



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



DEPARTMENT OF HEALTH AND FAMILY WELFARE – GOVT. OF KARNATAKA

भारत सरकार GOVERNMENT OF INDIA	स्वास्थ्य एवं परिवार कल्याण मंत्रालय MINISTRY OF HEALTH AND FAMILY WELFARE Toll free number: 1800-8437-100	GPMS Transportal	Select Language	f	o	t	in	
	DEPARTMENT OF HEALTH AND FAMILY WELFARE							
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Integrated GPMS Transportal For Universal Healthcare*
Sustainable Action for Transforming Human capital (SATH) program

Integrated GPMS Transportal For Universal Healthcare*

Sustainable Action for Transforming Human capital (SATH) program

Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST.





About Indian CST:

Indian Centre For



Social Transformation

A Public Charitable Trust (Regd.)

Indian Centre for Social Transformation (Indian CST) is a registered Public Charitable Trust (Registration No. HLS-4-00228-2009-10 dated 26/12/2009) whose mission is to work towards realization of a national vision set out in Article 51A (j) of the Indian Constitution- which prescribes the Fundamental Duty for Indian Citizens and exhorts them "to strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavor and achievement."

The goal of Indian CST is to promote through this one stop portal, a number of projects that will deliver cost effective computing, best practices, knowledge management systems and critical applications at affordable costs to masses across India. Indian CST truly believes in 'IT for Social Change'.

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GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



INTEGRATED PLATFORM

Subject ID: MR 001

Search

Subject Information

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Sample Management

Variation Study

Drug Side Effects

Contraindications

Information based medicine will require unprecedented access to diverse, integrated information

Subject ID: MR 001

Subject ID	Registrati...	Corporate...	Employee...	Employee...	Designati...	Name Pre...	First Name	Last_Name	Date o
MR 001	10/10/2008	ING	ING001	Sumalatha	Manager	Miss	Sumalatha	Raghavan	05/04/...

Image Investigation

Subject ID	Date acquired	Image Type	Image Format	Report Name	Report ID	Image Path	Radiologist...
MR 001	11/03/2008	MRI Breast	DICOM	IP001 MRI Br...	RP001	C:\PACS\MR...	UWW

Phenotype Assessment

Subject ID	Rater ID	Interview ...	Consent ...	Blood dra...	DNA ID	Genotypin...	Anemia	BP	Pulse
MR 001	SAM001	11/03/2008	yes	yes	DNA001	yes	yes	no	70

Clinical Data

Subject Id	Complaints	Diagnosys	Medicine ...	Dosage A...	No Of Days	Quantity	Special In...	Follow Up...	Height
MR001	Depressi...	ooperecto...	Temoxifin	1mg	60	3	Before food	none	150

Investigator Details

Subject ID	Investigator City	Investigator DOB	Investigator Sex	Investigator Blood Gro...
MR001	bangalore	10/10/1955	male	A+

Sample Management

Subject ID	Blood Group	Collection Cen...	Pro Transfusio...	No. of Units	Hb (gm/dl)	Department
MR001	AB+	Red Cross	10/10/2008	7	10	141, coding

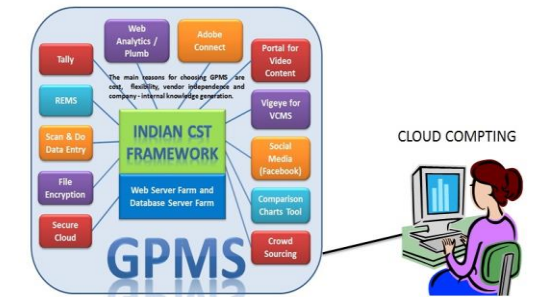
Variation Study

Subject ID	Medical R...	Hetrozygo...	Function ...	Chromos...	Allele	Protein R...	Method Cl...	Disease ...	Protein
MR001	IP001	.005	coding sy...	17q21	T	Plenyl ala...	sequence	Breast ca...	Nucleo...

Drug Side Effects

Subject ID	Irritability	Loss of a...	Low-grad...	Redness	Tenderne...	Lump at...	Sleepiness	Vomiting

Indian CST GPMS Platform integrates various Tools & Techniques for Data Collection, Analysis and Decision Making



GPMS facilities enterprises whose requirements are not covered by standard software / platforms for real time monitoring

Initiative by the Ministry of Health and Family Welfare, NITI AAYOG, Govt. of India, Department of Health and Family Welfare Government of Karnataka (KARHFW), Powered by Indian CST

<https://indiancst.com/India/universalhealthcare>



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Improving Healthcare for a better Karnataka.
Department of Health & Family Welfare Services

Indian CST has inked the MOU with Karnataka State Government Health and Family Welfare Department, Govt. of Karnataka (HFWD) to be in force for a period of 10 years (till 27.04.2027) Indian CST's Make in India Innovative Integrated GPMS Transportal for Universal Healthcare Cloud Computing Solutions Platform is been rolled through out in the KTK State 30 districts, 30,000 health centers which includes Govt and private too for real time monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameters that will allow Multiple Ministry / Stakeholders / Hospitals/ PHC's/ Doctors / Associated healthcare Projects / Schemes to work on this single platform and the 4.5 crores patients / citizens who will be given access online to view their own medical records data online, any time , from anywhere, on any device. and further enabling the implementation of SDG-3 in the State of Karnataka.

<http://www.karnataka.gov.in/hfw/Pages/Home.aspx> <https://indiancst.com/India/universalhealthcare/>

- ◆ SATH is an initiative through which NITI Aayog will partner with three states and to transform the health sector of the Indian states.
- ◆ NITI Aayog (the premier think tank of the Government of India) has selected Karnataka to improve healthcare delivery and key outcomes along with Uttar Pradesh and Assam.

Universal, easily accessible, affordable primary healthcare



Comprehensive primary health care package with geriatric, palliative and rehabilitative care.

Health Card for access to primary healthcare facility services anytime, anywhere.



Free drugs and diagnostics along with low cost pharmacy chains (Jan Aushadhi stores)

Free health care to victims of gender violence in public and private sector.



AFFORDABLE HEALTHCARE FOR ALL





IMPLEMENTATION OF SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELLBEING FOR ALL AT ALL AGES IN KARNATAKA STATE

SUSTAINABLE DEVELOPMENT GOALS

3 **HEALTHY LIVES**

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES | **3**

<p>Target 3.1</p> <p>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p>	<p>Target 3.2</p> <p>By 2030, end preventable deaths of newborns & children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births & under 5 mortality to at least as low as 25 per 1,000 live births</p>	<p>Target 3.3</p> <p>By 2030, end the epidemic of AIDS, tuberculosis, malaria & neglected tropical diseases & combat hepatitis, water-borne diseases & other communicable diseases</p>
<p>Target 3.4</p> <p>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention & treatment & promote mental health & well-being</p>	<p>Target 3.5</p> <p>Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p>	<p>Target 3.6</p> <p>By 2030, halve the number of global deaths & injuries from road traffic accidents</p>
<p>Target 3.7</p> <p>By 2030, ensure universal access to sexual & reproductive health-care services, including for family planning, information and education, & the integration of reproductive health into national strategies and programmes</p>	<p>Target 3.8</p> <p>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines & vaccines for all</p>	<p>Target 3.9</p> <p>By 2030, substantially reduce the number of deaths & illnesses from hazardous chemicals and air, water & soil pollution and contamination</p>



SDG 3: Health for all at all ages



SDG 3 includes 13 targets by thematic area:

- health throughout the life-course;
- communicable diseases, NCDs and risk factors;
- resilient environments;
- health systems.



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Patients to access records held electronically whenever and wherever they need it.

<https://indiancst.com/India/universalhealthcare>

Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST.



Ayushman Bharat is a National Health Protection Scheme, which will cover **over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries)** providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization.

Improving Health for a Better Karnataka

GPMS Transportal for Universal Healthcare cloud computing platform has been further customized and developed for allowing digital access to Multiple Ministries at Central or State / District / Urban Level / Rural Level / All Stakeholders / Govt. and Private Hospitals / PHC's / Sub-Centers/Health and Wellness Centers / Doctors / GP's / Nurses / Pharmaceuticals / Drug Manufacturers / Hospitals / Physicians, Pharmacies, Laboratories and imaging centers, Application Providers, Device manufacturers / Health payers / Multiple Stake holders / Associated with Healthcare Projects / Programs/ Schemes etc. To Work on This Single Cloud Computing integrated Platform for Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameters

Any Karnataka State Citizen's can access medical or ID records held electronically whenever and wherever they need it.

<https://indiancst.com/indiancst/healthcare>



CHALLENGES FACED BY- NITI AAYOG GOVERNMENT OF INDIA NHPS Working Group on IT

Following are the key questions that emerged

1. How can we create a clean database of beneficiaries?
- 2. Is SECC a good starting point for creating the beneficiary database?
 - a. How can we fill the missing elements (address, date of birth, spouse name etc.), which are not a part of SECC?
 - b. How can we establish the accuracy of the SECC database?
 - c. Is leveraging Aadhaar a better option?
 - i. Can we explore the possibility of seeding SECC with Aadhaar?
 - ii. What is the feasibility (in reference to section 57 of the Aadhaar Act) of doing so?
 - iii. What are the long term implications (in reference to upcoming data protection law) of doing so?
- 3. Of the modules proposed for the IT system, what are the 3-4 critical/ high priority modules that should be fast-tracked?
- 4. What is the bare minimum set of standards that need to be complied with? Who can help in identifying this set?
- 5. What all needs to be fast tracked as per the '2 speed' model i.e. isolate short term priorities at the same time not sacrificing long term objectives?
- 6. Can we retrofit existing platforms with the identified set of standards?
- 7. Can we adopt an API based approach to create an inter-operable nationwide ecosystem?



CHALLENGES FACED BY NHM HEALTH DEPARTMENT OFFICIALS GOVERNMENT OF KARNATAKA

1. NHM envisages a fully functional health information system facilitating smooth flow of information for effective decision-making. A robust health management information system is essential for decentralized health planning. Lack of indicators and local health needs assessment have been identified as constraints to effective decentralization.
2. The different health management information systems insilo's should be integrated to support regular decentralized analysis of data and for decision making at state, district, city and sub -district levels. The information systems will enable local users in management of health service delivery as well as help them in their routine activities.
3. Multiple information systems in various health programs need to be integrated for seamless data exchange to enable comprehensive decision making. This requires integration of service delivery data (both aggregate and granular, including HMIS, RCHS Hospital information Systems data, tracking data etc.), Nikshay with morbidity (IDSP), mortality (death reporting and MDR) and with other management information systems data (human resource management systems, finance management systems, drug inventory management systems, and information for private sector regulatory systems, e.g., Clinical Establishments Act, PCPNDT implementation).

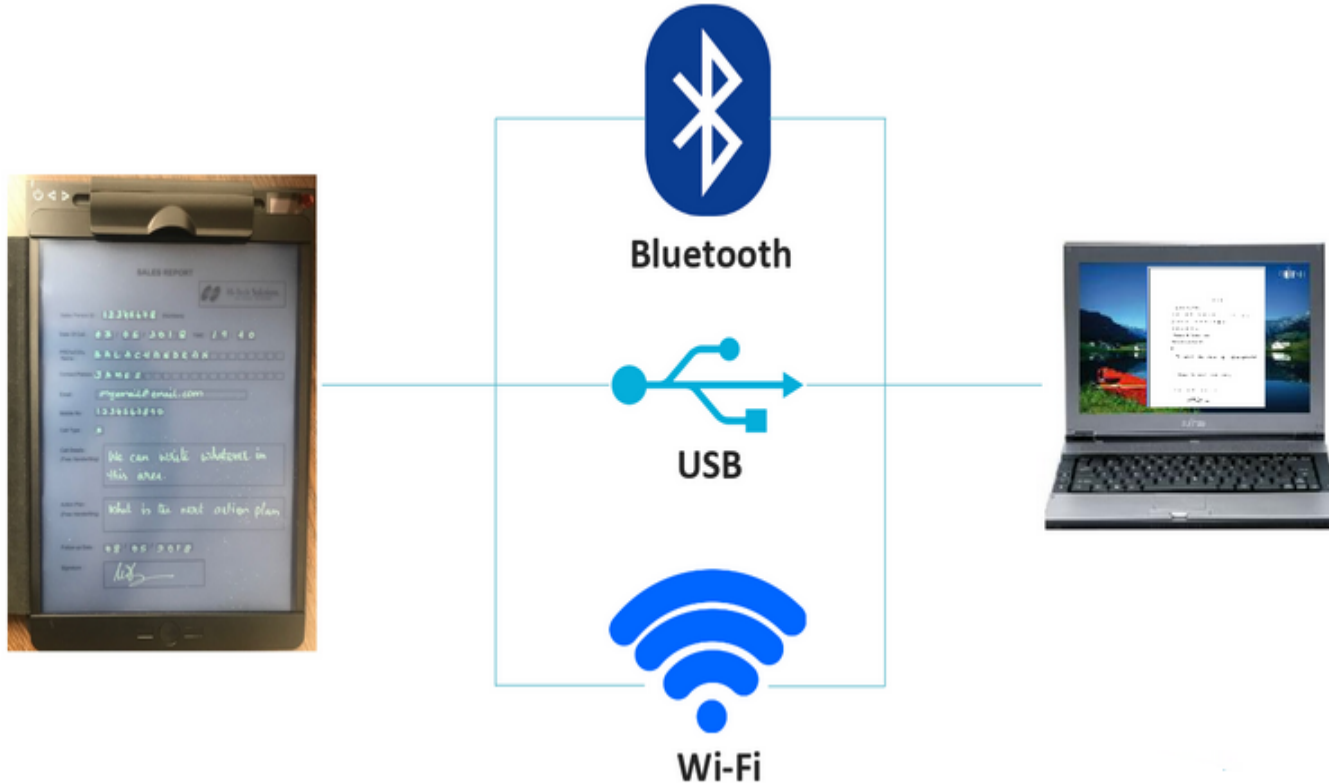


ISSUES FACED BY CITIZENS, ORGANIZATIONS & HOSPITALS

- No digital access provided to Patients / Citizens individual medical records.
- No provision for uploading Patients / Citizens medical history .
- Doctors, dispensaries and Govt. or Private hospitals did not have access to patient data even if patient wanted to share his/ her own data during treatment.
- Escalating demands on health and social services leading to ever increasing costs year on year.
- Increasing costs to fund healthcare
- Ageing Populations
- Decreasing Government resources
- Increasing Consumer expectations
- Lack of a layered approach
- Need for a seamlessly integrated experience
- Obtain health services **Anywhere** in the country without suffering financial hardship or excessive indirect costs



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST



- Integrated State of the art digital Prescription Pad Paperless Handwriting Automated form processing solutions (PHAPS) useful for doctors integrated.



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST

- Integrated multiple applications data bases running under National Health Mission (NHM) in Karnataka integrated using API's .
- A fully functional health information system facilitating smooth flow of information for effective decision-making as needed by NHM.
- An Integrated platform to provide digital access to the all Karnataka citizens, Govt. or Private doctors, dispensaries, hospitals, etc. departmental officials and policy level makers.
- Registered **1,16,99,815** households under which **4,06,75,091** citizens registered in the GPMS Transportal for Universal Healthcare so that digital access after KYC to each citizen can be provided with an user name and password to access their medical records online.
- Integrated and enabled a free flow of Real time Data and Interoperability.
- Enabled platform that communicates with all the state and district, village level systems and other national health information systems.

GPMS Transportal Healthcare Information Therapy Cloud computing solutions initiative for the common man to store and accesses their medical records online a trendsetter for the world to follow



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST

Patient has access to own data

- Integrating approximately around **148 APIs** into this dashboard.
- The feature of multi-functionality has been provided.
- Transparency in the health sector has been brought about.
- The ability of fraud detection due to the integration of various schemes under the government for insurance claims.
- Real time automatic Big data analytics reports with Block chain technology is being integrated the moment data is entered into the applications.
- Provides real time decision support system.

Health authorities to identify trends (eg. infectious outbreaks)
Doctors will increasingly turn to the Indian CST's GPMS healthcare
Information Therapy cloud computing solutions to obtain information



Outcome's

1. Providing Various Types Healthcare Services at Citizen's Door Step
2. Cradle To Grave Solutions for mankind
3. Allows Multiple Ministry/Stakeholders/Hospitals/PHC's/Health and Wellness Centers/ Doctors/Associated healthcare Projects/Schemes to work on this single platform
4. Citizens can access medical or ID records held electronically whenever and wherever they need it
5. Fraud detection with regards to government schemes for insurance claims.
6. Feature of multi-functionality has been provided.
7. A fully functional health information system facilitating smooth flow of information for effective decision-making as needed by NHM.
8. Integrated and enabled a free flow of Real time Data and Interoperability.
9. Capable of strengthening of the rural health system
10. GPMS Transportal platform can integrate Multiple software's data's into a single dashboard for real time monitoring

Ontology of Healthcare Programs and Policies

Policy/Program				
Scope	Focus	Outcomes	Care	Population
Global	[+] Drugs	Accessibility	Preventive	Individual
National	Educational	Cost	Wellness	Children
Local	Financial	Quality	Pregnancy	Pre-natal
Urban	Insurance	Satisfaction	Illness	Post-natal
Rural	Information	Safety	Episodic	Adolescents
Provider	Personnel	Parity	Chronic	Adults
	Physician	Timeliness	Palliative	Mothers
	General			Workers
	Specialist			Aged
	Nurses			Family
	Staff			Community
	Regulatory			
	Technology			
	Treatment			
	Administration			

Reorganized, Satish, and Sun National Healthcare Program 07_28_2015



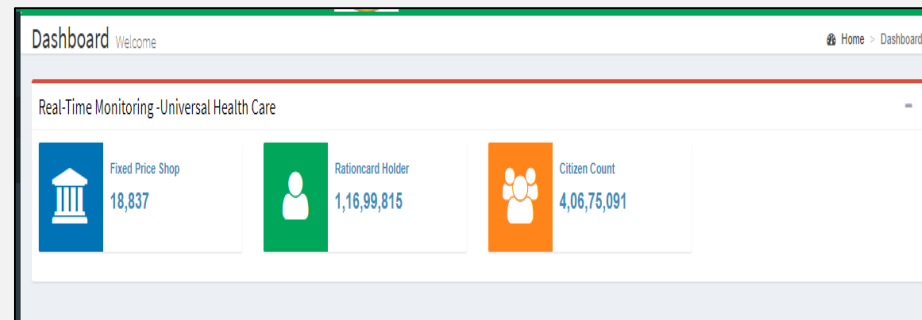


BENEFITS

INTEGRATED WITH RATION CARD, AADHAAR ALONG WITH OTHER 150 Plus GOVT. ID'S

Only four levels of authorized users in the Cloud Platform who will have access :

1. National Level Users
2. State Level Users
3. District Level Users
4. Village Level Users



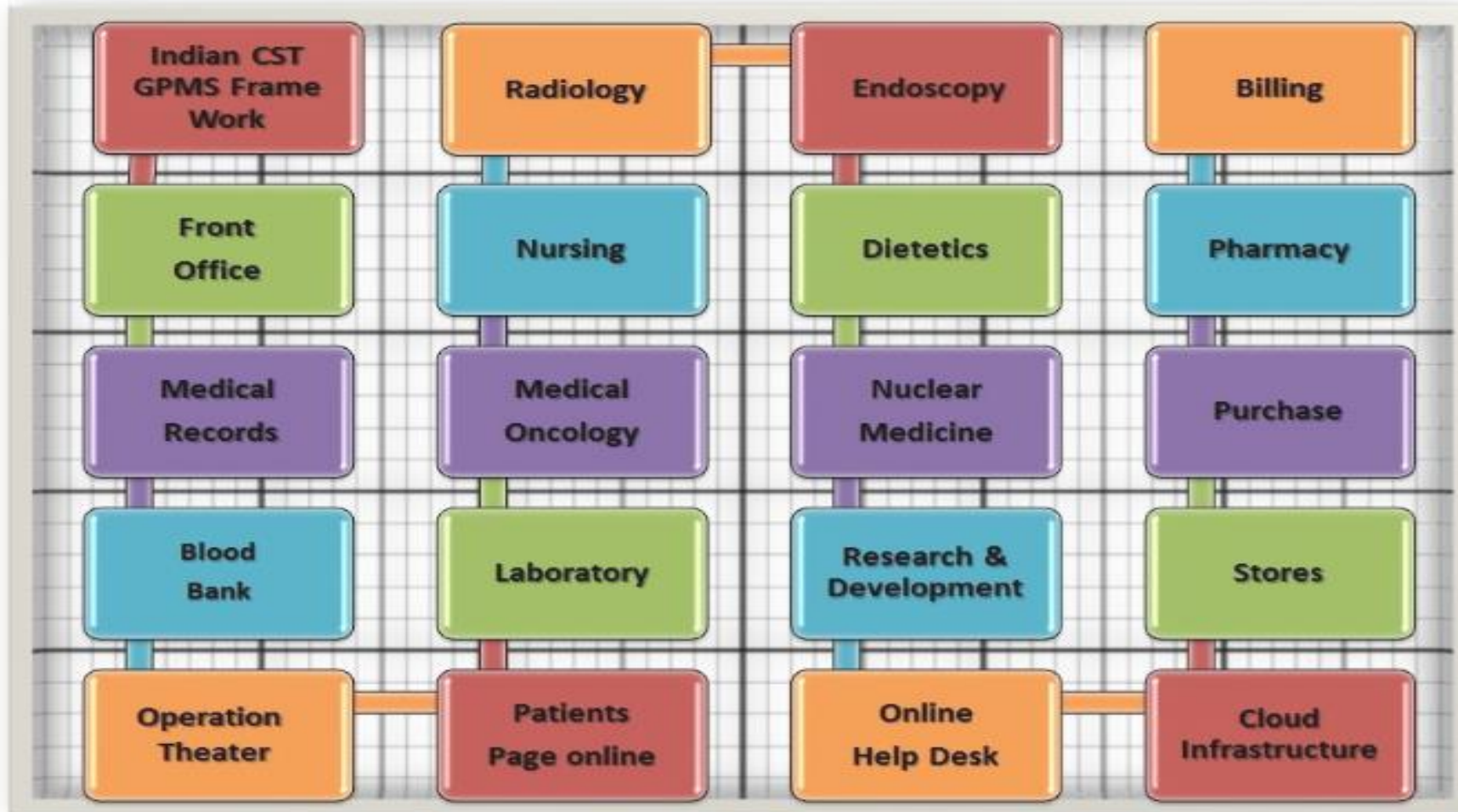
Whenever a patient or citizen enters any of the Government or Private healthcare facilities healthcare facility can search this Indian central medical records repository online by entering any of the citizens ID's and search

Electronic patient registration software provides a solution for eliminating the need for manual entry of data in the health sector as a whole. It also enables a patient that is registered on this platform to have his medical records stored digitally that allows to access it whenever he intends in doing so at remote clinics or hospitals in interior parts of India.

<https://indiancst.com/India/universalhealthcare>



Project Nirmala GPMS Healthcare Information Therapy Cloud Computing Solution



Most of the Health informatics software's available in the medical domain approaches data management on administrative perspective rather than scientific research point of view and do not possess intuitive decision making capabilities



Implementation Success Stories

Sl. No	Particulars	Details
1.	Patient registration information	1,26,302 Individual records
1.	In-Patient admission data	1,84,221 Individual records
1.	Out-Patient admission data	1,71,072 Individual records
1.	Discharged Patients	1,82,706 Individual records
1.	Hospital Ward	65 Wards
1.	Hospital Rooms	241 Rooms
1.	Hospital Bed	1,318 Beds
1.	Hospital Latest Tariff	33,885 Type of Tariff records
1.	Hospital Doctor lists	315 Doctors Profile records
1.	Hospital Departments	207 Type of Departments records
1.	Hospital Designations	As given from the Hospital System
1.	Hospital Employees	As given from the Hospital System
1.	Hospital Nurse	As given from the Hospital System
1.	Company Details	264 Company Profiles records
1.	Company employees	As given from the Hospital System
1.	Company Insurance Data	810 Type of Insurance records
1.	ICD codes	136 ICD Oncology details records
1.	Eligible Room Category	As given from the Hospital System
1.	Opted Room Category	As given from the Hospital System
1.	Hospital Category Type	3071 Type of Categories records
1.	Clinics Details	207 Clinic profile with details records
1.	Scanned medical records	100,00,000 Scanned medical individual pages
1.	Scanned medical records folders	2,92,000 Scanned medical folders
1.	Hospital Discharge Summaries	1,34,000 Patients Discharge Summary details

Provided integrated platform for affordable healthcare for oncology children patients and to maintain Donor's funds, payment gateway/Digital Signature/ Onsite payment credit/debit cards to be issued to patient for the use inside Hospital.



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameter
Allows Multiple Ministry/Stateholders/Providers/PHCs/Doctors/Associated Healthcare Providers/Schemes To Work on this Single Platform

0. MASTERS	1. TOTAL POPULATION: 6,10,95,297	2. RATION CARD HOLDERS: 1,16,99,815	3. BENEFICIARIES: 5,23,74,906
4. FAIR PRICE SHOPS: 18837	5. PHCs: 2522	6. SUB-CENTERS: 9130	7. DOCTORS
8. ASHA WORKERS: 32860	9. ANMs: 1133	10. TOTAL AMBULANCE: 1550	11. PATIENT REGISTRATION: 92,937
12. CDR	13. ICU	14. BIRTH: 3,01,999	15. DEATH: 11,211
16. STILL BORN: 8460	17. STOP-TB ANALYTICS: 6,33,593	18. MALARIA: 30,560	19. DENGUE: 142
20. CHIKUNGUNYA: 1435	21. CHOLERA: 58	22. DIABETES: 23,423	23. EPILEPSY: 1169
24. CARDIAC: 461	25. HYPER TENSION: 33,735	26. CANCER: 408	27. FSSAI
28. REIMBURSEMENTS: 5,55,98,064	29. HEALTH INFRASTRUCTURE: 15,130	30. NRC	31. NCD
32. NVBDCP	33. ERAKTKOSH	34. PHC-MIS	35. KPME
36. SNCU	37. PCPNDT	38. SAST	39. E-AROGYA
40. MENTAL HEALTH	41. ASHA SOFT	42. MSHS	43. MCTS
44. JEEVA SANJEEVINI	45. ELAJ	46. DRUG INVENTORY	47. RSBY
48. UHC	49. DISABILITY SOFTWARE	50. TELE MEDICINE	51. RNTCP
52. IDSP	53. HMIS	54. E-HOSPITAL	55. E-KIRANA
56. RBSK	57. HELP DESK	58. TMIS	60. NFDS
61.MDR			






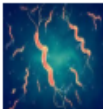
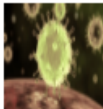















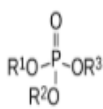





Current software's do not provide means for accurate data capture, which are currently paper based, and analysis of patterns of environmental, behavioral, psychological and other measurements of probands and their possible correlation with genotypic and biomedical data.

<https://indiancst.com/India/universalhealthcare>



GPMS Universal Health Care Information Therapy Transportal
Common Integrated Dashboard



Diseases			
 TUBERCULOSIS 6,33,593	 TUBERCULOSIS 3,989	 DIABETES 23,423	 FEVER 1,05,228
 MALARIA 30,560	 BACTERIAL INFECTION 8,210	 VIRAL INFECTION 470	 MENTAL ABNORMALITIES 675
 HYPERTENSION 33,735	 ARTHRITIS 60,303	 UNSUAL SYNDROMES NOT CAPTURED ABOVE (SPECIFIC CLI) 6,508	 LEPROSY 111
 CARDIAC 461	 URINARY UTI 25,087	 WATER TESTED USING H2S MEDIA 2,192	 WORM INFECTIONS 9,289
 SNAKE BITE 95	 DOG BITE 11,05,665	 CARCINOMA 408	 BLOOD 6,309
 DENTAL 14,375	 INJURIES 9,060	 O.P COMPOUND 134	 RESPIRATORY TRACT INFECTION 1,05,131
 TRAUMA 2,551	 ACUTE DIARRHOEAL DISEASES INCLUDING ACUTE GASTRO-E 32,342	 ACUTE ENCEPHALITIC SYNDROME 157	 ACUTE FLACCID PARALYSIS 15

(a) Identification of infectious diseases: TB, Malaria, HIV etc for in depth study
(b) In depth study of COPD and NCD (targets – cancer, diabetes and CVD)



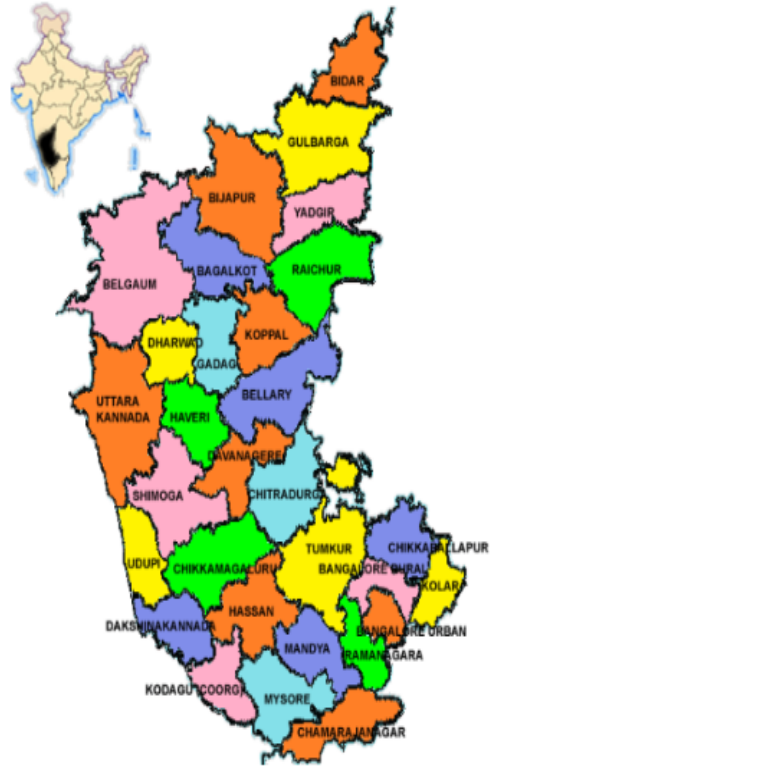
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Analytics Dashboard for Universal Health Care

Home > analytics

India -



State Demographics

	GENERAL PARTICULARS		POPULATION 6,10,95,297
	BIRTH 3,01,999		DEATH 11,212

Health Care Facilities And Infrastructure

	GOVERNMENT HOSPITAL 12,086		PRIVATE HOSPITAL 3,087
	PRIMARY HEALTH CENTER 2,478		SUBCENTER 9,121
	ASHA WORKERS 32,860		

For Affordable Healthcare : Fee-based cloud computing services is now available for all PHC's, hospitals, clinics, diagnostic labs, research institutes, doctors, medical students and for the common man use across India

- | | |
|--|---|
| 1. Child Life Specialists | 23. Legal Medical Record Standards Policy |
| 2. Clinical Social Workers | 24. Pharmacists |
| 3. Dentists | 25. Physical Therapists |
| 4. Dieticians /Diet Technicians | 26. Physician Assistants |
| 5. Emergency Trauma Technicians | 27. Physicians including MD's and DO's |
| 6. Fellows | 28. Podiatrists |
| 7. Home Health Coordinators | 29. Psychologists |
| 8. Clinical Care Partners | 30. Registered Nurses |
| 9. Hyperbaric Technicians/Observers | 31. Mental Health Practitioners |
| 10. Interns | 32. Licensed Psychiatric Technicians |
| 11. Interpreters (Employees) | 33. Midwives |
| 12. Lactation Specialists | 34. Residents |
| 13. Licensed Vocational Nurses | 35. Respiratory Therapists |
| 14. Medical Assistants | 36. School Teachers |
| 15. Medical Ethicists | 37. Speech Pathologists |
| 16. Nurse Practitioners | 38. Students, e.g., MD, RN, Occupational Therapy, etc. (Notations in the record must be co-signed by a supervising clinician) |
| 17. Nurses employed by physicians (exceptions) | 39. Students, e.g., MD, RN |
| 18. Occupational Therapists | 40. Others as designated by Medical Center Policies and /or Medical Staff Bylaws |
| 19. Osteopathic Students | |
| 20. Pastoral Care Providers | |
| 21. Policy Makers | |
| 22. Corporate Compliance Policies and Procedures | |



How a typically GPMS Healthcare Information Therapy Cloud Computing Solutions would operate in future in the Rural areas is as follows

1. A patient from a rural area visits the local PHC for health consultation.
2. The physician diagnosis the patient and uploads the pathology reports and patient records into the GPMS Healthcare Cloud.
3. Depending on the case, the physician recommends secondary or tertiary consultation.
4. Patient history and medical reports are studied using the GPMS Cloud Healthcare Cloud by the secondary or tertiary medical consultant (a medical expert) on his/her laptop, PDA or mobile phone at his or her location.
5. GPMS Healthcare Cloud based application is accessed through an internet browser, which serves the purpose and the specialist is not required to be present.
6. Expert advice is again communicated remotely through facilities like video-conferencing in the GPMS Healthcare Cloud.
7. The local doctor accesses any additional medical information or reports provided by medical experts through the GPMS Healthcare Cloud during follow up care.

Hence making GPMS Healthcare Information Therapy Cloud Computing Solutions useful in improving the quality of healthcare service being provided (at affordable rates) to the rural population.



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Only the authorized healthcare facility personnel can access and register online this patient who has come for consultation or admission can view their legacy specific medical records online.

Registration Record Registration Date : Registration Time :

Personal Details		
Organization Nikshay	Patient ID	ADHAR NUMBER :
		Ration Card Number
Patient Name : Hanumantharaya.bhima	Emergency Contact Number	Date Of Birth 00-00-0000
Age 32	Sex M	
Marital Status :	Blood Group :	Occupation :
Father Name :	Mobile No:	Email Id

Photo

Patient History

- Registration Card
- Registration Record Print
- Patient Records
- Reimbursement
- Geolocation

Personal History

Any Known NCD (DM/HTN/CVD/Ca):	Tobacco, Smoking :	Tobacco, Smokeless (Chewing, Snuffing) :	Alcohol Consumption in last one month :	Less Physical Activity (Sedentary lifestyle) :

Family History

Diabetes :	High Blood Pressure :	CVD :	Stroke :	Cancer :

Ensures portability of data, avoids duplication and better documentation

Patients can access records online held electronically whenever and wherever they need it.

Physicians will have real time access to patient information



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home / MCTS / Karnataka / 09/05/2017

Mother And Child Tracking System(MCTS)

Statistics

MONTH AND YEAR	2017 - 09 to 2018 - 01
REGISTERED CHILD	301999
CHILD DEATH	0
ABORT	4982
STILL BIRTH	623
HIGH RISK	18641
MOTHER'S AADAR	108726
MOTHER'S MOBILE	0
HOME DELIVERY	314
PRIVATE DELIVERY	2056
PUBLIC DELIVERY	19056
LOW CHILD WEIGHT	145651
PREGNANT WOMEN 18 YEARS	1253
ASHA COUNT	84160
ANM COUNT	26792



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



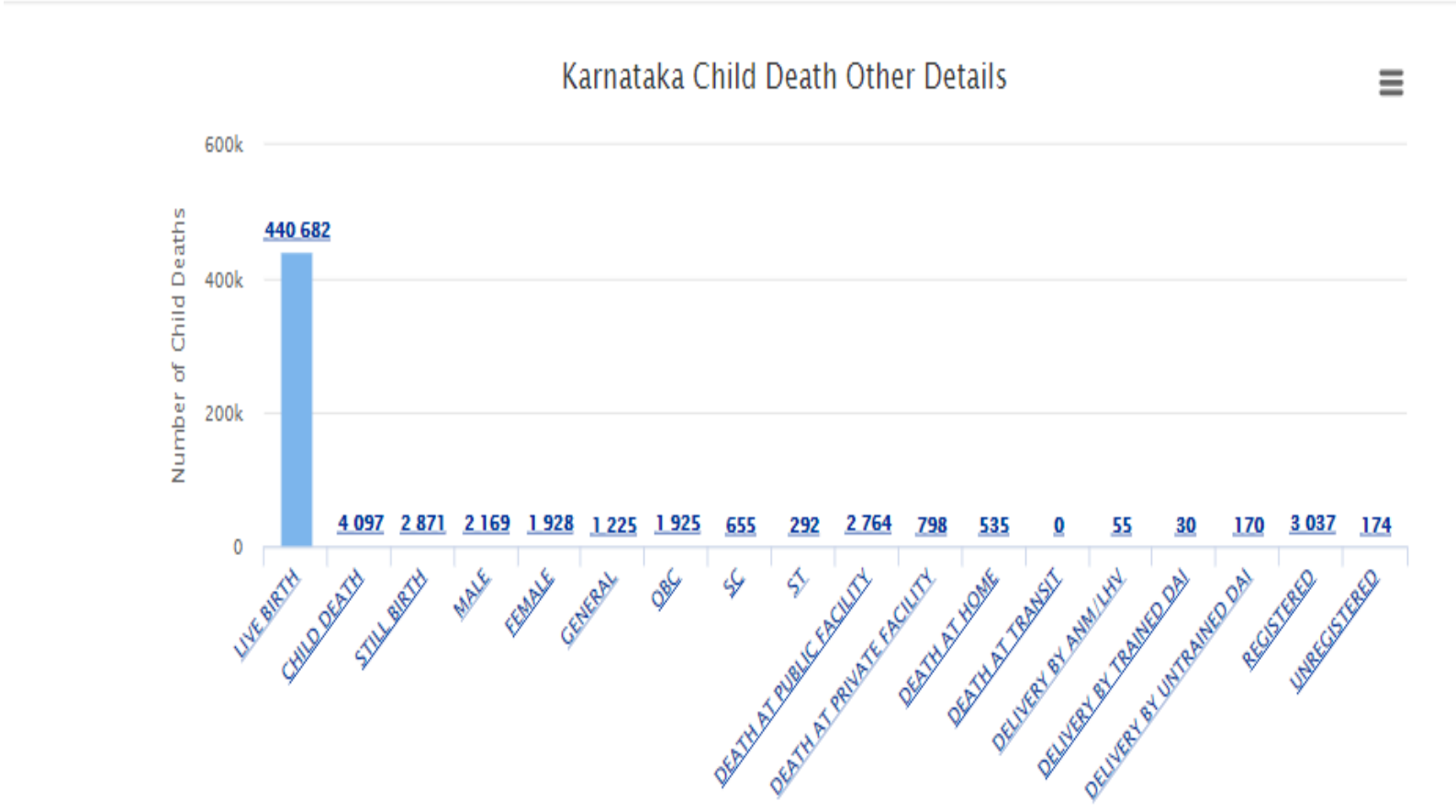
SNCU Dashboard

GPMS Transportal For Universal HealthCare





Real Time Analytics Dashboards For Child Death Reports

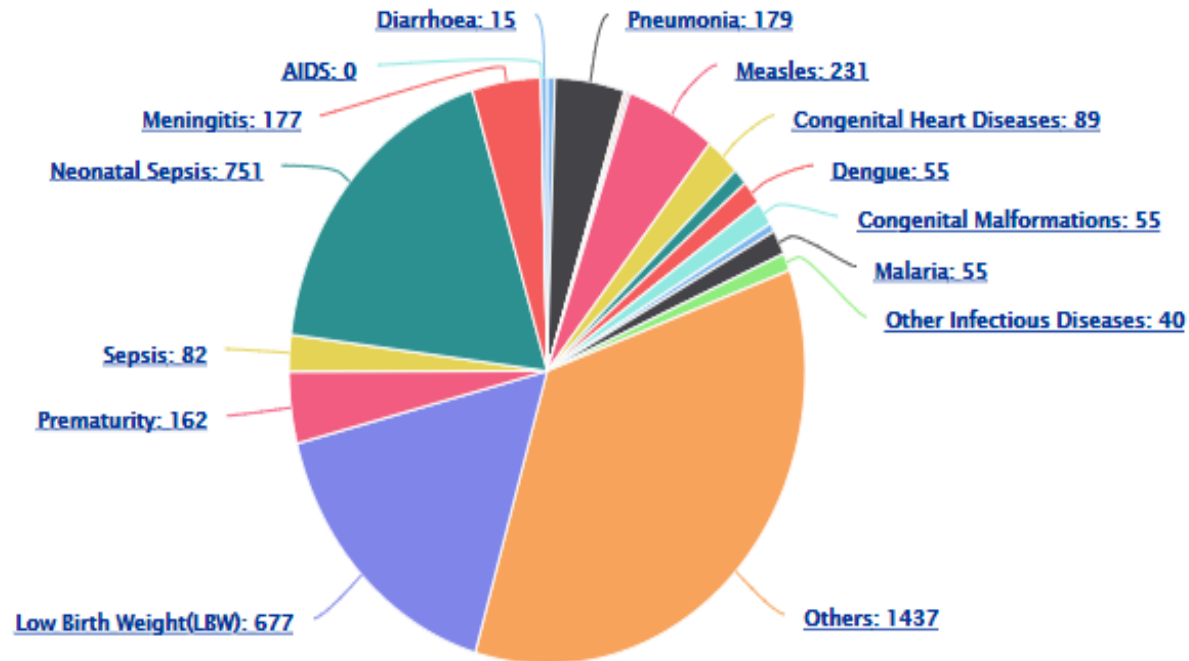


Provides a means to host various types of data for providing Patient services and also serves as a decision support system powered by data analytics tools such as big data analytics, Artificial Intelligence, Machine Learning and Deep Learning.



Real Time Analytics Dashboards For Child Death Reports

Karnataka Cause Wise Child Death



Analytics framework
to analyze health
outcome data at
(a) Patient level
(b) Institutional level
(c) District level
(d) State level

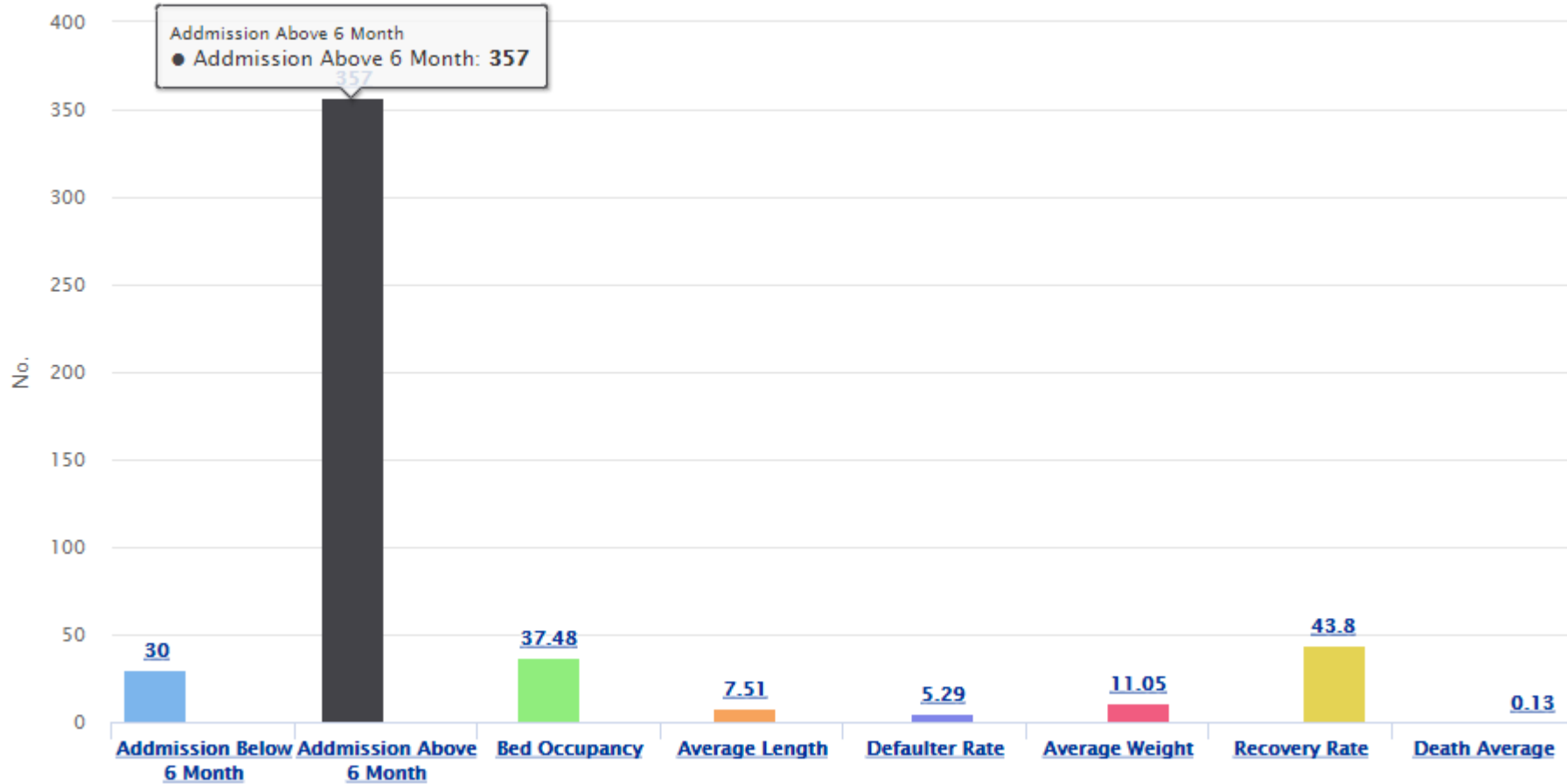


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NRCs Sphere Indicators 2018-2019

Monthly Report

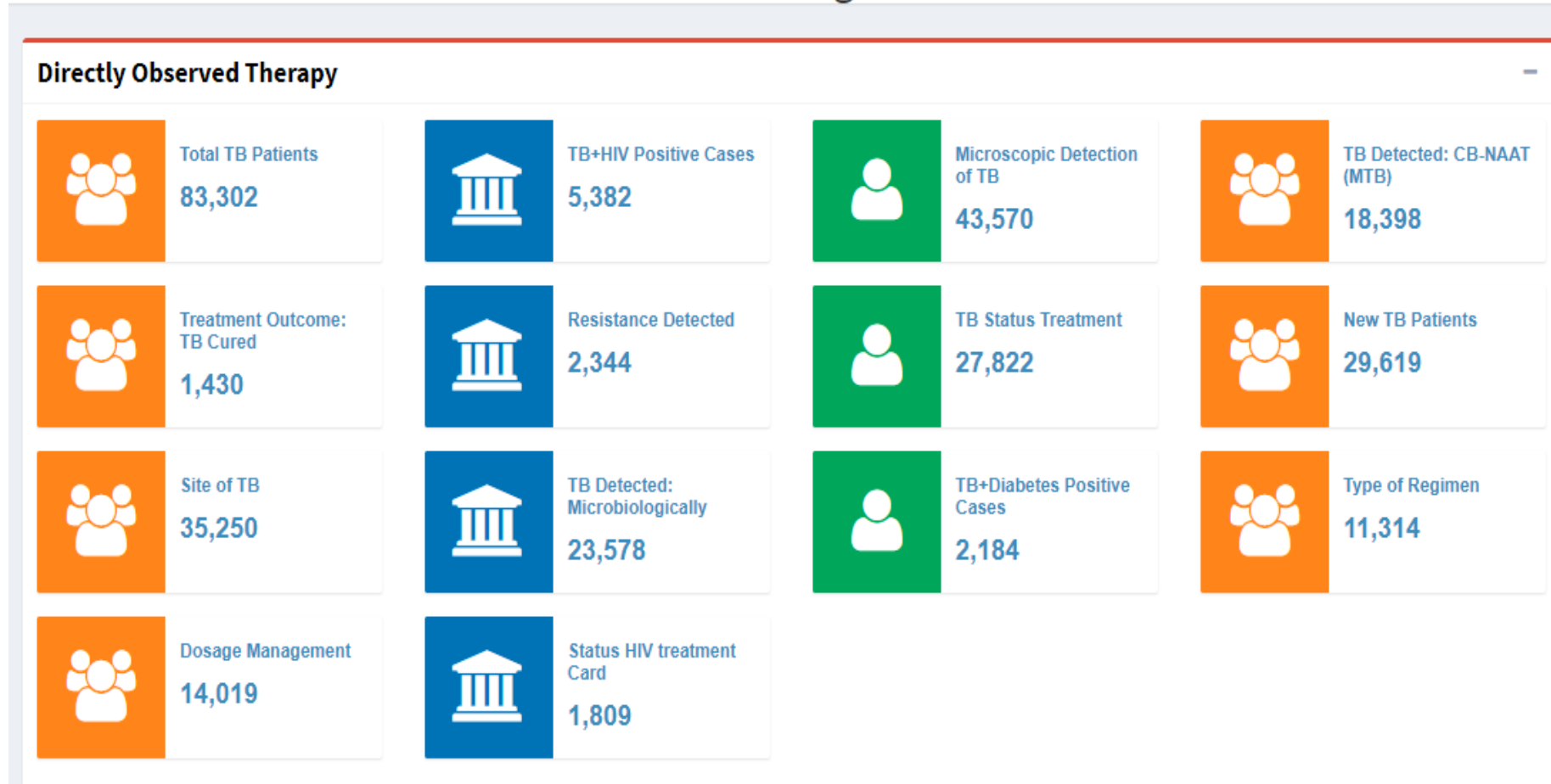




DIRECT OBSERVED THERAPY -STOP-TB ANALYTICS

Real Time Monitoring of TB Patients

Home > Dashboard



1. Predictions
2. Case Management Outcomes
3. Vector Responses
4. No One Gets left out
5. 100% Outcomes

DIRECT OBSERVED THERAPY -STOP-TB

Common Integrated Dashboard

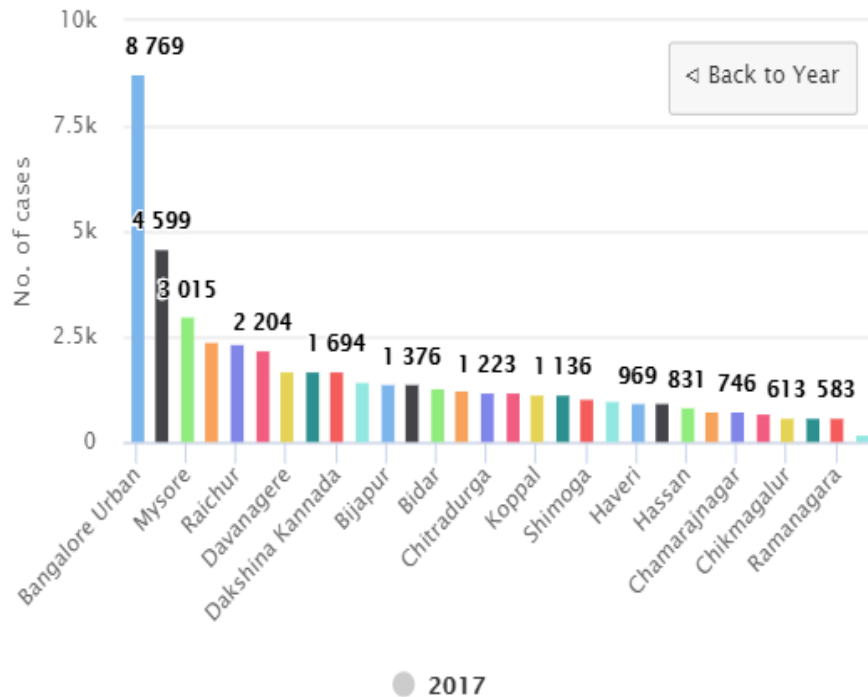


Total TB Patients: 83,302

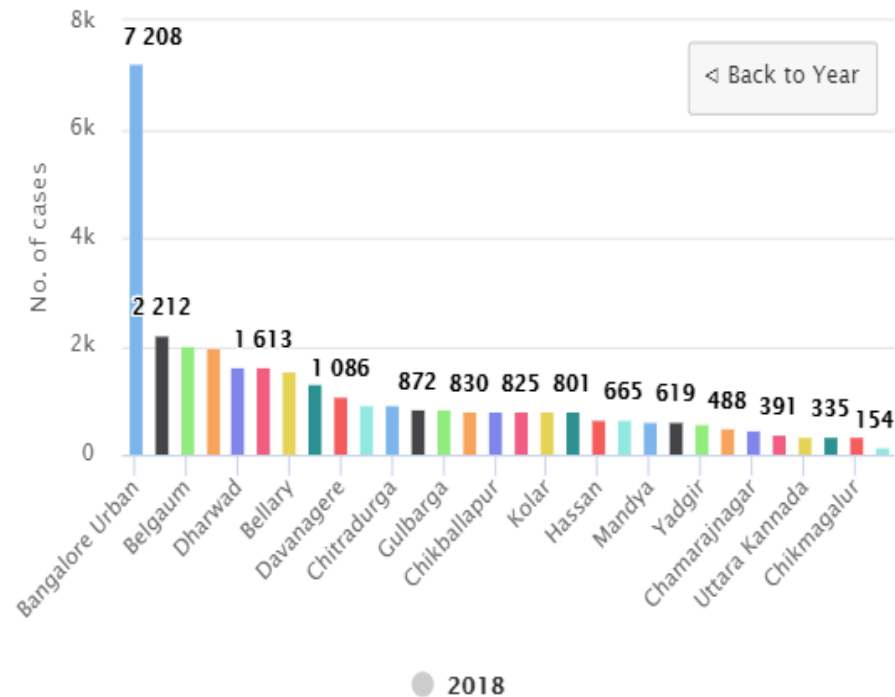
Karnataka TB Details District wise Report 2017- 2018

GPMS Transportal for Universal HealthCare X

Total Number of TB Patients - 2017



Total Number of TB Patients - 2018





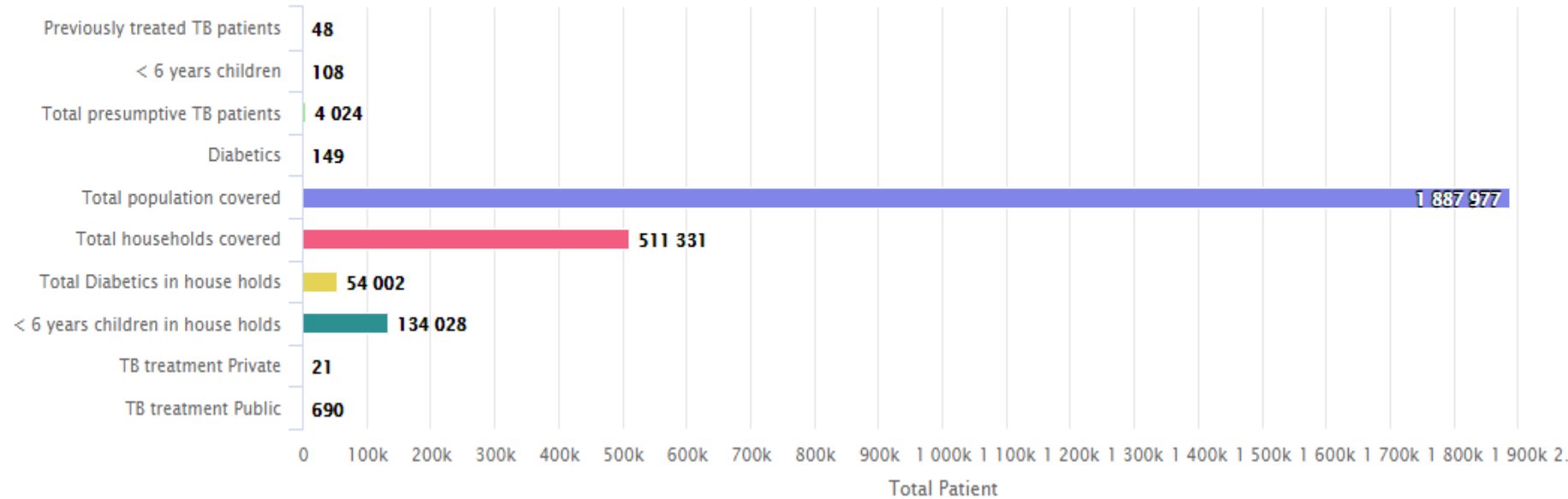
GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Government of Karnataka - Active Case Finding (ACF) TB Survey January -2019

Bangalore Urban

Demography Covered

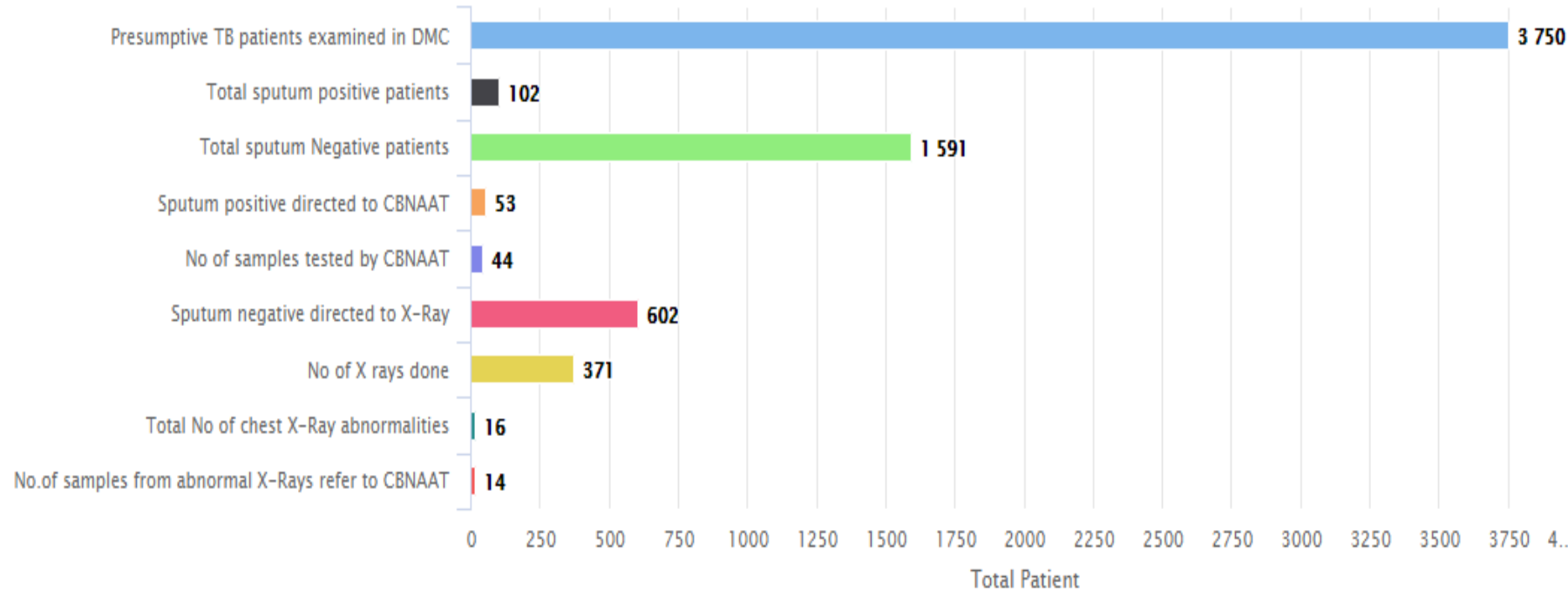




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Government of Karnataka - Active Case Finding (ACF) TB Survey January -2019

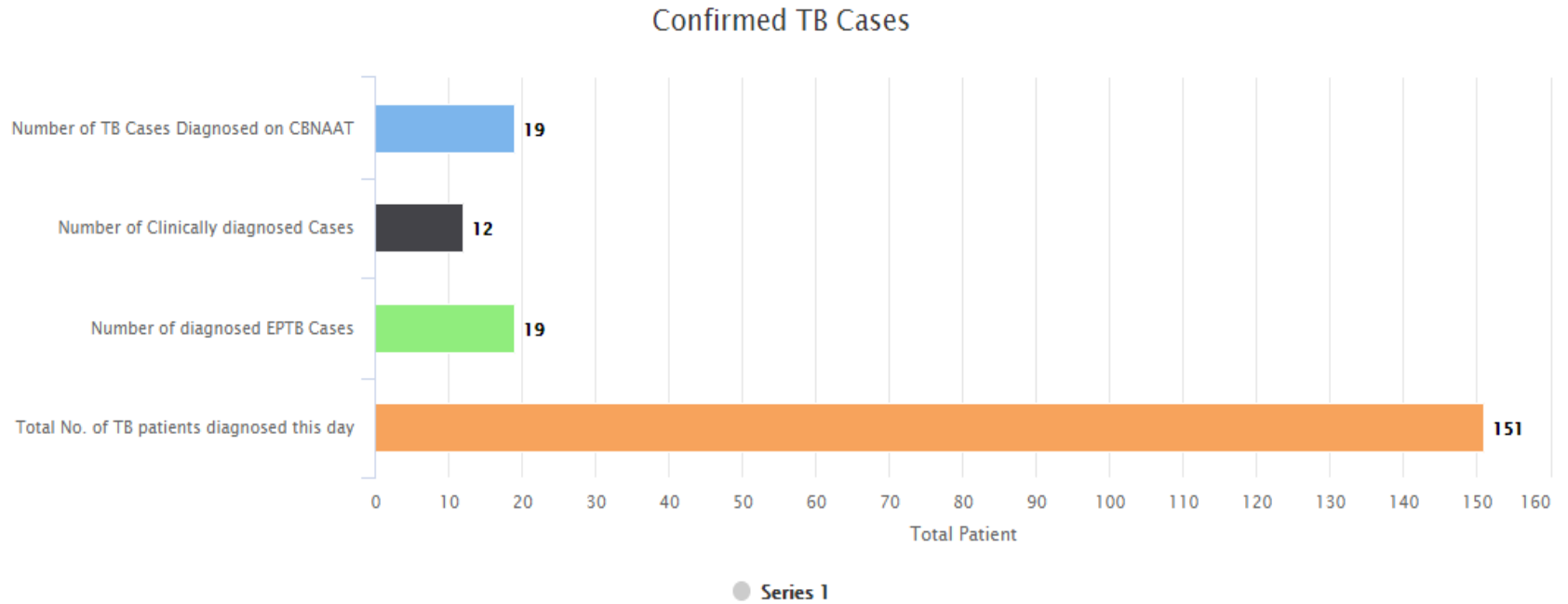
Presumptive TB Cases





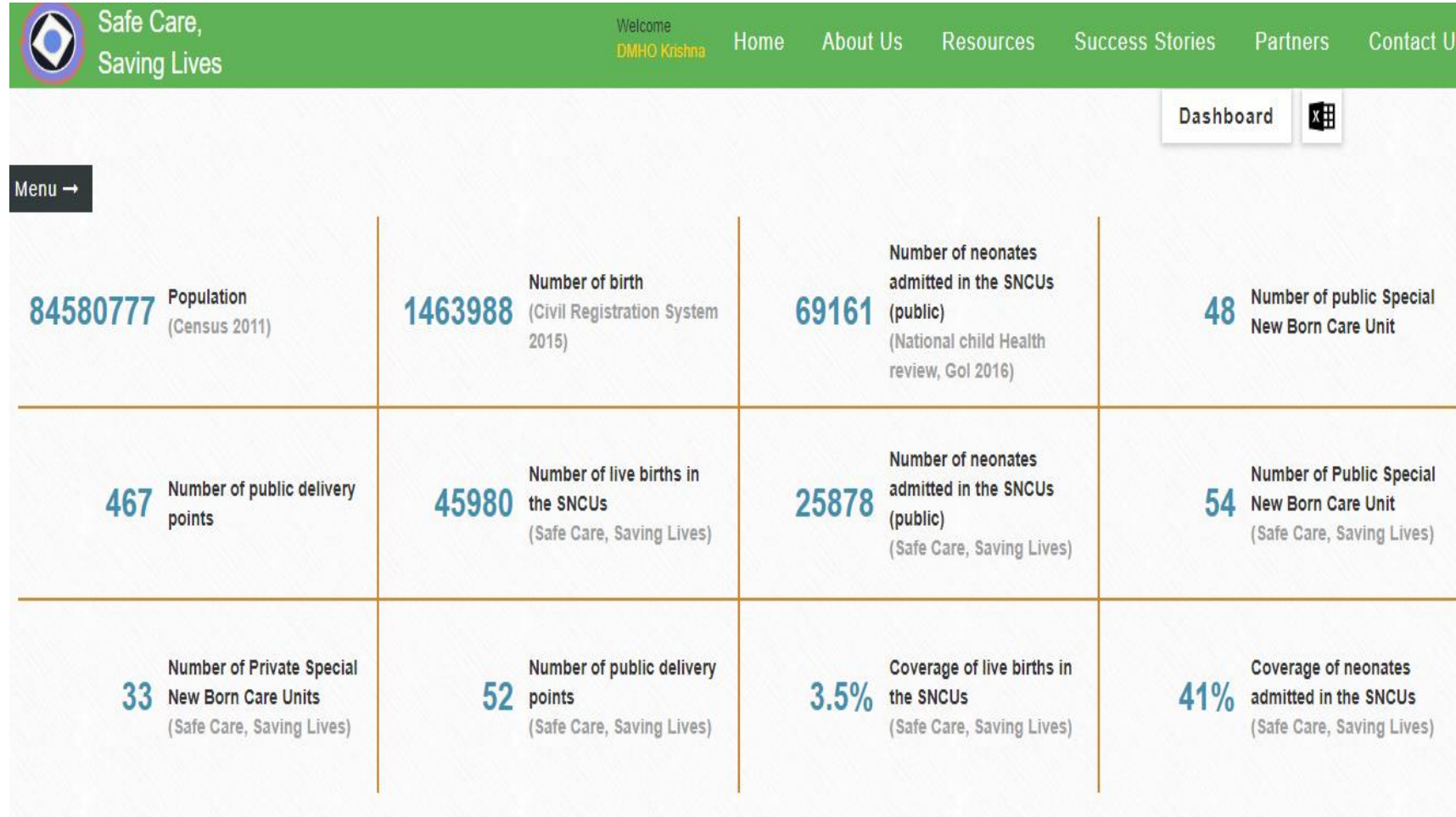
Government of Karnataka - Active Case Finding (ACF) TB Survey January -2019

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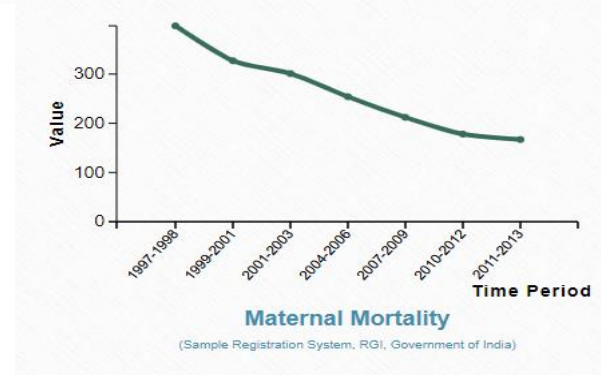
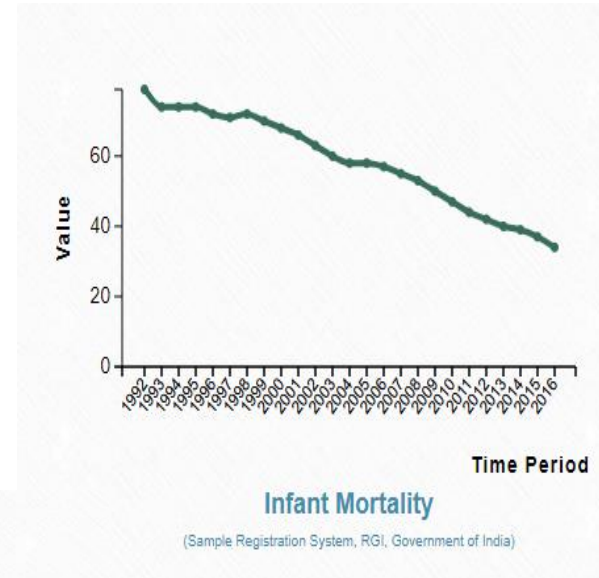
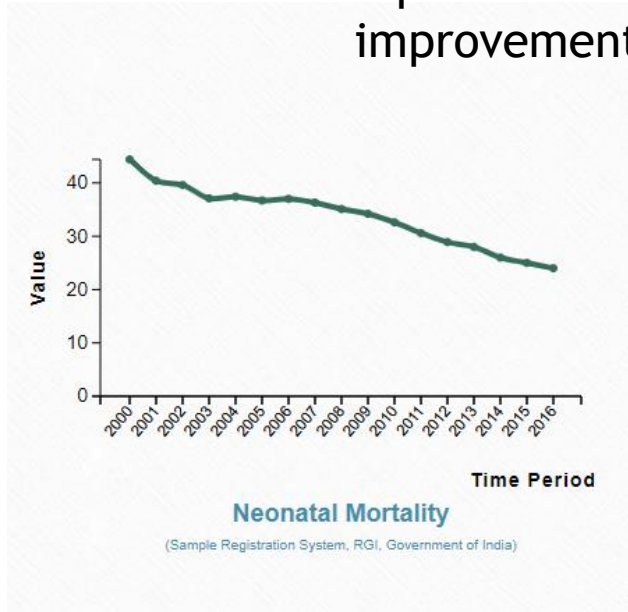
To reduce perinatal and neonatal mortality through quality improvement project Safe Care Safe Lives



Safe Care Safe Lives



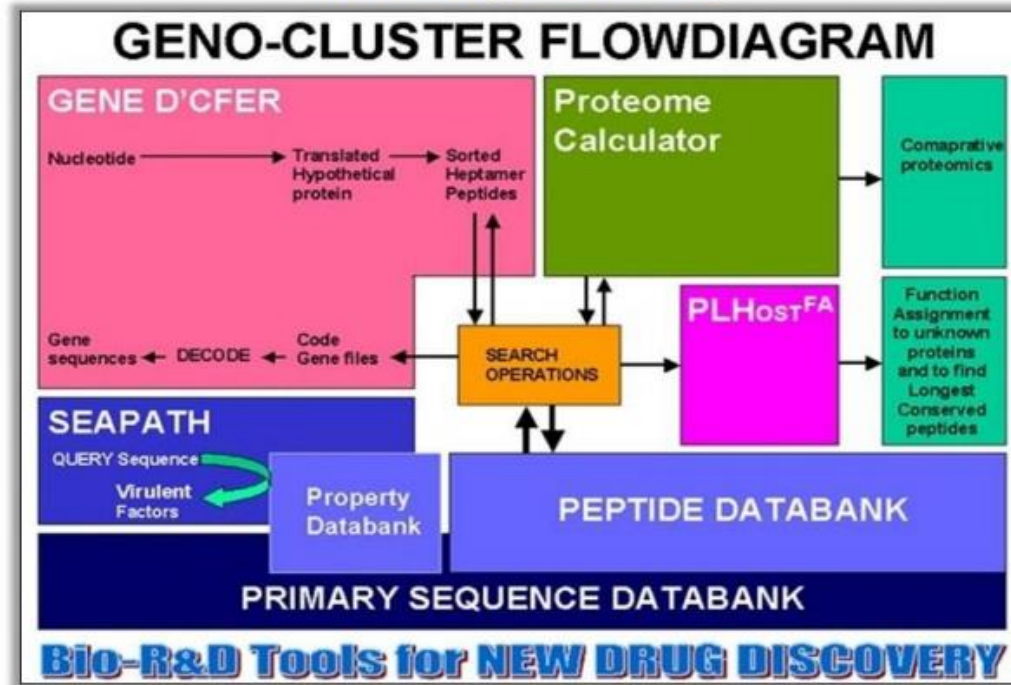
To reduce perinatal and neonatal mortality through quality improvement project Safe Care Safe Lives



Safe Care Safe Lives



Geno-Cluster: A novel platform software tool for facilitating new drug discovery





Genetic Landscape of India: Canvas for Disease Gene Exploration

Success of a Network Project
Two Publications with more than 150 authors

GWAS Central - India

CSIR-led Indian Genome Variation Consortium (2003-2008)

- * 55 Populations
- * ~ 1000 genes linked with complex diseases and drug response
- * Cardiovascular Disorders
- * Metabolic Syndrome
- * Diabetes
- * Infectious Disorders
- * High Altitude Disorders
- * Asthma
- * Cancer
- * Neurological Disorders
- * Eye Disorders
- * Hematological Disorders



<http://health.indiancst.com/gwascentralindia/>

Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST.



Scientific Research Publications

The present study resulted in identification of 20 novel lead molecules including 4 FDA approved drugs (droxidropa, tetroxoprim, domperidone and nemonapride)

Kaur et al. *J Transl Med* (2017) 15:261
<https://doi.org/10.1186/s12967-017-1363-9>

Journal of
Translational Medicine

RESEARCH

Open Access



Structure based drug discovery for designing leads for the non-toxic metabolic targets in multi drug resistant *Mycobacterium tuberculosis*

Divneet Kaur¹, Shalu Mathew², Chinchu G. S. Nair², Azitha Begum², Ashwin K. Jainanarayan^{1,5}, Mukta Sharma¹
and Samir K. Brahmachari^{1,2,3,4*}

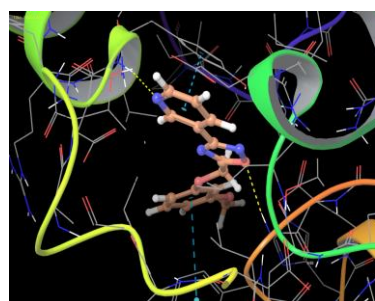
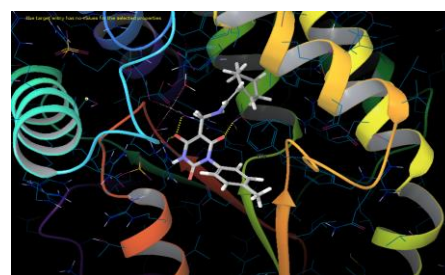
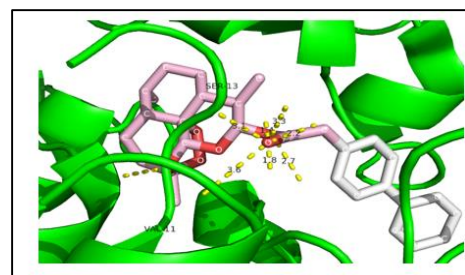
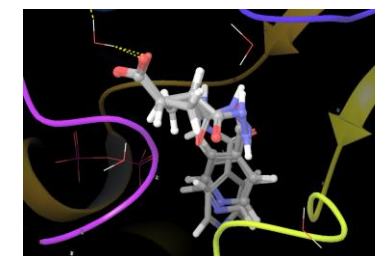
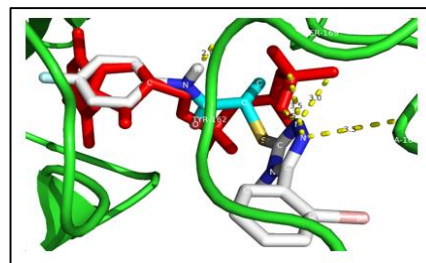
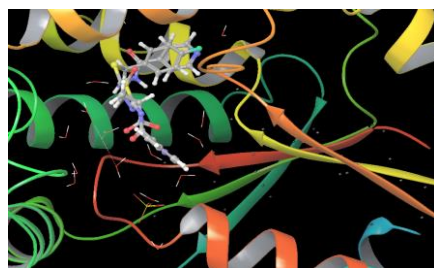
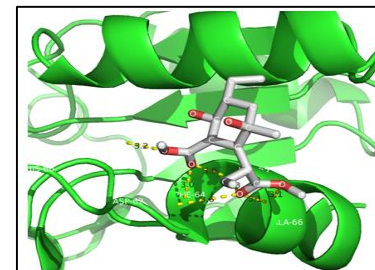
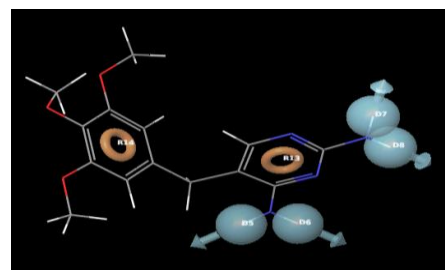
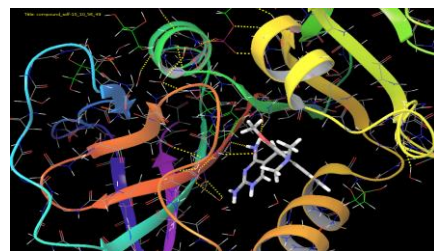
Author details

¹ CSIR-Institute of Genomics and Integrative Biology, New Delhi, India. ² Centre for Open Innovation-Indian Centre for Social Transformation, Bengaluru, Karnataka, India. ³ Academy of Scientific and Innovative Research, New Delhi, India. ⁴ CSIR-Open Source Drug Discovery Unit, New Delhi, India. ⁵ Present Address: Indian Institute of Science Education and Research (IISER), Mohali, India.

<https://translational-medicine.biomedcentral.com/articles/10.1186/s12967-017-1363-9>



Lead molecules identified based on the best docking scores, binding affinity calculations, and best superimposition with the natural substrate





Identified proteins belonging to 81 biological pathways, are targeted by 34 known FDA approved drugs that have distinct potential for treatment of neuropsychiatric disorders.

Multi-scale analysis of schizophrenia risk loci: Integrating centenarian genomes and spatio-temporal expression profiles suggest the need for adjunctive therapeutic interventions for neuropsychiatric disorders.

Anirudh Chellappa S, Ankit Kumar Pathak, Prashant Sinha, Ashwin Kumar Jainarayanan, Sanjeev Jain, Samir Kumar Brahmachari

doi: <https://doi.org/10.1101/369090>

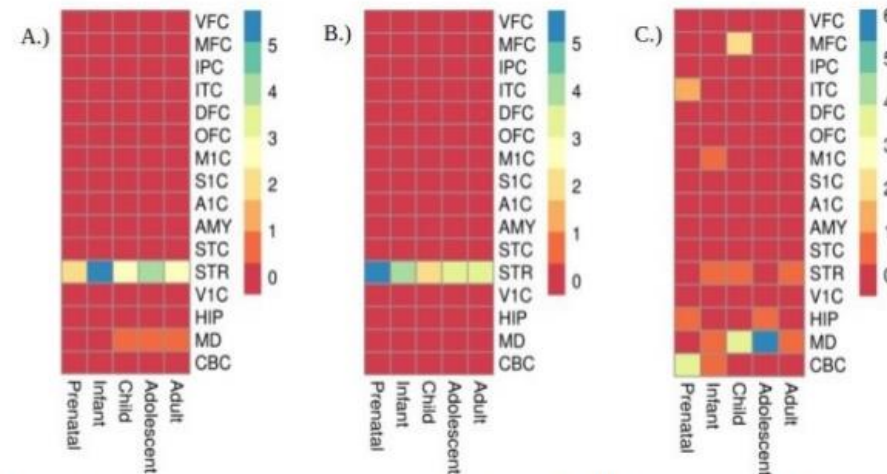
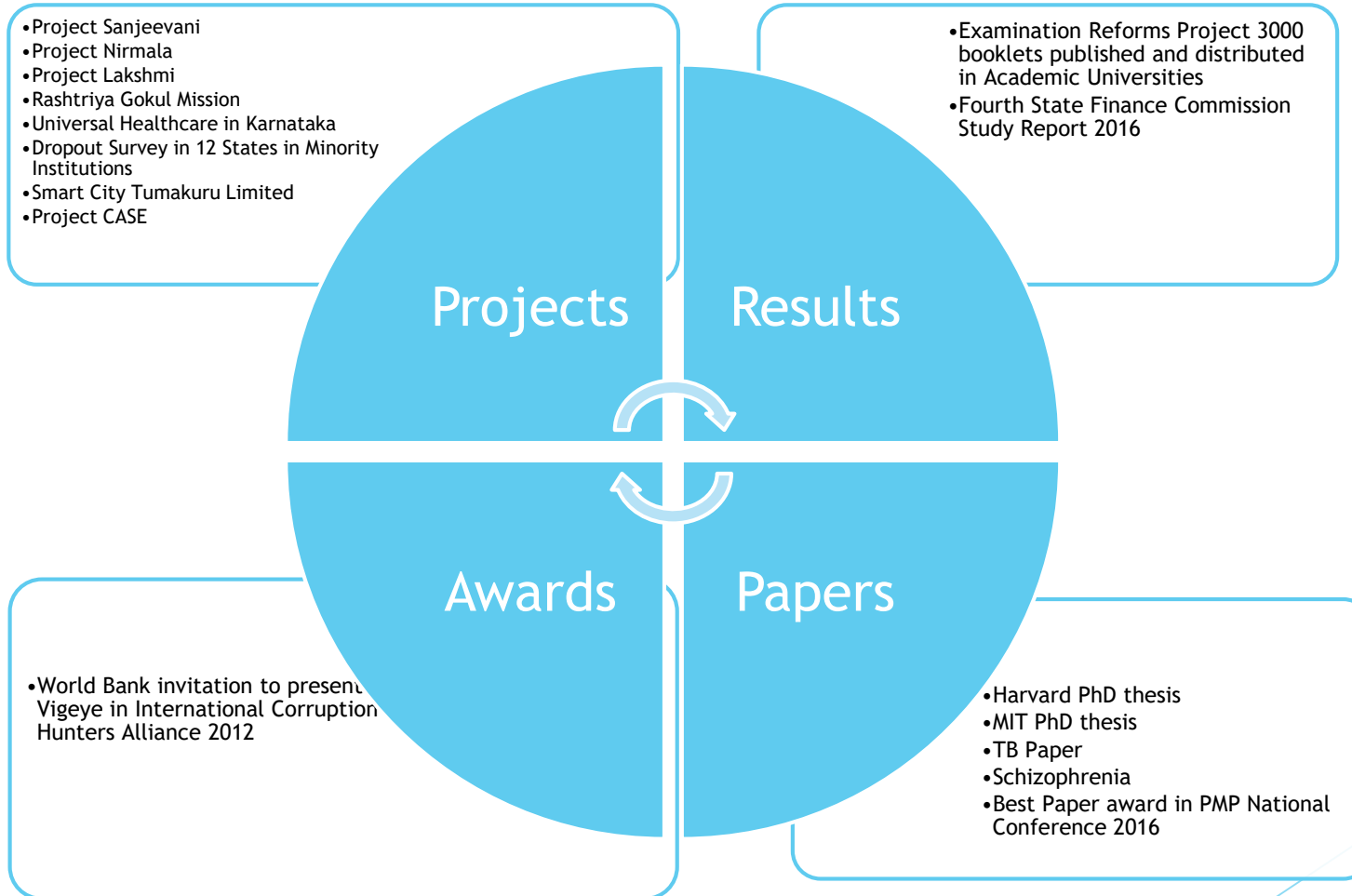


Figure 4: Spatio-temporal expression profiles (Z_score RPKM) of druggable SZ candidate genes A.) DRD2, B.) DRD3 and C.) SLC6A3 in a developing human brain.



Work Done By Indian CST





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email register online

Indian Centre for Social Transformation



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For any clarification, please contact

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