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Summary

**Business Overview**

The healthcare ecosystem is changing. It is becoming more people-centric and driven, prevention-focused, personalized, data & algorithm-enabled, and seamlessly integrated. By 2030, healthcare will become more accessible with harmonized regulation. Not only that, but ecosystems will also become key to improving outcomes, and costs for innovative treatments will be value-based, balanced by effective gains.

Within the scope of diabetes, pharma and biotech companies have partnered and invested in developing ecosystems that enable connected care (e.g. continuous glucose monitoring), devices (e.g. digitally connected insulin pens), and digital tools (e.g. mobile apps). These ecosystems cover but are not limited to, dosing support, insulin management, lifestyle change, supply convenience, advisory, and analytics. While current digital health solutions focus on later-stage diabetes treatment reliant on injectables, we want to expand the focus to include oral drugs. We want to create a unique digital ecosystem that will support people living with type 2 diabetes who are on medications and are initiating treatment. While there is an abundance of therapies, glycemic control remains difficult to achieve for people living with type 2 diabetes.

**Business Problem**

Diabetes is a metabolic disorder that results in high levels of blood glucose. This chronic condition has no cure, but it can be managed by lifestyle changes (e.g. diet and exercise), frequent monitoring of blood sugar levels, and medications that combat the body’s inability to produce insulin or to use it effectively. Diabetes can be separated into two types: type 1 diabetes occurs in early in life for people who don’t produce insulin, whereas type 2 diabetes occurs later in life when the body becomes resistant to insulin. More than 95% of people with the disease have type 2 diabetes and they have an increased risk for heart attacks, strokes, and kidney failure. Treatment comes in the form of injectable or oral therapies, but regardless of regimen, approximately 50% of people living with type 2 diabetes tend to drop off treatment within the first year of being prescribed medication. Despite the proliferation of thousands of reminder apps, sticking with chronic disease medication for the long run remains a challenge to many. Successful long-term disease management requires people living with diabetes to follow instructions and take the proper amount of medication at designated time intervals.

Non adherence to medication poses a significant problem for the effective management of type 2 diabetes. It places a significant burden on the healthcare system and the patient. This can result in higher cost, morbidity and mortality (AJMC).

**Objective**

The goal is to design a comprehensive strategy that explores new paths to transform the early stage of the journey for people living with type 2 diabetes.

**Assumptions**

Literature Review

According to (Osterberg L, Blaschke T) Adherence to a medication regimen is usually defined as the extent to which patients take medications as prescribed. Furthermore, It refers to taking medication according to medical advice and is assessed as the number of drugs taken or injected by a patient within a certain period of time being at least 80% of the number of drugs prescribed by the physician at the same time (Raebel MA and Giugliano D).  Adherence to prescribed medications is an important aspect of quality healthcare.

Stakeholders

Solution Design

Benefits

Recommendations

Next Steps

Conclusion

**References**