment (India)	Generic global privacy frameworks	Designed with Indian regulatory context in mind
Audit & Reporting	Distributed across modules	Centralized identity audit trail
Implementation Effort	Higher due to multiple integrations	Lower due to unified control layer
Operational Complexity	Multiple consoles and policies	Single operational model
Suitability for 50–5,000 Users	Enterprise-oriented, may be over-engineered	Designed for mid-market and growing organizations
Scalability Across Systems	Scales well but increases integration effort	Scales without added architectural complexity

10.3 Observations Relevant to Hospitals

- Okta is widely recognized for strong authentication and access management capabilities, particularly in large enterprise environments.
- Hospitals, however, require tight coupling between access, governance, and privileged control to reduce identity risk and simplify audits.
- A modular approach introduces dependencies between systems that must be continuously managed and validated, especially during staff changes and audits.
- A unified approach reduces the likelihood of gaps between policy intent and technical enforcement.

Consideration	**Okta Model**	**Cross Identity Model**
Risk of access inconsistency	Higher due to integration dependency	Lower due to centralized enforcement
Audit preparation effort	Higher	Lower
Dependency on specialist skills	Higher	Lower
Long-term governance complexity	Increases as environment grows	Remains controlled

10.5 Executive Takeaway

- Both platforms provide IAM capabilities, but they represent different identity strategies.
- For hospitals operating in a regulated, high-availability environment, the ability to centrally govern access, privilege, and auditability with minimal operational overhead is a critical differentiator.
- The choice is less about individual features and more about how identity risk is controlled over time.

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11. Hospital Requirements to Cross Identity Capability Mapping

11.1 Purpose of This Mapping

This section maps hospital-specific requirements—derived from clinical operations, security risks, and compliance obligations—to Cross Identity's identity control capabilities. The intent is to demonstrate alignment between hospital needs and the operating model of Cross Identity, without reliance on fragmented or third-party controls.

11.2 Hospital Requirement Mapping

Hospital Requirement	Operational / Risk Context	Cross Identity Capability Alignment	Outcome for Hospital
Centralized control of user access	Multiple systems, distributed users	Unified identity control framework	Consistent access enforcement
Role-based access for clinicians	Changing roles, shift-based work	Identity governance with RBAC	Reduced inappropriate access
Rapid onboarding of doctors & staff	Time-sensitive clinical access	Automated identity lifecycle management	Faster clinical productivity
Immediate access revocation	Staff exits, vendor offboarding	Centralized de-provisioning	Lower residual access risk
Secure privileged access	Admin access to EHR & databases	Integrated privileged access controls	Reduced ransomware exposure
Audit-ready access visibility	Regulatory and accreditation audits	Centralized identity audit trails	Faster, defensible audits
Minimal operational complexity	Lean IT teams	Single operational control plane	Lower administrative overhead
Scalability as systems grow	New apps, ABDM integrations	Unified architecture that scales	Controlled long-term growth

11.3 Alignment with Hospital Operating Realities

Hospitals require identity controls that operate reliably under continuous usage, frequent role changes, and strict regulatory scrutiny. Cross Identity's approach aligns with these realities by emphasizing:

- Centralized enforcement over distributed integration
- Automation over manual administration
- Auditability as a default, not an afterthought

12. Financial & Risk Impact

12.1 Financial Exposure of Identity Failures

In hospital environments, identity-related failures carry both direct and indirect financial impact, including:

- Regulatory penalties under the DPDPA for unauthorized data access or breaches
- Costs associated with ransomware response and system recovery
- Audit remediation expenses during NABH accreditation or renewal
- Operational disruption leading to delayed services and reputational damage

Identity incidents often result in extended recovery periods due to the complexity of tracing access across multiple systems.

12.2 Cost Implications of IAM Approaches

The total cost of identity management is influenced not only by licensing, but by:

- Integration and customization effort
- Ongoing operational administration
- Audit preparation and compliance overhead

Fragmented IAM architectures typically increase long-term costs due to repeated integration work, specialized skill requirements, and higher audit effort. Unified identity control models reduce these costs by consolidating enforcement, reporting, and administration.

12.3 Risk Reduction Through Unified Identity Control

A centralized identity control framework reduces risk by:

- Eliminating orphaned and excessive access
- Reducing the attack surface for privileged credentials
- Enabling faster detection and response to access anomalies
- Providing clear accountability for all access actions

These controls directly mitigate the most common causes of healthcare cyber incidents.

12.4 Return on Risk Mitigation

Investments in identity infrastructure deliver returns by:

- Lowering the likelihood and impact of security incidents
- Reducing compliance and audit preparation effort
- Improving IT efficiency and reducing manual intervention
- Supporting uninterrupted clinical operations

For hospitals, the avoidance of a single major identity-related incident can outweigh the cost of implementing a robust IAM framework.

12.5 Executive Takeaway

The financial and risk profile of hospitals is increasingly shaped by how effectively identity access is governed. IAM should therefore be evaluated as a risk management and operational resilience investment, not solely as an IT expenditure.

13. Conclusion: Management Recommendation

Hospitals operate in a uniquely sensitive environment where patient safety, regulatory accountability, and operational continuity depend on secure and reliable access to digital systems. Recent healthcare breaches and evolving regulatory mandates have demonstrated that identity is now the primary control point for managing cyber risk.

This document has shown that:

- Identity failures are a common root cause of hospital security incidents
- Regulatory frameworks in India require demonstrable access control and auditability
- Fragmented identity tools increase operational complexity and governance gaps
- Unified identity control provides stronger security, faster compliance readiness, and lower long-term risk

Recommendation

Hospital leadership should adopt a unified identity and access management strategy that centralizes access control, governance, privileged access, and auditability across all systems. This approach aligns with regulatory expectations, reduces operational burden, and strengthens the hospital's ability to protect patient data and clinical operations.

Next Steps

- Confirm identity governance and access control requirements across clinical and administrative systems
- Evaluate IAM solutions based on architectural coherence, audit readiness, and operational fit
- Prioritize solutions that minimize integration complexity and support long-term scalability

About Cross Identity

Elevate your identity security with Cross Identity, World's #1 converged IAM platform trusted by over 1,200 organizations to secure more than 70 million identities. More than just an IAM solution, Cross Identity unifies authentication, authorization, governance, and administration into a single, seamless experience. Our platform not only enhances security and compliance but also delivers an user experience and recommended by leading analysts that set the standard for the industry.

+91 901 926 6824
inquiry@crossidentity.com
www.crossidentity.com