RX:AI, PUTTING MACHINE LEARNING INTO MEDICAL PRESCRIPTION – THE CASE OF HEALTHPLIX

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BACKGROUND

A famous proverb states, 'To err is human'. However, some errors are easily avoidable and simply inhumane: for instance, poorly written prescriptions and wrong diagnoses. Even though healthcare spending is expected to exceed 10% of GDP in many countries by 2030, digitalisation in healthcare has fallen behind.[1] Compared to high digitalisation rates in other industries (e.g., finance, etc.),[2] the global healthcare sector has reached only a low to medium level of digitalisation.[3] Even India has fallen short in healthcare digitalisation, despite being a world leader in exporting IT services.[4]

India faces a huge shortage of doctors.[5] Hundreds of millions of patients, including those with chronic illnesses, are taken care of by a mere 300,000 practicing specialists. A typical conversation between a doctor and their patient, which includes the diagnosis, the treatment decision, and the medical prescription, is made in an average consulting time of around two minutes.[6] Doctors are challenged to review medical history, do paperwork, connect and build a relationship with their patients within just a few minutes. What's worse, the abbreviation of instructions, mindboggling array of drug brands, illegible handwriting, and other confounding factors all place a speed bump on the road to curing patients; in fact, these increase the incidence of medical errors and even patient deaths.

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[1] Organisation for Economic Co-operation and Development. (2019, July 11). *Health spending set to outpace GDP growth to 2030*. https://www.oecd.org/health/health-spending-set-to-outpace-gdp-growth-to-2030.htm

[2] Organisation for Economic Co-operation and Development. (2019, March 11). Roadmap: Digital intensity, a taxonomy of sectors. In *Measuring the digital transformation: A roadmap for the future* (pp. 86-87). OECD. https://doi.org/10.1787/b045289f-en

[3] Reddy, M. (2022, January 4). *Digital transformation in healthcare in 2022: 7 key trends*. https://www.digitalauthority.me/resources/state-of-digital-transformation-healthcare/

[4] India ranked top exporter of ICT services: UN report. (2017, June 16). *The Hindu*. https://www.thehindu.com/news/national/india-ranked-top-exporter-of-ict-services-un-report/article19086441.ece

[5] National Doctors' Day: Amid sacrifice, shortage of specialists, India needs new strategies. (2021, July 1). *DNA India*. https://www.dnaindia.com/health/report-national-doctors-day-amid-sacrifice-shortage-of-specialists-india-needs-new-strategies-2898386

[6] Iyer, M. (2017, November 9). Doctors in India see patients for barely 2 minutes: Study. *Times of India*. https://timesofindia.indiatimes.com/india/doctors-in-india-see-patients-for-barely-2-minutes-study/articleshow/61570077.cms

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To improve healthcare in India and create a product with a "doctors-first" approach, HealthPlix was founded in 2014. HealthPlix is a health-tech company in India that provides a platform used by doctors to improve the efficiency of treatments and the productivity of doctors. It is common to provide patients with digital healthcare services, but few technologies focus on the perspective of doctors. In India, most doctors own or run their private practice, and serving this unorganised sector is novel and challenging at the same time. The company has managed to get doctors to eschew pen and paper prescriptions in favour of a cloud-based digital platform with many functionalities, including electronic medical records (EMR), online consultation, appointment management, patient analytics, billing, medicine inventory management, and follow-up visit reminder services. It aims to break down barriers between doctors and patients using innovative tools, which are designed by putting doctors in the centre of their product development.

HEALTHPLIX'S APPROACHES TO CURRENT CHALLENGES

"Doctors are at the core of healthcare delivery, and at the core of a doctor's day is his interaction with the patient. This interaction is the moment of truth, where $88 billion of annual healthcare spend is decided. And in this moment of truth, the only solution that doctors turn to for assistance is HealthPlix."
- Sandeep Gudibanda, co-founder and CEO of HealthPlix

Since its inception, HealthPlix has attempted to address the following challenges faced by doctors and patients:

Unclear Handwritten Prescriptions

Illegible handwriting on prescriptions negatively affects patients' experience and may even cause adverse outcomes for patients if pharmacists dispense the wrong drugs (**see Exhibit 1** for an example of illegible handwritten prescription). The Institute of Medicine (IOM), USA, issued a report, "To Err is Human: Building a Safer Health System", revealing that illegible prescriptions had caused a number of deaths.[7]

There are several reasons behind illegible prescriptions. First, doctors are busy. They need to diagnose and write each prescription in about two minutes due to heavy caseloads.[8] Furthermore, before making a diagnosis, doctors need to review patients' historical medical records (possibly written by other doctors). Patients who have no such records available or have previous medical records that were written in an unclear manner may understandably be given inaccurate or incomplete diagnoses by doctors who rush through the process.

Second, to save time, doctors use many confusing abbreviations. To address the problems arising from this, in September 2016, the Medical Council of India (MCI) amended a clause in the Indian Medical Council Regulations to state: "Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs".[9] This has made the prescription writing process more time-consuming for doctors.

Roadblock to Digitalisation

The digitalisation of prescriptions and medical records promises to solve many problems in the healthcare industry in India and improve overall patient outcomes by eliminating human error arising from unclear handwritten documents.

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[7] Revikumar, K. G. (2019, October 23). It's time to ban doctors' handwritten prescription. *The Asian Age*. https://www.asianage.com/india/all-india/231018/its-time-to-ban-doctors-handwritten-prescription.html
[8] Iyer, M. (2017, November 9). Doctors in India see patients for barely 2 minutes: Study. *Times of India*. https://timesofindia.indiatimes.com/india/doctors-in-india-see-patients-for-barely-2-minutes-study/articleshow/61570077.cms
[9] Andrade, C., & Rao, T. S. S. (2017). Prescription writing: Generic or brand?. *Indian Journal of Psychiatry, 59*(2), 133-137. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5547850/

HealthPlix is one of India's largest providers of electronic medical records (EMR) solutions for doctors. Using HealthPlix's system, a digital prescription may be generated in less than 30 seconds on average.[10]

The system has several key features.[11] First, doctors can create templates for common diagnoses and repeated cases: this is especially useful for return visits of patients with chronic diseases. Second, the system uses machine learning algorithms that can assist doctors in writing prescriptions more quickly. The system learns words and phrases that are commonly used by each doctor in recording patients' chief complaint and diagnosis, so that when the doctor enters the first few letters, the system automatically engages in word association and suggests the full spelling of the word (**Exhibit 2** shows how the system adapts to doctors' practice). Third, the prescription can be printed in 14 regional languages and sent via SMS and email for patients' understanding and personal medical records (**see Exhibit 3** for a sample of HealthPlix's e-prescription). Fourth, the system predicts if a prescribed medicine may trigger an allergic reaction in a patient and gives timely warnings when patients have been prescribed medicines that may be harmful when used in combination with one another.

No-Shows by Patients

Regular check-ups are critical to positive healthcare outcomes (especially in monitoring and controlling chronic diseases). Patients' health conditions and treatment plans may change over time, but patients may not take the appropriate steps to manage their evolving health conditions if they miss their follow-up appointments.

A survey found that 36% of patients had adverse health outcomes resulting solely from noncompliance with follow-up calls and from not adhering to treatment regimens.[12] Furthermore, following up with patients is important for doctors to build a strong and healthy relationship with their patients. Missed appointments also have considerable time and cost implications because doctors would otherwise be available to serve other patients.

Reasons that patients fail to attend scheduled appointments include forgetting appointments, conflicting schedules, inability to travel to clinics, and so on. In most clinics in India, patients' appointments are managed on paper and it is time-consuming for healthcare personnel to make reminder calls to patients.

Increase in Online Medical Consultations

COVID-19 has significantly increased the demand for online medical consultations. Doctors have many tools at their disposal to schedule and deliver online consultations. However, switching between devices, keeping patient records, and setting up meetings are all time-consuming processes.

HealthPlix's solution to this is its integrated platform for online and offline consultations, open communication channels, patient record management, and appointment scheduling. Doctors can send reminders via SMS, WhatsApp, or email to remind patients of their scheduled follow-up visits (**see Exhibit 4** for HealthPlix's SMS and email reminders). This has improved the follow-up rate by 31%.[13] Also, patients can book consultations and ask follow-up questions using the HealthPlix portal/smartphone application.

During lockdowns, patients can consult doctors via video or audio means using HealthPlix's virtual clinic function (**see Exhibit 5** for Dr. Vinesh Jain's post on online consultations during COVID-19 lockdowns).

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[10] Biswas, D. (2021, August 6). How the Bengaluru based healthcare startup HealthPlix is leveraging AI and ML. *Analytics India*. https://analyticsindiamag.com/bengaluru-based-healthcare-startup-healthplix-is-leveraging-ai-and-ml/

[11] HealthPlix. (N. D.). *India's largest and most trusted EMR solution for doctors.* https://healthplix.pro/emr/

[12] Medical liability: Missed follow-ups a potent trigger of lawsuits. (2013, July 15). *American Medical News*. https://amednews.com/article/20130715/profession/130719980/2/

[13] HealthPlix. (N. D.). *HealthPlix.* https://www.healthplix.pro/

Furthermore, HealthPlix has launched ROBIN (a.k.a. the Doctors Insights Dashboard),[14] a tool that assists doctors in tracking critical aspects of their patients' health by providing data-driven insights. It provides doctors with patient demographics, comparison and analysis of patient visit trends, and insights around follow-ups; these help doctors better manage their clinic and improve the follow-up visit rate.[15]

Lack of Customisation

Doctors in different disciplines and specialisations have different needs for their EMR system. For example, a paediatrician would want to keep track of a baby's immunisations, developmental milestones, and growth, whereas a cardiologist would be more focused on a patient's heart health metrics. This makes EMR design a challenge. HealthPlix has adopted an exhaustive cloud-based solution, which is customised at the doctor level. Doctors are continuously testing system features, and their feedback is integrated into the next stage of system design. This helps to create a fully customisable stack for doctors. As a result, HealthPlix is able to cater to many specialised practices. Due to the cloud-based core tool, any new development are immediately available to all doctors.

HEALTHPLIX'S LANDSCAPE

HealthPlix's primary market is the fragmented Indian healthcare industry, in which most doctors have private practices and private hospitals typically have some form of EMR. Most doctors in India have their own private practice, even if they are employed by a private hospital (or private medical group). These doctors usually have one clinic with an attached pharmacy, one or two beds, as well as a small lab for simple tests. There are also hundreds of small clinics in India in which a few doctors share a single space. EMR systems are needed to streamline the clinic's operations, such as scheduling, record keeping, sending patient reminders, and maintaining medicine stocks.

Doctors typically prefer a simple, installation-free browser-based EMR system which require just a computer, a printer, and a stable internet connection to get started. Artificial Intelligence (AI)-empowered, cloud-based services have gained significant traction with doctors who are key opinion leaders in the healthcare industry - 25% of cardiologists, 80% of endocrinologists, 56% of nephrologists, 82% of diabetologists, and 13% of neurologists in India (**see Exhibit 6**) use HealthPlix's system to generate nearly 1.3 million prescriptions per month.[16] According to a user named Dr. Modi, the best part of an assistive-AI powered product is when he "gets positive feedback from the patients". Similarly, a testimonial from Dr. Chandra states: "HealthPlix is a user-friendly EMR and has helped me in streamlining my outpatient department treatment (OPD) data and connecting my clinic with patients".

HealthPlix's dedicated on-ground team approaches doctors in person and provides demonstrations and information about their products. Once a doctor agrees to try out the system, a dedicated team member will train the doctors and relevant staff. In addition, a dedicated HealthPlix staff member will be stationed at the doctor's clinic to provide technical support for several days.

Besides the web-based solution, HealthPlix also provides the HealthPlix SPOT App for doctors to provide more individualised attention to patients[17] (**see Exhibit 7** for an example). The app allows doctors to not only resolve follow-up questions from patients while having the patient information and medical history

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[14] Ang, A. (2021, October 7). Indian EMR software developer HealthPlix releases latest analytics software. *Mobi Health News*. https://www.mobihealthnews.com/news/asia/indian-emr-software-developer-healthplix-releases-latest-analytics-software

[15] Ang, A. (2021, October 7). Indian EMR software developer HealthPlix releases latest analytics software. *Mobi Health News*. https://www.mobihealthnews.com/news/asia/indian-emr-software-developer-healthplix-releases-latest-analytics-software

[16] Singh, M. (2021, March 31). India's HealthPlix raises $13.5 million to help doctors treat patients more efficiently. *TechCrunch*. https://techcrunch.com/2021/03/31/indias-healthplix-raises-13-5-million-to-help-doctors-treat-patients-more-efficiently/

[17] HealthPlix Technologies [via Google Play]. (2020, October 20). *HealthPlix MD app (for doctors only)*. https://play.google.com/store/apps/details?id=com.healthplix.md&hl=en_GB

readily available, but also provide chronic care management including online consultations and appointment management.

HealthPlix has two ways to generate revenue. First, HealthPlix charges doctors for the EMR platform and additional functions such as pharmacy inventory management and SMS reminder services (doctors need to purchase SMS credits before they can send SMS reminders to their patients). Pharmaceutical companies sometimes sponsor doctors to use its EMR platform as digitalised EMR data is essential for pharmaceutical research: it helps pharmaceutical companies better understand the prescription behaviour of doctors, which can lead to future sales as well as research directions. In a nutshell, HealthPlix's e-prescription and pharmacy inventory management system enables market insights for pharmaceutical firms.

HealthPlix has a stringent data protection policy. The platform only delivers aggregated insights to its pharmaceutical clients. Data-driven insights from the platform help doctors to have more meaningful discussions with these pharmaceutical companies as well as to conduct their own research.

Second, HealthPlix charges advertisement fees to pharmaceutical companies. To increase platform adoption rates, doctors are offered the option use a free version of HealthPlix's platform, which will occasionally show articles from pharmaceutical companies. Prescription drugs are not allowed to be advertised in India. However, doctors are able to find out more about drugs that may be relevant for their practice through information tiles that are built into HealthPlix's tools. This in turn acts as a communication channel between pharmaceutical companies and doctors. Through HealthPlix's platform, pharmaceutical companies are able to deliver information about approved therapies that align with doctor specialties and patient needs in a fast, effective, and non-intrusive way.

Given the state of healthcare in India, there is still a long way to go. Although HealthPlix was able to succeed in its initial launch phase, its team is continually working to address several challenges and work out a roadmap to continued success. As a management consultant to the CEO of HealthPlix, understanding their unique challenges and potential future plans, what would you recommend to HealthPlix? Specifically, how should they address the challenges they face and what strategies should they adopt to succeed in their future plans?

The following paragraphs describe the current challenges faced by HealthPlix.

CHALLENGES FACED BY HEALTHPLIX

HealthPlix's future growth is dependent on its ability to resolve several of the following challenges.

Stagnant Conversion Ratio

One of HealthPlix's key challenges is to win over doctors who are reluctant to adopt its system. Although digitalisation can save time and solve many problems arising from paperwork and unclear handwriting, some doctors still believe that maintaining pen and paper records take less time than entering data into a digital system. This is particularly evident in the first few days of adoption, due to the inevitable learning curve in using a new system. However, as asserted by one of HealthPlix's sales team members, "If a doctor can continuously use our system for seven days, we are 90% sure that the doctor will continue to use our product". Being able to overcome such myopic beliefs and doctors' default bias is the key driver in improving system adoption.

Infrastructure Requirement

HealthPlix's system requires some infrastructure in place. For example, users must have a computer (that meets the minimum operating requirements), a printer, and a stable internet connection. On top of that, it

is recommended to engage a front office staff trained to use the HealthPlix platform to help doctors save time in doing data entry and appointment management. Finally, as healthcare data are sensitive in nature, data protection tools and specialised IT staff may be required. The infrastructural requirement increases manifold if a doctor practices in multiple clinics, and the necessary investment may be prohibitive for doctors practising in Tier 2 and rural areas.

Higher Customisation Needs

Doctors need the system to be customisable so that it can be tailored to the needs of their practice. HealthPlix's system provides customisable templates and uses machine learning algorithms to learn and autofill each doctor's frequently used words to reduce the time required to write a prescription. There is also the possibility of customising other functionalities of the system to meet the individual requirements of a doctor's practice. With so many customisations available, users may be confused by the platform. As such, HealthPlix's team has to make trade-offs between customisability and simplicity of the tool.

Number of Languages

India is a multi-language country with English as the lingua franca (with varying proficiency levels nationwide) and 22 official non-English languages.[18] As per Indian law, doctors in India need to write medicine names in English. However, given the mind-boggling number of languages spoken in India, it may be challenging to communicate instructions on how to take these medications as well as other advice in a manner that is effective and comprehensive.

Doctors may encounter language barriers when conversing with patients. As such, patients may not be able to convey the full picture of their health conditions to medical service providers, access medical services independently, or adequately understand information pertaining to prescriptions, follow-up plans, and doctors' advice.

To address this issue, HealthPlix's platform supports 14 languages. The company is working on making more and more local languages available. This effort has been received well by doctors and patients, and HealthPlix intends to continue expanding the number of supported languages. That said, the resources taken by this effort need to be carefully balanced with its impact, and it may take time for doctors who do not typically face any language-related challenges to see its value.

Remaining Competitive in the Marketplace

The COVID-19 pandemic has accelerated the digital transformation of healthcare and resulted in a large number of healthcare start-ups. With the increase in competition, maintaining a competitive edge and thriving remains an ongoing endeavour. HealthPlix's competitors include Docon[19], Navia Life Care[20], and other healthcare start-ups.

These firms differentiate their product features to attract doctors who have different preferences. For example, Docon provides functions such as appointment booking, alerts for public holidays, and working hours of the clinics in its networks. Navia Life Care, which offers AI-enabled voice assistants, has equipped doctors with smart pens and paper that allow them to continue writing prescriptions and medical records, eliminating the need for typing data into their EMR system.

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[18] Drishti IAS. (2021, August 4). *Eighth schedule of the Indian Constitution*. https://www.drishtiias.com/daily-updates/daily-news-analysis/eighth-schedule-of-the-indian-constitution
[19] Docon. (N. D.). *Digital healthcare for your family*. https://docon.co.in/
[20] Navia Life Care. (N. D.). *An app that will transform your practice*. https://www.navialifecare.com/

WHAT SHOULD HEALTHPLIX DO?

So far, more than 15 million patients have been served through the HealthPlix platform by thousands of doctors practicing across 16 specialties. The company maintains a doctor base and geographic spread across over 370 cities.[21] On average, over 10,000 doctors use the platform every day. As one of the largest EMR platforms in India with wide coverage across specialties and geographies, HealthPlix aims to grow eightfold in two years.[22] It will continue to invest heavily in tools and technologies that promise to improve efficiency, scalability, and reliability of the platform – and thus, of doctors' practices. There are a few notable works in the future, namely:

HealthPlix is working on a speciality module for paediatricians. The paediatric module enables immunisation tracking, growth charts for toddlers and infants, development charts, and paediatric care plans for customised care.

Currently, HealthPlix targets doctors in metropolitan areas. In the near future, HealthPlix aims to expand its reach to Tier 2 cities and start entering rural areas. An improved Doctors' Insight Dashboard, ROBIN, to provide doctors with data analytics pertaining to prescriptions and to facilitate research. A mobile app for doctors to make its tools available on the go. Improved AI capabilities to create pre-filled prescriptions accurately.

On the day of HealthPlix's board meeting to discuss its future plans, Sandeep, the co-founder and CEO of HealthPlix, arrived at the meeting room early and prepared himself to listen to ideas from team members with an open mind.

As the meeting commenced, Nithin Chowhan, Lead Performance Marketing of HealthPlix, presented a flow chart explaining how HealthPlix has changed its consultation process. "Generally, a consultation process includes registration, consultation, prescription, billing, and medicine collection. Appointments for follow-up visits will be made if needed. Doctors spend too much time documenting patient information into EMR systems and, as a result, are constantly falling behind on their schedules. Patients spend most of their time waiting for the consultation. Our EMR system digitalises the entire process and integrates AI techniques to the prescription," he said.

**Figure 1: Consultation Process before HealthPlix Platform Implementation**
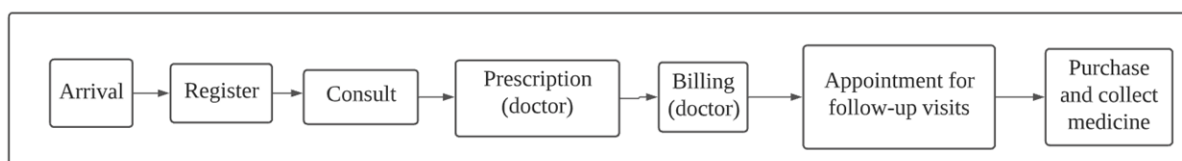
Source: HealthPlix

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[21] Malik, P. (2021, October 19). 'Our aim is to build a digital healthcare stack to empower doctors' Sandeep Gudibanda, CEO & co-founder of HealthPlix Technologies. *Business World India*. http://bwdisrupt.businessworld.in/article/-Our-Aim-Is-To-Build-A-Digital-Healthcare-Stack-To-Empower-Doctors-Sandeep-Gudibanda-CEO-Co-Founder-of-Healthplix-Technologies/19-10-2021-409111/

[22] ibid.

Figure 2: Consultation Process after HealthPlix Platform Implementation
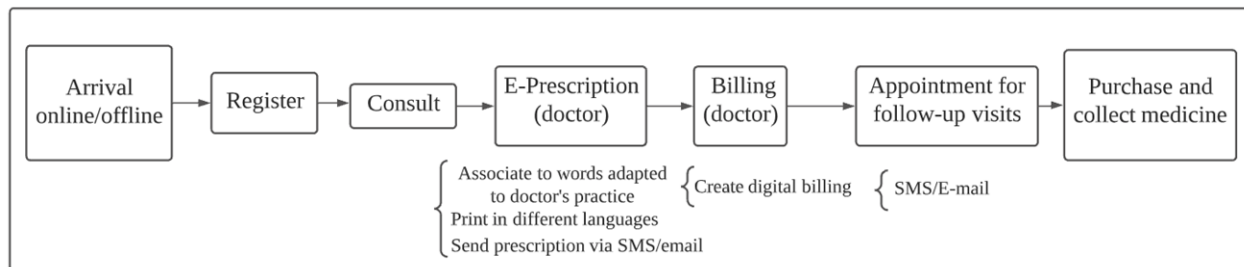
Source: HealthPlix

"However, we were challenged by the drop-off in doctors' use. Through our data analysis, about 60% of doctors reduced their use frequency after seven days of adoption. Some doctors feel that creating e-prescriptions is more time-consuming than writing them by hand. According to their feedback, our machine learning algorithm could be further improved. Sometimes, our word-association system needs doctors to type seven or more characters to suggest the full drug name. Therefore, I suggest investing in improving existing features, such as advanced algorithm construction that allows doctors to type fewer characters to write the prescription, for instance, maximum three characters to find a drug name."

"As you all know, we have successfully raised $13.5 million as part of Series B funding. This enables us to expand our doctor base in existing geographies, adding new towns and medical specialities, and bolstering our team and product." Sandeep continued. "Let us remember that our products and services should be developed sustainably. We should develop sustainable strategies to improve our competitiveness and have better long-term results."

Prashant, head of the Doctor Growth Function, followed with his thoughts. "Shouldn't we add more features to attract more doctors? It is possible that our available features cannot meet their needs or customisation requirements. First, I suggest adding an appointment management system to enable doctors to manage bookings for particular time slots to reduce no-show rates. Second, the number of languages in the system could be increased as there are 23 official languages in our country. We need to think about which language to add next. Third, to encourage doctors' use frequency and improve doctors' communications, a doctors' network could be established in our system, providing a platform for doctors to connect with each other."

Sanatomba, from the Doctor Growth Department, brought up another interesting perspective. "When we are shortlisting doctors for pitching our product, we should not just collect data but also see how they work. For instance, when I see a doctor with a laptop, I am very confident pitching our products to that doctor, with a high likelihood of acceptance. Similarly, we should think and observe such behavioural patterns in doctors to increase the free-trial period. This will help us improve our lead generation process."

"I think we need to factor in the external challenges too." A comment came in from Chaitanya, HealthPlix's Chief of AI, who was primarily concerned about the firm's strategy. "Our main competitors include Docon, Navia Life Care, and so on. Some of them are developing characteristic features. For example, Navia Life Care digitalises handwritten prescriptions with a smart pen-and-pad to build EMR automatically. It also offers voice-enabled assistance for doctors. These technologies may attract doctors who are reluctant to do computer work. Additionally, other health-tech companies generate machine learning-driven dosage suggestions. Perhaps we should take these competitors' strategies into consideration to develop our features and improve our competitiveness."

Sandeep noted the points raised in the meeting and left the room with questions in his mind: How would HealthPlix grow in the short and long term? How should HealthPlix promote its products to existing and

potential clients and encourage doctors to interact with their technologies? How should HealthPlix improve its system adoption rate among doctors? What are some possible external reasons for the increase in adoption rate? How can HealthPlix add value given the competitive landscape?
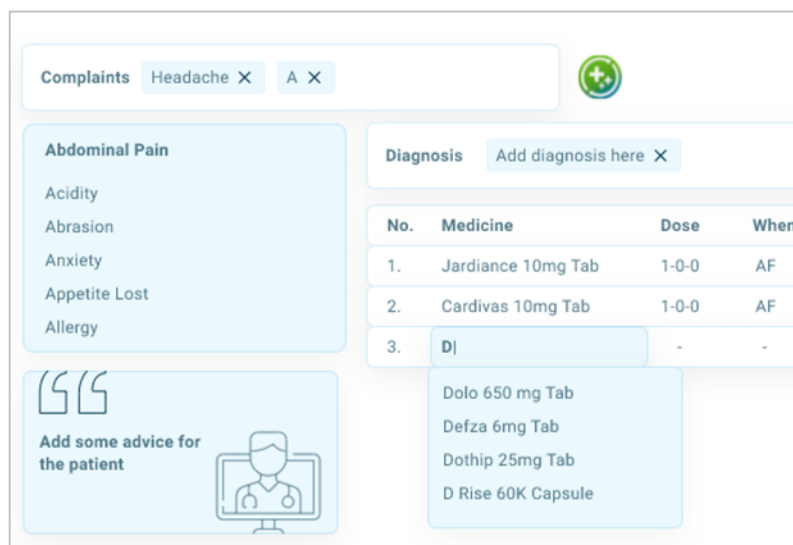
As a management consultant to HealthPlix, based on your understanding so far, what framework should be used to evaluate the options available to Sandeep?

EXHIBIT 1: AN EXAMPLE OF ILLEGIBLE HANDWRITTEN PRESCRIPTION
(THE LAST LINE SHOULD READ "ALTHROCIN 250MG")
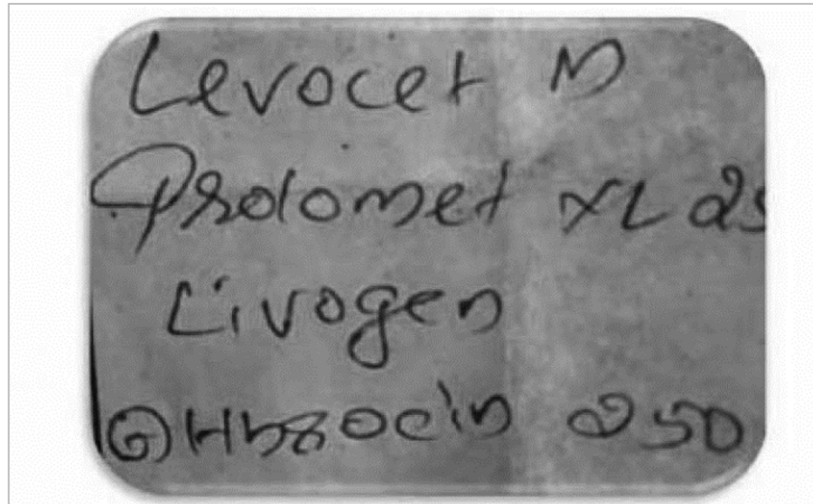
Source: The Asian Age

EXHIBIT 2: AUTO-FILLING FEATURE OF HEALTHPLIX'S AI-POWERED EMR SYSTEM

Source: HealthPlix

EXHIBIT 3: HEALTHPLIX'S E-PRESCRIPTION INTERFACE

Source: HealthPlix

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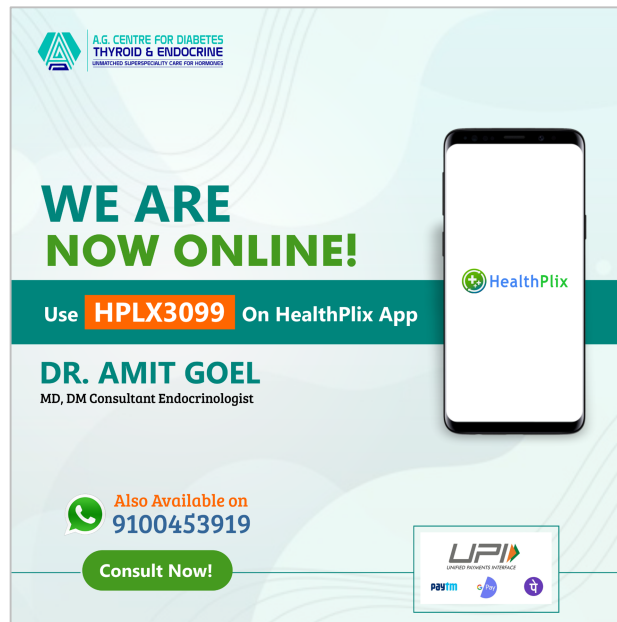
Classification: Restricted

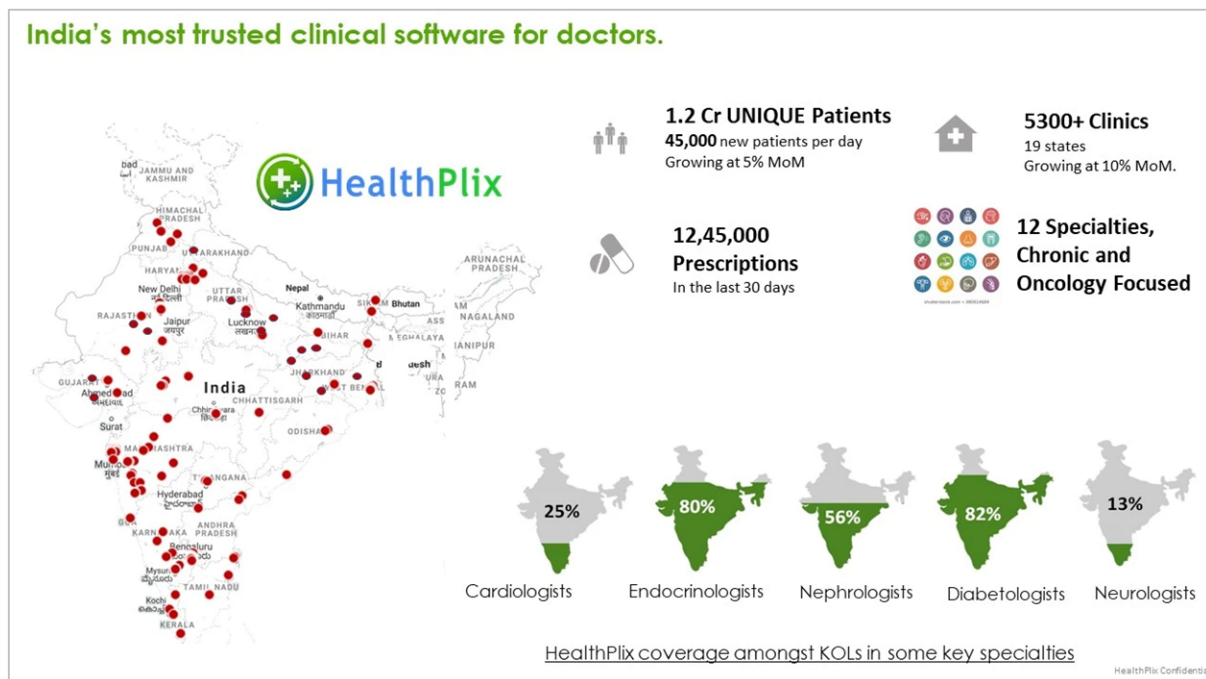**EXHIBIT 4: PRESCRIPTION AND APPOINTMENT REMINDER SYSTEM**
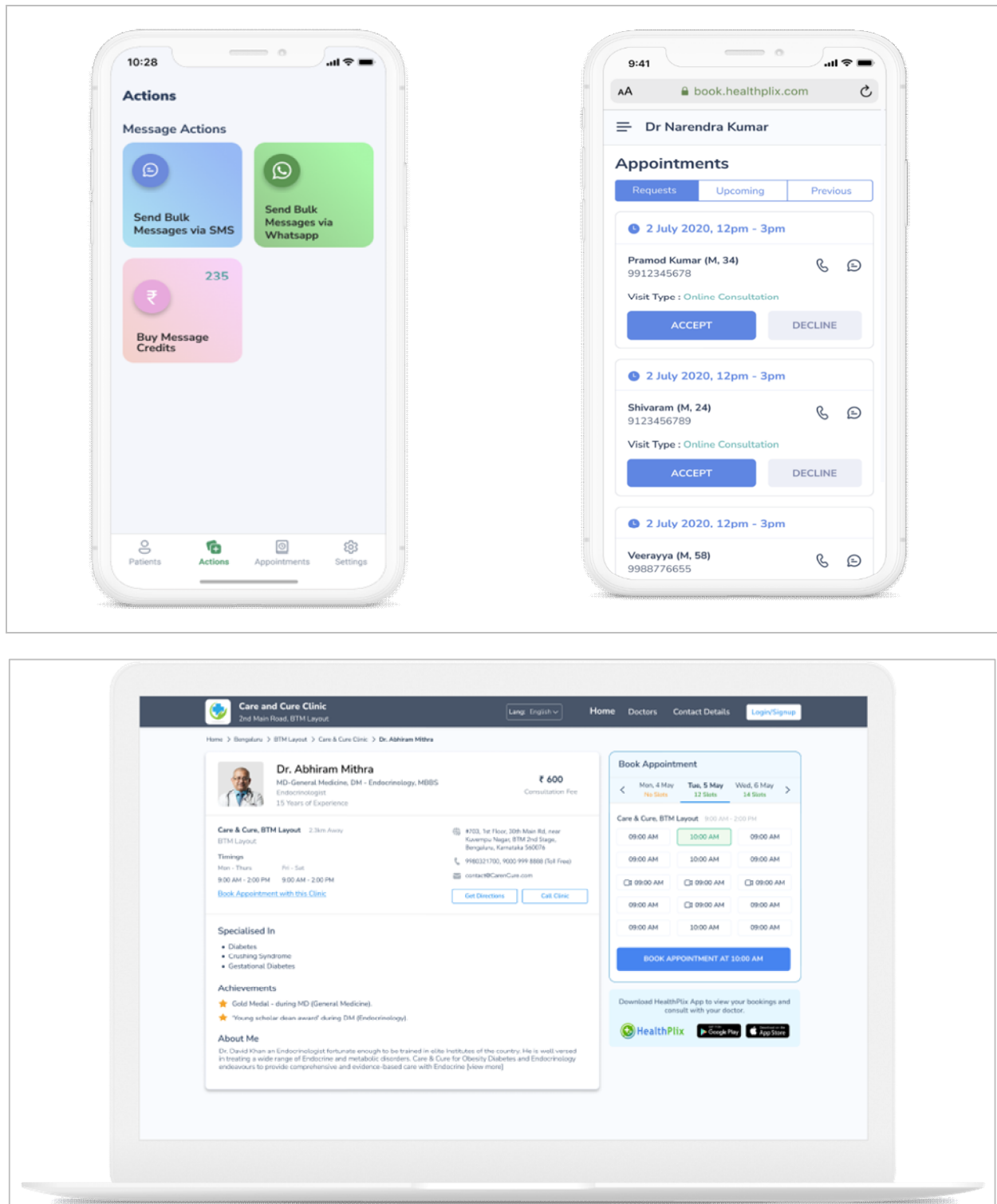
Source: HealthPlix

EXHIBIT 5: DR. VINESH JAIN'S POST PROMOTING ONLINE CONSULTATIONS DURING THE COVID-19 LOCKDOWN

Source: Dr. Vinesh Jain [via Facebook]

EXHIBIT 6: COVERAGE SCREENSHOTS

Source: TechCrunch
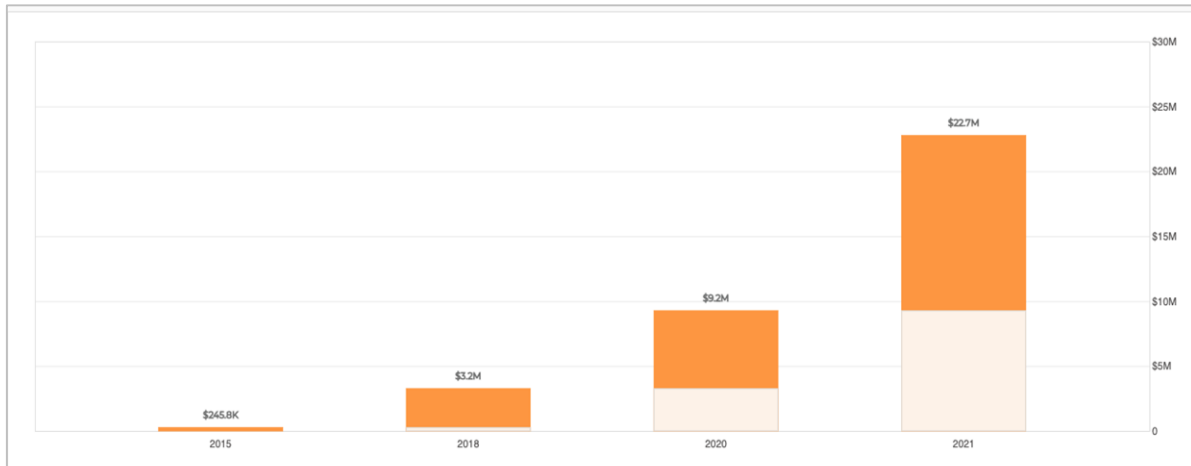
EXHIBIT 7: COVERAGE SCREENSHOTS

Source: HealthPlix

EXHIBIT 8: TIMELINE AND MILESTONES OF HEALTHPLIX

Timeline	Milestones
2014	HealthPlix was founded.
2018	In July 2018, HealthPlix raised $3 million in Series A funding from Chiratae Ventures and Kalaari Capital.
2020	In March 2020, HealthPlix introduced online consultations in its platform. That same month, HealthPlix raised $6 million in Series B funding from JSW Ventures, Chiratae Ventures, and Kalaari Capital.
2021	In March 2021, HealthPlix raised $13.5 million in Series B funding from Lightspeed Venture Partners, Kalaari Capital, JSW Ventures, and Chiratae Ventures. In October 2021, HealthPlix released its ROBIN data analytics software.

EXHIBIT 9: HEALTHPLIX'S FUNDING HISTORY

Source: Owler