Interview on Digital Therapeutics Industry

TechSci Research Analysts in Conversation with

Dr. Manthan Mehta

(Program Head, Fitterfly)

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Techsci Research: How your work is related to the digital therapeutic industry and how does the industry work in general?

Dr. Manthan Mehta: So, if we look at digital therapeutics in particular, l work in designing and developing digital therapeutic programs for chronic diseases. My current focus is on developing programs for heart health, which includes blood pressure, cholesterol, patients with heart disease who've had a heart attack or have had a bypass or angioplasty done. And what l want is, developing a patient journey for them, patient persona, modeling it on the latest research and making it the most evidence-based that is possible, and providing support to these kind of patients, through a digital app and through coaching, which is more personalized for them, and helping them cope up with the disease, helping them make lifestyle changes, helping them reduce their burden of medication, reduce their burden of complications which happen in the foreseeable future.

So, that's essentially what l do and how digital therapeutic works overall is, the name itself tells you, if you split it into two parts, digital and therapeutics. So, therapy, right? So, we generally go through drug therapy, psychotherapy, as it can be called scientifically, that whenever you have a disease, the physician will prescribe you a therapy. And that therapy is aimed at managing the disease, helping the disease go away, or to reduce the disease. Just like any other therapy that you may have, pill, and we also call it as a digital pill. So, it's a digital therapy, which is usually non-invasive. It could involve parts like having a continuous glucose monitor or having a device that monitors your blood pressure continuously or monitors your heart rate, etc.

But essentially, this also helps you to manage the condition better. So, any therapy that digitally helps you manage the condition better, simply put is. we know in most chronic disorders or even non-communicable disorders or NPDs as they are called. The first thing you do generally is lifestyle medication or you change your habits, is what essentially goes with the prescription always, right, as an advice from the doctor. And that's essentially what digital therapy does.

And to, of course, separate it out from, classic wellness apps or apps which only look at your health, whereas a digital therapy has a broader scope because it is actually build on something therapeutic and has outcomes which need to be proven scientifically so that it can be used for patient.

Techsci Research: Digital therapeutics is the combination of two words, which is digital and therapy. While we were doing research related to this topic, we came across a number of things that High quality software programmers are

required to prepare these types of programs and digital literacy is required on the app doctor's part also, so that they can effectively manage or use these applications so that they can help patients prevent or manage a disease. So, what would you like to say on that?

Dr. Manthan Mehta: So, on the aspect of the skill set required for people to develop the app, there needs to be technological expertise to develop the app. It also needs an element of health care. And when I talk about health care, we generally leave it on expert developers and market research people to develop user-personal products in health care without realizing sometimes that this actually is something that is going to impact patients and going to impact doctors as well. And it's a good thing now that there are a lot of doctors like myself and many others who are working in this space with healthcare and technology together. And you need to embed that.

And healthcare, again, is a part of two worlds, right? And the care element needs to be brought in into these high-quality apps as well. So, if you could develop the best app which could technologically be very advanced, feel like a companion to the patient, doesn't feel like a caregiver to the patient, I think we've not succeeded in that journey. So that's one element. Two, rightly, you said that digital literacy, even for healthcare professionals when it comes, it's a little difficult because these are more advanced things that have come up today, and does not cover too much of these advances. But, you know, slowly and steadily, we are making certain strides in this. We see a lot of forums coming up, the professionals into digital health. Most of conferences that I attend these days have certain sessions and workshops on digital healthcare in general. In some of them, I was well being a speaker to and being a panelist at. So, these discussions are now moving around in the healthcare circle and I'm sure people are picking up, right? I know of a doctor who has actually worked on developing an AI algorithm which can help patients diagnose things in endocrinology or hormone disorders.

So that is improving. I think we all live in an era with smartphones and the whole world is at our fingertips. So why not healthcare? And I think the medical industry has been a bit of a laggard when it comes to accepting technology into these things, because they are apprehensive with, whether or not this will help the patients or not, whether or not things can go wrong, and can I rely on an app or a device solely. So once that apprehension is gone, once they've understood that this is scientifically validated and this is only for the betterment and saves time and effort for me as well as improves patient outcome, I think the adoption literacy is going to just go up. I think in your technical management terms, it is going to be a hockey stick kind of a graph very soon.

Techsci Research: What is the general rationale on the part of patients when it comes to using for information of these apps? Do they rely on them or is there-real ways a concern that the data that is generated from these devices or digital wearables is not that accurate when compared with a healthcare sophisticated medical instrument?

Dr. Manthan Mehta: I think that's another reason which builds into the point I mentioned earlier that people are apprehensive to accepting technology mainly because of the trust factor. And for healthcare, people have always wanted to look at more trusted sources. People look at more reliable data and information. And there is, of course, a bit of a trust deficit when it comes from non-standardized devices. So, people do want to look it up, you know, whether it is certified by any global agency, whether it is regulated through a regulator, whether it's approved as a device to measure things and what is the error rate and what it comes at. People even go to the lens of cross-checking.

I remember in my residency days, we conceptualized a project where we actually wanted to compare a digital BP device versus a standard sphygmomanometer, the mercury-based device which we used in the hospital setup, and actually see if there is a variation and people wanting to see whether it can be trusted or not. So, the trust element is there and that's where I think a lot of regulation is needed at all times because this cannot be treated like any other regular device. If you are giving healthcare data, there are a lot of regulations that should be in place. You need to have a lot of check boxes when it comes to the authenticity of the data, the error rate, the false positive or negative, because it can be dangerous.

For example, if you have a device which is looking at your heart rate, and if it gives an erroneous reading, saying your heart rate is either too high, and you might actually get into a panic mode, and the things can go down south, and then when they go to the doctor, and the doctor says your heart rate is fine, you know, then there's a trust deficit at both places, whether the doctor is speaking the truth or the device was speaking the truth. But to bring that element in, I think we need to be very cautious of what the device says. I think they need to have the right disclaimers in place and need to mention the error rates and the percentages in a very simple way that people can understand, and also to understand whether these are used just to monitor your steps or to monitor things or they're actually used as a medical grade device. So that distinction needs to be made very clear at all fronts, from the manufacturer to the regulator to the seller to the marketing campaigns that they have. So that needs to be made very, very clear so that people are able to put the right trust in it. So, like they say, one rotten mango spoils the whole basket. So, if you have one device which is not well regulated yet being used commonly and keeps coming up with erroneous readings and, mishaps and becomes headlines at places, the overall trust into these things will be lesser.

So, all of these are aimed to make patient life better, to make monitoring simple, to make people more health aware and more health literate, with the use of digital technology, that needs to be done. Secondly, there is the content piece around this. So, when there is any healthcare information that is going out through an app like these or through such digital media, that also needs to be verified and reviewed by qualified healthcare professionals. I think very recently in India, there was a big human cry and the regulation that has come out like an advisory that influencers or healthcare influencers on social media, will have to demon-

strate that they are qualified to make these claims or to promote these kinds of products or talk about it as well. So, it's an advisory for now. I hope it gets more stringent so that the trust element, stays intact. I think that authenticity and that moral high ground is absolutely required when we are dealing with healthcare information in particular.

Techsci Research: As we talk about digital literacy and health literacy, so don't you think that digital therapeutics will be limited to the upper-class people of India?

Dr. Manthan Mehta: Yeah, that's a good myth, which I like to bust at most places. In fact, for the organization I work for, we did a bit of research around where people are and found that, close to 40 percent people do come from tier two and three cities as well. So, the world, even if we go through individual household usage of Internet and all that, we see that the tier two and three are all coming up in a big way and the world has become narrower and it benefits them the most. While you say the upper class or the people living in metros have more access as well as they have more exposure, these things can actually reach out to people in those tier two and tier three places as well, where they may not have these kinds of facilities.

For instance, through our digital therapy program, we have qualified nutritionists, physiotherapists, psychologists who are experts in different domains, and sometimes finding that exact expert, for the issue that you may have, may be difficult in that town or it may not be easily accessible, but it becomes accessible at the comfort of your home within the time frame that you want it.

So those towns, I think, can benefit much more than what metro cities can, where I do have a bit of simpler access to different experts, to different forums very close in my vicinity. But where you don't have them, I think digitally bringing them in your phone or in your laptop or your device in any way, is more helpful and we should also, to bring it more, make it more adaptable and for people to adopt to this in multiple ways, I think of regional touch to elements. So, even when we do a lot of initiatives, we do it in Hinglish, with Hindi plus English. People convert a lot of elements into regional languages, the coaches we provide, also have a lot of regional touch to them and speak the same language, know the regional cuisine, know the lifestyles, etc., and that helps bring a lot of diversity as well as bring people closer to what they are trying to achieve.

So, the challenges are there, but accessibility becomes easier because you are not dependent on the geography and you can get access to this at the comfort of your home. Affordability does play a role and that could be a point that can come up, but I think more and more people are aware of their health and are willing to spend for their health care, given that they are given the right resources and the right coaching.

Techsci Research: It is often quoted that digital therapeutics can improve primary care practice. Can you comment on this?

Dr. Manthan Mehta: Absolutely. I think that it plays a major, major role when it comes to primary care practice. Firstly, you know, with a lot of digital therapeutics which aim at assessments and helping in aiding in faster diagnosis and screening. Secondly, it provides elements that you might only get in specialty care

setups. For instance, if I talk of diabetes, to get a diabetes educator, to get a qualified diabetic nutritionist, to discuss with somebody on diabetic stress, or to get a physiotherapist for your fitness and exercise for diabetes, may become very difficult in a primary care setting.

You generally would get all these experts in under one roof in a tertiary care hospital or a big setup, and that is what, a lot of people don't always visit tertiary care hospitals, right? Distance is a barrier. People don't want to wait. A lot of people are more comfortable with their primary care physicians with the comfort level over the years and, geographic vicinity as well, and it can play a big role there. I mean, in your clinic nearby, the doctor is able to prescribe you a digital therapeutic and help you in that journey, give you the same experience that you would have probably got after visiting for experts in a tertiary care setup as well and taking you through that journey where the primary care physician is very well informed.

A big job of the primary care physician is also to drive awareness and also solve their queries, which if are happening digitally, again, saves a lot of time and effort and they can focus on better patient care. So if it, in fact, improves at the primary care level, we are then looking at a population health dynamic, right? Where we are looking at people right at the primary care, right at inception and diagnosis, where if digital therapies are started off, they are all prevented from complications, from the disease burden, from the pill burden going forward.

So primary care, I think, is the pillar and is the base of the pyramid of health care and digital therapeutics, like any other health care intervention, is always, you know, aimed well if the primary care is involved actively in this.

Techsci Research: You mentioned about diabetes. Is there any specific therapeutic area where digital therapeutics have shown the most promise?

Dr. Manthan Mehta: For now, across the world, I think mental health is one area where digital therapeutics have worked very, very well across the globe, particularly in the Western countries. Diabetes, again, is doing very well in India as well as across the world.

We know that one in 11 people in the world suffer from diabetes and we, are poised to be the capital, so it helps there. It helps in multiple chronic disorders, a lot of elements coming on in obesity, a lot of digital therapies coming on in gynecological disorders like PCOS, like fertility issues.

People are working on those domains as well, coming up in heart health as well, coming up in, chronic care when it comes to patients, elderly, and the geriatric population as well. They can also be looked at, for people who suffer from other issues which happen due to aging. There are some therapies which have come in for ADHD for kids as well, so those are also digital therapies which are approved and in the

Western world, a lot of them go through an approval phase, and we see more and more coming up.

I think the last five years have been tremendous when it comes to the growth of digital therapeutics, and multiple therapy areas are being looked at right from obesity, to migraine, to even cancer care, palliative care, aftercare, post-operative. So it has multiple places where this can actually be of help.

So any chronic condition, I think, in general, it can benefit a lot.

Techsci Research: What are the key focus areas of companies operating in digital therapeutics market in India? Is a cancer-related digital therapeutic company available in India, like you are working on diabetes and weight loss?

Dr. Manthan Mehta: There are others as well. There are quite a few digital therapeutic companies which work mainly on these domains, but they also work on areas like retinopathy. They also work in PCOS, like I said, or other hormonal disorders, and mental health issues.

There are people who are working on fatty liver as well. So the focus, I think, in India is to, also bring people closer to it. See, we are one of the most populous countries in the world and we are used to having people around. And we need that human touch, so the idea of digital therapies also is to humanize it as much as possible, and that's a major challenge when it comes in India. The focus has to be to go digital first, as well as to balance the human touch because we are used to talking to people.

We need coaching, we need people who can talk in the same language as us, and we also need that to be very, very scientifically accurate. We know that digital health or health literacy in India is not very, very high, maybe people are very great at using smartphones and apps but improving that health literacy.

Also, we are an out-of-pocket market, so balancing that in terms of a business for digital therapy also becomes challenging, compared to mature markets in the world where a lot of things are reimbursed by insurance providers. So, bridging that gap of access, bridging that gap of affordability, bridging the gap of literacy, and the humanized versus digital, the whole thin line that we walk on, I think is challenging when it comes to the digital therapeutic market in India.

Techsci Research: You mentioned that digital therapeutics might be error-some sometimes. So, don't you think that a major error can lead to a big downfall in the entire market of digital therapeutics across India? For instance, if we talk about heart health, If we see any error-some outcome from the digital therapeutics and we lost a person or be it whatever reason, It can lead to a major downfall of the entire market. So what are companies doing in this regard?

Dr. Manthan Mehta: That's where it comes to, separating out therapy to what the app is doing, so every app should not be called a digital therapeutic; That is a major difference. And that's where regulations also need to come in where what can you call as a digital therapeutic? So if it is the digital therapeutic, if you want to label yourself that, there should be certain criteria that should be met, which should be defined by our local national regulators as well, that you have to have certain outcome data, you have to have some data from clinical trials, you have to have a margin of error study and all of those elements have to be done in place and we see that, right?

The whole medical device new policy that has come up this year is trying to revamp all of these and solve each of these doubts that we have. But again, for the layperson, there isn't too much distinction, whether this is a digital therapeutic or this is just a wellness app. Therefore, that distinction again needs to be made clear.

The world is moving in that direction where the FDA, the EU and other places, are approving certain therapies, digital therapies and calling them digital therapeutics, reimbursing them; they are prescribed by doctors. Whereas there are other apps which are harmless, so to say which don't have these concerns and these device errors, etc., which can work well.

Overall, if like l said, if there's an error, it's mainly on the part of a device and not on the part of the digital therapeutic, so to say because the therapy consists of multiple elements, and not just based on the device. So, if a device is erroneous, the overall therapy fails if you are based on an erroneous reading. So that really needs to be taken care of at multiple levels. And l think the government is working in that direction and l think it's just a matter of time where we will have more of medical device regulations as well as SAMD or software as a medical device regulations as well. Thus, the distinction will become very clear on what is a digital therapeutic, what can be called that, what can be marketed as that, what can be prescribed as that versus what is like an over-the-counter wellness app, which you just download on your phone and probably sync a device and see what happens. So that needs to be made very, very clear.

That is still not very clear in the minds of the general public as well as the healthcare professionals, because there is a plethora of apps in the market, and distinguishing that this is an app which is actually a digital therapeutic, versus an app which is just for overall wellness or health, or is just for monitoring and gives like one or two small messages. So that distinction needs to be made clear at all levels, but that will have to be a top-down approach.

Techsci Research: Would you like to highlight some key developments related to digital therapeutics in India?
Dr. Manthan Mehta: People are now looking at data in digital therapeutics. At least the medical community is talking about it, it's a part of most events and conferences these days. People are also asking about it and trying to find out
What is the data around this?

What are the claims that you are making?

The whole trust element and the whole outcome-based approach is again evolving. The second development, I think, is the distinction that is going to eventually evolve around the digital therapy versus wellness apps.

Also, the medical device policies have changed, and so probably will also have an impact on your SAMD regulations, and I'm sure the regulators in India will also soon come up with guidelines on approval of digital therapeutics, and what gets approved by the regulator in India. So that will be a key development.

Another, probably would be, I think, insurance companies. Insurance companies do look at digital therapies now, but I think that the collaboration has not evolved very well yet. But as I think regulators fall in place, I'm sure insurers will also fall in place. So these are all parts of a jigsaw puzzle and you need to put them all in the right place, which is another key development that is happening in the area.

Techsci Research: That means, right now in India, we don't have the proper regulatory scenario regarding the approval of digital therapeutics?

Dr. Manthan Mehta: True. We do not have a very clear distinction and there are certain classes of medical devices that they look into. But for software as a medical device, the regulations are not very well defined. There are certain things in place, but there is a lot of ambiguity when it comes to that. There is no very clear path and no regulatory action on what people are promoting as a digital therapeutic, or whether it is actually a therapeutic or not, and only that approved ones by the regulator will be promoted; Like it happens with drugs or with certain other medical devices. Thus, those kind of regulations are not mature yet, but I'm very confident that it's just a matter of time, and eventually we will get there and will do really well with that regulatory framework.

One more thing that got mixed when you spoke about key developments in digital therapeutics, Is the role that the pharmaceutical industry has now started playing. We see a lot of pharmaceutical industries and companies within India as well, which are venturing into the digital health space. They are coming up with digital therapeutic programs, they are coming up with collaborations with various startups as well in this space and trying to develop that. So that is another element that has come up, which is also helping in driving awareness within the healthcare community.

Because of the outreach that pharma has, it has also been helping in strengthening this cause for digital therapies.

Techsci Research: If we take into consideration the past about digital therapeutics, how much improvement is there, according to you, that digital therapeutics have experienced in the past few years?

Dr. Manthan Mehta: I think over the past few years, it has been a sea change when it comes to understanding what it is. Today there are digital therapeutic alliances across the world, having chapters in each continent, and people talk about it at every forum.

So, there has been a sea change from developing these therapies to the outcomes that we are seeing, we now see a lot of research happening around digital therapeutics. A lot of scientific literature is coming out where they are looking at outcomes, where they are critically analyzing that you define this as a digital

therapeutic, but you did not probably show these outcomes. So all those evolutions are happening. While technology is also advancing, we also see a lot of AI and a lot of ML coming into place within digital therapies as well. We also see the whole evidence generation, bit evolving. So I think it's been like a 360 degree turn from where things started, and where we are today when it comes to digital therapeutics, which is a very recent term, right? And it has not been coined only over the last decade or so, and can still see how it has evolved at multiple fronts.

So, you have people talking about it, reports coming out from McKinsey, reports coming out from various forums, DTX alliances being created, technology evolving, more and more diseases being looked at, more outcomes being focused at.

So, the evolution is difficult to define and quantify, It's just booming right now so it's all over the place.

Techsci Research: What will be your strategies to penetrate into the Indian market?

Dr. Manthan Mehta: I think the Indian market when it comes to healthcare, has always been challenging. Being a healthcare practitioner, worked with pharma, and now working with digital therapies, I've always seen that when we go to global forums, when we go anywhere, we always talk about multiple challenges that have come out in India. But we fail to see that these challenges also serve as opportunities.

We have an entire digital health mission that the country is running and multiple things are happening at that front, a lot of partnerships are happening within the government, with private players, etc.

I think it's to get the formula right when it comes to how humanized we are for our patients, how scientific are we when it comes to our healthcare practitioners, and how good we are able to make money when it comes to our investors and the business in general.

So it's finding that balance without losing the essence. So I think the strategy is simple and if you focus on patient outcomes, which has been our focus overall, If you keep doing that right, I think everything else falls in place. If you have your right intentions for improving patient outcomes, for helping more and more people live a disease-free, a complication-free and a healthy and fulfilling life, I think that's the core of our strategy.

Techsci Research: Before coming here, we were running through the clinical trials data. As per the trends in digital therapeutics trials over the past few years, majority of the trials were done in the academic section while few were done in the industry or the commercial point of view. What is your opinion on the same?

Dr. Manthan Mehta: Whenever something develops and whenever research is being done, predominantly research-driven industries take a while to adapt. It always starts with academic settings. It always starts with research-based settings where people are trying those elements. When it comes to industry-sponsored, it's generally the next step where the industry is involved, and then the push and the impetus is again quite high, because of higher funding and higher stakes being involved.

So, it's natural in the evolution of science that it generally starts with the scientists, starts with the academic community and researchers and people who are more exploratory. Eventually, the industry starts granting it, starts funding it and then sponsoring it, and then themselves being involved in the research and uptake of these activities.

Secondly, till the regulations fall in place and like it is for any new drug, if you say, or any new biologic, if similar kind of regulations fall in place for digital therapies, then you will see the whole push when it comes to trials. When you see any drug, they go through preclinical, they go through phase 1, 2, 3 and 4. All of those trials are there, multiple phase 3 trials, multi-centric, done through multiple continents and countries, and all that will happen only when it becomes a regulatory requirement. So, most of these large-scale trials that you see happening on anything is because of regulatory requirements in one way or the other.

So, first is, you want to try and prove in a larger population.

Secondly, it is a regulatory requirement, you have to prove it.

So once that happens, you will see that these trials also become large-scale, they become multi-centric. They become global in some way or the other, till that is not a requirement for majority people, till it is still in a state of nascency, where, you are getting approvals also based on minor real-world studies, etc. So, that is evolving.

Secondly, it is also evolution when it comes to the way research data is found. There is a lot of impetus today on real-world evidence, and regulators are very cognizant of it. They have also been very open now to understand that "Okay, you know, we have already been doing multiple clinical trials, they are in a more controlled setting, they are more experimental in nature, and real world can throw more insights."

But you cannot control it very well. So why not strike a balance on the two, and see that you do a smaller control group setting and see a larger real world and see what it actually does, what is the effectiveness versus the efficacy in a trial. So

that is also a reason why you will not see too many trials coming up. But if you change your search to real-world studies, you might find many more, on digital therapies and other place because they have been more real-world when it comes to that, and the regulatory acceptance towards real-world also is evolving. That is why you probably see that change when it comes to the number of trials.

Techsci Research: As per the clinicaltrials.gov, majority of the research related to digital therapeutics is done in digital cognitive behavior, followed by cardiovascular, then endocrine addiction in particular, and then neurology and respiratory. So, are there any fields or areas where digital therapeutics has proven beneficial?

Dr. Manthan Mehta: Yes, in each of these actually. If these are all trials and the data that you are seeing is from the trials, I am sure there is efficacy data as well. For an individual trial as well as through a meta-analysis telling you whether there is an effect size and what has changed there, it classically started with mental health for various reasons. Like people, there was a taboo associated with it. People wanted to do something about it but were not willing to go, were, again, apprehensive and all that; And that is where a lot of things came up that you can actually be there.

When it comes to cognitive changes and even if you look at each of these chronic disorders, a lot of digital therapy is based on behavior change, and modeling behavior change helps you impact a lot of elements. Like, if you look at cardiovascular, you know there are certain risk factors which you cannot change, like your age, your gender, your family history.

But there are also a lot of risk factors you can change. You can probably stop smoking, you can cut down on alcohol, you can improve your dietary habits, you can improve your physical activity, you can reduce your stress, you can improve your sleep quality. If you look at all of these, these are all habits, these are all behavior driven, and a lot of digital therapy is about behavior change.

So, if you look at mental health, if you look at heart health, if you look at endocrinology, whenever there are lifestyle disorders so to say, Digital Therapy has an upper edge and can show many changes because it can be done through that. It's easy to hook us on an Instagram or any other social media today. Similarly, using that similar kind of gamification, similar kind of modeling, and improving it to healthy behaviors is one area where you can see a very definitive impact. Other disorders within neurology, like I said, if it's about migraine, it's one area where people have worked on, multiple sclerosis where people have worked on. These are again areas where you probably need care and assistance, and that can also be fulfilled by a digital therapeutic.

So, it actually serves as an extension of a clinic in many digital therapy areas. You can give X amount of time to a patient in a clinic, and you have a limitation of giving them advice and calling them up regularly. But if you have a digital therapy to support you in that journey, you are actually helping them being in their

life everyday to bring about those changes, which once as a doctor may not have that impact versus an app which is modeled with that psychology can actually bring those changes. That's where each of these elements are able to bring changes in digital therapy. There will be an exploration in multiple therapy areas, and as and when we see more and more outcomes coming in, we see more and more places where things can benefit, l think you will see that graph is also changing.

But as of now, mental health and chronic lifestyle disorders are where we see maximum impact. Other therapies as well, are coming up and as evidence builds up, we will see that people start using it for them as well.

Dr. Manthan Mehta: l think it's very trendy these days to just put digital before everything to make it look modern and recent. Digital health, l think, is an ecosystem. l think it covers everything like the healthcare ecosystem or health in general. Digital health is like a digital healthcare ecosystem which covers every element of it. When you look at digital medicine, it predominantly is like adding digital to medicine just like that, but more so that people look at telemedicine or those kind of elements more as digital medicine. l spoke about digital therapy, when you move to a step and actually have something done digitally to impact the outcomes, lt becomes therapeutic. Within that, you have multiple elements. So digital therapy is one small piece of it. You have a lot of many things which happen when it goes digitally. Like l mentioned about the country's digital health mission that is there;

To give everybody a digital lD, to have all your records in one place, to have a seamless flow of your medical history, flowing through when you put that lD in - is also a part of digital health because that's the overall ecosystem.

Having those electronic health records, having risk calculators within those, also form parts of your digital health. Having access to teleconsultations, having access to apps, is again a part of digital health ecosystem. So, the health ecosystem is big and therapeutics is a small part of it.

Digital medicine is quite loosely used l think more with telemedicine, otherwise it again is a subset of digital health in general.

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