



World Patient Safety Day  
17<sup>th</sup> September 2026  
**Safe Care for Life!**

**“Safer Care for Non-Communicable Diseases”**

# Leveraging Digital Health for Patient Safety

***Dr. Rajendra Pratap Gupta, PhD***

Chairman- **International Patients' Union**

Co-chair – **Global Policy Network on Artificial Intelligence, United Nations' Internet Governance Forum**

Former Advisor - **Union Health Minister, Govt. Of India**



# Awareness Is Not Sensitization: The Cost of the Gap

Awareness = knowing a risk exists. Sensitization = internalizing that risk enough to change behaviour.

## Real-Life Cases



### The father — 60, PhD in Chemistry

A lifetime of scientific training — managed his **diabetes** carelessly for years. It progressed silently into a **heart stroke**.



### The mother — 60, PhD in Nuclear Chemistry

Was diagnosed with **cancer** late and passed away. (Indian household-expenditure data show cancer carries roughly **170% higher odds** of catastrophic hospitalisation expenditure than a communicable disease — late diagnosis is a financial catastrophe as much as a clinical one.)



### The son — 25

Carrying the family's combined risk history, became fully dependent on others due to his **schizophrenia** — a pattern consistent with Indian caregiver-burden research, which documents high rates of **psychological distress** among people who have carried sustained caregiving and repeated bereavement for chronically ill family members.

# Primary Prevention is missing !



# NCDs: A Patient Safety Challenge

43  
million

Global NCD Deaths

Non-communicable diseases account for 74% of all deaths globally.

15  
million

Premature NCD Deaths

Around 15 million people aged 30–69 die prematurely from NCDs every year.

17.9  
million

Cardiovascular Disease Deaths

Cardiovascular diseases are the leading killer annually.

32.1%

India Cardiovascular Deaths

Cardiovascular diseases alone cause 32.1% of all deaths in India.

35.5%

India Hypertension Prevalence

Hypertension prevalence in India according to the ICMR-INDIAB study.

82 People

Die per Minute due to NCDs

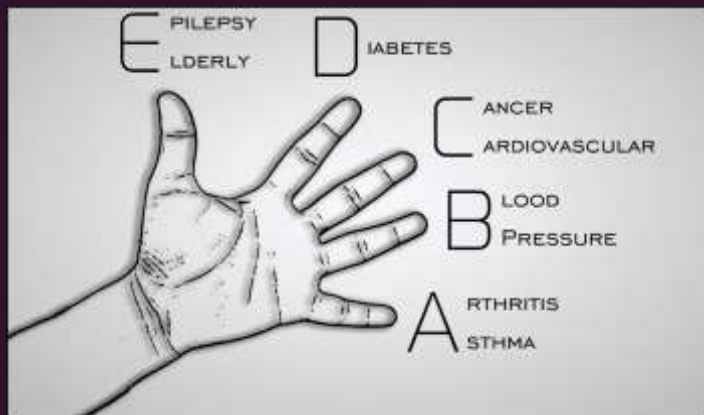
> 1 per second

# The ABCDE of Chronic Diseases

The United Nations General Assembly Hall, New York – 16<sup>th</sup> June 2011



# Pre-emptive Care Model – School Health



**TEDxNUS 2015**

**Pre-emptive Healthcare: The Best Option –  
Dr. Rajendra Pratap Gupta – 2015**

**National Health Policy -2017 . Page 13.  
Booklet on Health – MoE & MOHFW**

# Risk Assessment is the first Step in Primary Prevention



## & Patient-Safety Intervention

HRAI – Health Risk Assessment Index of India  
initiated by DMAI wins the “Civil society  
Initiative of the Year 2010 in eHealth”



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# Data as an identity, diagnosis, health coach, drug and treatment

*Electronic Health Records make data the identity for the patient. It can be in form of UHID or ADHAAR (in India). The data reveals the identity of the patient*

ETHealthWorld | Updated: March 08, 2019, 08:04 IST

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*By Prof. Rajendra Pratap Gupta*

Recently, I was in Bangladesh on the call of the Prime Minister's



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**Rajendra Pratap Gupta**

Public Policy Expert, Global Healthcare Leader



## Finally, mHealth is the winner : Software as a drug?

Jan 27, 2015, 07:43 PM IST

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A few years ago, we heard about 'Software as a product', then came 'software as a service' (SaaS), and now, we are seeing 'software as a drug' (SaaS). This logical progression and fusion of technology and medicine.

Gradually, both will become integrated across the continuum of care. The reality is that, mHealth has succeeded and it has emerged as the winner and is changing the rules of healthcare. A mHealth app (mobile based application) for managing health is now US FDA approved, and has been allocated a 'drug code', which means doctors can now prescribe an mHealth app in a similar manner as medicine and this will be reimbursed by the insurance companies. Now mHealth apps

ETCIO

Next  
World



# Digital Therapeutics - DTx



**For DCDM-  
A New Therapeutic Field**

January 1<sup>st</sup> 2024



The positive impact of Digital Therapeutics solutions supports patients to be more adherent to their treatment regime and adapt with a more objective and rapid feedback loop, enabling a more personalized care program while also incentivizing long-term behavior change typically for people with chronic conditions.

-Dr. N.K. Singh, Asia-Pacific DTx Leadership Alliance

iGCDM (Digital Chronic Disease Management) Formulation Model:  
Dr. Rajendra Prasad Gupta and Dr. M. K. Singh

## Digital Therapeutics led Personalized Medicine – A Paradigm Shift



Figure: Digital Chronic Disease Management (DCDM) – The New Patient Journey © Asia Pacific ITx Leadership Alliance

Digital Therapeutics is a participative approach to monitor, managing wellness or a medical condition leveraging software backed by clinical algorithms through a connected system.

Digital Therapeutics is moving the passive and episodic disease and wellness management through a technology-backed connected care model, which will lead to timely and appropriate interventions resulting in better care and lower costs, thus building efficiency and trust in the healthcare system.

I believe, **PDTx** which is widely referred to as **Prescription Digital Therapeutics**, represents the new model of care representing **Patients, Doctors and Technology** and so, rightly it is **PDTx**.

Dr. Rajendra Pratap Gupta, Founder – Asia Pacific IT Leadership Alliance



[welldoc.com](http://welldoc.com)

## WellDoc Receives FDA 510(k) Clearance to Offer a Non-Prescription Version of BlueStar® Digital Therapeutic for Type 2 Diabetes

4/19/2016

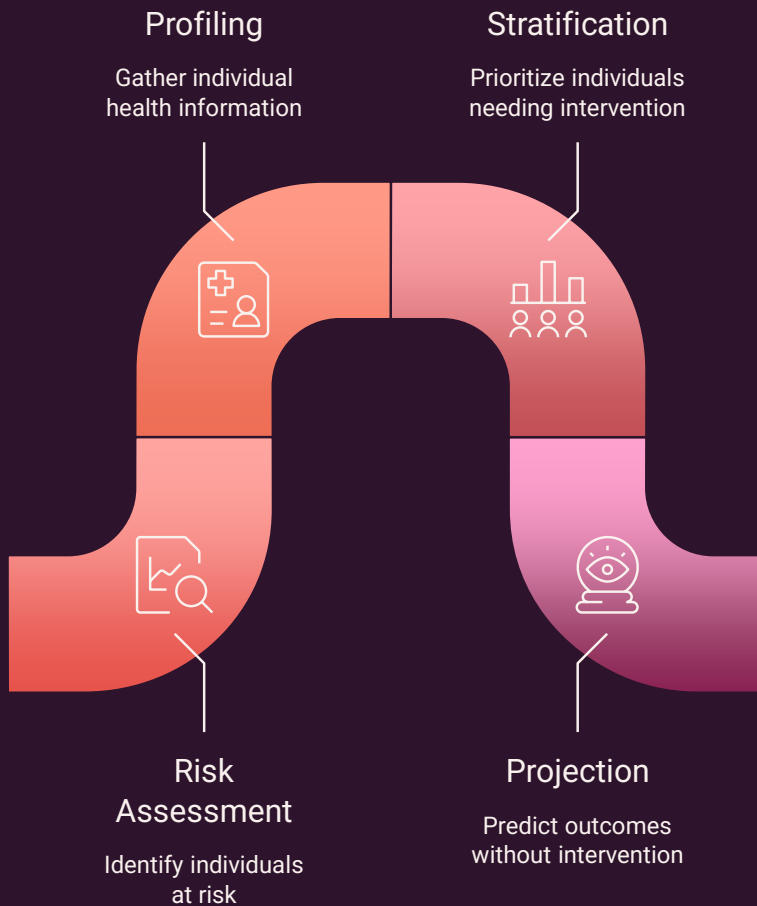
*Enhances Company's Ability to Expand Access to BlueStar® Across the Healthcare Ecosystem*

Columbia, Maryland, January 19, 2017 – Digital health leader WellDoc announced today that the U.S. Food and Drug Administration (FDA) has granted the Company 510(k) class II clearance for a nonprescription version of the BlueStar® digital therapeutic. This BlueStar® option will allow WellDoc more flexibility in offering the product through additional channels to adults living with type 2 diabetes.

"This FDA clearance is a significant milestone for WellDoc," said Kevin McRaith, WellDoc President & CEO. "We can now integrate BlueStar® more seamlessly into the healthcare ecosystem as we commercialize the product and significantly scale it by working with our existing partners as well as others with which we are actively engaged."

Based on this clearance, WellDoc will offer BlueStar® and BlueStar® Rx. The non-prescription version will have all the first-in-class features of BlueStar® Rx apart from an insulin calculator. BlueStar® Rx will continue to include an insulin calculator for users to access and support their mealtime insulin dosing calculations. Additionally, this clearance allows BlueStar's easy integration into health plan systems.

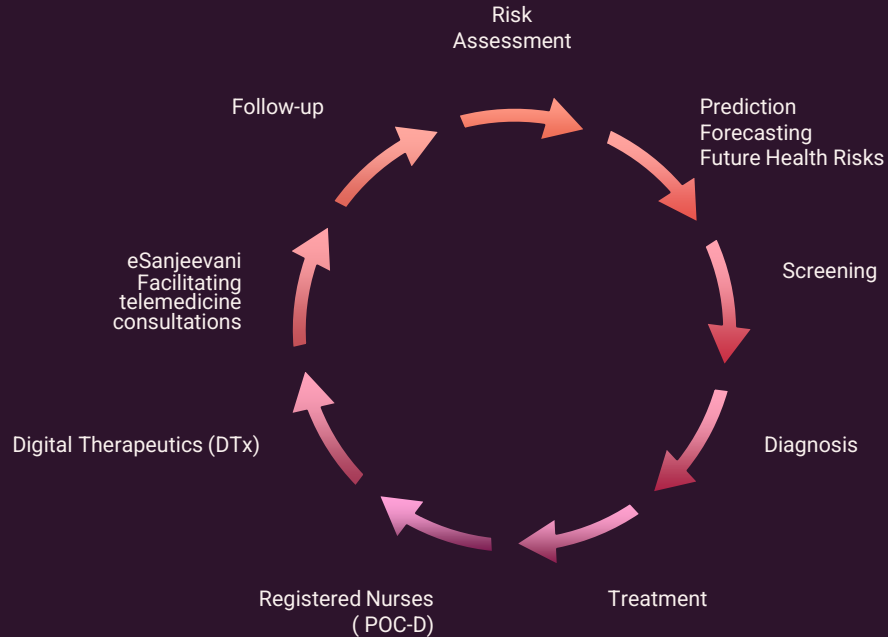




# From Risk Assessment to Precision

- **Diabetes to CKD:** 30–40% experience kidney damage; 54% risk at 15+ years
- **Hypertension to Stroke:** CVDs cause 35.3% of deaths in India; elevated BP accounts for 54% of strokes – GNRC
- **The control gap:** Only ~12% of hypertensive individuals have BP effectively managed

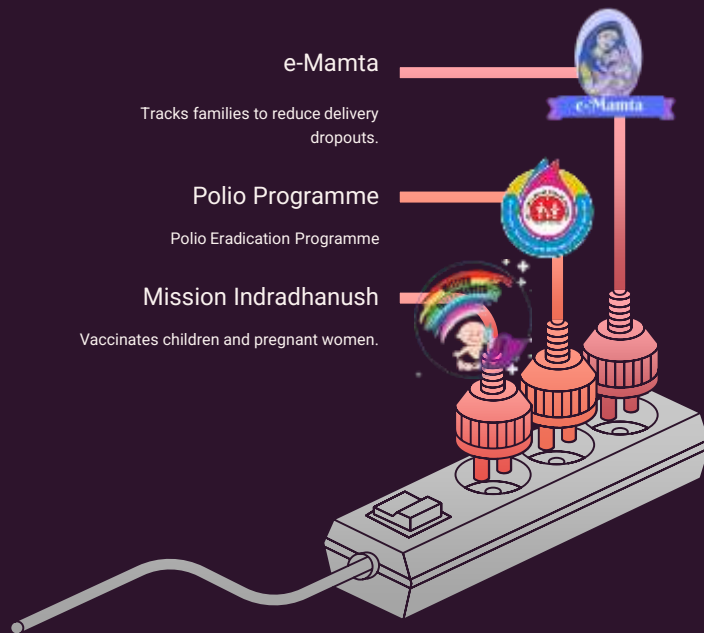
# Digital Health Ecosystem & NCD Care



- AAM – 186,000
- ABHA Ids- 97.6 crore
- eSanjeevani – 50 Crore

# India Has Already Demonstrated the Model

Applying the proven population-scale logic of identification, tracking, and continuous follow-up to chronic disease





**GLOBAL HEALTH  
CONNECTOR**  
FORMERLY ECHALLIANCE



## Essentials of Digital Health

THIS COURSE IS FOR

Doctors

Healthcare Professionals & Allied Health Professionals (AHPs)

### Key Highlights

1. World's Best Faculty – Taught by global leaders of Digital Health
2. 3 – Month Long course – Self Paced
3. 12 Modules – Touching important aspects of Digital Health
4. Course Material – Readings – Video Lectures – Online Quizzes
5. Global Course – Universal learnings
6. Certificate – Awarded on successful completion of all modules



## Certified Digital Diabetes Nurse Educator Programme(CDDNE)

THIS COURSE IS FOR

Nurses

### Key Highlights

1. Accredited by the Indian Nursing Council with 55 CNE hours and 11 CNE credits
2. 6 – Month Long course – Self Paced
3. Learn Digital Health, Telemedicine, CGM, mHealth & AI-enabled diabetes care technologies
4. Designed to prepare nurses for advanced roles in chronic care management, diabetes education & nurse-led patient engagement
5. Taught by experts and leaders from healthcare, diabetes care & digital health ecosystems

Applications

<https://digitalhealth.ac.in>



RajendraGupta



Rajendra Pratap  
Gupta



Prof. Rajendra Pratap Gupta

[www.digitalhealth.ac.in](http://www.digitalhealth.ac.in)

[www.parliament.health](http://www.parliament.health)

[Chairman@digitalhealth.ac.in](mailto:Chairman@digitalhealth.ac.in)



Digital Health Associates

