

FIXING THE RESPIRATORY TREATMENT CONTINUITY DRIFT

A clinic-embedded playbook to protect Brand UMI share by ensuring full 21-day treatment completion



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EXECUTIVE SUMMARY



THE DRIFT DEFINITION :

Brand UMI operates in a respiratory category where clinical acceptance is already established. Consulting physicians and primary care doctors are comfortable prescribing nebulized respiratory therapy for exacerbations and persistent symptoms. The treatment pathway is familiar, the molecule combination is trusted, and the therapy is routinely used across everyday respiratory practice.

On the surface, this should favour the category leader. In practice, Brand UMI's growth is constrained not by therapy adoption, but by treatment continuity behaviour.

In real clinics, respiratory therapy often stops once the patient begins to feel better. Families interpret early symptom relief as recovery and discontinue treatment prematurely - commonly within seven to fourteen days - even when the intended clinical course is longer.

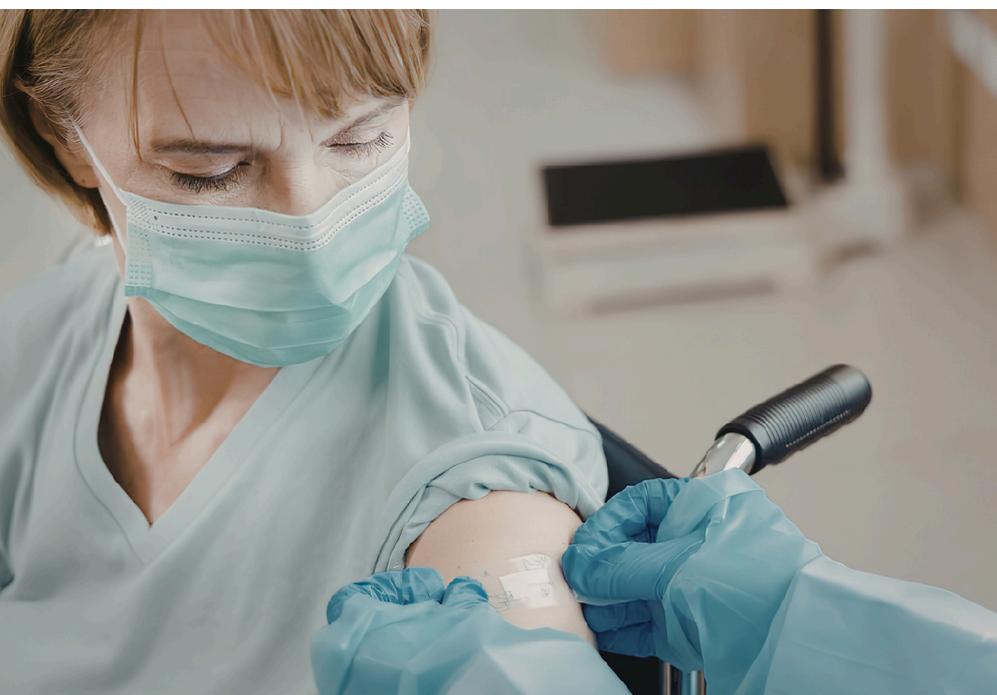
For Brand UMI, this creates a structural leak. The prescription may start correctly, but the full treatment course is rarely completed.

When treatment duration shortens, prescription depth weakens. The prescribing experience becomes inconsistent, and the advantage of category leadership gradually erodes as new treatment episodes open the door to competing brands.



At the same time, Brand UMI's prescriber base remains under-converted. Across consulting physicians and general practitioners, a large number of doctors within the brand's current coverage universe remain sporadic users or non-prescribers, representing a substantial unrealised growth opportunity.

The commercial challenge for Brand UMI is therefore clear and twofold. First, patients frequently stop therapy before completing the intended 21-day home-maintenance period. Second, a large segment of reachable physicians has not yet transitioned from occasional prescribing to consistent brand use.



The strategic question therefore becomes precise. How can Brand UMI ensure completion of the intended 21-day treatment course while simultaneously converting sporadic prescribers into consistent users through stronger clinic referral networks?

Thus, the opportunity shifts from therapy awareness to treatment continuity and prescriber conversion. By embedding Brand UMI within the respiratory care workflow, the brand can strengthen its position beyond conventional promotion.

Brand UMI's growth is constrained not by therapy adoption, but by treatment continuity behaviour.

MARKET REALITY



For Brand UMI, the clinical framework for respiratory management is not the barrier. Physicians already accept the role of sustained nebulized therapy during the recovery phase, where maintaining airway control is critical to prevent relapse. Prescriptions are therefore often written with an intended treatment duration that extends beyond immediate symptom relief. What breaks is execution after the patient leaves the clinic.

In routine practice, treatment frequently stops once symptoms improve. Caregivers assume recovery is complete, structured follow-up rarely occurs, and physicians typically receive no signal until symptoms recur and the patient returns with another episode.

This creates a clear gap between the duration physicians intend to prescribe and the duration patients actually complete. For Brand UMI, that gap directly affects brand performance. Shorter treatment cycles reduce prescription depth, weaken the perceived consistency of outcomes, and limit the commercial advantage that should come with category leadership.

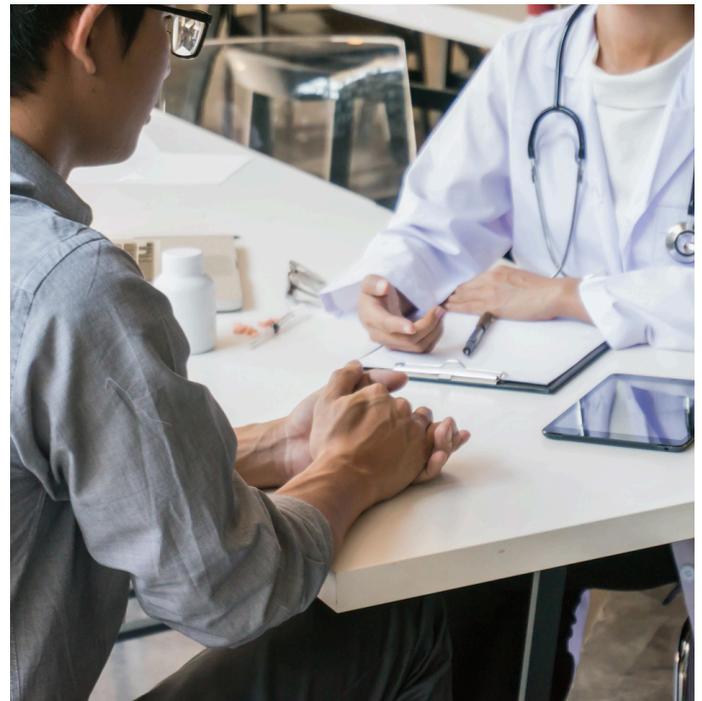
At the same time, prescriber expansion remains constrained by unstructured referral pathways. Consulting physicians depend heavily on referrals from general practitioners and pediatricians, yet these feeder clinics often lack simple tools to identify respiratory risk patterns or trigger early specialist consultation.



As a result, Brand UMI's growth opportunity lies in correcting two operational gaps within the care pathway:

- ensuring treatment continuity after prescription
- structuring referral origination into specialist clinics

Addressing these two gaps allows Brand UMI to strengthen both treatment duration and prescriber growth within respiratory practice.



Shorter treatment cycles reduce prescription depth, weaken the perceived consistency of outcomes, and limit the commercial advantage that should come with category leadership.



PROBLEM FRAMEWORK

THE BRAND PAIN



Brand UMI's growth constraints appear to emerge from three reinforcing behavioural pressures within routine respiratory care.

01. EARLY SYMPTOM RELIEF TRIGGERS TREATMENT DISCONTINUATION

Once breathing improves, families often assume therapy is complete. Without clear follow-up signals, the intended home-maintenance phase is frequently shortened. For Brand UMI, this compresses treatment cycles and limits prescription depth.

02. SPORADIC PRESCRIBER BASE LIMITS EXPANSION

A large number of consulting physicians and general practitioners remain occasional or non-prescribers. Without mechanisms that help convert these doctors into consistent users, the brand's existing coverage network can remain under-utilised.



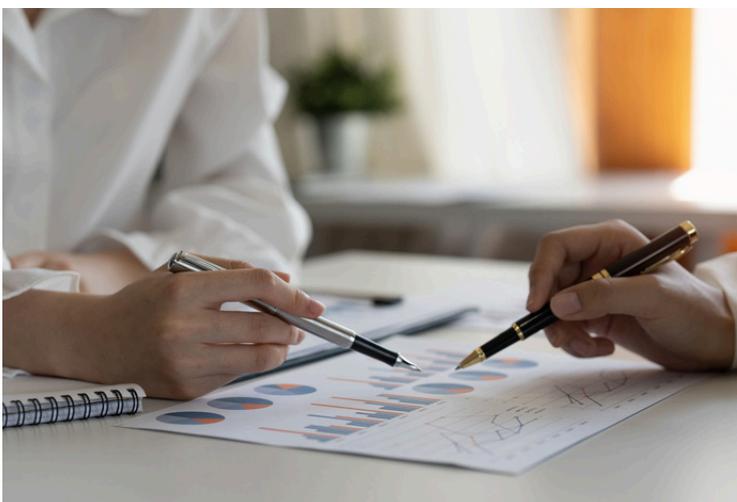
03. REFERRAL PIPELINES ARE INFORMAL AND INCONSISTENT

Primary care doctors frequently encounter early respiratory symptoms but often lack simple screening tools or structured referral pathways.

As a result:

- many appropriate cases are managed within primary care
- specialist inflow remains variable

This can limit Brand UMI's opportunity both before diagnosis and after prescription.



STRATEGIC IMPLICATION

In respiratory therapy, brand growth is rarely driven by additional product promotion alone. It is more often influenced by two structural factors within the care pathway:

- treatment duration
- referral origination

Strengthening the brand's role across these points can meaningfully expand prescription depth and patient inflow.

THE BEHAVIOURAL MOMENT MAP



Respiratory treatment behaviour unfolds across three phases.



Moment 1: Symptom recognition in primary care

Patients typically present first to general practitioners or pediatricians. Symptoms such as recurrent cough, wheeze, or breathlessness may indicate escalating respiratory disease, but referral decisions vary widely.

This stage largely determines whether patients reach appropriate specialist care.

Moment 2: Specialist diagnosis and therapy initiation

Consulting physicians diagnose the condition and initiate nebulized therapy. Brand selection occurs at this stage, and treatment instructions are provided.

However, adherence responsibility shifts almost immediately to the patient's home environment.



Moment 3: Home maintenance and recovery period

The early recovery phase - typically lasting several weeks - plays a critical role in determining treatment success.

Without structured monitoring:

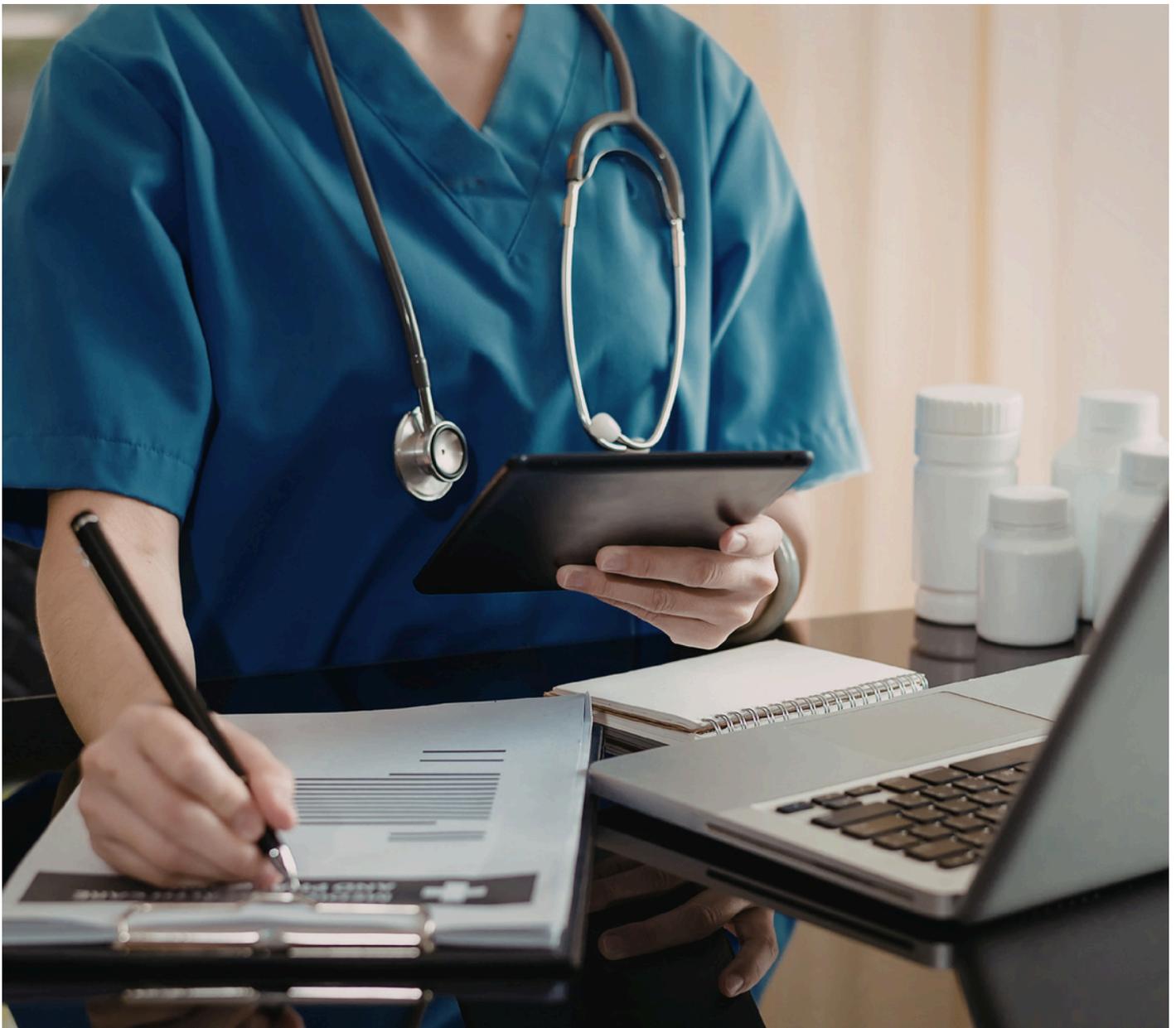
- adherence gradually declines
- therapy may stop prematurely
- relapse risk increases



IMPLICATION

Brand UMI's influence extends beyond therapy initiation.

Sustained treatment outcomes are shaped by both prescription decisions and continuation behaviour. Strengthening the brand's presence across these phases can help stabilize treatment duration and reinforce clinical outcomes.





THE CLINIC-CENTRED SOLUTION FRAMEWORK

ENABLE → SUSTAIN → EXPAND

The opportunity therefore lies in extending clinic influence beyond the prescription moment while strengthening referral origination within the care network.



STRATEGIC OUTCOME

Through this structure, Brand UMI can participate across key points of the respiratory care pathway:

- initiation
- continuation
- referral inflow

Brand preference can gradually strengthen through workflow integration rather than promotional pressure.

1. ENABLE (Consulting Physician Hub)

Consulting physicians are supported with a clinic-branded 21-Day Home Maintenance Care service for diagnosed patients.

The service may include:

- short structured check-ins across the treatment period
- caregiver education on correct nebulization practices
- troubleshooting guidance and safety reminders

Doctors receive summary signals at key milestones, allowing the clinic to maintain visibility over patient recovery without increasing clinical workload.

2. SUSTAIN (Treatment Continuity Support)

The service helps families navigate the full therapy period by supporting them to:

- understand the intended treatment duration
- manage common usage challenges
- recognize early warning signs

This can stabilize adherence through the home-maintenance phase. Over time, Brand UMI may become associated with more predictable recovery and smoother follow-up experiences.

3. EXPAND (Referral Origination through Spokes)

Consulting physicians can equip their referring network with a Respiratory Red-Flag Screening tool.

General practitioners and pediatricians may use this tool to:

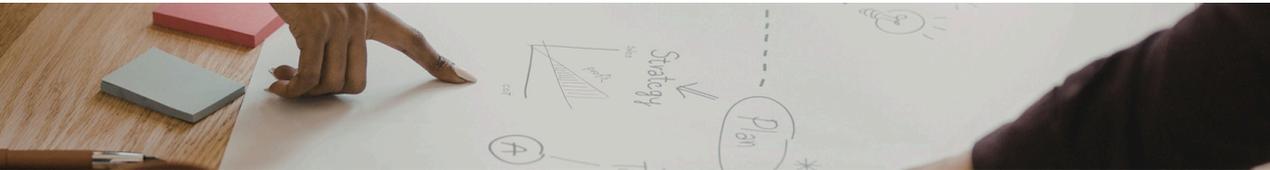
- identify high-risk respiratory symptom patterns
- provide early-action guidance to families
- generate structured referral notes for specialist evaluation

This supports the development of a hub-and-spoke referral ecosystem, expanding patient inflow into participating clinics.



REPLICATION BLUEPRINT

IMPLEMENTATION MODULES



Module	What the Brand Installs in Clinics	What Problem It Solves	What It Delivers for Brand UMI
CP Hub Service	A clinic-branded 21-day home maintenance follow-up service	Patients often stop nebulization early once symptoms improve	Ensures longer treatment duration and stronger prescription depth
Patient Education Support	Simple caregiver guidance on correct nebulization and treatment completion	Families misunderstand when therapy should stop	Reduces premature treatment discontinuation
Treatment Check-ins	Short Day-7 and Day-21 follow-up signals to clinics	Doctors currently have no visibility once patients leave the clinic	Positions Brand UMI as the therapy linked with structured follow-up
GP / Pediatrician Referral Tool	Respiratory red-flag screening + referral summary for feeder clinics	Many respiratory cases are identified late or managed inconsistently	Increases appropriate referrals into Brand UMI prescribers
Low-Effort Field Deployment	One-time clinic setup run by staff	Programs that need constant rep reinforcement rarely sustain	Enables scalable brand growth across many clinics



- ✓ Longer treatment cycles increase prescription depth for Brand UMI
- ✓ Occasional prescribers convert into repeat Brand UMI users
- ✓ Referral networks expand the clinic's inflow of eligible respiratory patients
- ✓ Fewer premature drop-offs stabilize treatment outcomes associated with the brand
- ✓ Brand UMI becomes integrated into routine clinic workflow rather than one-time prescriptions

Brand Growth Execution Checklist

BRAND OUTCOME

Measurement Layer	What Is Track	Brand Impact
Hub Clinic Activation	Number of consulting physicians using the service	Deeper integration of Brand UMI within specialist respiratory care
Spoke Clinic Activation	Referring GPs/pediatricians using the screening tool	Expansion of the brand's referral-driven patient inflow
Treatment Completion Signals	Check-in completion across the 21-day cycle	Longer treatment duration associated with Brand UMI
Referral Volume	Screened cases and generated referral briefs	Increased inflow of eligible patients into prescribing clinics
Prescriber Conversion	Movement from sporadic to consistent prescribers	Expansion of the Brand UMI prescriber base
Territory Sales Shift	Pilot market performance vs baseline	Demonstrated commercial impact and share recovery

STRATEGIC OPPORTUNITY & CTA

Brand UMI operates in a category where therapy acceptance is already established. The opportunity lies in treatment continuity and prescriber conversion. Patients often begin therapy correctly but discontinue earlier than intended, while many potential prescribers remain occasional users. By embedding Brand UMI within a hub-and-spoke clinic workflow - supporting both treatment continuation and referral origination - the brand can strengthen: adherence consistency, patient recovery patterns and prescriber network depth.

Winning Beyond Prescription

Growth therefore depends less on additional promotion and more on positioning Brand UMI as the respiratory brand that supports care beyond the prescription moment.

Take the Next Step

Your brand may have awareness and reach - but is it present when continuity of care breaks? Inditech's doctor-led solutions bridge that gap.



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