The reply to the issues raised in the C-DAC system

Problems & Rectifications in C-DAC System

Doctor/CMO/AD Feedback

1. **Medicine Repetition & Availability:**
   - **Problem:** When medicines were repeated from previous C-DAC history, they couldn't be edited, and even unavailable medicines were repeated.
   - **Status: Rectified.**
2. **Disappearing Pharmacy Stock:**
   - **Problem:** Some medicines available in the pharmacy were not appearing in the doctor's module, "magically disappearing" from the pharmacy counter list.
   - **Status: Rectified.**
3. **Patient Visibility Across Doctors:**
   - **Problem:** A patient seen by one doctor could not be seen by a CMO in-charge on the same day.
   - **Status: Rectified.**
4. **Stock Edit Option:**
   - **Problem:** No option to edit stock, which is sometimes required for correcting wrong entries.
   - **Status:** The stock edit option has been developed and is currently undergoing testing. This feature was initially withheld to prevent pilferage, and stringent controls are being implemented.
5. **Diagnosis Auto-Selection:**
   - **Problem:** Diagnosis had to be selected every time.
   - **Status: Rectified with modification.** For chronic diseases, only a one-time entry of the disease is required.
6. **Date-Wise Stock Entry Facility:**
   - **Problem:** Lack of date-wise stock entry facility, which was available and essential in NIC.
   - **Status:** The feature has been developed and is currently undergoing testing. It will be deployed upon successful clearance.
7. **MSD Stock Position List for CMO In-charge:**
   - **Problem:** MSD stock position list is not available for the CMO in-charge, a crucial function present in NIC.
   - **Status:** The feature has been developed and is currently undergoing testing. It will be deployed upon successful clearance.
8. **Patient Transfer Option for CMO IC:**
   - **Problem:** No option for CMO IC to transfer patients to another doctor in case of urgent leave.

- **Status: Rectified.** Patients can now be registered with another doctor directly from the registration counter. This is a temporary arrangement until the full implementation of the proposed Queue Management System (QMS).

9. **Doctor Access to Any Patient:**
   - **Problem:** In NIC, any doctor, including CMO IC, could attend any patient regardless of who they were registered with, benefiting both patients and doctors. This facility is not available in C-DAC.
   - **Status:** Patients can now be moved to a **General pool**, and any other doctor can attend them.

10. **Referral and Permission History:**
    - **Problem:** Referral and permission history is not available or only partially available, leading to potential duplicate or uncontrolled referrals. The same issue applied to medicine history.
    - **Status: Available.**

11. **Repeat Previous Medicines Smoothness:**
    - **Problem:** Repeating previous medicines is not smooth, increasing the time required to attend a patient and leading to increased waiting times.
    - **Status:** Repeat option modified with auto-change of D/I items based on pharmacy counter availability.

12. **Medicines Indented Not Reflecting in ALC:**
    - **Problem:** Medicines indented do not reflect in the ALC system.
    - **Status: Rectified.**

13. **Uniformity in Indent Medicine List:**
    - **Problem:** No uniformity in the indent medicine list seen by the CMO in-charge and by ALC.
    - **Status: Rectified and in testing.**

14. **Doctors' View of Indented Medicines:**
    - **Problem:** Doctors cannot see the indented medicines list, unlike in NIC.
    - **Status:** This feature is available for the CMO I/C to review as it is purely an administrative function and not required to be visible to all doctors.

15. **Multiple Patient Registration:**
    - **Problem:** Multiple registrations of the same patient are possible in C-DAC without canceling previous registrations, leading to confusion and the same patient appearing in multiple doctors' OPD pool lists.
    - **Status:** This facility is not causing any issues; in fact, it has effectively resolved the problem of reissuing referrals and medicines for patients who have already been attended to. Once the new QMS is fully deployed, all related concerns will be comprehensively addressed.

16. **Patient Count Visibility at GDMO Desk:**
    - **Problem:** The number of patients allotted to each doctor and the number of patients seen should be visible at the GDMO desk (as in NIC).

- **Status:** This feature is not required at the GDMO desk, as the option is already available at the CMO desk. The upcoming Smart QMS will ensure equitable distribution of patients across doctors.

17. **Medicine Quantity Filling:**
    - **Problem:** Medicine quantity (both dispensary and indent) should be filled in one go, as in NIC, to reduce patient waiting time.
    - **Status:** In the C-DAC system, there is a more advanced feature of **auto-indenting** in case of insufficient stock of medicines. This functionality further streamlines the process and significantly reduces turnaround time.

18. **Missing NIC Features & CGHS Adoption:**
    - **Problem:** Many important features from the NIC module are missing in C-DAC. Concerns that C-DAC adopted CGHS without understanding its needs and operations, applying a hospital model to an OPD-based system. ALC, a main component, was not consulted. Indented medicines are showing at two places with different rates in ALC bill submission, making voucher checking difficult and increasing chances of overpayment. Indented medicines are not being seen or modified by the CMO in-charge.
    - **Status:** CGHS constituted an SRS Committee and sub-committees with members from various cities and stakeholders. The committee assessed NIC features and recommended an advanced HMIS through C-DAC. Initial technical glitches were expected during software migration, but the system is being updated daily, with nearly **90% of issues resolved.** The team is working continuously for smooth implementation.

19. **Beneficiary Registration Steps & Missing Medicines:**
    - **Problem:** It takes many steps to register a beneficiary. Many medicines from the earlier NIC model are not showing in C-DAC, causing problems, including missing formulary medicines like Diavit.
    - **Status:** The **drug list is being updated regularly**, and many essential medicines have now been added. To ensure DVDMS compliance, every drug must be mapped with VMS and JA codes for accurate auto-indent calculations (including ALC-procured drugs). This feature is crucial for CGHS policy formulation and budget allocation. Diavit is a nutritional supplement, and CGHS wellness centers have an equivalent generic alternative.

20. **Difficulty in Finding Medicines:**
    - **Problem:** It is very difficult to find medicines from the C-DAC list, significantly increasing patient disposal time.
    - **Status: Medicine search option is available.**

21. **Unrecoverable Old Patient Data:**
    - **Problem:** Patient data from the old system is not recoverable, leaving most data un-updated in the new system.
    - **Status:** Data from NIC for the **last six months is available** under the **CGHS Legacy**

option in the EMR module. Beneficiaries can now also view their EMR through the CGHS mobile app.

Patient Problems & Rectifications

1. Online Appointment Issues:
   - **Problem:** Patients are finding it difficult to get online appointments as the C-DAC system is unpredictable.
   - Status: Online appointment system issues are rectified.
2. Long Queues in WCs:
   - **Problem:** Huge queues in Wellness Centers (WCs) because doctors' time to attend a patient has almost doubled due to C-DAC glitches and cumbersome processes.
   - Status: This issue has also been resolved—**crowds have significantly reduced** in most wellness centers, and users are gradually adapting to the new system.
3. Delay in Indented Medicines:
   - **Problem:** Patients are compelled to purchase indented medicines from the market as it is taking more than a week for them to arrive at WCs.
   - Status: Issue rectified.
4. Manual Medicine Distribution & Long Queues:
   - **Problem:** Medicine distributions are being done manually as the system is failing to show the same on screen, leading to very long queues at indent medicine counters.
   - Status: Rectified.
5. Chaos Due to C-DAC Implementation:
   - **Problem:** Total chaos in WCs because of C-DAC implementation without field trials and without incorporating all facilities available in NIC.
   - Status: NIC is not a comprehensive HIMS; however, its **best features have already been incorporated** into the C-DAC system. This migration is aimed at long-term benefits, and all core functionalities have been restored. The new portal is highly customizable to meet the evolving needs of CGHS.
6. Chaos at MSD Centres & Life-Saving Drugs:
   - **Problem:** Total chaos at MSD centers due to the unavailability of life-saving drugs and glitches in C-DAC, causing unbearable suffering for terminal disease patients.
   - Status: Life-saving medicine supply restored.
7. Paralyzed New CGHS Card Distribution:
   - **Problem:** Distribution of new CGHS cards is completely paralyzed due to system glitches.
   - Status: Rectified.

Director

CGHS.