

January 2026

Designing Digital Diabetes Care

A Usability-First Framework



ZEUX



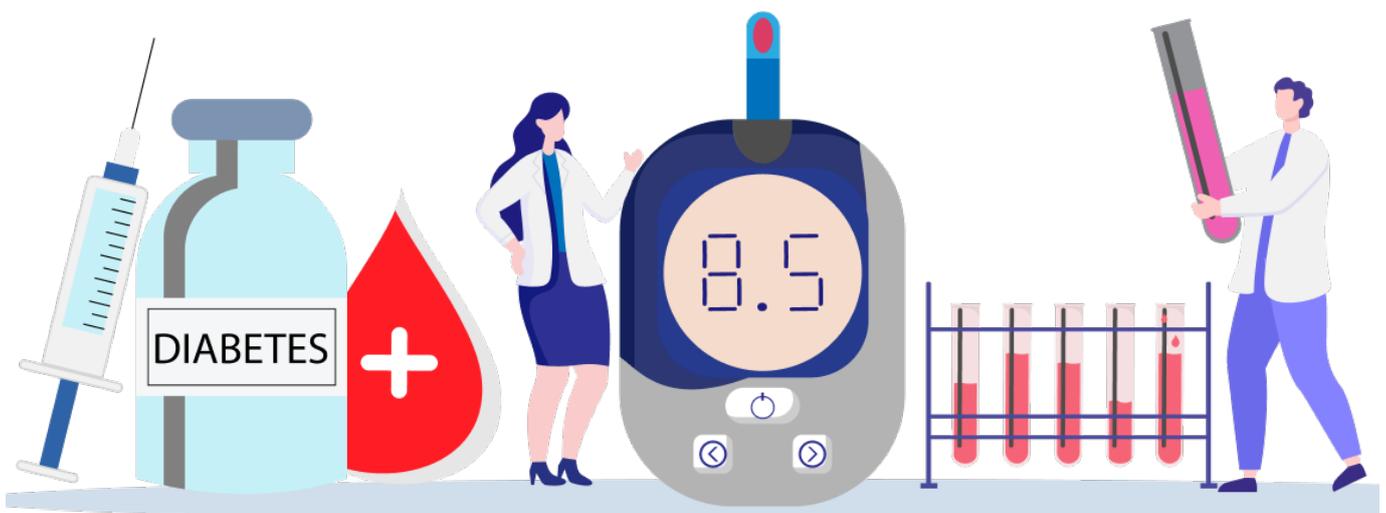
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Diabetes and the Role of Diabetologists

In India, diabetes has shifted from being a personal condition to a national challenge, demanding new ways of thinking about care and technology. More than 101 million Indians are living with diabetes, and another 136 million are at risk, earning us the label of the “Diabetes Capital of the World.” This represents one of the largest global burdens of a chronic condition, with significant implications for public health, healthcare systems, and economic productivity.

In this ecosystem, diabetologists play a critical role as specialist physicians who manage complex cases, interpret nuanced patient data, and personalize treatment strategies. They must handle a longitudinal view of each patient’s health, tracking HbA1c trends, insulin titration, lifestyle adherence, comorbidities, and risks. Their workflows involve intensive data review and interpretation, making usability and efficiency of digital systems far more critical compared to other clinical specialties.



Building on ZEUX x KCDO's Healthcare Framework

In 2024, ZEUX Innovation and the Koita Centre for Digital Oncology (KCDO) published a paper called *Digital Healthcare in India: A Design Blueprint for Better Healthcare*. This work identified the low adoption of digital health tools as a major barrier to impact, often stemming from usability challenges. Doctors reported slow, unreliable systems, confusing navigation, redundant data entry, and lack of integration across devices.

To address these gaps, ZEUX and KCDO created the SHIFT and HEALING frameworks as structured approaches for auditing and designing healthcare systems. These frameworks placed user experience (UX) at the center of adoption.

In the present paper, we extend this work by adapting the HEALING framework to diabetes clinic management systems, ensuring that design guidelines are tailored to the unique workflows of diabetologists. The adaptation process involved benchmarking existing clinic management systems (CMS)/electronic medical record (EMR) platforms, studying emerging technologies such as continuous glucose monitors (CGMs), wearables, & AI-driven decision support, and conducting user research with diabetologists to understand their workflows and challenges more deeply. The result is a reference framework supported by a Self Assessment Checklist enabling both qualitative and quantitative evaluation.

What Makes Diabetology Unique

The practice of diabetology is distinct because it blends longitudinal disease management, lifestyle counselling, and complication monitoring into every consultation. Unlike episodic care in many specialties, a diabetologist's workflow is continuous and layered:

- 1. Long-term disease management:** Focus extends beyond immediate concern to long-term trends & risks.
- 2. Dynamic therapy adjustment:** Insulin and oral medications need frequent recalibration from labs, devices, and patient inputs.

- 3. Data-rich consultations:** Focus is on trends like HbA1c, BMI, and BP, making clear visualization of longitudinal data essential.
- 4. Patient education as a part of clinical care:** Structured advice on lifestyle and self-monitoring makes patient education a core part of every visit.

These layered demands mean diabetologists need systems that consolidate diverse data streams, surface patterns, and present information in ways that enable quick, accurate decisions.

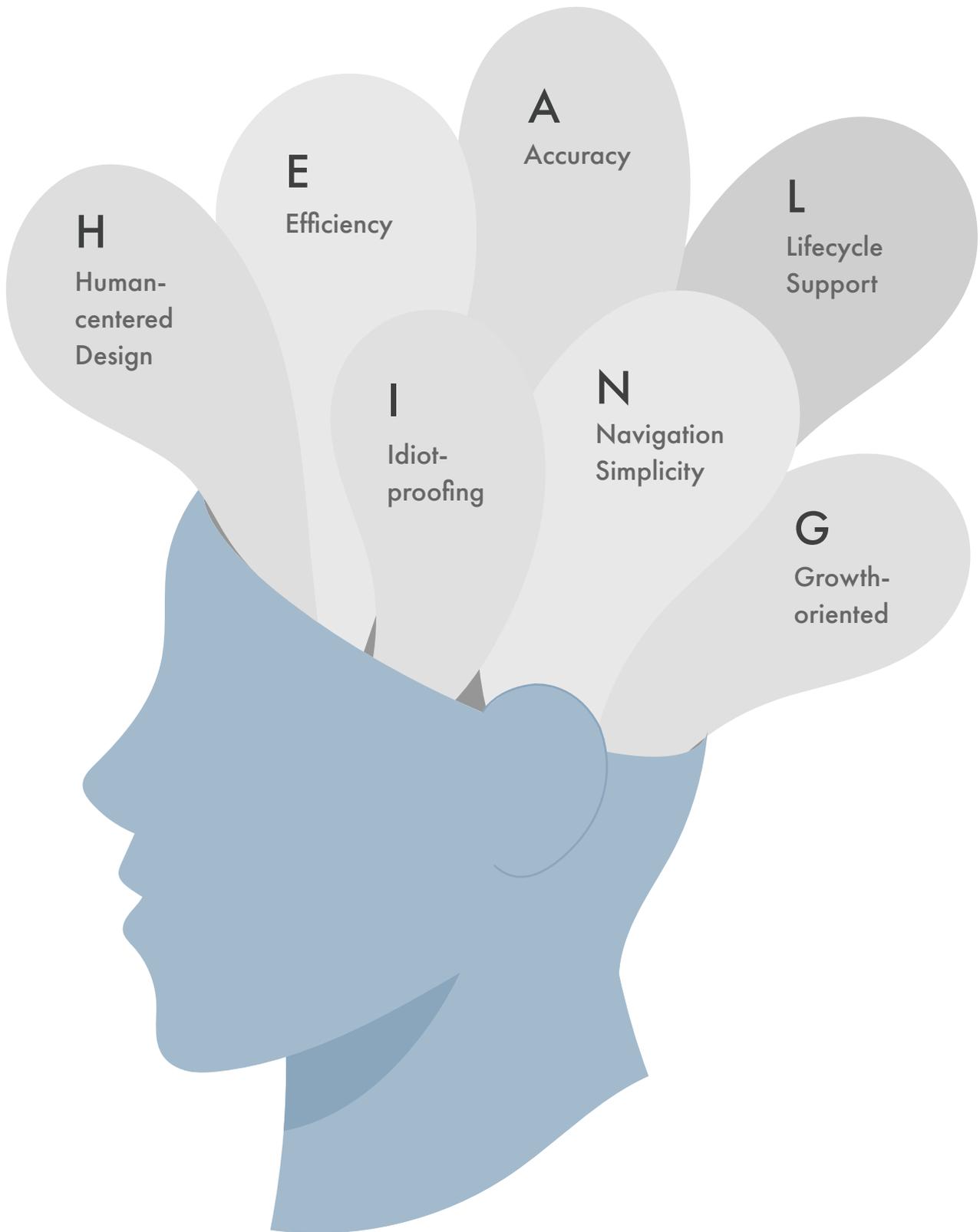
The HEALING Framework

A guide to designing & developing diabetes clinic management systems

The HEALING Framework defines seven core design principles that serve as the foundation for creating usable, scalable, and clinician-friendly systems. When adapted for diabetes care, these principles go beyond theory — they translate into practical, actionable guidelines for vendors

building diabetes clinic management systems. By aligning design with the real-world needs of diabetologists and their patients, the framework ensures that technology reduces effort, supports better decisions, and ultimately improves outcomes.

*To view the detailed application of the design framework leveraging the HEALING framework, please refer to **the annexure***



7 Keys to Best-in-Class Diabetes CMS

H

Human-centered Design

Prioritize the needs, preferences, and experiences of users, including healthcare professionals and patients, throughout the design process to create a system that is intuitive, empathetic, and supportive.

- Define your target audience
- Identify users' pain points
- Map the process & role players
- Provide at-a-glance insights
- Support multi-lingual prescriptions

E

Efficiency

Design workflows and interactions that optimize efficiency in diabetes clinic management tasks, enabling users to accomplish their goals quickly & effectively.

- Land users in the right place
- Persistently display decision-aiding information
- Design for speed and ease of input

A

Accuracy

Ensure that the system provides accurate and reliable information, such as medication dosages, treatment schedules, and patient records to support safe and effective diabetes management.

- Prioritize error prevention
- Visually represent key statuses
- Clearly indicate outdated data

L

Lifecycle Support

Provide comprehensive support throughout the entire treatment lifecycle, from treatment planning and administration to monitoring, follow-up care.

- Design comprehensive treatment management
- Seamlessly integrate with patient's wearable devices
- Make past data available

I

Idiot-proofing

Include features and fail-safes that simplify complex processes and ensure critical tasks are performed correctly. The goal is to ensure that systems are accessible and safe for users of all skill levels.

- Minimize the use of icons
- Provide reference information
- Include redundancies

N

Navigation Simplicity

Design intuitive navigation structures and user interfaces that simplify the user experience, making it easy for users to find information, complete tasks, and navigate the system effectively.

- Maintain flat menu structures
- Provide clear location cues
- Simplify switching between patients & processes

G

Growth-oriented

Build the system with scalability and adaptability in mind, allowing it to grow and evolve alongside advancements in treatment, healthcare practices, and technological innovations.

- Reuse existing templates and components
- Design for scalable processes
- Design for scalable actions

HEALING

Self-Assessment Checklist

A benchmark for assessing the usability and design maturity of Diabetes Clinic Management Systems.

The HEALING Self-Assessment Checklist helps evaluate how well a Diabetes Clinic Management System aligns with the HEALING framework, translating qualitative design principles into measurable indicators. It provides a structured, quantitative score that reflects a system's usability and design maturity, making it easier to identify

compliance levels, benchmark performance, and prioritize areas for improvement.

This serves as a practical reference for CMS vendors, hospitals, clinics, auditors, and policymakers seeking to strengthen digital adoption and user experience.

HEALING Self-assessment Checklist Score



Distribution of HEALING Self-assessment scores and corresponding usability categories

HEALING Scale

H - Human-centered design

- 1** Does the system identify different user types, understand their objectives & pain points, and provide role-appropriate workflows?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

- 2** Does the system provide at-a-glance insights into patient history and treatment plan?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

- 3** Does the system support multilingual communication for patients?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

E - Efficiency

- 4** Does the system land users on a default view/dashboard that surfaces all critical patient information first?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

- 5** Does the system persistently display decision-aiding data (e.g., abnormal lab results, high-risk alerts) across workflows?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

- 6** Does the interface minimize typing through features like auto-fill defaults, single-click inputs, and smart form design?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

A - Accuracy

7 Does the system prevent errors through validation & alerts?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

8 Does the system use clear visual markers to represent key statuses?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

9 Does the system indicate when data is outdated or not synced (e.g., timestamp or warning label)?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

L - Lifecycle Support

10 Can patients manage their treatment and lifestyle in one continuous, guided experience?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

11 Can patients easily sync their wearable device data with the app?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

12 Does the system allow easy access to all historical data (consultations, labs, prescriptions, notes)?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

I - Idiot Proofing

13 Does the interface minimize ambiguous icon use, preferring text & standard icons?

- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

14 Does the system provide contextual reference information wherever required (tooltips, pop-ups, embedded help)?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

15 Does the system include redundancies for critical actions and information?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

N - Navigation simplicity

16 Does the system maintain flat menu structures (no more than 2–3 levels)?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

17 Does the interface provide clear location cues (highlights, headers, etc.)?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

18 Does the system allow quick switching between patients and processes?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

G - Growth oriented

19 Does the system reuse existing templates and UI components consistently across modules?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

20 Is the system designed for scalable phases, actions and processes?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

Building the Roadmap for Scalable & Usable Digital Care

As India faces an unprecedented diabetes burden, the need for usable, scalable, and clinician-friendly digital systems has never been greater. By adapting ZEUX and RSSDI-KCDD's HEALING framework to the workflows of diabetologists, this paper provides a foundational guide for diabetes clinic management systems.

This framework positions usability not as an afterthought, but as a core requirement for adoption, ensuring that digital systems reduce effort, save time, and empower doctors to focus on what matters most: patient care.



ZEUX Innovation

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Mumbai, Maharashtra 400076

zeuxinnovation.com

ZEUX Innovation, based in Mumbai with over 8 years of experience, specializes in user centered design across sectors, including healthcare. Their expertise in crafting solutions tailored for India's unique challenges makes them a valuable partner.



RSSDI - Koita Centre for Digital Diabetology

A26, ASPIRE, IIT Bombay
Research Park, Powai,
Mumbai, 400076

www.rssdi-kcdd.in

The Research Society for the Study of Diabetes in India (RSSDI), Asia's largest association of physicians for diabetes care. In 2024, the Koita Foundation partnered with RSSDI to establish the RSSDI-Koita Centre for Digital Diabetology (KCDD), India's first centre focused on digital diabetology. It combines clinical expertise with healthcare technology to strengthen national programs in digital diabetes care and research, with a vision to leverage technology to improve management and drive innovation.

Annexure >

Designing Digital Diabetes Care

HEALING Framework

Design Framework

H

Human-centered Design

E

Efficiency

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Accuracy

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Human-centered Design

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- **Define your target audience**
- **Identify users' pain points**
- **Map the process & role players**
- **Provide at-a-glance insights**
- **Support multi-lingual prescriptions**

Define your target audience

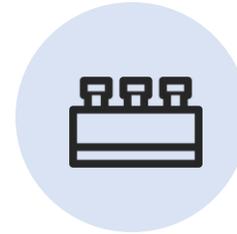
Where will your system be implemented?



Single-doc clinics



Polyclinics



Clinic with a Lab



Clinic with a
Pharmacy

Define your target audience

Who are your users?



Doctors / Assistants



Receptionists



Others
(Pharmacy, Labs, etc.)

Define your target audience

Understand user's objectives



Doctors / Assistants

- Have an overview of patient history & treatment plan
- View latest reports
- Add/ view notes on the fly



Receptionists

- Quick intake
- Book/reschedule with reminders
- Live queue management
- Recall overdue and follow ups

Identify users' pain points

Human-centered Design



Doctors / Assistants

- Using digital systems reduces efficiency
- “When it’s too crowded, I use pen & paper”
- Different clinics/hospitals, different systems

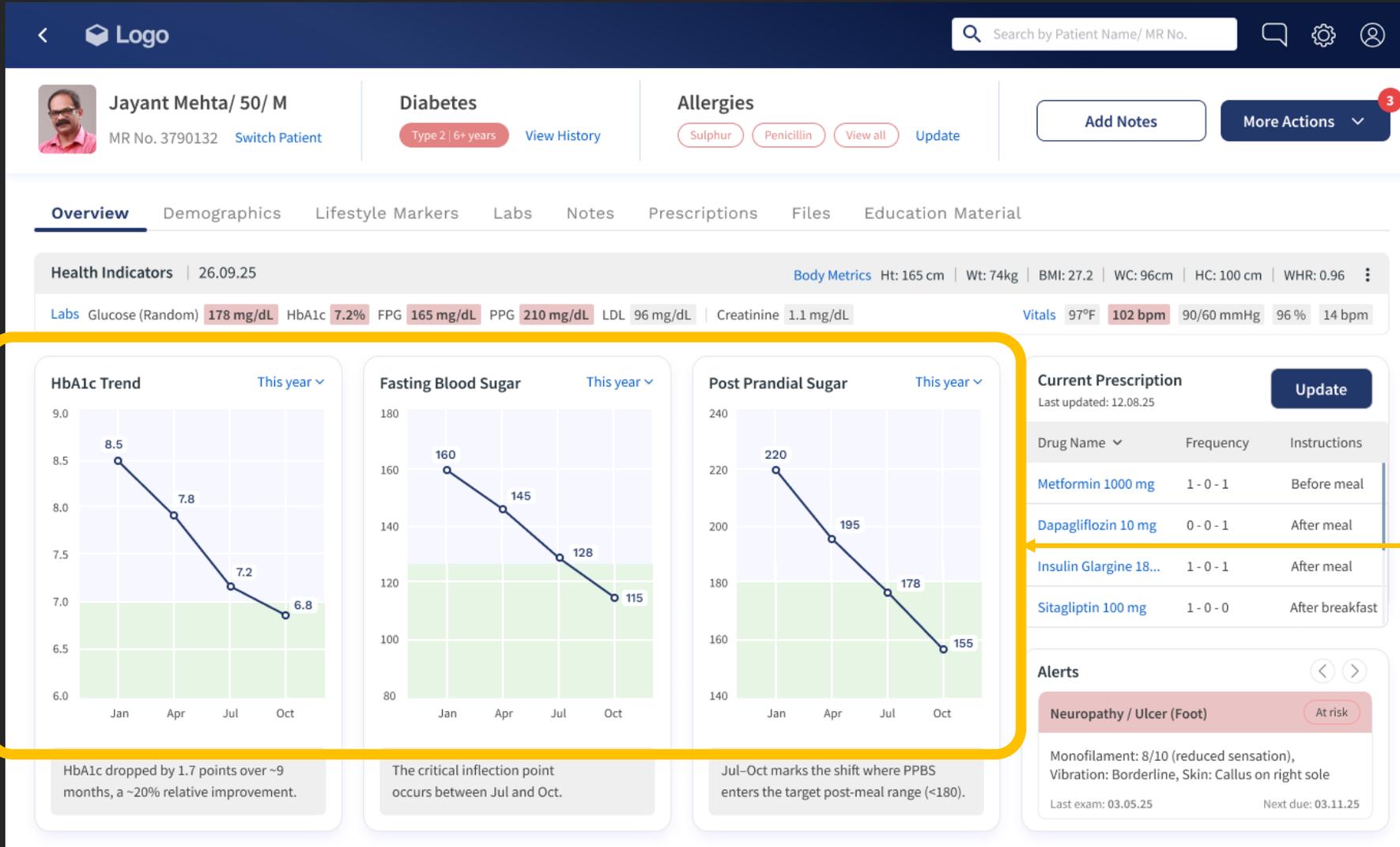


Receptionists

- Manage patient requests /reschedules/cancels/no shows
- Live queue management
- Managing follow ups

Provide at-a-glance insights

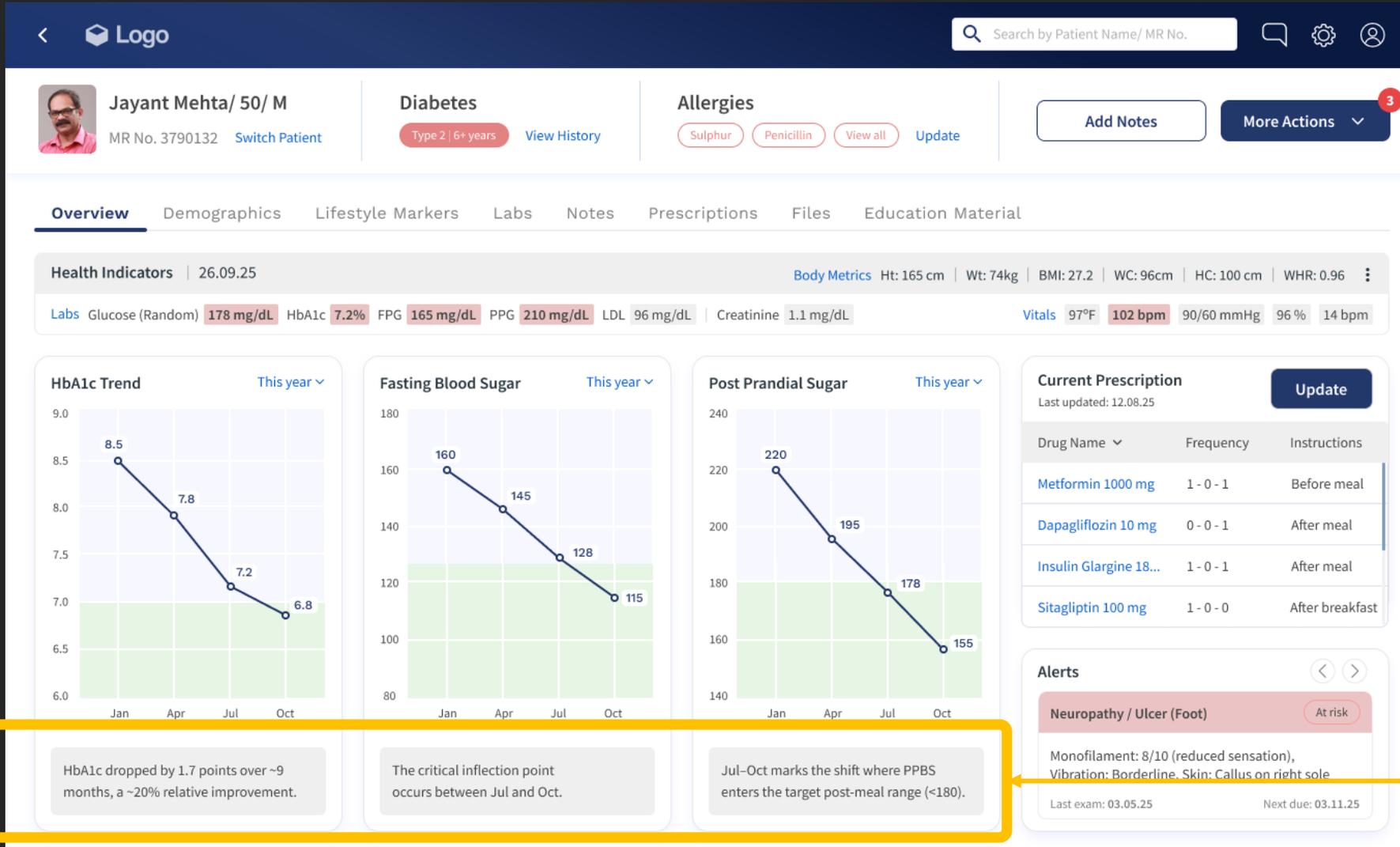
Human-centered Design



Leverage visualizations to simplify data and accelerate decisions.

Provide at-a-glance insights

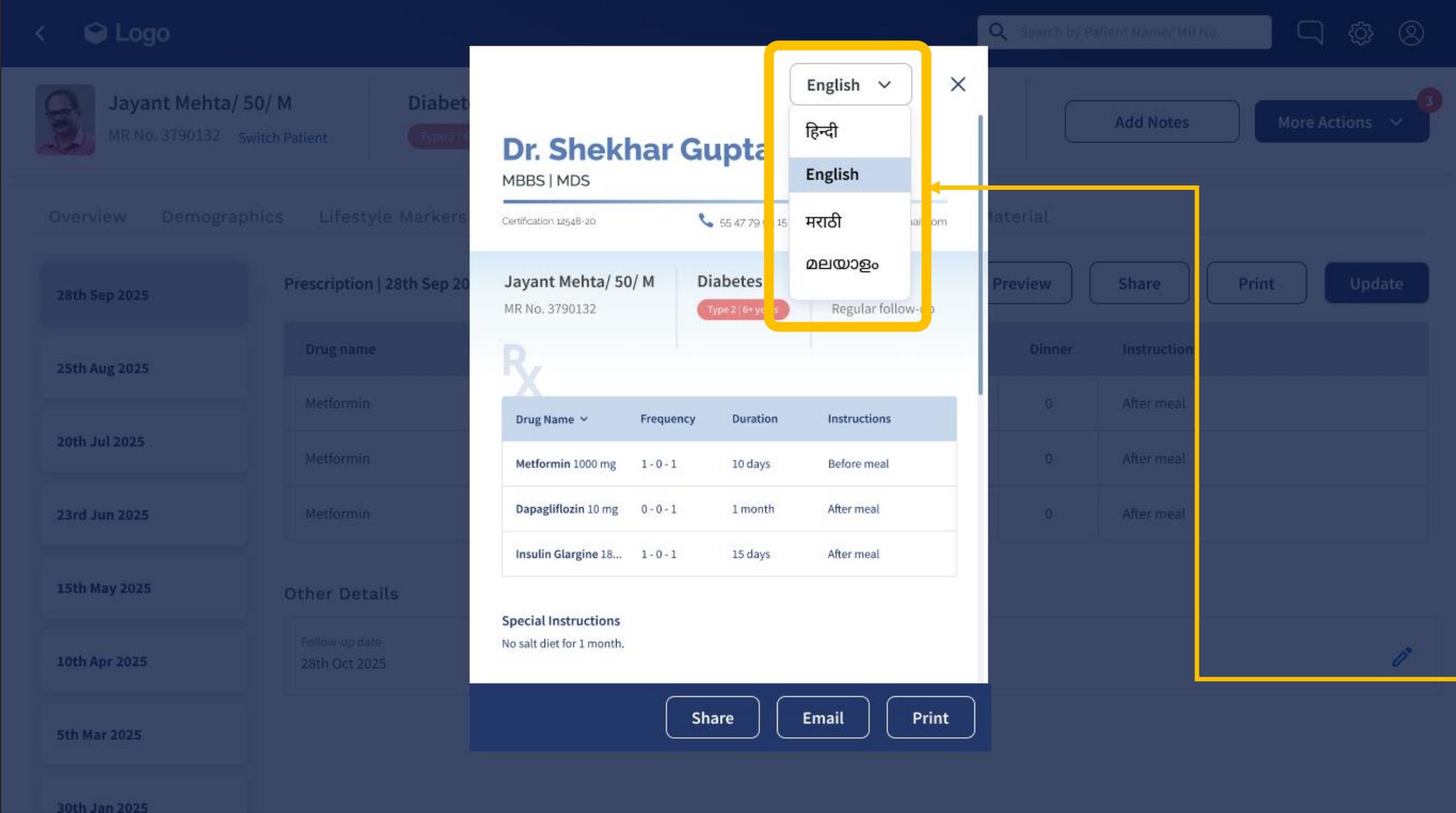
Human-centered Design



Highlight meaningful patterns for easy and quick understanding

Support multi-lingual content

Human-centered Design



Support multilingual communication to improve accessibility and adherence.

E Efficiency

Design workflows and interactions that optimize efficiency in diabetes management tasks, enabling users to accomplish their goals quickly & effectively.

- **Land users in the right place**
- **Persistently display decision-aiding information**
- **Design for speed and ease of input**

Land users in the right place

Efficiency

Logo Search by Patient Name/ MR No. ⌵ ⚙️ 👤

Jayant Mehta/ 50/ M
MR No. 3790132 [Switch Patient](#)

Diabetes Type 2 | 6+ years [View History](#)

Allergies Sulphur Penicillin [View all](#) [Update](#)

[Add Notes](#) [More Actions](#) 3

Overview Demographics Lifestyle Markers Labs Notes Prescriptions Files Education Material

Health Indicators | 26.09.25 [Body Metrics](#) Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs Glucose (Random) 178 mg/dL HbA1c 7.2% FPG 165 mg/dL PPG 210 mg/dL LDL 96 mg/dL Creatinine 1.1 mg/dL **Vitals** 97°F 102 bpm 90/60 mmHg 96 % 14 bpm

HbA1c Trend [This year](#)

Month	HbA1c (%)
Jan	8.5
Apr	7.8
Jul	7.2
Oct	6.8

HbA1c dropped by 1.7 points over ~9 months, a ~20% relative improvement.

Fasting Blood Sugar [This year](#)

Month	FBS (mg/dL)
Jan	160
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Jul	128
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The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar [This year](#)

Month	PPBS (mg/dL)
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Current Prescription [Update](#)
Last updated: 12.08.25

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts ⏪ ⏩

Neuropathy / Ulcer (Foot) [At risk](#)

Monofilament: 8/10 (reduced sensation), Vibration: Borderline, Skin: Callus on right sole
Last exam: 03.05.25 Next due: 03.11.25

Bring users to the page that shows the patient's overview

Persistently display decision-aiding info

Efficiency

Patient Information: Jayant Mehta / 50 / M
MR No. 3790132 [Switch Patient](#)

Diabetes: Type 2 | 6+ years [View History](#)

Allergies: Sulphur, Penicillin [View all](#) [Update](#)

Actions: [Add Notes](#) [More Actions](#) ³

Health Indicators: 26.09.25
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Last exam: 03.05.25 Next due: 03.11.25

Maintain key patient information that affects the treatment plan as the central object.

Design for speed & ease of input

Efficiency

Update Prescription

Jayant Mehta | Diabetes - Type 2 | Body Metrics | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Currently Prescribed Drugs

Drug Name	Strength	Duration	Frequency	Instructions	
Metformin	1000 mg	10 days	1 - 0 - 1	Before meal	
Dapagliflozin	10 mg	10 days	0 - 0 - 1	After meal	
Insulin Glargine	18 mg	10 days	1 - 0 - 1	After meal	

+ Add drug

Other Details

Follow-up Date: 26 Oct 2025

Tests Required: Select

Special Instructions: Enter

Cancel Confirm

Enable editing of existing prescriptions for follow-up patients to simplify updates.

Design for speed & ease of input

Efficiency

Update Prescription

Jayant Mehta | Diabetes - Type 2 | Body Metrics | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Currently Prescribed Drugs

Drug Name	Strength	Duration	Frequency	Instructions	
Metformin	1000 mg	1-0-1	Before meal		✓ ✗
Dapagliflozin	10 mg	10 days	0-0-1	After meal	✎ 🗑
Insulin Glargine	18 mg	10 days	1-0-1	After meal	✎ 🗑

+ Add drug

Other Details

Follow-up Date: 26 Oct 2025 📅 | Tests Required: Select | Special Instructions: Enter

Cancel | Confirm

Allow in-line edits for tables when it is critical to see all other info and no additional fields are required.

Design for speed & ease of input

Efficiency

Update Prescription

Jayant Mehta | Diabetes - Type 2 | Body Metrics | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

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+ Add drug

Other Details

Follow-up Date: 26 Oct 2025

Tests Required: Select

Special Instructions: Enter

Cancel Confirm

Reduce the need of typing each & every detail. Auto-fill default values.

A

Accuracy

Ensure that the system provides accurate and reliable information, such as medication dosages, treatment schedules, and patient records to support safe and effective diabetes management.

- **Prioritize error prevention**
- **Visually represent key statuses**
- **Clearly indicate outdated data**

Prioritize error prevention

Accuracy

Health Indicators | 26.09.25

Body Metrics: Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

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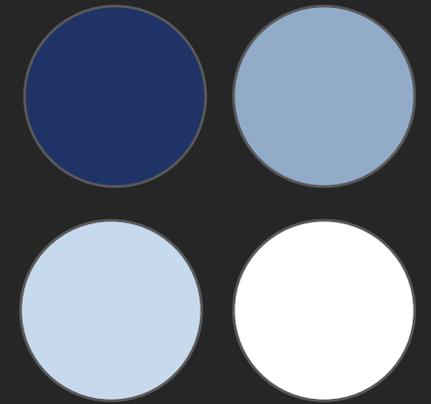
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Last exam: 03.05.25 | Next due: 03.11.25

Use a single-color palette with variations in shade.

Avoid using green, amber, and red as primary or secondary colors to prevent users from associating them with preconceived meanings (e.g., red for danger or stop).



Prioritize error prevention

Accuracy

The screenshot shows a medical application interface for a patient named Jayant Mehta. A modal dialog titled "Confirm Update to Prescription" is displayed in the foreground, highlighted with a yellow border. The dialog contains the patient's name and condition, a confirmation question, and "Cancel" and "Yes" buttons. In the background, the "Update Prescription" screen is visible, showing a list of currently prescribed drugs: Metformin, Dapagliflozin, and Insulin Glargine. A yellow arrow points from the text on the right to the "Yes" button in the confirmation dialog.

Confirm Update to Prescription

Jayant Mehta | Diabetes - Type 2

You are about to update the prescription. Are you sure you want to proceed?

Cancel Yes

Update Prescription

Jayant Mehta | Diabetes - Type 2

Body Metrics Ht: 165 cm | Wt: 56kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Currently Prescribed Drugs

Drug Name	Strength	Duration	Frequency	Instructions
Metformin				
Dapagliflozin				
Insulin Glargine				

+ Add drug

Other Details

Follow-up Date: 26 Oct 2024

Tests Required: Select

Special Instructions: Enter

Cancel Confirm

Ask confirmation questions for critical actions
Alert the users about destructive actions.

Visually represent key statuses

Accuracy

Health Indicators | 26.09.25

Labs Glucose (Random) **178 mg/dL** HbA1c **7.2%** FPG **165 mg/dL** PPG **210 mg/dL** LD **96 mg/dL** Creatinine **1.1 mg/dL**

Vitals 97% **102 bpm** /60 mmHg 96% 14 bpm

HbA1c Trend (This year)

Month	HbA1c (%)
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Neuropathy / Ulcer (Foot) (At risk)

Restrict red to critical information only; exclude it from primary and secondary usage to prevent users from associating it with preconceived meanings

Visually represent key statuses

Accuracy

The screenshot shows a patient's medical record page for Jayant Mehta. The 'Labs' tab is active, displaying a 'Blood Profile' table. A yellow box highlights the table, and a yellow arrow points from the table to a callout box on the right. The table compares two lab tests: one from 02 Aug 2025 and another from 04 Mar 2025. Values are color-coded: green for normal and red for out-of-range.

	02 Aug 2025 2:20 PM	04 Mar 2025 11:35 AM
Fasting	175 mg/dL	182 mg/dL
Post Prandial	246 mg/dL	150 mg/dL
Creatinine	2.0 mg/dL	1.0 mg/dL
Hemoglobin	13.8 g/dL	12 g/dL
WBC	10,000 / μ L	8,000 / μ L
Platelet	233 $\times 10^3$ / μ L	103 $\times 10^3$ / μ L
Sodium	145 mmol/L	140 mmol/L
Potassium	4.5 mmol/L	2.5 mmol/L
Bilirubin	0.6 mg/dL	1.2 mg/dL
Serum Glutam...	27 U/L	57 U/L
Prothrombin	11.9 sec	12.7 sec

Use clear visual cues to separate out-of-range lab results from normal values for instant understanding.

Clearly indicate outdated data

Accuracy

Health Indicators | 26.09.25

Body Metrics Data outdated

Labs Data outdated

Vitals Data outdated

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Alerts

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Monofilament: 8/10 (reduced sensation),
Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 Next due: 03.11.25

Notify users when data is outdated and pending update.

Lifecycle Support

Provide comprehensive support throughout the entire treatment lifecycle, from treatment planning and administration to monitoring, follow-up care.

- **Design comprehensive treatment management**
- **Seamlessly integrate with patient's wearable devices**
- **Make past data available**

Design comprehensive treatment management

Lifecycle Support

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Vitals 97°F 102 bpm 90/60 mmHg 96% 14 bpm

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Fasting Blood Sugar This year

Month	FBS (mg/dL)
Jan	160
Apr	145
Jul	128
Oct	115

The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar This year

Month	PPBS (mg/dL)
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Current Prescription Update

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts

Neuropathy / Ulcer (Foot) At risk

Monofilament: 8/10 (reduced sensation), Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 Next due: 03.11.25

Cover all the aspects of treatment, making sure the doctor has a comprehensive understanding

Design comprehensive treatment management

Lifecycle Support

The screenshot shows a patient management interface for a patient named Jayant Mehta, 50 years old, male, with MR No. 3790132. The patient has Type 2 Diabetes, diagnosed 6+ years ago. The interface includes sections for Allergies (Sulphur, Penicillin) and buttons for 'Add Notes' and 'More Actions'. A navigation bar at the bottom highlights the 'Education Material' tab. Below this, there are two sections: 'To be shared' and 'Shared'. The 'To be shared' section contains two articles: 'Dining with Diabetes: A study on the role of nutrition in diabetes prevention' by Steffi Thomas, Ph.D., and 'Diabetes Myths Busted: Separating facts from fiction' by Gauri Phansikar, Ph.D. The 'Shared' section shows four images related to diabetes management: a glucose meter and insulin, a doctor consulting with a patient, a hand using a glucose meter, and a plate of healthy food with a clipboard.

Simplify the process of sharing educational materials with patients.

Seamlessly integrate with patient's wearables

Lifecycle Support

Logo Search by Patient Name/ MR No. 🗨️ ⚙️ 👤

Jayant Mehta/ 50/ M MR No. 3790132 [Switch Patient](#)

Diabetes Type 2 | 6+ years [View History](#)

Allergies Sulphur Penicillin [View all](#) [Update](#)

[Add Notes](#) [More Actions](#) 3

Overview Demographics **Lifestyle Markers** Labs Notes Prescriptions Files Education Material

Health Indicators | 26.09.25 [Body Metrics](#) Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs Glucose (Random) 178 mg/dL HbA1c 7.2% FPG 165 mg/dL PPG 210 mg/dL LDL 96 mg/dL Creatinine 1.1 mg/dL **Vitals** 97°F 102 bpm 90/60 mmHg 96% 14 bpm

HbA1c Trend

This year

Month	HbA1c
Jan	8.5
Apr	7.8
Jul	7.2
Oct	6.8

HbA1c dropped by 1.7 points over ~9 months, a ~20% relative improvement.

Fasting Blood Sugar

This year

Month	Fasting Blood Sugar
Jan	160
Apr	145
Jul	128
Oct	115

The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar

This year

Month	Post Prandial Sugar
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Activity (Steps)

This week

Day	Steps
Mon	8.5k
Tue	10.2k
Wed	7.8k
Thu	9.1k
Fri	11.5k
Sat	12.1k
Sun	6.4k

Nutrition

This week

Category	Percentage
Carbohydrates	50%
Protein	25%
Fat	25%

Ensure wearable data is clearly presented within existing clinical workflows to support trend analysis and remote care.

Make past data available

Lifecycle Support

The screenshot displays a patient's medical record for Jayant Mehta, 50-year-old male. The interface includes a top navigation bar with a search function and a main header with patient details and tabs for Overview, Demographics, Lifestyle Markers, Labs, Notes, Prescriptions, Files, and Education Material. The 'Notes' tab is active, showing a timeline of events. Two entries are visible: one from August 12th and another from July 20th. Each entry includes a date and time, a calendar icon, and a detailed record of complaints, observations, follow-up instructions, and a list of prescriptions with drug names, strengths, frequencies, durations, and instructions. A yellow box highlights the entire record area, and a yellow arrow points from the text 'Allow user to access all historical data related to the patient.' to the timeline.

Header: Logo, Search by Patient Name/ MR No., Chat, Settings, Profile

Patient Info: Jayant Mehta/ 50/ M, MR No. 3790132, Switch Patient

Diabetes: Type 2 | 6+ years, View History

Allergies: Sulphur, Penicillin, View all, Update

Buttons: Add Notes, More Actions (3)

Tabs: Overview, Demographics, Lifestyle Markers, Labs, **Notes**, Prescriptions, Files, Education Material

Timeline:

- 12th Aug 10:05AM:** Appointment with Dr. Nitin Shah
Complaints: Recently admitted for acute infarct in Lt corona radiata with meningioma in Lt paracine region, accelerated HT, has pain in suprapubic region radiating to tip of penis, USG/CT renal angio showed calculus in Rt ureter
Observations: Wt 82.6 Kg, BP 120/80 mmHg, GE - ok CVS, RS, PA - ok
Follow up: Recheck 26.09.25 with BSL, FPP.
Prescription:

Drug Name	Strength	Frequency	Duration	Instructions
Metformin	1000 mg	1 - 0 - 1	10 days	Before meal
Dapagliflozin	10 mg	0 - 0 - 1	2 months	After meal
Insulin Glargine	18 mg	1 - 0 - 1	15 days	After meal
- 11th Aug 12:05AM:** Blood test report | Retinopathy report, Reports Uploaded
- 20th Jul 03:45PM:** Appointment with Dr. Nitin Shah
Complaints: Recently admitted for acute infarct in Lt corona radiata with meningioma in Lt paracine region, accelerated HT, has pain in suprapubic region radiating to tip of penis, USG/CT renal angio showed calculus in Rt ureter
Observations: Wt 82.6 Kg, BP 120/80 mmHg, GE - ok CVS, RS, PA - ok
Prescription:

Drug Name	Strength	Frequency	Duration	Instructions
Metformin	1000 mg	1 - 0 - 1	10 days	Before meal
Dapagliflozin	10 mg	0 - 0 - 1	2 months	After meal

Allow user to access all historical data related to the patient.

Make past data available

Lifecycle Support

The screenshot shows a patient's medical record for Jayant Mehta, 50/M. The interface includes a navigation bar with a search function and tabs for Overview, Demographics, Lifestyle Markers, Labs, Notes, Prescriptions, Files, and Education Material. The Prescriptions tab is active, displaying a list of past prescriptions on the left and a detailed view of a prescription from 28th Sep 2025 on the right. The detailed view includes a table of drug information and other details like follow-up date and tests recommended.

Prescription | 28th Sep 2025

Drug name	Strength	Quantity	Duration	Breakfast	Lunch	Dinner	Instructions
Metformin	1000 mg	10	10 days	1	0	0	After meal
Dapagliflozin	10 mg	10	2 months	0	0	1	After meal
Insulin Glargine	18 mg	10	15 days	1	0	1	After meal

Other Details

Follow-up date: 28th Oct 2025

Tests Recommended: CBC, LFT, RFT

Special Instructions: No salt diet for 1 month.

Enable access to the complete medical record of the patient.

I Idiot-proofing

Include features and fail-safes that simplify complex processes and ensure critical tasks are performed correctly. The goal is to ensure that systems are accessible and safe for users of all skill levels.

- **Minimize the use of icons**
- **Provide reference information**
- **Include redundancies**

Minimum use of icons

Idiot-proofing

Logo Search by Patient Name/ MR No. 🗨️ ⚙️ 👤

Jayant Mehta / 50 / M
MR No. 3790132 [Switch Patient](#)

Diabetes Type 2 | 6+ years [View History](#)

Allergies Sulphur Penicillin [View all](#) [Update](#)

[Add Notes](#) **More Actions** 3

Overview Demographics Lifestyle Markers Labs Notes Prescriptions Files Education Material

Health Indicators | 26.09.25 [Body Metrics](#) Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs Glucose (Random) 178 mg/dL HbA1c 7.2% FPG 165 mg/dL PPG 210 mg/dL LDL 96 mg/dL Creatinine 1.1 mg/dL **Vitals** 97°F 102 bpm 90/60 mmHg 96% 14 bpm

HbA1c Trend This year ↕

Month	HbA1c (%)
Jan	8.5
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HbA1c dropped by 1.7 points over ~9 months, a ~20% relative improvement.

Fasting Blood Sugar This year ↕

Month	FBS (mg/dL)
Jan	160
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The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar This year ↕

Month	PPBS (mg/dL)
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Current Prescription [Update](#)
Last updated: 12.08.25

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts ⏪ ⏩

Neuropathy / Ulcer (Foot) At risk

Monofilament: 8/10 (reduced sensation),
Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 Next due: 03.11.25

Use text buttons instead of icons to ensure that there is no ambiguity in what the action means.

Minimum use of icons

Idiot-proofing

Update Prescription

Jayant Mehta | Diabetes - Type 2 | Body Metrics | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Currently Prescribed Drugs

Drug Name	Strength	Duration	Frequency	Instructions	
Metformin	1000 mg	10 days	1 - 0 - 1	Before meal	 
Dapagliflozin	10 mg	10 days	0 - 0 - 1	After meal	 
Insulin Glargine	18 mg	10 days	1 - 0 - 1	After meal	 

+ Add drug

Other Details

Follow-up Date: 26 Oct 2025 

Tests Required: Select 

Special Instructions: Enter

Cancel Confirm

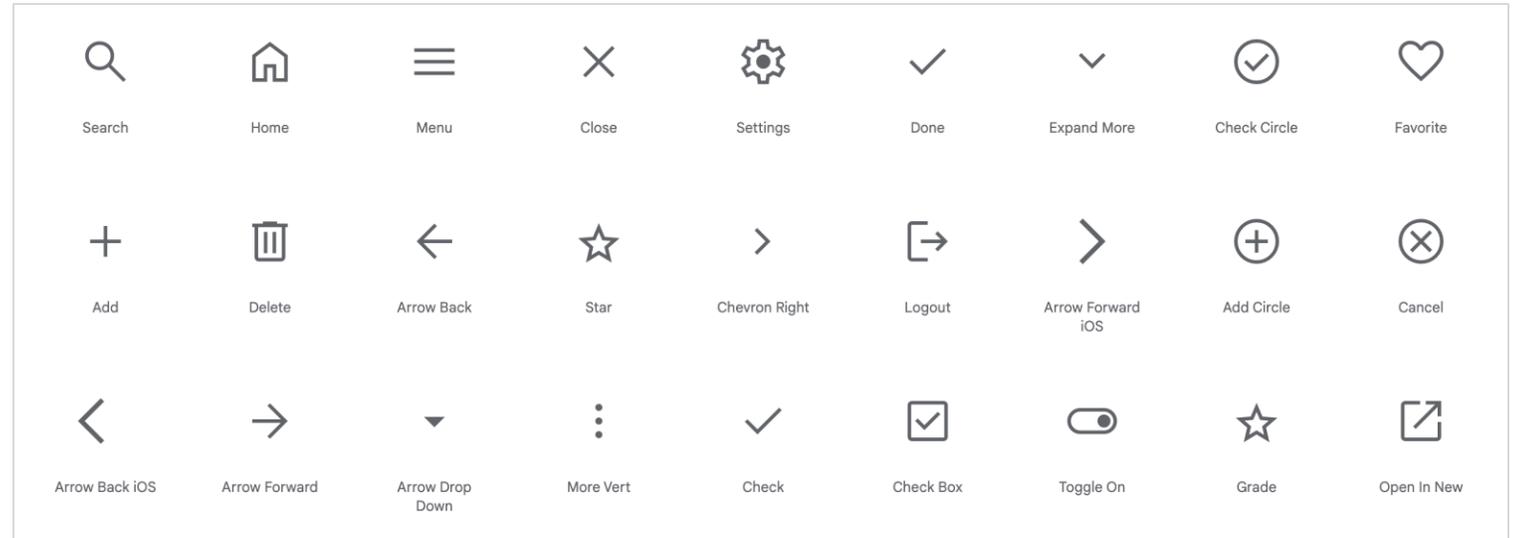
Use icons only for universally recognizable actions such as edit, delete, search, etc.

Minimum use of icons

Idiot-proofing

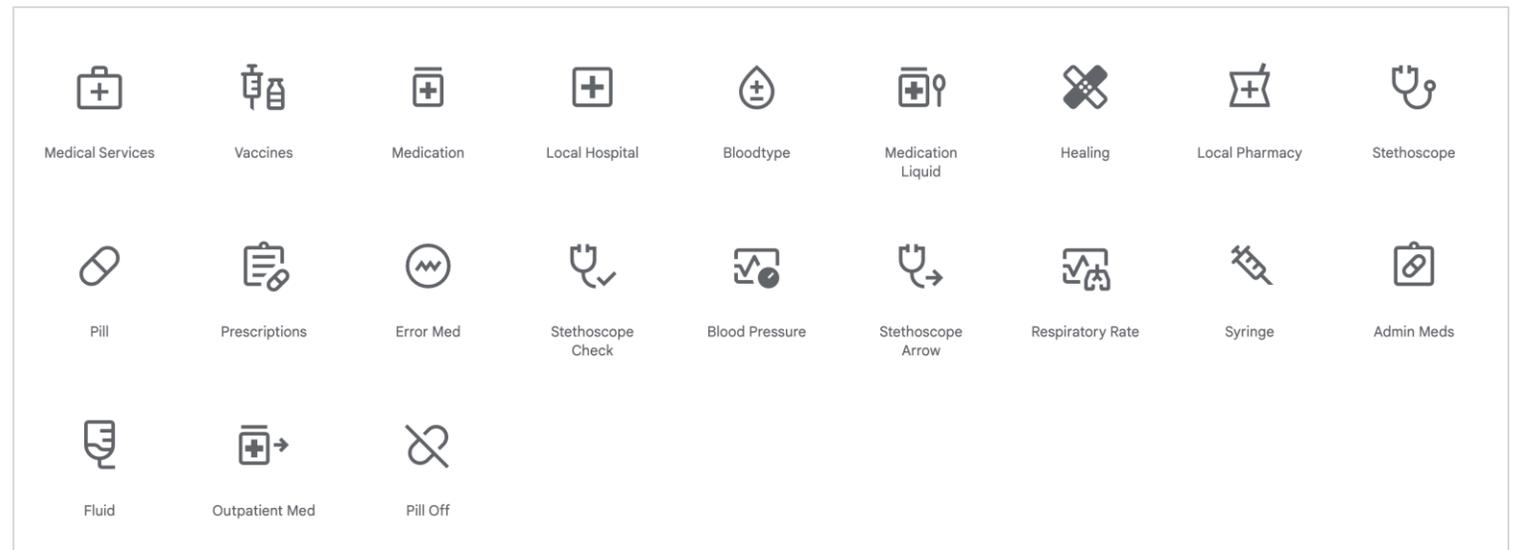
Recommendation for Icons

When necessary, use an existing library of icons that has the same visual style.



Link to free icon library

<https://fonts.google.com/icons>



Provide reference information

Idiot-proofing

Update Prescription

Jayant Mehta | Diabetes - Type 2 | [Body Metrics](#) | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Currently Prescribed Drugs

Drug Name	Strength	Duration	Frequency	Instructions	
Metformin	1000 mg	10 days	1 - 0 - 1	Before meal	
Dapagliflozin	10 mg	10 days	0 - 0 - 1	After meal	
Insulin Glargine	18 mg	10 days	1 - 0 - 1	After meal	

[+ Add drug](#)

Other Details

Follow-up Date: 26 Oct 2025

Tests Required:

Special Instructions:

Provide reference information on popups to give the user context.

Include redundancies

Idiot-proofing

Logo

Search by Patient Name/ MR No.

Jayant Mehta / 50 / M
MR No. 3790132

Diabetes
Type 2 | 6+ years | View History

Allergies
Sulphur | Penicillin | View all | Update

Add Notes | More Actions

Overview | Demographics | Lifestyle Markers | Labs | Notes | Prescriptions | Files | Education Material

Health Indicators | 26.09.25
Body Metrics | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs | Glucose (Random) 178 mg/dL | HbA1c 7.2% | FPG 165 mg/dL | PPG 210 mg/dL | LDL 96 mg/dL | Creatinine 1.1 mg/dL | Vitals | 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

HbA1c Trend | This year

Month	HbA1c (%)
Jan	8.5
Apr	7.8
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HbA1c dropped by 1.7 points over ~9 months, a ~20% relative improvement.

Fasting Blood Sugar | This year

Month	FBS (mg/dL)
Jan	160
Apr	145
Jul	128
Oct	115

The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar | This year

Month	PPBS (mg/dL)
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Current Prescription | Update

Last updated: 12.08.25

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts

Neuropathy / Ulcer (Foot) | At risk

Monofilament: 8/10 (reduced sensation),
Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 | Next due: 03.11.25

Allow multiple paths for users to complete actions to include users of all skill levels.

Include redundancies

Idiot-proofing

Logo Search by Patient Name/ MR No. Jayant Mehta/ 50/ M MR No. 3790132 Diabetes Type 2 (6+ years) Allergies Sulphur Penicillin View all Update Add Notes More Actions 3

Overview Demographics Lifestyle Markers Labs **Notes** Prescriptions Files Education Material

12th Aug 10:05AM Appointment with Dr. Nitin Shah

Complaints
Recently admitted for acute infarct in Lt corona radiata with meningioma in Lt paracrine region, accelerated HT, has pain in suprapubic region radiating to tip of penis, USG/CT rena angio showed calculus in Rt ureter

Observations
Wt 82.6 Kg, BP 120/80 mmHg
GE - ok CVS, RS, PA - ok

Follow up
Recheck 26.09.25 with BSL, FPP.

Prescription

Drug Name	Strength	Frequency	Duration	Instructions
Metformin	1000 mg	1 - 0 - 1	10 days	Before meal
Dapagliflozin	10 mg	0 - 0 - 1	2 months	After meal
Insulin Glargine	18 mg	1 - 0 - 1	15 days	After meal

11th Aug 12:05AM Blood test report | Retinopathy report Reports Uploaded

20th Jul 03:45PM Appointment with Dr. Nitin Shah

Complaints
Recently admitted for acute infarct in Lt corona radiata with meningioma in Lt paracrine region, accelerated HT, has pain in suprapubic region radiating to tip of penis, USG/CT rena angio showed calculus in Rt ureter

Observations
Wt 82.6 Kg, BP 120/80 mmHg
GE - ok CVS, RS, PA - ok

Logo Search by Patient Name/ MR No. Jayant Mehta/ 50/ M MR No. 3790132 Diabetes Type 2 (6+ years) Allergies Sulphur Penicillin View all Update Add Notes More Actions 3

Overview Demographics Lifestyle Markers Labs Notes **Prescriptions** Files Education Material

28 Sep 2025 Prescription | 28th Sep 2025 Preview Share Print Update

Drug name	Strength	Quantity	Duration	Breakfast	Lunch	Dinner	Instructions
Metformin	1000 mg	10	10 days	1	0	0	After meal
Dapagliflozin	10 mg	10	2 months	0	0	1	After meal
Insulin Glargine	18 mg	10	15 days	1	0	1	After meal

Other Details

Follow-up date: 28th Oct 2025

Tests Recommended: CBC LFT RFT

Special Instructions: No salt diet for 1 month.

05 Mar 2025

20 Jul 2024

10 Apr 2024

13 Jan 2024

17 Sep 2023

07 Mar 2023

04 Jan 2023

Provide different pathways and user journeys for important information

N

Navigation Simplicity

Design intuitive navigation structures and user interfaces that simplify the user experience, making it easy for users to find information, complete tasks, and navigate the system effectively.

- **Maintain flat menu structures**
- **Provide clear location cues**
- **Simplify switching between patients & processes**

Maintain flat menu structures

Navigation Simplicity

Logo Search by Patient Name/ MR No. Add Notes More Actions 3

Jayant Mehta/ 50/ M MR No. 3790132 Switch Patient Diabetes Type 2 | 6+ years View History Allergies Sulphur Penicillin View all Update

Overview Demographics Lifestyle Markers Labs Vaccinations Notes Prescriptions **Files** Education Material

Blood Profile 8 reports uploaded

HbA1c 10 reports uploaded

Echo Reports 2 reports uploaded

Neurology Reports 5 reports uploaded

Nephrology 5 reports uploaded

Retinopathy 3 reports uploaded

Blood Profile Reports

Drag & drop your file here or [Browse files](#)

File name	Uploaded on	
JM_blood_test_CBC_12.09	12 Sep 2025	🗑️
JM_blood_test	03 Mar 2025	🗑️
JM_blood_test_CBC_12.09	10 Jul 2024	🗑️
JM_blood_test_CBC_12.09	09 Apr 2024	🗑️
JM_blood_test	09 Apr 2024	🗑️
JM_blood_test_CBC_12.09	15 Sep 2023	🗑️
JM_blood_test_CBC_01.10	02 Jan 2023	🗑️
JM_blood_test	02 Jan 2023	🗑️

JM_blood_test

SAMPLE BLOOD REPORT — FOR DESIGN / DEMO ONLY

Patient: Jayant Mehta Age / Sex: 58 M
Patient ID: SAMPLE-000123 Date of Collection: 2025-09-28
Report Date: 2025-03-03 Referring Physician: Dr. A. Sharma
Lab: Demo Diagnostics — SAMPLE REPORT

Summary at a glance
- Major alerts: Fasting glucose HIGH, HbA1c HIGH, Creatinine mildly elevated, Urine ACR elevated.
- Recommendation: Diabetes control review, renal function follow-up, lipid management.

Test (method)	Result	Units	Reference range	Flag
Fasting Plasma Glucose	178	mg/dL	70 – 99	High
Post-prandial (2 hr)	246	mg/dL	< 140	High
HbA1c (NGSP)	8.5	%	4.0 – 5.6	High
Serum Creatinine	1.9	mg/dL	1.3	High
Estimated GFR (CKD-EPI)	45	mL/min/1.73m ²	≥90	Reduced
Sodium (Na ⁺)	138	mmol/L	135 – 145	Normal
Potassium (K ⁺)	4.4	mEq/L	3.5 – 5.0	Normal
Total Bilirubin	0.7	mg/dL	2 – 12	Normal
AST (SGOT)	28	U/L	0 – 40	Normal
ALT (SGPT)	15	U/L	0 – 40	Normal
Hemoglobin (Hb)	13.2	g/dL	13.5 – 17.5 (M)	Slight low
WBC	7.8	x10 ³ /µL	4.0 – 11.0	Normal
Total Cholesterol	220	mg/dL	< 200	High
LDL-C	138	mg/dL	< 100 (ideal)	High
HDL-C	38	mg/dL	≥ 40 desirable (M)	Low
Triglycerides	210	mg/dL	< 150	High
Urine Albumin/Creatinine Ratio	78	mg/g	< 30	Elevated
CRP (hs-CRP)	3.2	mg/L	< 1.0	Moderate

Reduce complexity by avoiding deep multi-level nested menus, and limiting menu levels to 2-3 max.

Provide clear location cues

Navigation Simplicity

The screenshot shows a patient's medical record for Jayant Mehta, 50 years old, male, with Diabetes Type 2. The 'Prescriptions' tab is highlighted with a yellow box. Below it, a list of prescriptions is shown, with the entry for '28 Sep 2025' also highlighted with a yellow box. A yellow line connects the 'Prescriptions' tab to the '28 Sep 2025' entry, and another yellow line connects the '28 Sep 2025' entry to the text 'Always indicate where the user is by providing clear location cues.' The prescription table includes columns for Drug name, Strength, Quantity, Duration, Breakfast, Lunch, Dinner, and Instructions.

Drug name	Strength	Quantity	Duration	Breakfast	Lunch	Dinner	Instructions
Metformin	1000 mg	10	10 days	1	0	0	After meal
Dapagliflozin	10 mg	10	2 months	0	0	1	After meal
Insulin Glargine	18 mg	10	15 days	1	0	1	After meal

Other Details

Follow-up date: 28th Oct 2025

Tests Recommended: CBC, LFT, RFT

Special Instructions: No salt diet for 1 month.

Always indicate where the user is by providing clear location cues.

Simplify switching between patients

Navigation Simplicity

Header: Logo, Search by Patient Name/ MR No., Chat, Settings, Profile icons.

Patient Info: Jayant Mehra, MR No. 3790112, **Diabetes** (Type 2/6 years), Allergies (Sulpha, Penicillin), Add Notes, More Actions (3).

Navigation: Overview (selected), Demographics, Lifestyle Markers, Labs, Notes, Prescriptions, Files, Education Material.

Health Indicators: 26.09.25, Body Metrics (Ht: 165 cm, Wt: 74kg, BMI: 27.2, WC: 96cm, HC: 100 cm, WHR: 0.96), Labs (Glucose: 178 mg/dL, HbA1c: 7.2%, FPG: 165 mg/dL, PPG: 210 mg/dL, LDL: 96 mg/dL, Creatinine: 1.1 mg/dL), Vitals (97°F, 102 bpm, 90/60 mmHg, 96%, 14 bpm).

HbA1c Trend (This year):

Month	HbA1c (%)
Jan	8.5
Apr	7.8
Jul	7.2
Oct	6.8

Fasting Blood Sugar (This year):

Month	FBS (mg/dL)
Jan	160
Apr	145
Jul	128
Oct	115

Post Prandial Sugar (This year):

Month	PPBS (mg/dL)
Jan	220
Apr	195
Jul	178
Oct	155

Current Prescription (Last updated: 12.08.25):

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts: Neuropathy / Ulcer (Foot) - At risk. Monofilament: 8/10 (reduced sensation), Vibration: Borderline, Skin: Callus on right sole. Last exam: 03.05.25, Next due: 03.11.25.

Simplify navigation for fast patient record switching between appointments



Growth-oriented

Build the system with scalability and adaptability in mind, allowing it to grow and evolve alongside advancements in treatment, healthcare practices, and technological innovations.

- **Reuse existing templates and components**
- **Design for scalable processes**
- **Design for scalable actions**

Reuse existing templates & components

Growth-oriented

< Logo

Search by Patient Name/ MR No.

Jayant Mehta / 50 / M
MR No. 3790132 [Switch Patient](#)

Diabetes
Type 2 | 6+ years [View History](#)

Allergies
[Sulphur](#) [Penicillin](#) [View all](#) [Update](#)

[Add Notes](#) [More Actions](#) 3

Overview Demographics Lifestyle Markers Labs Notes Prescriptions Files Education Material

Health Indicators | 26.09.25 [Body Metrics](#) Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs Glucose (Random) **178 mg/dL** HbA1c **7.2%** FPG **165 mg/dL** PPG **210 mg/dL** LDL **96 mg/dL** Creatinine **1.1 mg/dL** **Vitals** 97°F **102 bpm** 90/60 mmHg 96% 14 bpm

HbA1c Trend [This year](#)

Month	HbA1c (%)
Jan	8.5
Apr	7.8
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HbA1c dropped by 1.7 points over ~9 months, a ~20% relative improvement.

Fasting Blood Sugar [This year](#)

Month	Fasting Blood Sugar (mg/dL)
Jan	160
Apr	145
Jul	128
Oct	115

The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar [This year](#)

Month	Post Prandial Sugar (mg/dL)
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Current Prescription [Update](#)
Last updated: 12.08.25

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts

Neuropathy / Ulcer (Foot) [At risk](#)

Monofilament: 8/10 (reduced sensation),
Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 Next due: 03.11.25

Reuse existing templates & components

Growth-oriented

Patient Central Object

Patient Task Panel

Overview Demographics Lifestyle Markers Labs Notes Prescriptions Files Education Material

Health Indicators | 26.09.25 Body Metrics Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs Glucose (Random) 178 mg/dL HbA1c 7.2% FPG 165 mg/dL PPG 210 mg/dL LDL 96 mg/dL Creatinine 1.1 mg/dL Vitals 97°F 102 bpm 90/60 mmHg 96% 14 bpm

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Post Prandial Sugar This year

Month	Post Prandial Sugar (mg/dL)
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Current Prescription Last updated: 12.08.25

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
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Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts

Neuropathy / Ulcer (Foot) At risk

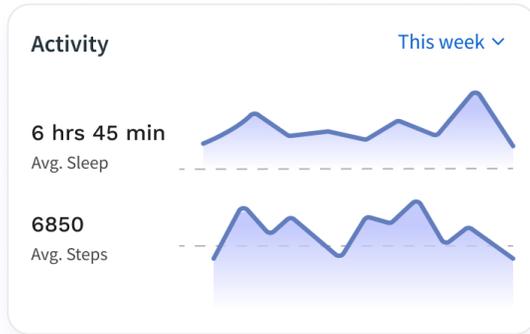
Monofilament: 8/10 (reduced sensation), Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 Next due: 03.11.25

Reuse existing templates & components

Growth-oriented

Cards



Buttons

More Actions ▾

Cancel

Save

Submit

Checkboxes & Radio Buttons



Text fields

Remarks

Enter

Tests Required

Select ▾

Next Date

20 Mar 2024



Design for scalable processes

Growth-oriented

The screenshot shows a patient dashboard for Jayant Mehta, 50/M. The dashboard includes a search bar at the top right, a navigation menu, and several data sections. A yellow box highlights a search bar in the navigation menu. The main content area features three line charts for HbA1c Trend, Fasting Blood Sugar, and Post Prandial Sugar, each with a summary box below it. The HbA1c Trend chart shows a decrease from 8.5 in Jan to 6.8 in Oct. The Fasting Blood Sugar chart shows a decrease from 160 in Jan to 115 in Oct. The Post Prandial Sugar chart shows a decrease from 220 in Jan to 155 in Oct. The Current Prescription section lists four medications: Metformin 1000 mg, Dapagliflozin 10 mg, Insulin Glargine 18..., and Sitagliptin 100 mg. The Alerts section shows a warning for Neuropathy / Ulcer (Foot) at risk.

Health Indicators | 26.09.25

Body Metrics Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs Glucose (Random) 178 mg/dL | HbA1c 7.2% | FPG 165 mg/dL | PPG 210 mg/dL | LDL 96 mg/dL | Creatinine 1.1 mg/dL

Vitals 97°F | 102 bpm | 90/60 mmHg | 96 % | 14 bpm

HbA1c Trend This year

Month	HbA1c
Jan	8.5
Apr	7.8
Jul	7.2
Oct	6.8

HbA1c dropped by 1.7 points over ~9 months, a ~20% relative improvement.

Fasting Blood Sugar This year

Month	Fasting Blood Sugar
Jan	160
Apr	145
Jul	128
Oct	115

The critical inflection point occurs between Jul and Oct.

Post Prandial Sugar This year

Month	Post Prandial Sugar
Jan	220
Apr	195
Jul	178
Oct	155

Jul-Oct marks the shift where PPBS enters the target post-meal range (<180).

Current Prescription Last updated: 12.08.25

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
Insulin Glargine 18...	1 - 0 - 1	After meal
Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alerts

Neuropathy / Ulcer (Foot) At risk

Monofilament: 8/10 (reduced sensation),
Vibration: Borderline, Skin: Callus on right sole

Last exam: 03.05.25 Next due: 03.11.25

Ensure the system architecture can easily accommodate future features.

Design for scalable actions

Growth-oriented

The screenshot shows a patient dashboard for Jayant Mehta, 50/M. The top navigation bar includes a search bar and icons for chat, settings, and profile. The patient's name and MR No. (3790132) are displayed. Key medical conditions like Diabetes and Allergies are listed. A yellow box highlights the 'More Actions' button, which has a red notification badge with the number '3'. Below the navigation tabs (Overview, Demographics, Lifestyle Markers, Labs, Notes, Prescriptions, Files, Education Material), there are sections for Health Indicators, Body Metrics, and Labs. Three line charts show trends for HbA1c, Fasting Blood Sugar, and Post Prandial Sugar. A 'Current Prescription' table lists Metformin, Dapagliflozin, Insulin Glargine, and Sitagliptin. An 'Alerts' section shows a 'Neuropathy / Ulcer (Foot)' alert with an 'At risk' status.

Health Indicators | 26.09.25

Body Metrics | Ht: 165 cm | Wt: 74kg | BMI: 27.2 | WC: 96cm | HC: 100 cm | WHR: 0.96

Labs | Glucose (Random) 178 mg/dL | HbA1c 7.2% | FPG 165 mg/dL | PPG 210 mg/dL | LDL 96 mg/dL | Creatinine 1.1 mg/dL

Vitals | 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

Drug Name	Frequency	Instructions
Metformin 1000 mg	1 - 0 - 1	Before meal
Dapagliflozin 10 mg	0 - 0 - 1	After meal
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Sitagliptin 100 mg	1 - 0 - 0	After breakfast

Alert	Status
Neuropathy / Ulcer (Foot)	At risk

Design for scalability to accommodate future functionalities

Design Framework

H

Human-centered Design

E

Efficiency

A

Accuracy

L

Lifecycle Support

I

Idiot-proofing

N

Navigation Simplicity

G

Growth Oriented

HEALING Self-Assessment Checklist

The HEALING Self-Assessment Checklist is a structured, 20-item questionnaire. It serves as a quantitative benchmark to evaluate how well a Diabetes Management System aligns with the HEALING framework.

Designed for use by

- CMS vendors
- Digital health startups
- Healthtech solution providers

HEALING Scale

H - Human-centered design

- 1 Does the system identify different user types, understand their objectives & pain points, and provide role-appropriate workflows?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 2 Does the system provide at-a-glance insights into patient history and treatment plan?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 3 Does the system support multilingual communication for patients?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

E - Efficiency

- 4 Does the system land users on a default view/dashboard that surfaces all critical patient information first?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 5 Does the system persistently display decision-aiding data (e.g., abnormal lab results, high-risk alerts) across workflows?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 6 Does the interface minimize typing through features like auto-fill defaults, single-click inputs, and smart form design?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

A - Accuracy

- 7 Does the system prevent errors through validation & alerts?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 8 Does the system use clear visual markers to represent key statuses?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 9 Does the system indicate when data is outdated or not synced (e.g., timestamp or warning label)?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

L - Lifecycle Support

- 10 Can patients manage their treatment and lifestyle in one continuous, guided experience?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 11 Can patients easily sync their wearable device data with the app?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented
- 12 Does the system allow easy access to all historical data (consultations, labs, prescriptions, notes)?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

I - Idiot Proofing

- 13 Does the interface minimize ambiguous icon use, preferring text & standard icons?
- Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

14 Does the system provide contextual reference information wherever required (tooltips, pop-ups, embedded help)?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

15 Does the system include redundancies for critical actions and information?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

N - Navigation simplicity

16 Does the system maintain flat menu structures (no more than 2–3 levels)?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

17 Does the interface provide clear location cues (highlights, headers, etc.)?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

18 Does the system allow quick switching between patients and processes?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

G - Growth oriented

19 Does the system reuse existing templates and UI components consistently across modules?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

20 Is the system designed for scalable phases, actions and processes?

Not implemented Minimally implemented Partially implemented Well implemented Fully implemented

Scoring

Total Questions: 20

Maximum Score: 100 (20 questions × 5 points each) | Minimum Score: 20 (if all responses are 1)

Each question is rated from **1 to 5**:

- **1 = Not Implemented**
- **2 = Basic**
- **3 = Partially Implemented**
- **4 = Well Implemented**
- **5 = Fully Implemented**

Add up the selected ratings for all 20 questions.

HEALING Scale Score



Thank You