

SOLVING A THERAPY DRIFT CHALLENGE FOR AN ASTHMA BRAND

Playbook and Case Study for a successful outcome focused solution for a challenge caused by a common doctor and patient misconceptions.

Inditech Health Solutions



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CASE SUMMARY

Brand Umi, a low-dose inhaled corticosteroid (ICS) controller, has been established as the first-line treatment for persistent asthma in children, as recommended by both global guidelines and expert consensus. However, despite this, Brand Umi is often delayed or bypassed in favor of oral anti-allergy medications or rescue inhalers. The hesitation to initiate ICS therapy stems not from a lack of awareness, but from several deeply ingrained factors that influence clinical decision-making.

Many pediatricians, while aware of the guidelines, find themselves defaulting to more familiar alternatives that they consider “safer”. There is a significant incorrect perception among both doctors and parents that steroids stunt growth, causing a reluctance to start ICS therapy early. This belief often leads to a delay in treatment, with some doctors opting for “rescue-only” plans or prescribing anti-allergy medications, such as antihistamines or oral steroids, instead of preventive ICS. These alternatives may offer short-term relief, but they fail to control the underlying inflammation, leaving the child vulnerable to repeated asthma flare-ups.

The real-world consequence of this clinical drift is evident in the missed opportunities for early asthma control. Children who do not receive early, consistent ICS treatment suffer from uncontrolled inflammation, which can lead to more severe and frequent asthma attacks as they grow older. Over time, this delay in appropriate treatment worsens asthma outcomes and increases the burden on healthcare systems.



Parents, while they may be aware of the asthma diagnosis, often hesitate to start their child on ICS due to the belief that steroids may harm their child's growth. This concern, which is amplified by the lack of educational resources at the time of prescription, further complicates the decision-making process. As a result, many parents lose trust in the treatment plan when the child continues to experience flare-ups despite using only rescue therapies.

Doctors, though aware of the scientific evidence supporting ICS, feel caught between adhering to clinical guidelines and managing patient expectations. The fear of parental backlash and the lack of clear, simple tools to explain the need for ICS complicate the prescription process. This often leaves doctors feeling stuck, unable to confidently present ICS as the best treatment option.

The end result of this misalignment is that Brand Umi, despite being the correct therapeutic choice, remains underprescribed, especially in early-stage asthma cases where intervention is most critical. This underuse of ICS therapy not only compromises patient outcomes but also weakens Brand Umi's position in the market, even though it is the most effective, guideline-backed treatment for persistent asthma



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

THE MARKET REALITY

Despite clear guidelines recommending low-dose inhaled corticosteroids (ICS) as the first-line treatment for persistent asthma in children, a significant gap exists between clinical knowledge and prescribing behavior.

Guideline Awareness vs. Action

Doctors are aware that ICS is the recommended treatment, but many continue to prescribe oral antihistamines or rescue inhalers instead, driven by various biases.

Steroid Concerns

The belief (among doctors and patients alike) that steroids stunt growth, despite evidence to the contrary, discourages doctors from prescribing ICS, especially in young children.

Convenience Bias

The complexity of weight-based dosing for ICS in children feels cumbersome in fast-paced outpatient settings. Oral medications and rescue inhalers appear simpler and more convenient, leading to preference.

Behavioral Inertia

Established prescribing habits persist even when better treatment options exist. Doctors may continue prescribing the same medications out of routine, even if newer therapies are more effective.

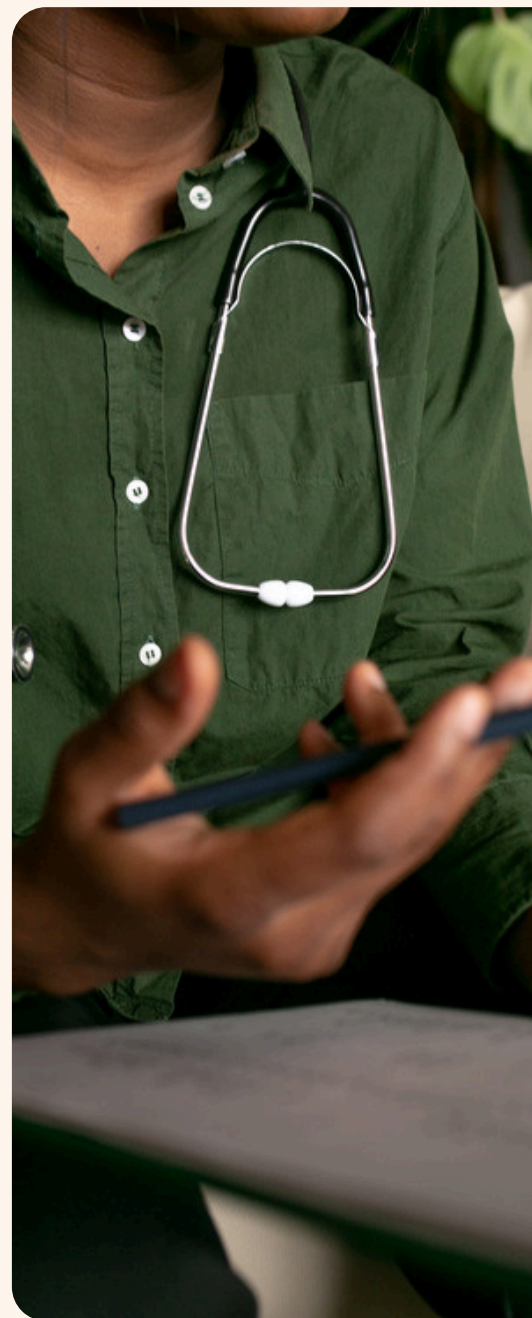
Lack of Follow-Up

Many clinics lack robust follow-up systems, which means initial treatment plans often continue unchecked, even if they don't align with the best clinical practices.

Pharma Nudging

Promotional efforts often favor oral antihistamines and rescue inhalers, which subtly reinforce non-ICS treatments, perpetuating the prescribing drift.

Ultimately, while Brand Umi is aligned with clinical guidelines, it remains underprescribed due to the misalignment between evidence-based recommendations and real-world prescribing behavior.



THE PATTERN OF PRESCRIPTION LOSS



Moment	What Happens Instead	Resulting Drift
Diagnosis	Doctors agree ICS is needed but opt for rescue inhalers or oral antihistamines.	Delay in starting ICS, with temporary relief that doesn't address underlying inflammation.
Device Selection	ICS is avoided due to concerns over device complexity and side effects.	Preference for simpler, more familiar treatments like oral medications or rescue inhalers.
Follow-Up	Lack of structured follow-up leads to unchecked continuation of initial treatment.	ICS is not properly tracked, leading to potential treatment failure and ongoing mismanagement.

THE SOLUTION FRAMEWORK



Key Moments	Solution	Impact on Prescription Drift
Diagnosis	Doctor Education: Provide micro-education with guidelines, clear dosage charts, and quick fact sheets.	Reassures doctors and parents about ICS safety and efficacy, ensuring early initiation.
Device Selection	Patient Reassurance: Offer a link to a clinic-branded page with local-language videos and a monitoring/screening tool at the time of prescription.	Builds trust with parents, reinforcing the need for ICS as first-line treatment and eliminating growth misconceptions linked to steroids. Ensures adherence to ICS therapy and early intervention if necessary, improving long-term control.

The Solution Blueprint



Doctor Education

- Launch academy-endorsed mini-CMEs and case studies focused on ICS dosing, device selection, and follow-up procedures.
- Empower doctors with clear, evidence-based information, making ICS the confident first-line treatment.



Patient Education at Prescription

- Provide a link to a clinic-branded page with academy endorsed local language videos explaining the benefits and safety of ICS.
- The clinic-branded page has an academy endorsed local language monitoring/screening tool to be used by patients periodically as advised by the doctor.
- Parents who use the screening tool are immediately prompted with contextual education to take action. Doctors receive the reports by email of any red flags or worsening symptoms, ensuring timely adjustments to treatment and increasing adherence.



Brand Reinforcement

- Use clinic-branded educational materials and QR code/ WhatsApp based link sharing by clinic staff to ensure minimal disruption to clinic workflow.
- Position Brand Umi as the trusted, guideline-backed solution for managing pediatric asthma, leading to higher prescriptions and improved market share.





The Solution Framework

A. DOCTOR EDUCATION – ALIGN DECISIONS TO DATA

“ICS & Growth - Facts at a Glance” One-Pager

- Concise, academy-certified reference that summarizes dose range, delivery, and expected growth outcomes.
- Includes a 30-second parent explanation for use at the prescribing desk – simple language to address the “stunting” concern with confidence.
- Clinic-branded layout reinforces trust; pharma brand presence remains only in doctor-facing content within academy ethical norms.

Mini-CMEs + Case Studies

- Short, academy-endorsed learning capsules translating guidelines into daily pediatric practice.
- Covers: when to initiate ICS, how to choose the right device, and what to say at the first-month follow-up.
- Includes sample counseling scripts and real-world case data demonstrating that timely ICS initiation improves growth tracking and reduces rescue inhaler dependence.
- All content distributed through clinic channels to patients and all material is academy endorsed – ensuring trust, authority, ethical transparency and eliminating promotional bias.
- Builds Guidelines and Science- based trust instead of verbal reassurance alone.
- Converts each screening/monitoring event into an evidence-based compliance checkpoint, strengthening doctor-patient trust.

B. PATIENT REASSURANCE – BUILDING TRUST AT THE Rx MOMENT

Clinic-Branded 90-Second Videos

→ Short, local-language explainers shared at prescription time – from clinic WhatsApp numbers to preserve credibility.

→ Topics include:

- “Why inhaled steroids don’t stunt growth when used right.”
- “How to clean and maintain the inhaler device.”
- “What if we miss a dose?” – simple FAQ responses for everyday doubts.
 - a.) All videos academy-certified, clinic-branded, and pharma-neutral.
 - b.) The clinic’s logo builds legitimacy; the academy’s seal builds authority; both ensure the parent hears a trusted and authoritative voice.

Local Language + WhatsApp-Enabled Flow

→ Shared from clinic numbers only – no system messages, no external apps.

→ Integrates seamlessly into clinic workflow: staff send, parents view, trust deepens.

→ The channel itself becomes the trust medium, ensuring the message is heard as professional guidance, not promotion.

Clinic Monitoring/Screening Tracker Link

→ Clinic Branded digital tracker where parents log the child’s symptoms and progress at home.

→ Data feeds into the next clinic visit – reinforcing continuous reassurance: “We’re monitoring together.”

→ Maintains data privacy (no patient identifiers stored) and positions the doctor as the sole recipient of updates.

→ Every interaction underlines Brand Umi’s role as an enabler of evidence-aligned, clinic-led care.





Expected Outcomes

- **Increased ICS Adherence and Prescription:** Through doctor education, patient reassurance, and monitoring systems, doctors will confidently prescribe ICS as the first-line treatment for pediatric asthma, aligning more with clinical guidelines. This will result in higher prescriptions for Brand Umi, improving market share and brand authority.
- **Improved Patient Outcomes and Compliance:** Timely follow-up reminders and height tracking tools will encourage better treatment adherence. Parents will be more likely to complete the full course of ICS, leading to better asthma control, fewer flare-ups, and reduced long-term complications.
- **Stronger Brand Positioning and Trust:** Brand Umi will be reinforced as the trusted, guideline-aligned solution for pediatric asthma, improving its positioning in the market. This will foster brand loyalty and clinician trust, making it the default choice for doctors managing pediatric asthma.
- **Seamless Clinic Integration:** The solution will integrate effortlessly into existing clinic workflows, with minimal disruption. Clinic-branded materials and WhatsApp follow-ups will ensure high adoption rates without requiring significant changes in clinic operations.

Strategic Opportunity & CTA

The key to improving pediatric asthma treatment is not just more communication, but timing, trust, and action when it matters most. Brand Umi can lead the way by aligning with guidelines and providing doctors and parents with the right tools at the right time.

- **Effective Education:** Focus on practical, easy-to-understand academy endorsed resources that doctors and parents can trust, making the solution effective.
- **Right Timing:** Ensure that education is delivered when symptoms first appear, so the need for ICS treatment feels immediate and relevant.
- **Real Impact:** By acting quickly, Brand Umi will improve patient care, build stronger brand trust for the clinician, and increase prescriptions.

Next Steps →

Let's work together to position your brand as the preferred choice.

Contact us at amit@inditech.co.in to discuss your challenges and create impactful, outcome focused, measurable solutions.

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