

Digital Therapeutics Adoption in Chronic Disease Management: Marketing Strategies, Patient Trust, Pricing Models, and Pharma Partnerships in India

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Abstract—India bears one of the world’s largest chronic disease burdens, with over 77 million individuals diagnosed with Type 2 diabetes (ICMR, 2023) and millions more managing cardiovascular, respiratory, and metabolic conditions. Digital Therapeutics (DTx) — clinically validated, software-driven interventions designed to prevent, manage, or treat medical conditions — have emerged as a scalable and cost-effective solution. Despite significant investment, DTx adoption in India remains nascent, constrained by patient skepticism, pricing complexity, regulatory ambiguity, and limited physician awareness.

This paper adopts a qualitative, theory-building design combining systematic literature synthesis with comparative case study analysis of three Indian DTx companies — BeatO, Sugarfit, and Wellthy Therapeutics. Grounded in the Technology Acceptance Model (TAM) as the primary theoretical lens, the study identifies patient trust, tiered pricing, pharmaceutical partnerships, and physician engagement as the four critical determinants of DTx adoption. A novel four-pillar conceptual framework is proposed, extending TAM by incorporating tripartite trust segmentation, pricing architecture, and pharma partnership dynamics — factors largely absent from existing adoption models. Findings indicate that trust architecture and pricing strategy are the most critical and interdependent drivers of adoption in the Indian context, with pharmaceutical partnerships functioning as a key institutional accelerant.

Keywords: Digital Therapeutics, Technology Acceptance Model, Patient Trust, Tripartite Trust Segmentation, Healthcare Marketing, Pricing Architecture, Pharmaceutical Partnerships, Chronic Disease Management, India, Emerging Markets.

I. INTRODUCTION

India is confronting an escalating chronic disease crisis. According to the Indian Council of Medical Research (ICMR, 2023), non-communicable

diseases now account for roughly 63% of all deaths in the country — a figure that underscores how deeply the burden of chronic illness has reshaped national health priorities. Type 2 diabetes, hypertension, cardiovascular disease, and chronic obstructive pulmonary disease collectively impose an enormous burden on individuals and the healthcare system. The World Health Organization (WHO, 2022) projects that India will host the world’s largest diabetic population by 2030, with the number surpassing 100 million individuals. These are not merely statistics — they represent a structural failure of conventional care delivery that digital solutions are uniquely positioned to address.

Traditional healthcare delivery is structurally constrained by physician shortages, overburdened public hospitals, geographic inaccessibility, and high out-of-pocket expenditure. The doctor-to-patient ratio stands at approximately 1:1,511 — significantly below the WHO-recommended 1:1,000 threshold (WHO, 2023). These conditions create an urgent need for scalable, technology-enabled solutions capable of reaching patients beyond the physical constraints of conventional care.

Digital Therapeutics (DTx) are a clinically distinct class of evidence-based interventions delivered via software platforms to prevent, manage, or treat medical conditions (Digital Therapeutics Alliance [DTA], 2022). Unlike general wellness applications, DTx products are clinically validated, often regulatory-endorsed, and designed to complement — rather than replace — pharmacological therapies. What makes DTx particularly relevant to India is this complementary positioning: they can extend the reach of a strained healthcare system without requiring proportional increases in physician supply. The global DTx market was valued at approximately

USD 5.8 billion in 2022 and is projected to reach USD 56 billion by 2030 (Grand View Research, 2023).

Despite this potential, adoption in India remains fragmented. Research on DTx adoption has predominantly focused on high-income Western markets, leaving practitioners without evidence-based guidance suited to India's unique conditions. This paper addresses four objectives: (i) to examine patient trust determinants; (ii) to evaluate pricing and monetization models; (iii) to assess the strategic value of pharmaceutical partnerships; and (iv) to develop an integrated marketing framework tailored to the Indian DTx ecosystem.

II. LITERATURE REVIEW

2.1 Technology Acceptance Model (TAM) — Primary Theoretical Lens

Davis (1989) established the Technology Acceptance Model, identifying perceived usefulness (PU) and perceived ease of use (PEOU) as the primary determinants of technology adoption. Venkatesh and Davis (2000) extended the model to incorporate social influence and facilitating conditions. In healthcare contexts, trust emerges as a critical extended TAM variable, moderating the relationship between clinical credibility and adoption intention (Adjekum, Blasimme, & Vayena, 2018). It is worth reflecting on why TAM remains so useful here: the model was built on the insight that people adopt tools they perceive as useful and easy to use, and these two conditions are precisely what India's DTx companies must prove to a skeptical, price-conscious population. This study adopts TAM as its primary theoretical lens, extending it to incorporate trust segmentation, pricing sensitivity, and physician-mediated social influence — constructs essential in the Indian healthcare context but absent from existing TAM formulations.

2.2 DTx Clinical Evidence and Adoption Barriers

Dang, Arora, and Rane (2020) reviewed DTx outcomes across therapeutic areas including diabetes, mental health, and cardiovascular disease, finding clinical efficacy comparable to pharmacological care for glycemic control. They identified regulatory ambiguity, physician awareness gaps, and patient digital literacy deficits as primary structural barriers. Shan, Sarkar, and

Martin (2019) reported consistent HbA1c reductions attributable to structured digital intervention, with greatest effect in programmed combining continuous glucose monitoring (CGM) with personalized coaching. Lupiáñez-Villanueva, Folkvord, and Vanden Abeele (2020) further demonstrated that business model design — including pricing structure and recommendation source — significantly moderates mobile health app adoption across diverse populations.

2.3 Indian Healthcare Market and Pricing Dynamics

NASSCOM (2023) estimates India's digital health sector at approximately USD 6.9 billion, projecting growth to USD 10.6 billion by 2025. The FICCI-EY report (2022) identified physician awareness gaps, digital literacy deficits, absent insurance reimbursement, data privacy concerns, and fragmented marketing as the five principal adoption barriers. Research on freemium model adoption in emerging markets consistently demonstrates that offering a free entry tier substantially increases initial user penetration, while conversion to premium is driven by perceived clinical value (Lupiáñez-Villanueva et al., 2020; Kumar & Reinartz, 2016). Long-term value creation strategies must be tailored to customer willingness-to-pay and engagement capacity — a principle directly applicable to tiered DTx pricing design (Kumar & Reinartz, 2016).

2.4 Pharmaceutical Partnership Dynamics

Pharmaceutical co-marketing partnerships in digital health serve multiple strategic functions: distribution access, trust transfer via brand co-association, physician network engagement, and real-world outcomes data generation. IQVIA India (2022) found that partnerships structured with explicit intellectual property (IP) governance, defined data-sharing agreements, and co-marketing commitments are significantly more sustainable than opportunistic arrangements — a finding corroborated by the Wellthy Therapeutics case examined in this study.

III. RESEARCH GAP, NOVELTY, AND OBJECTIVES

The existing literature is characterized by three substantive gaps. First, DTx adoption models are predominantly derived from high-income Western contexts, with established insurance reimbursement, mature regulatory frameworks, and high baseline

digital literacy — conditions that do not obtain in India. Second, existing models treat trust as a monolithic consumer variable, without accounting for the differential trust architectures observable across mass-market, premium, and B2B buyer segments. Third, no prior study has simultaneously examined the interaction between marketing strategy, trust dynamics, pricing architecture, and pharmaceutical partnership structure in a unified adoption framework for an emerging healthcare market.

This study makes three original contributions to the literature. First, it is among the first to integrate trust segmentation, pricing architecture, and pharmaceutical partnership structure into a unified DTx adoption framework specifically designed for an emerging healthcare market. Second, it extends the Technology Acceptance Model by proposing trust as a tripartite, segment-specific construct — rather than a monolithic consumer variable — operationalized differently across mass-market, premium, and B2B buyer archetypes. Third, it demonstrates that pricing model and trust architecture are co-determined strategic variables, a relationship not previously documented in the healthcare marketing or digital health adoption literature in the Indian context.

IV. METHODOLOGY

This study adopts a qualitative, exploratory-descriptive design combining secondary data analysis with comparative case study methodology. The case study approach (Yin, 2018) is appropriate for theory-building in contexts where phenomena are complex, boundary conditions are poorly defined, and contextual variables cannot be separated from the phenomenon under study.

Three Indian DTx companies — BeatO, Sugarfit, and Wellthy Therapeutics — were selected through purposive sampling on three criteria: (i) focus on chronic disease management; (ii) distinct market positioning representing different commercialization strategies; and (iii) publicly verifiable corporate and clinical information. This maximum-variation sampling strategy enables robust cross-case comparison (Patton, 2002).

The Technology Acceptance Model (TAM) serves as the primary analytical lens. Two supporting frameworks are employed: Porter's Five Forces for sector-level competitive dynamics and the 7Ps

Marketing Mix for company-level strategy assessment. SWOT and PESTLE analyses are used to contextualize macro-environmental factors. Data validity was strengthened through source triangulation across industry reports (NASSCOM, FICCI-EY, IQVIA), peer-reviewed journals, regulatory publications (CDSCO, ABDM), and company disclosures (Denzin, 1978; Patton, 2002).

V. MACRO-ENVIRONMENTAL CONTEXT

The Indian DTx macro-environment presents a broadly enabling but selectively constraining landscape. The Ayushman Bharat Digital Mission (ABDM, 2021) is the most significant structural enabler, creating a federated health data infrastructure that provides DTx companies with verified physician recommendation channels and longitudinal patient monitoring capabilities. The Central Drugs Standard Control Organisation (CDSCO, 2022) has issued draft Software as a Medical Device (SaMD) guidelines; however, as of 2023 these remained in consultation — simultaneously reducing immediate compliance burden while limiting clinical credibility signals. Economically, the digital health sector projects approximately 23% CAGR (NASSCOM, 2023). However, the absence of insurance reimbursement for DTx places direct revenue pressure on consumer pricing models. Socially, 700 million smartphone users provide a large addressable technology base, while heterogeneous digital literacy creates significant access inequities across Tier 2/3 city and rural populations (Bhatia & Bhatt, 2021). Legally, the Digital Personal Data Protection Act (DPDPA, 2023) creates health data compliance obligations that simultaneously increase operating costs and provide a trust-signaling opportunity for compliant companies.

VI. CASE STUDY ANALYSIS

6.1 BeatO: Mass-Market Freemium Model

BeatO, founded in 2015, is India's largest digital diabetes management platform, reporting a user base exceeding 1.5 million and having raised over USD 33 million (BeatO, 2023). The platform combines a connected glucometer with AI-powered coaching, teleconsultation, and medication management. The tiered freemium model (INR 499–1,999/month for premium) spans Google Play, Apple App Store, Apollo Pharmacy, and e-commerce distribution

channels. In many ways, BeatO's growth story is a practical proof of concept for the freemium hypothesis: that lowering the barrier to first contact is more valuable than optimizing for early revenue. TAM analysis reveals a coherent adoption strategy. Perceived Usefulness is established through quantified outcome claims (e.g., 'Improve HbA1c in 90 days'). Perceived Ease of Use is addressed through simple device-app pairing and 24/7 coach accessibility. The extended TAM trust dimension is built via ICMR research affiliations, physician endorsements, and WhatsApp community groups — the latter demonstrating the role of social influence as an adoption mechanism. The freemium entry point reduces perceived ease-of-use friction to near-zero, enabling broad initial adoption.

6.2 Sugarfit: Premium Clinical Model

Sugarfit offers a structured diabetes reversal programme combining CGM integration, nutritional coaching, physiotherapy, and psychological support, priced at INR 15,000–25,000 for a 12-week engagement (Sugarfit, 2023). The programme targets urban, health-literate, higher-income diabetics seeking disease reversal rather than indefinite management.

Perceived Usefulness is established through published clinical outcome data and endocrinologist co-endorsement — a physician trust-transfer mechanism particularly effective in the premium segment. The high price point is justified by the multidisciplinary team and CGM integration but constrains the addressable market to approximately 8–10% of India's population (World Bank, 2022).

Programme sustainability depends on continuous clinical publication and expansion into corporate wellness and insurer partnerships.

6.3 Wellthy Therapeutics: B2B Pharmaceutical Partnership Model

Wellthy Therapeutics, founded in 2016, is India's leading B2B DTx company, deploying digital chronic disease programmed as pharmaceutical companion tools across diabetes, hypertension, COPD, and oncology therapeutic areas (Wellthy Therapeutics, 2022). Revenue is generated entirely through B2B enterprise licensing agreements, providing revenue predictability independent of consumer price sensitivity.

In Wellthy's model, the primary technology adoption decision resides with pharmaceutical companies and prescribing physicians rather than patients. TAM dynamics are mediated by the prescribing physician's recommendation — effectively transferring the trust decision from patient to institution. Perceived Usefulness to pharma partners is established through patient adherence improvement data, real-world outcomes, and differentiated product positioning. The model's principal vulnerability is dependency on pharma partner budget cycles and the risk of disintermediation as large pharma companies develop in-house digital capabilities. That said, this vulnerability also points to an underappreciated strength: the B2B route removes one of the hardest problems in consumer health — convincing patients to pay out of pocket for a digital product they are not yet sure they trust.

Table 1: Comparative Case Analysis — Strategic Dimensions Across Three DTx Models

Dimension	BeatO	Sugarfit	Wellthy Therapeutics
Target Segment	Mass-market urban/semi-urban diabetics	Premium urban, high-income diabetics seeking reversal	B2B: pharma companies & institutional buyers
Revenue Model	Freemium subscription (INR 499–1,999/mo)	Time-bound programme (INR 15,000–25,000)	Enterprise B2B licensing per patient
Distribution	App stores + Apollo Pharmacy + e-commerce	DTC online + physician referral	Pharma-mediated physician channel exclusively
Trust Strategy	Coaching team + ICMR research + community groups	Clinical publications + specialist referral	Pharma co-branding + KOL engagement + regulatory data
Key Differentiator	Connected glucometer + certified coaching	CGM + multidisciplinary team model	Deep pharma integration + outcomes data generation

Pharma Role	Co-marketing & pharmacy distribution	Emerging — limited structured partnerships	Core revenue strategy — primary go-to-market
Pricing Philosophy	Volume-driven — maximize user base breadth	Margin-driven — premium outcomes focus	Contract-driven — B2B revenue predictability

Cross-case analysis reveals several key patterns. Trust architecture must be segment-specific: social proof and community endorsement for mass-market; clinical publications and specialist referral for premium; regulatory validation and quantifiable ROI for B2B institutional buyers. Pricing philosophy diverges across all three models — volume-driven,

margin-driven, and contract-driven — yet each is internally coherent given its target segment. Pharmaceutical partnerships play qualitatively different roles: a core revenue strategy for Wellthy, a co-marketing enhancer for BeatO, and an underdeveloped opportunity for Sugarfit.

Table 2: TAM Construct Operationalization Across Case Companies

TAM Construct	BeatO	Sugarfit	Wellthy Therapeutics
Perceived Usefulness	HbA1c outcome claims; 24/7 coaching access	Diabetes reversal evidence; CGM-driven precision	Adherence improvement data; pharma ROI metrics
Perceived Ease of Use	Simple device-app pairing; minimal onboarding	Structured programme; multidisciplinary support	Physician-managed enrolment; zero patient friction
Trust (Extended TAM)	Social proof; ICMR affiliation; testimonials	Clinical publications; endocrinologist endorsement	Pharma co-branding; regulatory documentation
Social Influence	WhatsApp community groups; influencer content	Peer specialist referrals; specialist patients	KOL prescriber networks; conference presence

VII. CONCEPTUAL FRAMEWORK DEVELOPMENT

Drawing on the TAM-anchored cross-case analysis and the macro-environmental assessment, this paper

proposes an integrated four-pillar conceptual marketing framework for DTx adoption in India. Table 3 presents the framework and details the operational content of each pillar.

Table 3: Four-Pillar Framework — Operational Content and TAM Grounding

Pillar 1: Trust Architecture	Pillar 2: Tiered Pricing & Access	Pillar 3: Pharma Partnerships	Pillar 4: Physician & Digital Promotion
Segment-specific credibility signals: clinical evidence + social proof + DPDPA data governance	Freemium DTC + B2B enterprise licensing + outcomes-based contracting + vernacular localization	Co-marketing + physician-mediated distribution + IP governance + outcomes-based contracting	KOL physician networks + CME education + medical conferences + patient testimonial assets
TAM: Trust (Extended)	Price Sensitivity (Emerging Market)	Distribution + Legitimacy	Social Influence (TAM)

7.1 Pillar 1 — Trust Architecture

Patient trust is the foremost adoption barrier in India's DTx market, confirmed across all three cases. Trust-building must converge on three dimensions: clinical credibility (outcome data and research

affiliations with ICMR or AIIMS), physician endorsement (leveraging the pre-existing doctor-patient trust relationship as a legitimacy transfer mechanism), and data transparency (explicit DPDPA compliance communication). As Adjekum et al.

(2018) established through a systematic review of digital health trust, institutional trust and usefulness perceptions are the most powerful enablers of adoption across patient and clinician stakeholder groups. Critically, trust architecture must be differentiated by segment — a uniform strategy is insufficient across India's heterogeneous buyer archetypes.

7.2 Pillar 2 — Tiered Pricing and Access Strategy

Case evidence affirms that freemium models drive superior adoption penetration in price-sensitive emerging markets (Lupiáñez-Villanueva et al., 2020). An optimal pricing architecture spans a freemium or low-cost DTC entry tier for broad reach; a premium subscription conversion pathway for engaged, outcome-focused users; B2B enterprise licensing for institutional buyers; and outcomes-based contracting capability as India's private insurance market matures. Vernacular-language product versions are essential to unlocking the 500 million regional-language user bases in Tier 2/3 markets.

7.3 Pillar 3 — Strategic Pharmaceutical Partnerships

Wellthy's case provides the clearest evidence that pharmaceutical partnerships can serve as a primary go-to-market strategy. A critical cross-case insight is the alignment of commercial objectives: pharma companies seek adherence improvement, real-world outcomes data, and product differentiation; DTx companies seek distribution scale, clinical validation, and recurring revenue. Partnerships formally structured with IP protocols, data-sharing agreements, and co-marketing commitments are significantly more sustainable than opportunistic arrangements (IQVIA India, 2022).

7.4 Pillar 4 — Physician Engagement and Digital Promotion

Physician endorsement is the single strongest adoption driver identified in the Indian healthcare context, functioning as a trust-transfer mechanism from institutional to patient level. Investment in KOL partnerships, CME-accredited DTx education, and medical conference presence is essential to establishing the physician-recommendation channel. Digital promotion complements physician engagement: social media, content marketing, and community-building (exemplified by BeatO's

WhatsApp groups) function as scalable social proof mechanisms aligned with TAM's social influence construct.

VIII. THEORETICAL AND MANAGERIAL IMPLICATIONS

8.1 Theoretical Contributions

This study contributes to the existing literature in three important ways, particularly in the context of emerging healthcare markets like India. First, it extends the Technology Acceptance Model by incorporating trust as a tripartite, segment-differentiated construct — mass-market, premium, and B2B — operationalized through distinct credibility signals for each segment. This challenges the prevailing treatment of trust as a monolithic consumer adoption variable. Second, it introduces the concept of trust-pricing co-determination: pricing model and trust architecture are not independent strategic choices but mutually reinforcing variables whose coherence predicts adoption success. Third, it proposes one of the first integrative frameworks for DTx adoption that simultaneously accounts for trust segmentation, pricing architecture, and pharmaceutical partnership dynamics in an emerging healthcare market.

8.2 Managerial Implications

For DTx companies, the most critical investment is peer-reviewed clinical evidence generation in partnership with ICMR or AIIMS, which simultaneously activates all four framework pillars. Pricing architectures should span multiple income segments, with vernacular-language product versions unlocking underserved Tier 2/3 city markets. A dedicated pharma partnership function — incorporating B2B sales, medical affairs, and data analytics capabilities — is essential for structuring sustainable pharmaceutical collaborations. For pharmaceutical companies, the recommendation is to incorporate DTx pilots into digital innovation budgets using formal co-marketing and co-prescribing models. For policymakers, the most critical action is expediting CDSCO SaMD classification to provide market certainty and enable reimbursement integration under PM-JAY.

IX. LIMITATIONS

This study is subject to several limitations. First, reliance on secondary data precludes validation of

framework constructs against primary patient-level or organizational evidence. Future validation through primary research — patient surveys and physician interviews — is strongly recommended to test the proposed relationships empirically. Second, the three-company case sample is drawn exclusively from the diabetes vertical, limiting cross-disease generalizability. Third, the rapidly evolving CDSCO regulatory environment may alter structural market dynamics. Fourth, the qualitative methodology precludes statistical testing of the proposed relationships between framework pillars and adoption outcomes.

X. FUTURE RESEARCH

Empirical testing of the four-pillar framework through patient surveys, physician interviews, and organizational case studies would substantially advance adoption science. Quantitative modelling — structural equation modelling or logistic regression — of the relative weights of trust, pricing, pharma partnerships, and physician engagement as adoption predictors would enable a more precise and generalizable model. Longitudinal research tracking adoption trajectories through the CDSCO SaMD formalization process and ABDM integration deepening would generate policy-relevant evidence. Framework extension to other chronic disease verticals (cardiovascular, COPD, mental health) and comparable emerging markets (Indonesia, Nigeria, Brazil) would test boundary conditions and scalability of the conceptual model.

XI. CONCLUSION

This paper has examined the determinants of Digital Therapeutics adoption in India's chronic disease management sector through a TAM-grounded, multi-case comparative study of BeatO, Sugarfit, and Wellthy Therapeutics. Four substantive conclusions emerge. First, patient trust is the defining adoption variable, requiring segment-specific architectures: social proof for mass-market consumers, clinical evidence and physician referral for premium users, and regulatory validation and ROI quantification for B2B buyers. Second, freemium and tiered pricing models drive superior adoption penetration, while B2B enterprise licensing delivers revenue predictability. Third, pharmaceutical partnerships are a critical adoption accelerant when formally structured with explicit IP

governance and outcome alignment. Fourth, physician endorsement functions as the most powerful trust-transfer mechanism in the Indian healthcare context.

The proposed four-pillar framework — Trust Architecture, Tiered Pricing and Access, Pharmaceutical Partnerships, and Physician and Digital Promotion — represents one of the first integrative attempts to simultaneously account for trust segmentation, pricing architecture, and pharma partnership dynamics in a DTx adoption context. By extending the Technology Acceptance Model with India-specific and emerging-market-specific variables, the framework offers actionable guidance for DTx companies, pharmaceutical partners, healthcare policymakers, and investors navigating one of the most significant digital health opportunities.

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