

# FIXING THE CARDIAC

# CONTINUITY & RECOVERY DRIFT

A CLINIC-EMBEDDED PLAYBOOK TO STRENGTHEN BRAND UMI PREFERENCE BY IMPROVING POST-VISIT CONTINUITY, RECOVERY DISCIPLINE, AND FOLLOW-UP ADHERENCE IN ADULT CARDIAC CARE



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# Executive Summary

## BRAND UMI OPERATES IN A THERAPY AREA WHERE CLINICAL IMPORTANCE IS UNQUESTIONED AND PRESCRIBING BEHAVIOUR IS WELL ESTABLISHED.

Cardiology is a high-stakes, high-discipline domain where treatment protocols are clearly defined, medications are evidence-backed, and physician intent is precise. On the surface, this should support stable and consistent brand performance. In practice, Brand UMI operates in a category where outcomes are shaped less at the point of prescription and more in the intervals between clinical touchpoints.

In cardiac care, initiation is rarely the limiting step. The greater challenge lies in continuity - in what unfolds after the consultation or discharge:

- medication-taking becomes inconsistent over time
- lifestyle and recovery discipline gradually weaken
- early warning signs may go unrecognized or unaddressed

## THE DRIFT DEFINITION



- recommended follow-up timelines are not consistently maintained

For Brand UMI, this translates into a structural leakage point. The treatment plan may be clinically appropriate, yet execution beyond the clinic remains variable and largely outside visible control. When continuity weakens:

- outcome consistency becomes difficult to sustain at the brand level
- follow-up patterns become less predictable and harder to anchor



- clinical oversight over recovery pathways becomes progressively diluted
- the realized value of therapy softens, despite appropriate prescribing

At the same time, Brand UMI operates within a highly competitive cardiology landscape, where molecule familiarity is high and differentiation at the point of prescription is inherently limited. As a result, the commercial challenge is less about therapy acceptance and more about sustaining treatment continuity, supporting recovery discipline, and ensuring follow-up adherence. The strategic question therefore becomes:

*How can Brand UMI help cardiology practices extend control beyond the consultation, ensuring consistent patient behaviour and strengthening continuity-driven outcomes?*

This is less a question of promotional intensity and more a challenge of continuity and recovery management - one that is better addressed through integration into clinical workflow than through incremental messaging alone.



# Market Reality



## THE GUIDELINE-REALITY GAP

Cardiology functions within one of the most structured clinical frameworks in medicine. Treatment pathways, medication protocols, and follow-up timelines are clearly defined and widely accepted. However, real-world execution often diverges once the patient moves beyond the clinic setting.

In routine adult cardiac care:

- medication adherence tends to decline over time
- recovery instructions are only partially followed or gradually forgotten
- scheduled reviews are delayed or missed
- early warning symptoms are not consistently recognized or acted upon
- visibility into patient progress between visits remains limited

This results in a gap between planned care pathways and actual patient behaviour. For Brand UMI, this gap carries direct commercial implications.

As continuity becomes less consistent, outcomes may vary, and the perceived effectiveness of therapy can soften - even when the underlying prescription is appropriate.

This is also where competitive differentiation meaningfully shifts. In a setting where molecules are well understood and prescribing decisions are clinically anchored, incremental promotion has limited influence on long-term performance. In contrast, brands that support continuity, recovery, and follow-up discipline are better positioned to contribute to more consistent outcomes - thereby strengthening clinical confidence and repeat use over time.

At the same time, many clinics do not have lightweight, workflow-friendly systems to:

## Lacking workflow-friendly systems that:



- support patients after consultation or discharge
- track adherence and recovery signals in a structured manner
- prompt timely and appropriate follow-up

Brand UMI's opportunity, therefore, lies in supporting clinics to extend their influence into the inter-visit period, where a significant share of outcomes is ultimately shaped.



# Problem Framework

Brand UMI's performance in cardiology is shaped by three structural pressures.

## Post-visit continuity is inconsistent

Patients often fail to follow medication and recovery plans consistently. For Brand UMI, this reduces treatment effectiveness and weakens outcome reliability.

## Follow-up behaviour is unstructured

Patients miss or delay reviews, or return only when symptoms worsen. This disrupts planned care pathways and reduces clinical control.

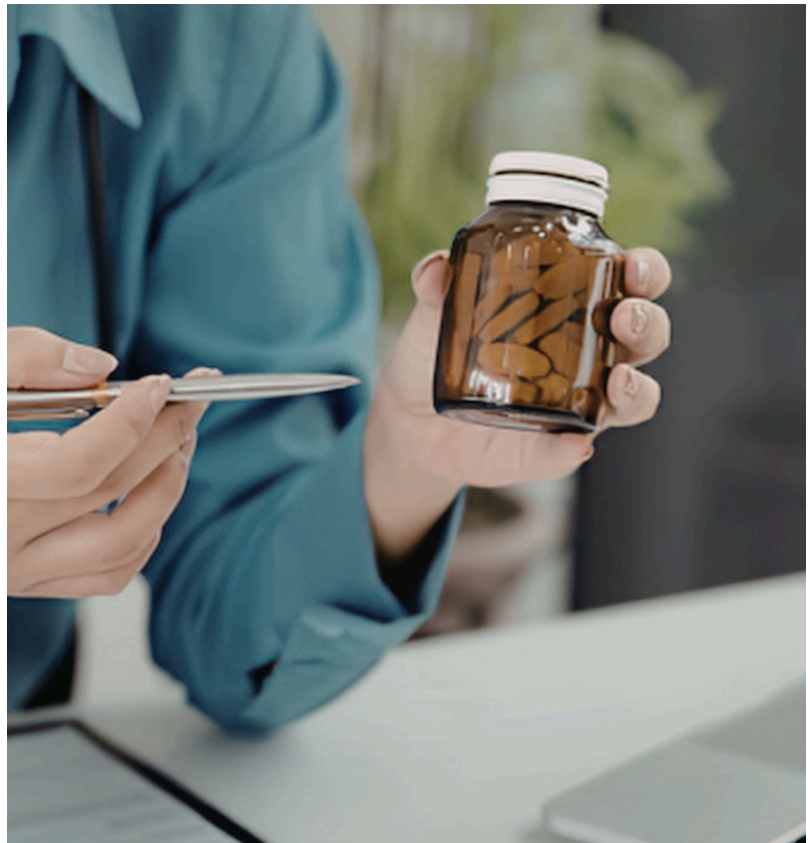
## Warning signals are poorly recognised

Early deterioration signs are often overlooked, leading to delayed intervention. This increases risk and affects overall care quality.

## Strategic Implication

In cardiology, brand growth is less a function of incremental prescriptions and more a function of how consistently prescribed care is carried through between visits.

Brands that are able to support continuity in a credible, clinic-aligned manner are more likely to be associated with more consistent outcomes, stronger follow-up discipline, and more reliable patient retention over time.



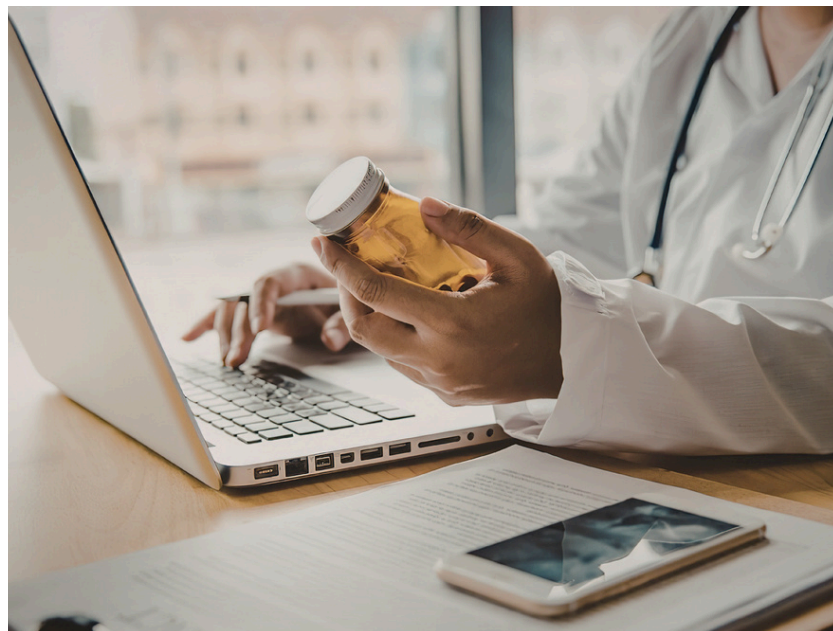
# THE BEHAVIOURAL MOMENT MAP

## MOMENT 1: DIAGNOSIS AND TREATMENT INITIATION

The clinical decision is made, therapy is prescribed, and recovery expectations are outlined.

This is the point of maximum clinical control and clarity. Brand selection occurs here, but its long-term performance is not yet determined.

*Cardiac care progresses through distinct phases, but control and visibility are not evenly distributed across them.*



## MOMENT 2: AT-HOME CONTINUATION AND RECOVERY

Responsibility shifts to the patient, with limited real-time clinical oversight.

Medication-taking, lifestyle adjustment, symptom interpretation, and recovery discipline unfold independently. Variability begins to accumulate in this phase - often without immediate visibility to the clinic.

## MOMENT 3: FOLLOW- UP AND REVIEW

The patient re-enters the clinical setting for evaluation, adjustment, or escalation.

However, this moment is downstream of prior behaviour. The quality, timing, and clinical direction of the visit are shaped by what has - or has not - occurred during the inter-visit period.

## IMPLICATION

Brand UMI's performance is shaped not at the point of prescription, but in the transfer of control from clinic to patient, and back again. Where this transition remains unsupported, variability increases and outcomes become less predictable - regardless of the initial clinical decision.



# THE CLINIC-CENTRED SOLUTION FRAMEWORK

**ENABLE → MONITOR → REINFORCE**

The opportunity is not to extend messaging, but to support a credible, clinic-aligned continuity layer that helps translate clinical intent into consistent patient behaviour between visits.



**"PREFERENCE,  
THEREFORE, BUILDS  
THROUGH OUTCOME  
CONSISTENCY AND  
CLINICAL ALIGNMENT,  
RATHER THAN  
PRESCRIPTION  
PRESENCE ALONE."**

## Strategic Outcome

Through this framework, Brand UMI participates in the continuity layer of care - not as an external add-on, but as a credibly embedded, clinic-aligned support system.

Over time, this enables the brand to be associated with:

- more consistent continuity of care
- greater predictability in recovery pathways
- stronger follow-up adherence

Preference, therefore, builds through outcome consistency and clinical alignment, rather than prescription presence alone.

### 01. ENABLE (POST-VISIT CLARITY AND GUIDANCE)

Patients receive clinic-branded, academically grounded guidance on:

- medication continuation
- recovery expectations
- lifestyle and monitoring basics

*This ensures that post-visit understanding is not left to recall, but supported through structured, credible reinforcement.*

### 02. MONITOR (CONTINUITY AND RISK SIGNALS)

Lightweight, workflow-aligned check-ins help surface:

- missed medication patterns
- symptom progression or deviation
- early warning signals

*Clinics are engaged selectively - only where intervention may be warranted - maintaining relevance without adding burden.*

### 03. REINFORCE (FOLLOW-UP DISCIPLINE AND RECOVERY PATHWAYS)

Structured prompts support patients to:

- adhere to follow-up timelines
- recognise when earlier review may be required
- maintain recovery discipline over time

*This helps align real-world behaviour more closely with the intended care pathway.*



# Replication Blueprint

<b>Module</b>	<b>What the Brand Installs in Clinics</b>	<b>What Problem It Solves</b>	<b>What It Delivers for Brand UMI</b>
<b>Cardiac Continuity Microsite</b>	Clinic-branded post-visit guidance	Patients lack clarity after consultation	Improves adherence and understanding
<b>Recovery &amp; Monitoring Check-ins</b>	Structured symptom and adherence tracking	Clinics lack visibility between visits	Enables early intervention
<b>Red-Flag Guidance System</b>	Clear escalation triggers	Delayed recognition of deterioration	Improves safety perception
<b>Follow-Up Prompt System</b>	Timely revisit reminders	Missed or delayed follow-ups	Strengthens clinic retention
<b>Doctor Education Modules</b>	Case-led continuity and recovery logic	Inconsistent patient management approaches	Aligns clinical practice with structured care



## Brand Growth Execution Checklist

- ✔ Medication adherence improves across patients
- ✔ Follow-up timelines become more consistent
- ✔ Early warning signs are identified sooner
- ✔ Patient retention within clinics increases
- ✔ Brand UMI becomes associated with continuity-driven cardiac care

## MEASUREMENT LOGIC



# Brand Outcome

Measurement Layer	What Is Tracked	Brand Impact
<b>Clinic Activation</b>	Number of cardiology clinics using workflow	Integration into cardiac practice
<b>Patient Engagement</b>	Microsite usage and check-in completion	Improved continuity behaviour
<b>Adherence Signals</b>	Medication and recovery tracking inputs	Better execution of therapy
<b>Follow-Up Compliance</b>	Timely revisit rates	Stronger patient retention
<b>Risk Signals</b>	Early warning alerts	Improved clinical responsiveness



# STRATEGIC OPPORTUNITY & CTA

Brand UMI operates in a category where prescribing is established, but outcomes are shaped beyond the clinic.

The opportunity lies in improving continuity, recovery discipline, and follow-up behaviour, where most variability persists. While initiation is often appropriate, sustained execution is less consistent, with limited visibility during the inter-visit period.

Embedding Brand UMI within a clinic-led cardiac continuity workflow allows the brand to extend its role beyond prescription into the broader care pathway. Over time, this positions Brand UMI not only within cardiac therapy, but alongside more consistent recovery, stronger adherence, and better-managed long-term care.

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