

PLAYBOOK

CLINIC CONVERSIONS

The Moment That Matters:
Converting Knowledge into Clinic Visits



Case Summary



- Across Tier-2 and Tier-3 India, nearly 7 in 10 parents delay seeking care for childhood diarrhea until dehydration sets in — not from ignorance, but from misjudged urgency.
- Brand Umi’s clinic demand collapsed, not for lack of awareness, but because mothers failed to connect symptom recognition with timely action.
- Traditional education campaigns proved too diffuse, too detached — while a doctor-led, digital-first model bridged trust, timing, and language barriers in one move.
- The result: education delivered at the moment of need, by the authority most trusted, through a tool that scales without cost.
- This Playbook decodes how a single shift in channel design solution like these into immediate clinic conversions — and why this will define the next decade of pharma marketing.

Disclaimer: Brand Umi is a fictional name used for illustration and ease of understanding.

THE MARKET REALITY



When Distribution Wins but Demand Doesn't

In Tier-3 India, every monsoon tells the same story — the shelves are full, but the clinics are not.

Despite 90% chemist availability, first-visit prescriptions for Brand Umi (ORS + zinc) remain under 25%. The paradox is painful: the brand is everywhere except where it matters most — in the doctor's prescription pad.

Step into any small-town clinic in July. Dr. Rakesh Sharma in Bahraich, Uttar Pradesh, treats a dozen children with diarrhea before noon. For every mother who arrives on time, three delay until dehydration sets in. By then, intervention becomes rescue, not reassurance.



The Real Barrier Isn't Awareness — It's Action

These mothers are not uninformed; they are uncertain. They recognize the symptom but misjudge the risk. Habit, not neglect, drives the delay. Home remedies feel safer until danger feels real.

And in that delay, every stakeholder loses:

- The brand, unseen at the critical moment of need.
- The doctor, burdened with avoidable emergencies.
- The child, denied timely care for a preventable condition.

This is the frontline reality pharma managers must confront — where awareness exists but action hesitates, and the mother doesn't yet see the red flag. Until she does, the brand stays invisible.

Why Awareness Doesn't Convert

Every pharma manager knows what went wrong — but the deeper question is why it keeps repeating.

Despite strong retail presence and multiple awareness drives, Brand Umi kept losing the first-visit battle. The reason lies in a repeating behavioral cycle — a loop of loss that traps both caregiver and brand in the same pattern, season after season.

1. Awareness ≠ Action

Mothers know about diarrhea. They've seen it before. But familiarity breeds complacency. The early signs are dismissed as “normal” — until the child worsens.

Brand messaging may raise recall, but it rarely triggers response. Without an immediate reason to act, awareness fades into routine.

2. Trust Sits with the Doctor

No media campaign, however creative, can match the authority of a doctor's word.

Pharma often tries to “educate” mothers directly — through posters, pamphlets, or videos — yet every message competes with low credibility and high skepticism.

In India's healthcare psyche, trust is hierarchical: doctor first, brand later.





03

Timing Determines Recall

Traditional education happens too early — before the problem exists — or too late, when intervention becomes treatment.

The window for influence is small and specific: the moment of symptom recognition.

If education doesn't arrive then, it's forgotten when it matters most.

04

Education Must Ride on Authority

When information flows through the doctor's channel, it inherits credibility, context, and urgency.

Only at this intersection — trusted source, right timing, and emotional relevance — can behavioral change truly occur.

In essence:

Pharma's education challenge isn't about content or creativity; it's about delivery through trust and timing. Until the loop of loss is broken, every campaign risks feeding the same cycle — more awareness, same delay, same result

The Intervention



A Replicable Model for Clinic Conversion

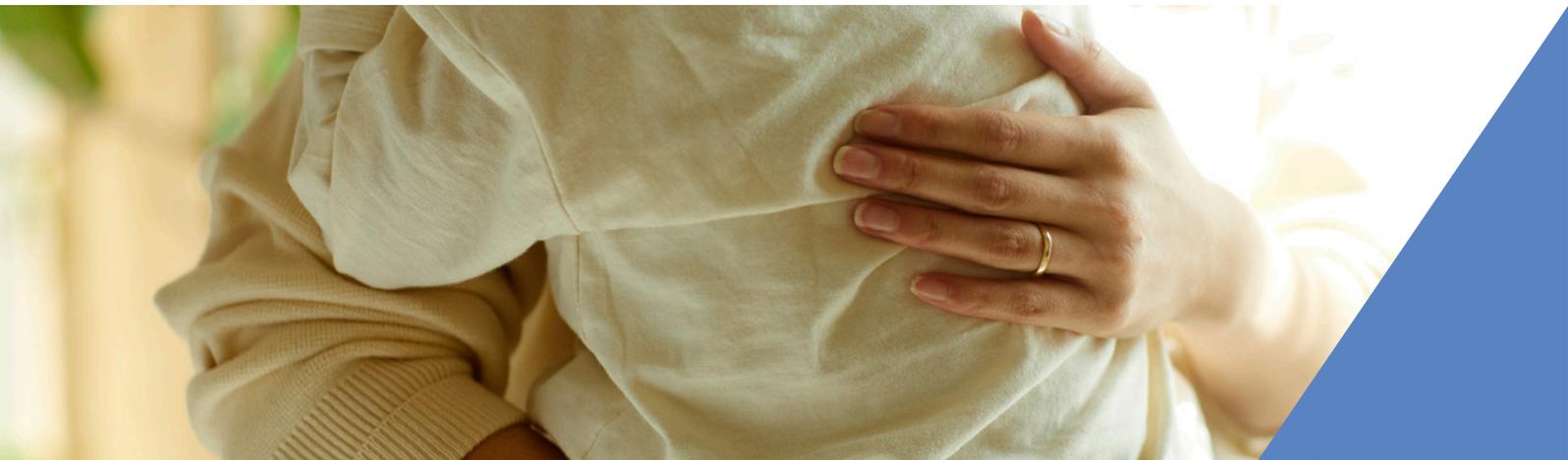
In Tier-3 clinics, Brand Umi faced a persistent gap: great retail presence but low first-visit prescriptions. The breakthrough came from reversing the communication flow — putting the doctor at the center of education.



What Was Done

- Developed a white-labelled, doctor-branded local language-red flag screening tool, stripped of corporate logos.
- Embedded short, local-language videos explaining red-flag symptoms, their consequences, and the required action.
- Distributed via QR codes or text links by clinic staff — requiring minimal effort from the doctor.
- Ensured an academy endorsed solution tested by doctors.





How It Worked

- Engagement happened at the exact moment of need, when the child developed symptoms.
- Mothers received trustworthy guidance from the doctor, not the brand.
- The system highlighted red flags and enabled immediate, actionable steps, making ORS + zinc the natural first-line response.
- Minimal disruption to clinic workflow ensured high adoption by staff and doctors alike.



Why It Worked

- Reversed the channel: Education flowed through the doctor, not around them.
- Leveraged authority: Trust instantly transferred from academy to doctors.
- Tied action to relevance: The mother acted when the problem was real — not preemptively or too late.
- Localized and simple: Short videos, local language, high clarity — retention and recall were immediate.

1. Doctor-Linked Access

Clinic staff shares a QR code or text link of diarrhea screen to the mother.

2. Symptoms Appear

Child shows early signs of diarrhea.

3. Guided Education

Mother answers a few questions; system flags red alerts and plays short local-language videos.

4. Action Taken

Mother visits the doctor promptly, who prescribes ORS + zinc as first-line therapy.

The Replication Blueprint

A Playbook Any Brand Manager Can Apply



A

Anchor Trust Through Doctors

Let education flow through the doctor, not around them — credibility follows authority.

E

Educate at the Moment of Need

Deliver guidance when symptoms appear, ensuring relevance and recall.

U

Use Simple, Digital Micro-Tools

QR codes, chat links, or short forms create easy, high-adoption touchpoints.

M

Measure Action, Not Awareness

Track first-visit acceleration and correct treatment, not just impressions.



The Strategic Opportunity & CTA



Forward-Looking Insight

“The next edge in pharma won’t come from louder communication — it will come from smarter timing, trusted channels, and precise action at the moment of need.”

Call to Action

Your brand may have awareness, reach, and distribution — but where is it truly present when it matters most? Inditech’s doctor-led digital modules bridge this gap, turning insight into immediate action, and trust into prescriptions.



Take the Next Step

Contact: amit@inditech.co.in

Learn More: www.inditech.co.in

Key Thought: Smarter education delivery isn’t optional — it’s the fastest path from visibility to adoption.