

# Vital Signs

Newsletter | Vol-IX, September 2025





It's been a while since we shipped our last newsletter and there have been a lot of exciting developments that we are excited to share in this issue!

As a quick recap, we offer a chronic disease management service called "NEEM" aimed at Tier 3 and below markets. The core differentiator is home-based service & longitudinal tracking of patients which we think is essential when it comes to long-term management of conditions like diabetes and hypertension. While our current subscription plans cover out-patient care including medicines, we are actively working with partners to see how to integrate insurance for in-patient costs as well. The ultimate goal is to try and offer a single plan for all health needs, thus eliminating any sharp volatility in health spending for customers.

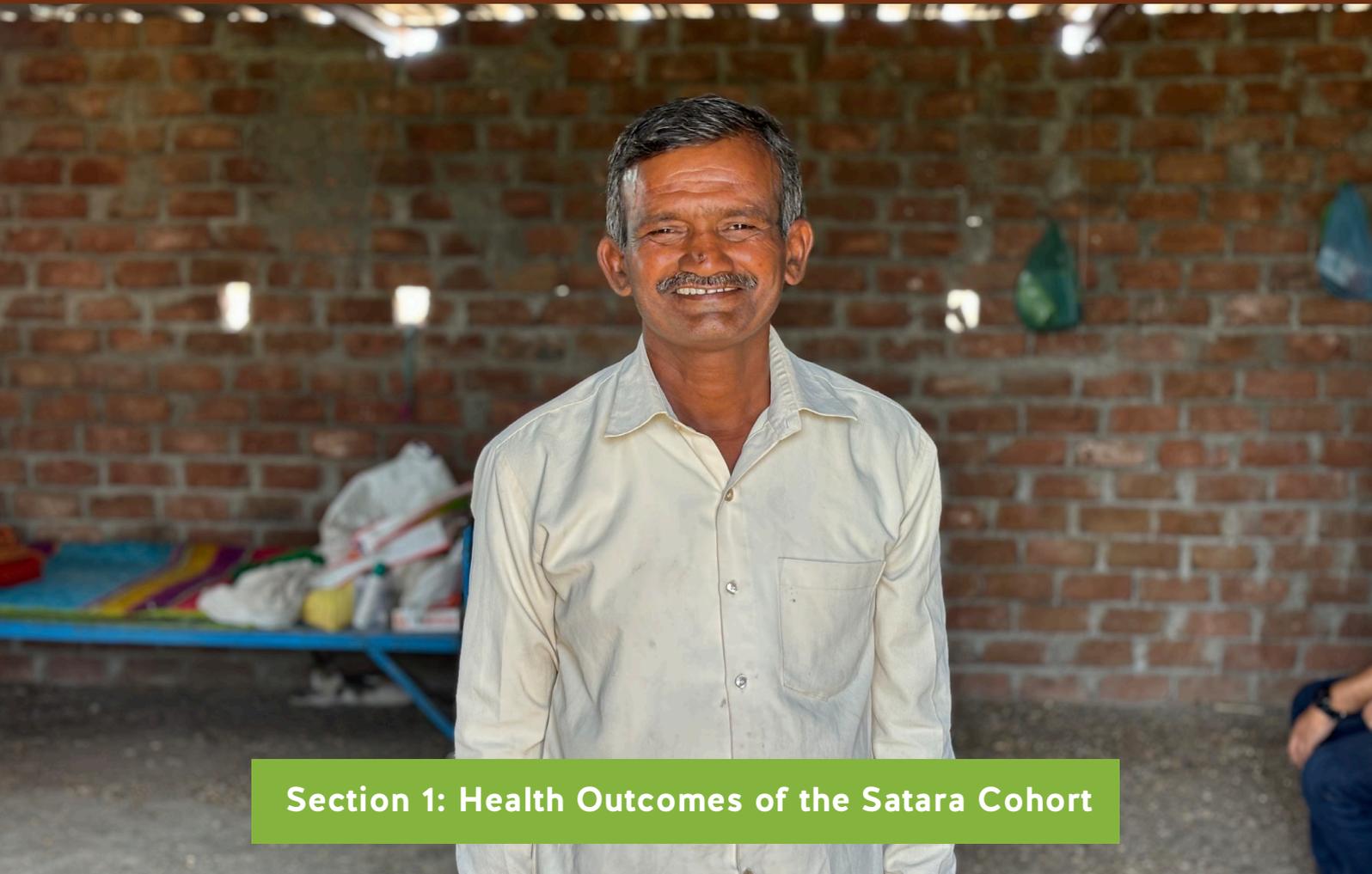
Our home-based service is powered by a cadre of digitally savvy health workers that are the single-point contact for the customer/patient. It has been our strong view that a professional cadre of health workers is a key ingredient in solving for India's vast access and quality gaps. I often get asked how this is different from the ASHA worker approach that the Government has been using for many years. The key difference to my mind is - ambition. We believe that armed with the right technology & oversight, we can have a far more ambitious vision for what a health worker can achieve. This cadre can help us unlock the transformative power of AI in diagnostics while being mindful of patient safety and quality of care. This vision is extensively discussed [here](#). In this context, we are thrilled about the official [launch](#) of the partnership with IIHMR, Bangalore to offer the Diploma Program in Community Health and Digital Health Operations. If you run a primary healthcare program and are interested in certifying your front-line workers, please reach out to us.

In this edition of Vital Signs, we deep-dive into the approach and interventions to manage high-risk customers with diabetes. We also share the most recent data on health outcomes from our customer cohort in Satara (Maharashtra). As always, we bring you some experiences from the field and a paper that we found very interesting in the context of patients' care-seeking journeys in rural India. Finally, one of our interns did a landscape analysis for us which we thought would be helpful to share more broadly.

As always, please send your suggestions and feedback to [communications.health@dvara.com](mailto:communications.health@dvara.com). You can also subscribe to the newsletter by signing up [here](#).

Happy reading and wishing you good health!

**Bindu Ananth**  
Founder & CEO - Dvara Health Finance



## Section 1: Health Outcomes of the Satara Cohort

For this section we studied the number of customers onboarded between January 1, 2023 and June 30, 2025. We used two additional filters: 1) should be an active customer, i.e. paid at least one subscription in the preceding two months and 2) should have received at least 2 monitoring/check-in visits. Furthermore, we looked at diabetes mellitus (DM) and hypertension (HTN) patient numbers.

<b>1033</b> Active Customers	<b>350</b> (33.9%) DM Patients	<b>176</b> (50.3%) DM Controlled
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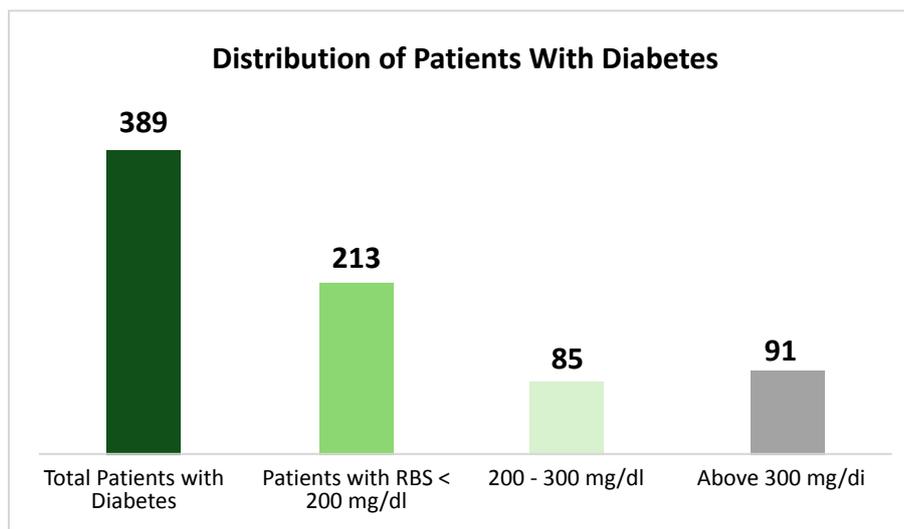
The number of DM patients was 350 which was about 34% of total active customers. This is generally in line with previously observed data of ~30% with a slight increase. The percentage of diabetes-controlled patients reached 50% by June 30, 2025. This has shown a steady improvement over time. We discuss in Section 2 specific strategies adopted for patients with severe hyperglycemia.

<b>1033</b> Active Customers	<b>385</b> (37.3%) HTN Patients	<b>263</b> (68.3%) BP Controlled
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The number of HTN patients was at 385 which is 37% of the active customer base. This is fairly consistent with previously observed data. The percentage of HTN-controlled patients was at 68% as on June 30, 2025. This has remained fairly stable over the past few quarters.



The NEEM program currently has 389 patients with diabetes under our care. The distribution of patients with diabetes looks as below:



Any patient with a Random Blood Sugar (RBS) reading  $> 300$  mg/dl during screening or any check-in visit is categorized as having severe hyperglycemia. We identified and studied a cohort of 25-30 patients that had persistent severe hyperglycemia despite medication. We briefly describe here the approach taken to improve these cases and the ongoing challenges.

A few strategies suggested by our specialists and Medical Advisory Board are showing some encouraging results:

## 1. Oral Triple Therapy:

When blood sugar is not controlled with two oral medicines, a third agent is added. Triple therapy can help target different mechanisms of diabetes, improving glucose control without early need for insulin.

## 2. Fixed-Dose Combinations (FDCs) & Dosing Frequency:

Instead of multiple pills, patients take a single tablet containing two or more drugs. FDCs improve compliance, provides effective glycemic control<sup>1</sup>. It is cost-effective and convenient for the patient by reducing the pill burden. This significantly improved adherence to medication.

## 3. Insulin Initiation & Challenges:

While insulin is highly effective, patients showed resistance to it due to fear of injections, misconceptions about insulin to continue for lifetime, concerns about hypoglycemia and affordability.

## 4. Motivational Interviewing (MI)

We have started training health workers on Motivational Interviewing (MI) to explore patient concerns and barriers on medication adherence and initiation of insulin therapy. MI is a “client-centred directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence”. We hope this shift away from a “fear-based” approach will produce more sustainable adherence outcomes.

<sup>1</sup><https://www.jmcp.org/doi/10.18553/jmcp.2012.18.7.527>





## Section 3: Case Study

Mr. Deshmukh\*, a 46-year-old male residing in Adarsha village, Man taluka, Satara district, Maharashtra, works as a shopkeeper. He enrolled in the NEEM Plus Diabetes package on April 12, 2024.

Around three years ago, the patient was admitted to a local hospital in Phaltan due to weakness, excessive hunger, and low platelet count. During this admission, he was diagnosed with diabetes. Since then, he has been under treatment from the local hospital. He reported no history of tobacco, gutka, smoking, or alcohol consumption, and no family history of diabetes was noted.

At the time of enrolment, on April 16, 2024, NEEM's Senior Health Sakhi recorded his blood sugar level at 226 mg/dL. The patient reported taking two to three tablets in the morning and two to three tablets in the evening for diabetes management prior to joining NEEM. After consulting with NEEM's care team, the medication dosage was rationalised to two tablets per day — one in the morning and one in the evening.

Over the following two months, continued improvement was observed, and the dosage was gradually titrated down. By July 27, 2025, the patient's blood sugar had improved to 164 mg/dL.

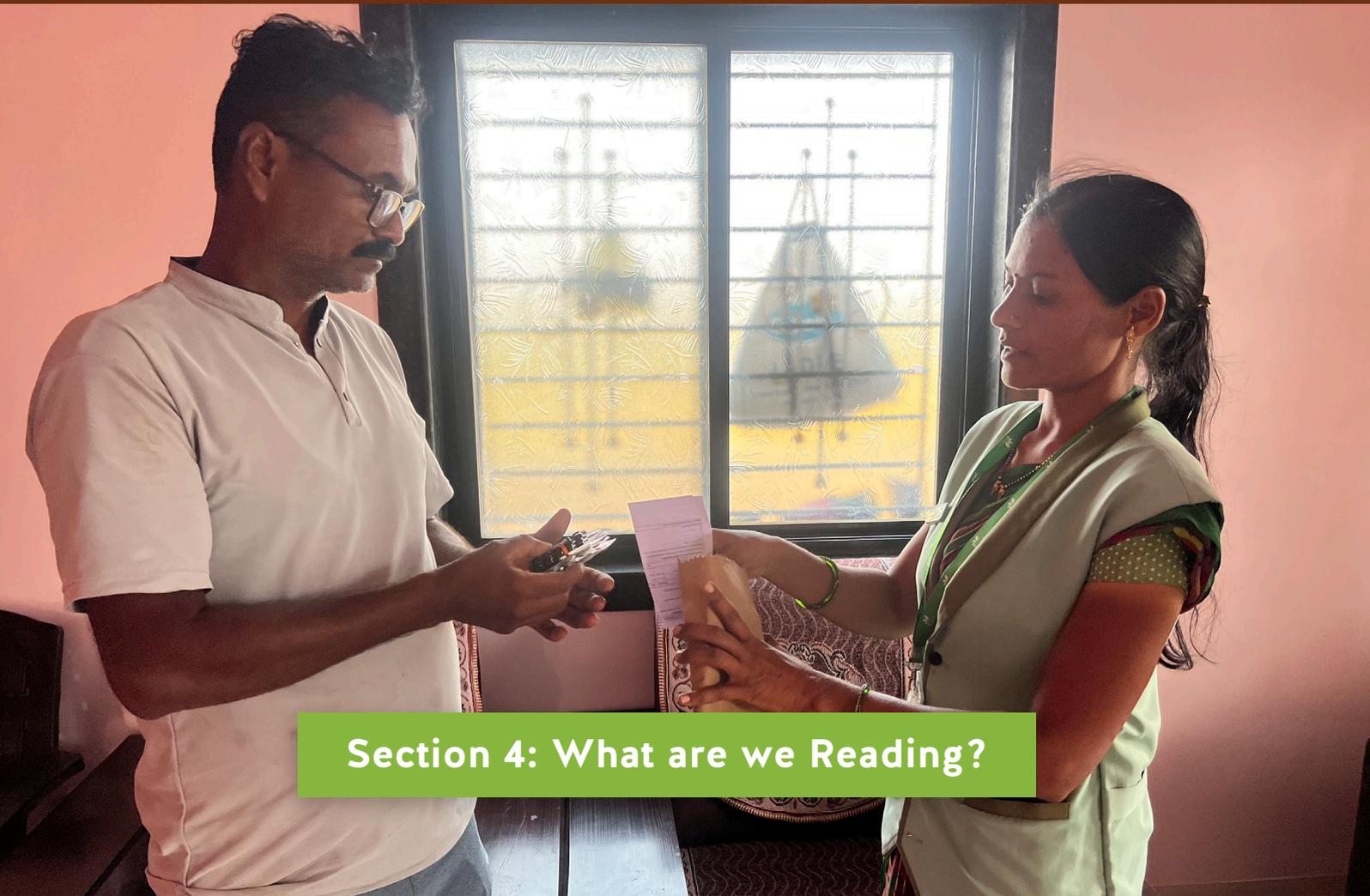
His current medication includes Vildagliptin (50 mg) + Metformin Hydrochloride and Gliclazide (80 mg) + Metformin Hydrochloride (500 mg). The patient attributes his improvement to NEEM's timely interventions and support.

The patient expressed that the home delivery of medicines through NEEM has helped him save time, avoid missed doses, and receive affordable care at his doorstep. He highlighted that the program is particularly beneficial for busy professionals and elderly individuals who may find it difficult to visit hospitals.

(Case study video link)

[https://youtu.be/TaBL3\\_7ik1Y](https://youtu.be/TaBL3_7ik1Y)

\*Name changed for privacy purposes



## Section 4: What are we Reading?

We are reading a fascinating [paper](#) by Kane et al (2022) on people's care seeking journey in rural India using chronic severe breathlessness as a tracer condition. Through deep qualitative work and in-depth interviews with 41 rural respondents in Maharashtra and Uttar Pradesh, the authors give us a deep understanding of the journey from the early stages of care-seeking where patients and their families are prepared to do anything to find a cure, through all the twists and wrong turns along the way and finally to resigned acceptance of the disease in some cases and penury in some unfortunate cases. They characterise this as a two-stage journey of Stage 1 being about Urgency, Search for cure, and Hope, and, Stage 2 about Reconciliation, and Acceptance. Stage 1 is when the patient and their family are at their most vulnerable and a bad interaction with an untrained provider or an untested remedy can lead them down very troubling

directions. The authors stress the importance of having in place "accessible, reliable, and trustworthy sources of advice and care at the first point of call" and protecting patients and their families from "bad actors" at both the stages given the broader context of a deeply flawed health system. This is a rare paper that looks at the experience of those with chronic conditions from their own lived perspective and gives us many insights on how to design our service better. I was also reminded of our struggle to communicate to patients that chronic conditions do not necessarily have a "cure" and the goal is to "control". The mental model of infectious disease as having a beginning and end is misleading in the context and all the misinformation around "reversal of diabetes" and such like do not help! We will need to work harder to identify suitable language to communicate to patients about dealing with chronic diseases effectively.



## Section 5: Landscape Study of Digital Health Innovations

A landscape study of 12 companies in the digital health innovation space was conducted by our intern (Ms. Nishta Subramanian) during July-August 2025. While not comprehensive in its scope, the objective was to identify key differentiators of companies working in this space.

As seen in the US, with the increasing penetration of insurance, we should expect to see many more models in

India where the insurer is the payor. Arguably, this is a more scalable model than an exclusive reliance on OOPE. It will also be interesting to see how distribution models evolve given the differences in user context across markets. Clinics & health workers will be reimaged using the range of digital tools available to us but might be necessary for the “assisted model” that has worked fairly well in the Indian context.

Company Name	Geography	Distribution/ Service Model	Coverage	Payor/payment Model
 Fitterfly	India	Digital	Chronic Diseases	Insurer
 Hinge Health™	U. S	Digital	Chronic Diseases	Employer/Insurer
 omada	U. S	Digital	Chronic Diseases	Employer/Insurer
 Healthify	India	Digital	Chronic Diseases	OOPE
 loopa	India	Digital	Comprehensive	Employer/Insurer
 DVARA Health Finance	India	Digital + Health Worker	Chronic Diseases	OOPE
 BeatO	India	Digital + Clinic:	Chronic Diseases	Insurer + OOPE
 virta	U. S	Digital	Chronic Diseases	Insurer + OOPE
 CureBay	India	Digital + Clinic + Health Worker	Comprehensive	OOPE
 PRAAVA HEALTH	Bangladesh	Digital + Clinic	Comprehensive	Insurer + OOPE
 doctHERs	Pakistan	Digital + Clinic + Health Worker	Comprehensive	Insurer + OOPE
 MEDTRONIC LABS	Bangladesh, Ghana, Kenya, Tanzania, Cambodia, Rwanda	Digital + Health Worker	Comprehensive	Philanthropy + Govt partnerships