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SOLVING THE BRAND CHOICE CHALLENGE

Know how an ICS brand empowered clinicians and won against competing brands by transforming into the “training ready” solution for prescribing doctors.



Inditech Health Solutions

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CASE SUMMARY

Brand Umi, a low-dose inhaled corticosteroid (ICS) daily preventer, which is recognized as a cornerstone therapy in pediatric asthma management. It aligns with established guidelines that recommend inhaled corticosteroids as the first-line preventive treatment for children with persistent symptoms. Despite its proven efficacy and safety, Brand Umi frequently loses out to competition at the very moment of prescription—not due to clinical doubt, but because of weaker brand loyalty at the time of prescription.

In day-to-day pediatric practice, the decision to start or continue a specific inhaler brand is rarely driven by formulation differences, when several brands offer the same formulation. It is shaped by how simple and confident the process feels at the prescribing desk—for both the doctor and the parent. Doctors are aware that starting a child on a preventer inhaler requires proper device training: demonstrating how to use it, checking technique, and ensuring parents can repeat it at home. However, these steps often feel cumbersome when credible, brand-neutral educational tools are not immediately available or easy to share during a busy clinic schedule.

When doctors can't locate or share local language resources with the patient, a how-to video, a quick technique checklist, or spacer guidance at that exact moment, they tend to default to a brand they recall or trust. In effect, Brand Umi loses not because of science, but because of lack of additional value at script time. The loss happens silently — one prescription at a time — as the doctor's working memory fills the gap with a brand that feels easier to execute.



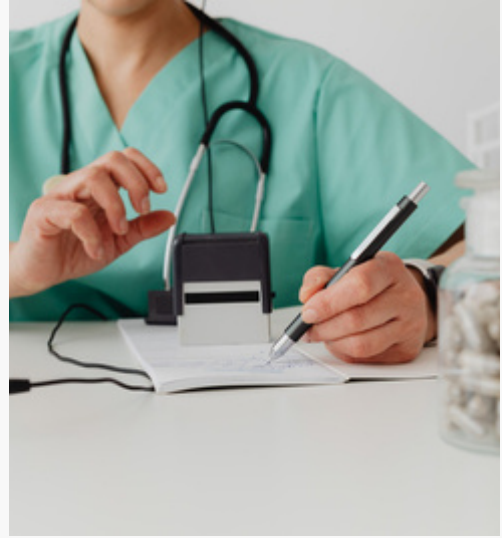
This behavior is further compounded by parental hesitation around inhaled steroids, especially the enduring misconception that “steroids stunt growth.” When such concerns arise without immediate educational support, consultations get longer, confidence dips, and doctors often choose to postpone or avoid ICS initiation altogether. Over time, these micro-moments accumulate, resulting in consistent brand drift along with therapy dript—from the available Brand Umi choice to the easier one.

The consequence is twofold. For children, it means missed opportunities for early asthma control and more frequent flare-ups due to improper device use or delayed preventive care. For the brand, it means losing share due to undifferentiated experience—which is solveable by filling the gap of making training effortless at the point of prescription.

Brand Umi's challenge, therefore, isn't awareness or acceptance. It's visibility and usability at the desk. Solving this requires rethinking how training support is surfaced — making it so intuitive, instant, and clinic-branded that prescribing AQ feels not just right, but natural.

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

THE MARKET REALITY



Clinical knowledge isn't the barrier — time is.

Most pediatricians fully recognize inhaled corticosteroids (ICS) as the foundation of asthma control. Yet, the moment of prescription rarely unfolds under ideal conditions. In a typical 5–7 minute consultation, the doctor must diagnose, reassure, educate and prescribe — all while balancing a waiting queue and parent anxiety. Every additional step, such as device training or spacer demonstration, feels operationally heavy.

Workflow pressure creates clinical shortcuts.

When educational tools — such as quick device-use videos, spacer guides, or one-page checklists — aren't instantly available for use, they're quietly skipped. Doctors then default to brands they remember. This isn't a scientific choice; it's a cognitive one. The absence of value at the prescription moment makes one brand feel easier than another, even when efficacy is identical.

Parental hesitation amplifies friction.

Deep-rooted fears around "steroid use" often dominate the conversation. Parents worry about growth, dependency, or long-term effects. Without a concise, clinic-branded educational resource at hand, doctors must rely on verbal reassurance — which takes time and rarely changes perception. As a result, many avoid initiating ICS altogether or delay it until symptoms worsen.

Brand differentiation now happens in workflow, not chemistry.

Inhaler brands compete less on molecule and more on how seamlessly they fit into the doctor's day. The brands that make good care effortless — by embedding training, reminders, and parent reassurance into routine practice — become the default choice. Ease is the new efficacy.

For Brand Umi, the real loss happens at the desk.

The brand is not underperforming in awareness or acceptance; it's underperforming in presence. When training feels difficult to deliver, the brand feels difficult to prescribe. The drift happens quietly, in the gap between knowing what's right and having time to do it.



PROBLEM FRAMEWORK

The drift doesn't start with intent — it starts with visibility.

Doctors intend to do the right thing: prescribe ICS early, teach correct inhaler technique, and schedule follow-ups. Yet, when educational tools aren't visible or instantly usable, the intent collapses into omission or a default brand recall. The absence of a cue becomes the trigger for brand drift.

Brand recall is shaped by “execution memory,” not just awareness.

In fast-paced clinics, recall depends on what can be executed in seconds. If a brand's training support isn't within arm's reach — a shareable WhatsApp link, a QR code, a short video, or a visible reminder — it slips from active memory. The brand that adds value and fits smoothly into routine becomes the default.

Training complexity converts to therapeutic avoidance.

Device technique teaching feels time-consuming. Without aids, doctors underestimate their own capacity to complete it within the visit. This perception of complexity leads to either delaying ICS— oral anti-allergy agents or rescue inhalers; or switching to simpler memory defaults.

Clinic workflow isn't designed to reinforce correct behaviors.

There are few built-in triggers that remind staff to conduct or repeat device training. No visual cues at the desk, no quick actions for the front desk, and no scheduled re-checks. The result is a fragile behavioral loop — one that breaks easily under time pressure.

Parental beliefs create emotional drag on prescription confidence.

The recurring myth that “steroids stunt growth” extends consultation time and erodes confidence in preventive therapy. Without ready educational content to address it, even well-intentioned doctors retreat into defensive communication — or defer ICS initiation altogether.

The cumulative outcome is brand erosion through inaction.

Every missed cue, skipped demo, or deferred initiation adds up. The brand that can lead on merit quietly loses ground, not through rejection, but through absence. Over time, habit replaces evidence, and Brand Umi becomes the absent choice instead of the first choice.





1. CLINIC WHITE LABELLED PATIENT EDUCATION SYSTEM

Effective adherence depends on comprehension and recall. The Patient Education System, with academy endorsement and developed under academy guidance, translates clinical guidance into clear, locally relevant education:

- A doctor/clinic branded service for patients.
- Short videos demonstrating correct inhaler use (MDI+Spacer, DPI).
- A brief myth-buster and FAQ visuals on growth safety of preventer inhalers.
- Shareable via WhatsApp from the clinic's number or via a QR code in the waiting room
- All materials are medically reviewed and privacy-safe, ensuring doctor-led education within ethical boundaries.

2. CLINIC WHITE LABELLED AUTOMATED FOLLOW-UP SYSTEM

The system automates timed, minimal prompts to support adherence without collecting patient data:

- Day 3: Technique recheck.
- Day 14: Symptom self-check.
- Month 1: Reminder for clinic review.
- A screening form that flags persistent issues to the clinic team.
- This approach maintains privacy, doctor oversight, and compliance while supporting consistent asthma management.

3. DOCTOR EDUCATION

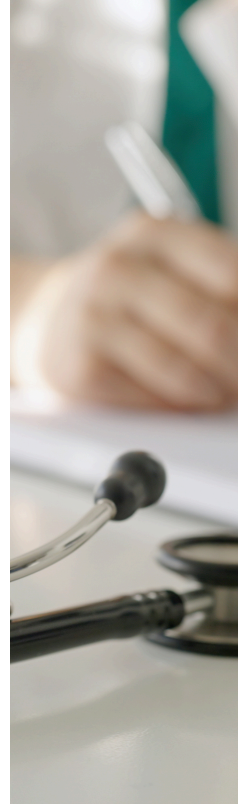
Consistent, guideline-aligned asthma care begins with confident technique training. Our Academy-partnered Mini-CMEs—10-minute expert-led modules based on the “Teach-Verify-Track (TVT)” model—help doctors integrate inhaler education into daily practice.

Each session reinforces:

- Device selection by age and coordination ability.
- Correct inhaler demonstration and verification.
- Linking proper use with symptom control outcomes.
- Case Studies
- All content is Academy-certified, ensuring medical accuracy, ethical transparency, and compliance.

BLUEPRINT

OFFERING APPLICABILITY



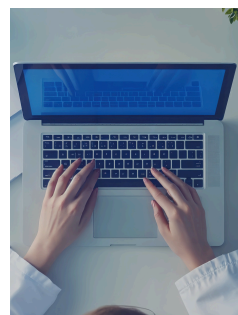
1. Start by Mapping Real-World Brand Friction

Before designing any intervention, the first step is diagnosis — identifying where and why the brand message breaks down. This involves observing how doctors, field teams, and patients interact with existing materials. Is the resistance emotional, behavioral, or informational? Mapping these real-world barriers helps define where the brand is losing momentum and what form of support (education, content, or system) can bridge the gap most effectively.



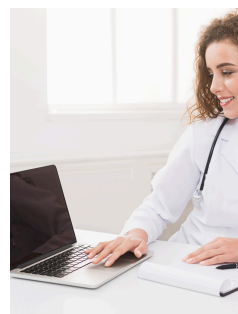
2. Build Modular Clinical Ecosystems, Not Campaigns

Instead of one-time brand pushes, create a modular clinical services system that can evolve with the doctor's journey. Each module — from awareness to adoption — should connect seamlessly, reinforcing the same scientific story across formats. This ensures doctors encounter your brand's value at multiple, meaningful points, whether through field interactions, digital platforms, or peer learning. Over time, this approach transforms brand recall into behavioral consistency.



3. Connect the Field and the Brand Through Data

Field representatives are often the first and last touchpoint of the brand experience. Equipping them with data-backed insights transforms their conversations from persuasive to consultative. Integrate simple dashboards from clinics with deployed systems that show engagement patterns. Lead with data on which doctors engaged with which content, how long, and on what themes. This enables field teams to follow up with context and precision, turning each interaction into a continuation of the brand story, not a repetition.



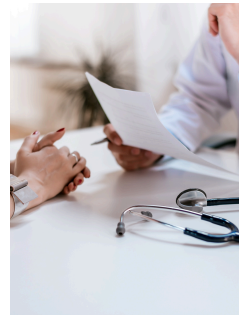
4. Reinforce Brand Science Through Contextual Use

Brand learning should not depend on chance; it should be gently guided. Use contextual clinical solutions to keep doctors engaged with the brand's narrative. These systems serve as bridges between learning moments, strengthening recall and ensuring the brand remains a visible and valuable part of the doctor's decision-making process without being intrusive or sales-driven.



5. Transform Insights into Actionable Loops

Collecting data is valuable only when it leads to informed action. Build a feedback system where insights from doctor engagement, field interactions, and training outcomes directly shape content updates and field communication strategies. This creates a living system — one that continuously adapts to changing clinical behavior, market needs, and brand objectives. Over time, it helps the brand become not just a source of information, but a source of confidence.





THE STRATEGIC OPPORTUNITY & CTA

Pharma brand success in the face of prescription brand drift depends on how effectively we can add value to daily clinical behavior with guideline-backed education— and make every doctor-patient interaction feel simpler, clearer, and more supported.

When the brand becomes part of that effortless care experience, it moves beyond awareness — it becomes the natural choice.

Call to Action

Partner with Us: Discover how your brand can address prescription brand drift through solutions that simplify decision-making, strengthen clinic workflows, and align with real-world care practices.

Take the Next Step: Connect with us to explore your brand's current challenges — in Origination, Treatment Choice, Drug Choice, or Adherence — and co-create measurable, scalable solutions that drive both clinical and market impact.

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