



Mr. Vikram Vuppala
Chairman & Managing Director

Interview with Mr. Vikram Vuppala, Chairman & Managing Director at Nephroplus.

TEM : Thank you for making time for this in-depth conversation, Mr. Vikram Vuppala. To start, could you share a bit about your background and what inspired your career in health care management?

Vikram Vuppala : Absolutely, and thank you for the opportunity. My professional journey kicks off with a degree in engineering. After working in the tech sector for a while, I went back to business school to earn an MBA. It was during my post-graduate studies that I began exploring sector-specific challenges, and healthcare stood out as a field where scalable impact was possible—especially for chronic care, which often remains underserved in India. That realization led me to pursue leadership roles focused on operational excellence in healthcare delivery. And that's what brought me into the dialysis space, most recently at Nephroplus.

TEM : What drew you specifically to nephrology and dialysis care?

Vikram Vuppala : Dialysis, as a medical intervention, sits at the intersection of chronic disease management, ongoing patient engagement, and critical operational rigor. Unlike episodic care, where you treat and move on,

dialysis revolves around weekly sessions and long-term care plans. It demands precision, consistency, compassion—the entire spectrum. When I first encountered the sector's fragmented delivery, I saw an opportunity to both standardize and humanize care.

TEM : Nephroplus has grown into one of India's largest dialysis providers. Under your leadership, what were the key strategic moves that accelerated that growth?

Vikram Vuppala : We followed a three-pronged strategy :

Infrastructure scale-up with standardization : We built a nationwide network of dialysis centers following consistent clinical protocols, quality checks, and infrastructural benchmarks—so patients everywhere could expect the same level of care.

Technology integration : Introducing tele-nephrology, digital patient engagement tools, remote monitoring, and data analytics significantly improved patient adherence, outcomes, and operational efficiency.

Partnerships across sectors : Collaborating with public hospitals, insurance programs, NGOs, and CSR initiatives enabled us to extend reach and subsidize costs for underprivileged patients.

We opted not to grow fast for growth's sake. Instead, we design-

ed repeatable operational models and invested deliberately in training, tech, and quality assurance.

TEM : Speaking of quality, dialysis is a high-stakes therapy. How do you ensure clinical adherence and safety across dozens—or hundreds—of centres?

Vikram Vuppala : Our clinical governance is a tiered system :
Local centre-level medical in-charge : Ensures protocols are followed and patients are given individualised care plans.

Regional clinical managers : Visit centres regularly for audits—checking water quality processes, machine calibration, vascular access protocols, etc.

National clinical board : Comprising senior nephrologists who oversee policy, new modalities, complication management, epidemiology tracking, and emerging research.

Technology platform : Real-time dashboards that collect center-level data—patient volumes, complications, audit scores—feeding into continuous improvement cycles.

This multi-level oversight helps us maintain uniform standards, respond swiftly to issues, and keep raising the bar.

TEM : What part does technology play, beyond just data collection?

Vikram Vuppala : A lot :

Tele-nephrology : Patients in smaller towns get remote consults with our nephrologists, reducing travel and ensuring specialist access.

Digital adherence tools : Via mobile apps or SMS, we remind patients of upcoming sessions, share dietary tips, and flag early warning signs.

Remote monitoring : Machines equipped with IoT sensors help staff track dialysis parameters in real time—they alert clinical teams if something drifts off from set ranges.

Predictive analytics : We use data to anticipate vascular access complications, track infection trends, and understand drop out risk, then act preemptively.

Together, these tech layers enhance clinical safety and patient experience.

TEM : In India, where patient access and affordability remain challenging, how do you balance quality and cost?

Vikram Vuppala : That's the central challenge. Our model involves :

Cross-subsidy : Larger metro centres help support smaller-town operations, where revenue may come more slowly.

Government CSR and philanthropic partnerships : Covering infrastructure setup or subsidized treatments for low-income groups.

Volume-based pricing : High patient volumes drive down per-

session costs, also enabling bulk procurement of consumables and machines.

Insurance collaborations : Tie-ups with public and private insurers allow coverage for dialysis under schemes like Ayushman Bharat in India.

While dialysis is inherently resource-intensive, smart scale, strong partnerships, and process rigor allow us to keep it as affordable as possible without compromising quality.

TEM : What leadership lessons have shaped your journey?

Vikram Vuppala : Several Model the values : I work alongside the management team in our centres. I believe leaders must walk the talk.

Build strong second lines : Systems and teams must not rely on one person. We invest heavily in leadership training.

Adopt a test-and-learn culture : We pilot new ideas—like tele-nephrology or remote monitoring—measure outcomes, then scale what works, tweak what doesn't.

Stay mission-aligned : At the end of the day, it's about improving patient lives—not just hitting revenue targets.

Sustainable growth only happens when teams are empowered, values-led, and encouraged to innovate.

TEM : Can you share a patient story that highlights the impact of Nephroplus' model?

Vikram Vuppala : Certainly—

Remya (name changed), a 35-year-old from a small Kerala town, was on haemodialysis three times a week at a public hospital. That meant 200 km round trips, long waits, and frequent anemia. When we opened a centre closer to her home, with digital dietary guidance and teleconsult follow-ups, her dialysis adherence improved dramatically. Plus, our team supported her vascular farm (an AV fistula procedure) and monitored access remotely. Over six months, her hemoglobin stabilized, her quality of life improved, and she could return to work part-time.

Stories like Remya's happen hundreds of times across our network—bringing structured and proximate care to rural India.

TEM : What are the biggest challenges today?

Vikram Vuppala : Three stand out: What are the biggest challenges today?

Manpower shortages : Qualified nephrologists and dialysis nurses are limited, especially in smaller towns. We up skill generalists and invest in tele-mentoring, but it's an on going constraint.

Geographic and cultural diversity : Covering diverse states, dialects, dietary habits, and local perceptions of care— we need regionally nuanced operations.

Regulatory fragmentation : Healthcare regulations vary widely by state. Standardizing across jurisdictions demands legal agility and operational flexibility.

Navigating these requires both systemic solutions and attention to local context.

TEM: Let's talk numbers. How large is Nephroplus' current footprint?

Vikram Vuppala: As of mid-2025 Centres: Over 300 dialysis centres across India.

Patients: More than 35,000 patients under care at any given time.

Sessions: We deliver approximately 1.5 million dialysis sessions per year.

Workforce: A multi disciplinary workforce of over 8,000 clinical and administrative staff.

Impact goal: We aim to reach 1,000 centres and a quarter-million patients served daily within the next three years.

These figures underscore not just scale—they signal vast opportunities to deepen quality and impact.

TEM: How are you preparing for future growth?

Vikram Vuppala: Several initiatives are underway

Next-gen infrastructure: Hybrid hubs that can deliver haemodialysis, peritoneal dialysis, and home-dialysis training.

AI and automation: Trialing tools to automate water quality checks, machine calibration, and early clinical alerts.

Research and data insights: Using anonymized patient datasets to study CKD progression, technique survival rates, vascular access outcomes, and

region epidemiology— publishing findings to inform the entire community.

Strategic alliances: Expanding international partnerships to bring best-practice protocols and collaborate on multi country clinical research.

The goal is a future-ready, outcomes-driven dialysis ecosystem.

TEM: India is projected to see a major CKD rise due to diabetes and hypertension. How is Nephroplus preparing for a potential surge?

Vikram Vuppala: We're doubling down on earlier intervention

CKD screening camps: In collaboration with primary care clinics and state governments, we conduct Saturday screening camps in underserved areas.

CKD-at-risk management: Telehealth case managers monitor patients with early-stage CKD on diet, medication compliance, and lifestyle—delaying progression.

Public patient education: Through partnerships, we run regular webinars, community outreach drives, and digital campaigns about kidney health.

We don't wait for Stage 5 kidney failure—we try to catch and manage people earlier, reducing the burden on dialysis.

TEM: What do you see as Nephroplus' biggest differentiator in a crowded health-care market?

Vikram Vuppala: Four key strengths—End-to-end clinical

governance Technology-forward operations Rich expansion and training programs tier-2/3 India

Integrated care continuum: We offer vascular-access services, nutritional support, remote nephrology consults, and strict quality oversight—all under one brand.

That integration—combined with local presence and tech—is unique in this market.

TEM: What drives you personally?

Vikram Vuppala: Two things propel me

Purpose: Visiting patients, talking with their families, seeing how structured care lets them work back, bring children to school, or live normally—it never gets mundane.

Challenge: Dialysis is complex—raw engineering, nephrology, patient psychology, rural infrastructure, and organizational behavior all wrapped in one. That keeps us constantly learning. When purpose and challenge come together, work becomes passion, not obligation.

TEM: What life-lessons inform your leadership?

Vikram Vuppala: A few stand out:

Serve first: Leaders are quickest to give up credit and first to take responsibility. That earns trust.

Start small, think big: We begin with pilot centres—get the model right—then expand.

Learn of learnings: Every failure is data. When complications are

high in a centre, we dig to understand root causes—then apply those lessons every where.

Celebrate distributed wins : Great clinical results or patient feedback—we share them widely so teams know their impact matters.

It's an ecosystem of accountability, learning, and meaningful work.

TEM : Let's zoom out. What changes do you hope to see in India's kidney-care landscape over the next five years ?

Vikram Vuppala : I'd love to see CKD as a mainstream public-health priority : Much like how TB or maternal health are approached—with prevention, screening, and community outreach.

Increased insurance coverage for chronic care : Dialysis meets essential care—most will benefit from better financial protection.

Public-private models that scale : PPPs for dialysis closer to community clinics and rural towns—maintaining quality while improving access.

Accelerated mainstreaming of home and peritoneal modalities:

Not every patient needs hospital-based HD; with proper protocols and training, P.D. and home strategies can reduce hospital burdens and enhance QoL.

These shifts would transform the kidney-care ecosystem.

At NephroPlus, we place a high value on partnering with suppliers who share our commitment to quality, consistency, and patient-centric care. Our relationship with Shifa Remedies has been a key strategic collaboration over the years. They've proven to be a highly dependable partner, ensuring timely delivery of critical dialysis consumables and nephrology-related medications across our nation wide network of centers.

What sets Shifa Remedies apart is not just the quality of their products, but the proactive service and responsiveness they offer. They understand the importance of uninterrupted dialysis care and have aligned their supply chain to meet our operational demands seamlessly.

Beyond the transactions, we've built a relationship rooted in mutual respect, shared goals,

and open communication. Their reliability and support have played an important role in helping us maintain consistent standards across all our centers. We look forward to growing together and continuing this strong, trust-based partnership in the years ahead.

TEM : Finally, what advice would you give to aspiring healthcare leaders?

Vikram Vuppala : A few pointers Always anchor in patient outcomes: Revenue is necessary but impact is the compass.

Master the basics before scaling : If fluid-quality, infection-control, or data-rigor aren't in place—don't open new sites.

Champion continuous learning : Create feedback loops—centres should inform leadership and vice versa.

Challenge bureaucracy with empathy : Navigate compliance, supply chains, culture—creatively, not confrontational. Healthcare is a marathon, not a sprint. Resilience, purpose, and humility go the distance.

IMPROVING HEALTH THROUGH INNOVATION

TRAILBLAZER

MAJORITY MARKET SHARE

We at Shifa, commit ourselves to the highest standards of quality and integrity. We are in the service of our patients and their well being is our.

Established in 2005, Shifa Remedies revolutionized Dialysis treatment in India. We are the sole and exclusive licensee of DRY CITRASATE® (patented Citrate Dialysate) product in India, Bangladesh, Sri Lanka, Nepal, Bhutan, and Pakistan under license from Advanced Renal Technologies Inc., (ART) Washington, U.S.A. It was the first major advancement in dialysate chemical composition in 30 years. Shifa is now a leader in its domain and one of the fastest growing companies in manufacturing and marketing of haemodialysis powder concentrate supplying to all major dialysis service providers. Shifa's quality has become the industry benchmark and we are committed to keep serving our patients in the best way possible. Shifa has pan India distribution network of 26 distributors and having 35% of market share.

We are an ISO certified company we aim to be leading dialysate fluid manufacturer which empower better experience and improved health benefits to patients. We, at shifa have a strong track record of manufacturing high quality citrate based dialysis fluid concentrate and is the pioneer manufacturer of highest quality Hemodialysis fluid Concentrates in powder forms by the brand name DRY Citrasate in India under the license from Advanced Renal Technologies USA. We have 3 state of art manufacturing facilities in India at Roorkee, Hyderabad, and Noida having our office at New Delhi, Bangalore and Hyderabad.

For providing health care benefits with high quality innovative product Shifa Remedies was envisaged in the year 2005 under the guidance of renowned Nephrologists Dr. Suhail Ahmad (HOD Nephrology) in University of Washington and Inventor along with two visionary business minds in India.

We also provide the whole array of dialysis consumable and we offers blood tubing set, dialyser, AV fistula needle, transducer protector, haemodialysis catheter, on off kit and infusion set.



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