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## Anamnesis

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#### Abstract

In the technical era where the technology is demanding an exponential growth, India is finding its way to become one the technically advanced country among the others. The country is running its race under the banners of Digital India and Skill India to be headed by our Honorable Prime Minister Sh Narendra Modi. In the country that is a home to 1.25 Billion people, there are numerous number of challenges being faced by the people when it comes to the healthcare sector. People don't have a common platform where they can access their records (i.e. the records to their OPDs, their medical imaging reports, their diabetes reports, their medicines records, their lab records and many other). There are many companies who are already running a platform for this purpose but the major drawback is that only a technically advanced person can understand and access those systems. Moreover these facilities come with a hefty price to pay. But what about the poor population who cannot afford those systems? These form the 95% of the India's population. They also have the right that their record should be properly maintained. In my software, I have designed such a system where in the record of such people can be created on a centralized platform that too free of cost. This record is can accessed anywhere anytime PAN India.

**Keywords:** Anamnesis, technology, population, physiotherapy

#### Introduction

##### About Project

The project was initiated long back in 2013. At the inception of the project, it was divided in to certain phases in order to make the functioning of the project very easy. Over the period of time the project was taken from the planning phase to the test phase wherein in the testing of the project is done live in the hospitals. The first copy of the project was tested in the Jain Medical Store of Yamunanagar and the second execution was made in the AKU Physiotherapy again in the Yamunanagar. Now before proceeding to the further details of the software let us have a glance at the different phases of the project as depicted in the following table:

##### Planning Phase

The idea of the Centralized Health Record System was incepted around 2 years ago. On the page no 7 of the August 2013 edition of "Electronic Health Record Standards for India <sup>[1]</sup>" as can be seen in the snip below it is clearly stated that the Government recommends that there should be a system where in the medical record should be linked to UIDAI i.e. the Aadhar Card No.

The existing portals developed intend to link the health records of the patients with their Unique Identification No i.e. Aadhar Card. Unknowingly about this portal, I was into the planning of my own health records portal. Many companies have created the Hospital Information Systems where in the system gets installed at the primary servers and the whole hospital network runs on the software. Each of the networking hospital enters the records of the patients getting admitted in to them. But these systems can be accessed only by the people who are having the internet facilities at the time of requirement. But what about the people who are unaware of the technologies that are prevailing in India currently or those medium class families who cannot afford the 24 hour internet facilities or those people who have the internet and other facilities but are not technically developed to have an access to these systems. Don't they have a right to access their medical records? But with the current prevailing systems majority of the people are there without the Health Records.

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Personal Health records can become too much expensive for the purchase. Here the people are hesitant in purchasing health insurances for them which costs around 8000 INR so how can we expect that they can purchase the EHR systems amounting to more than 30,000 INR. This is IMPOSSIBLE! Now coming to the portal created by me, it is a platform for the people of all the category. It is a portal that can be used anytime in the case of the emergency. Using this portal when a patient goes to the doctor, his/ her entry is made automatically made into the records in a Central Database. This record can be updated time by time whenever the patient goes to the doctor for his/ her check-up. Also this record can be used throughout India either purposely or during the case of the emergency. There are five different unique identification no prevailing in India. These are Aadhar Card, PAN Card, Driving License, Voter Card and Passport. All these documents have the Unique Identification No's and any one of them can the found in with the people in their pocket. Now suppose a person happens to meet the accident in any part of India where his family is unable to reach him or anyone is unable to contact them with in the due course of time, then there should be a system from where one can track his family or emergency point contact or his/ her previous medical records can be accessed using the UIN. The link for this portal in the test phase is [www.mhpa.in](http://www.mhpa.in). In the test phase, only the login is being given to the hospital receptionists for entering the data and creating their hospital records. The portal for entering the data of the patient for the first time looks as below. In this pic we can see that during the record filing the data is

being linked to the Unique Identification No and this same no entered can be used for the data retrieval. The link for the data entry page is created after the hospital makes in login.

Stage	Phase Name	Phase Prime Task	Status
Planning Stage	Planning Phase		Completed
	Development Phase		Developed the basic project type
	Testing Phase		Undergoing
Execution Stage	Phase 1	Improvisation of graphics and up gradation of the GUI	In Processing
	Phase 2	Addition and Connectivity of other related softwares	In Processing
	Phase 3	Addition of Security Protocols	To be done
	Phase 4	Final Testing and Improvisation of the GUI	To be done

RECOMMENDED HEALTHCARE IT STANDARDS (FOR INDIA)		
Name	Class	Comments
<b>Phase 1</b>		
UHID	Unique Health Identifier – to act as Patient Identifier	UID as a unique (primary or secondary) patient identifier. The UID should be used to identify a particular patient across all organizations (and their EMR systems); Aadhar number is recommended for use in EMR as either the primary or secondary, where the primary is an internal unique health identifier used by the healthcare provider organisation.
CCD (HL7/ASTM)	Clinical Data for Inter	Likely to be used for exchanging the

First Name <input type="text" value="First Name"/>	Last Name <input type="text" value="Last Name"/>	Aadhar Card No:*	PAN CARD No:*
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Date of Birth <input type="text" value="mm/dd/yyyy"/>	Passport No:*	Driving License No:*
E-Mail ID <input type="text" value="Email ID"/>		Mobile No <input type="text" value="Mobile No."/>	
Address <input type="text" value="Address"/>		Pin Code <input type="text" value="Pin Code"/>	
<input type="button" value="Submit"/>			

Pic 1: Data Entry Page at [www.mhpa.in](http://www.mhpa.in)

Initially meant for the hospital reception point of view, the home page of the website looks as below:-



**Pic 2:** Home Page for mhpa.in

Once the login is made the page redirects to the Pic 2. Then in the Data Entry Page the record is made to enter as shown below:-

First Name ABC	Last Name XYZ	Aadhar Card No.* 123456	PAN CARD No.*
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Date of Birth 01/05/2010	Passport No.*	Driving License No.*
E-Mail ID abc@gmail.com	Mobile No. XXXXXXXXXXXX		
Address New Delhi	Pin Code 110022		
<input type="button" value="Submit"/>			

**Pic 3:** Data Entered in the Data Entry Form

Once the record is entered the page goes blank and just a line is written that “New Record Created successfully.” After the record is created successfully we can now retrieve the data of the patient using UIN on data retrieval page. Anamnesis means Health Records, thus we name our portal as “Anamnesis Portal”.

### Need For A Central Health Record System

The existing Health Record Problems are in some or the other way out of the reach of the common people which forms the maximum population of the country. Certain problems are being listed as below:-

1. The existing databases are for the use of the single hospital data entry. For eg if a patient is going to the ABC Hospital and it has a chain of hospitals existing across India then definitely his data can be found on the portal of that particular hospital but if he goes to another chain of XYZ Hospitals then the record of that hospital can be found on the particular portal of that hospital. Each and every time even for checking his/ her own records he or she has to visit the different patient login portals. In the case of emergency the records of these patients can't be accessed. Here comes the need of the centralized health records systems where the data from the different hospitals can be clubbed all together

at one place where in the patient can access their records using a Unique Identification No. This data stored can be used even during the emergency hour.

2. Most of the Hospital Information Systems available are so expensive that the common people refrain from purchasing such portals. Still the people in India consider the money as waste spending on the additional health facilities. As discussed above, people don't like to buy insurances then how can we expect to pay such a huge amount of money for maintaining their records. So there should be such a system that is available for free of cost since maintaining the health record
3. Even if certain people are capable of purchasing the health portals, the problem comes in the complexity of accessing the records. Certain portals are so complex to understand that many are unable to access these systems. There should be such systems that are easy to access and the maintenance becomes easy. Every time the patient goes the doctor or chemist or lab or anywhere else then his record gets updated automatically.
4. Many of the portals are accessible using the login credentials that are kept in secret with the patient itself. Now here we do respect the privacy of the records of the patients but the problem is that during the emergency, say in case of accident, the person may become unconscious where his records can't be accessed. Thus to overcome this problem we need to link the Health Records to Unique Identification No where his/ her records become easy to access. And of course in order to ensure the data security certain security features will be added where the data privacy will be maintained.

In the above points, we have seen a small comparison between the existing portals and the newly designed portal. This Anamnesis portal is Portal that has been developed to take care of the every aspect keeping in mind the majority of the population in India.

### Conclusion

The project is still under development and this is a hypothetical idea as of now that is on the verge of finding it's way into this technical world.

### References

1. AIIMS Patient Portal
2. <http://www.hospitalinformationsystem.com/ehr-standards-india-hospitals/>
3. <http://mohfw.nic.in/WriteReadData/1892s/2857976581461059607.pdf>
4. <https://www.quora.com/Healthcare-Startups-Do-we-have-EMR-EHR-concepts-in-India-If-not-when-do-we-for-see-such-changes>