

FIXING THE DIABETES CONTINUITY GAP

BRANDS PLAYBOOK



A clinic-embedded playbook to strengthen Brand UMI preference by improving patient continuation between diabetes visits

TABLE OF CONTENTS



03 Executive Summary

09 The Clinic-Centred
Solution Framework

05 Market Reality

10 Replication Blueprint

06 Problem Framework

12 Brand Outcome

08 The Behavioural
Moment Map

13 Strategic
Opportunity & CTA

The drift definition

Executive Summary



Brand UMI operates in one of the most established chronic therapy categories in medicine. Type-2 diabetes management is widely understood by physicians, and treatment initiation is routine across both specialist and primary care clinics. Metformin-based therapy remains a foundational component of diabetes treatment, and most clinicians are comfortable initiating and continuing therapy within well-established clinical frameworks.

On the surface, this should create a stable environment for brand growth. In practice, Brand UMI operates within a category where therapy acceptance is high but treatment continuity between clinic visits remains weak.

Diabetes care does not end when the prescription is written. The majority of disease control depends on what happens after the patient leaves the clinic. Patients must maintain medication discipline, follow dietary guidance, complete recommended laboratory tests, and return for review at the appropriate time. In many clinics, this continuity is difficult to maintain.

Patients frequently forget lifestyle advice, delay laboratory investigations, discontinue medicines intermittently, or postpone follow-up visits. When patients return after long gaps, physicians often face poorly controlled sugars, delayed treatment escalation, and fragmented care histories.

For Brand UMI, this creates an important structural limitation. The prescription may begin correctly, but the care journey between visits remains largely unmanaged. When patient continuation weakens, the overall treatment experience becomes inconsistent. Clinics lose visibility into patient behaviour, follow-up becomes irregular, and treatment adjustments occur later than intended. Over time, this weakens both clinical outcomes and the stability of prescribing behaviour.

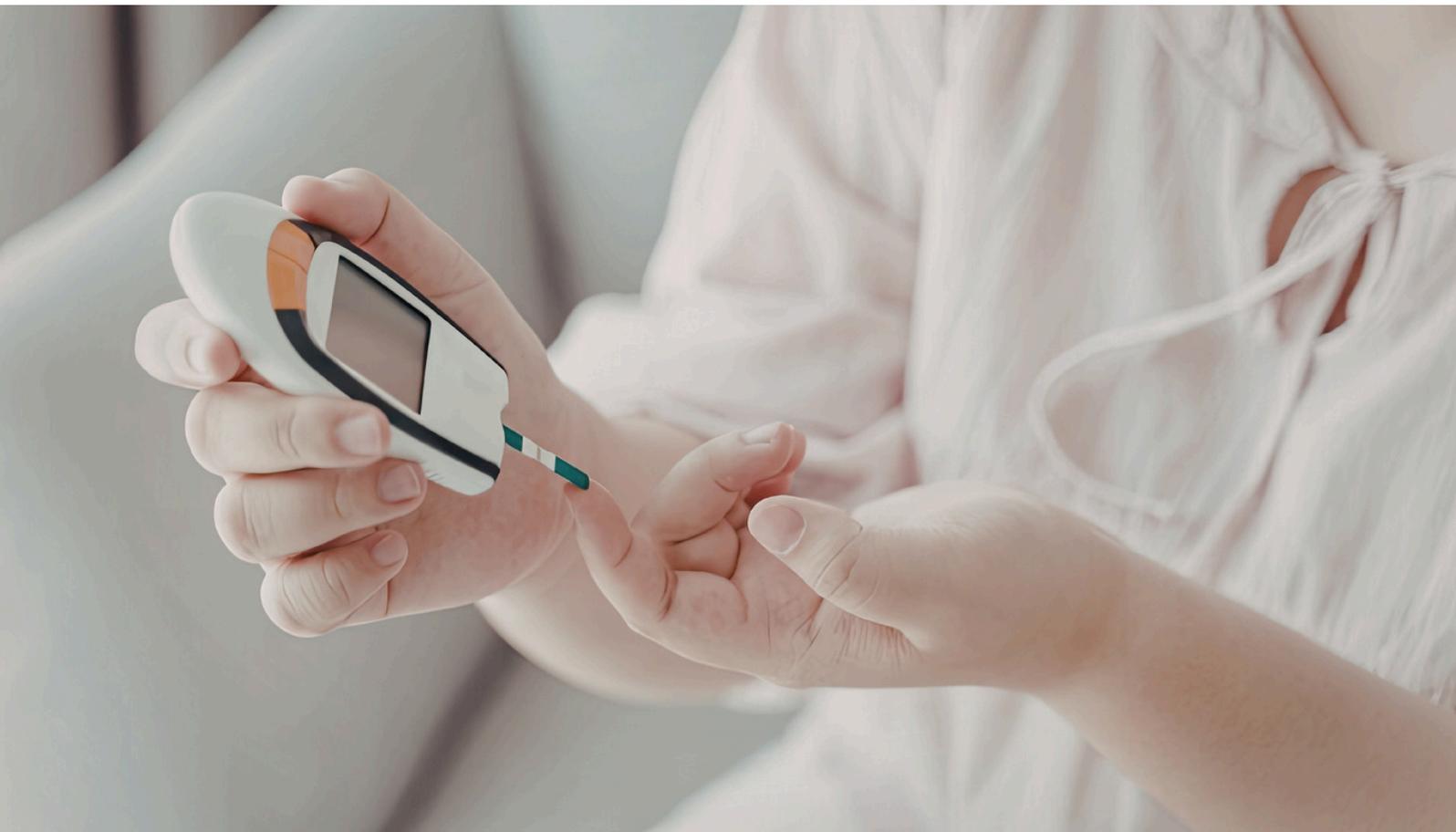
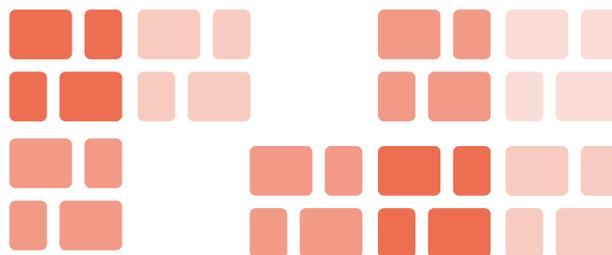




The commercial challenge for Brand UMI therefore lies beyond therapy initiation. The opportunity is to help physicians manage the period between prescription and the next review, where most continuity failures occur.

The strategic question therefore becomes clear: How can Brand UMI support doctors in maintaining patient discipline, follow-up consistency, and treatment continuity between diabetes visits without increasing the burden on clinical consultations?

This is not a molecule awareness challenge. It is a chronic-care continuity problem, and it requires a workflow solution rather than additional promotion.



*The guideline—
reality gap*

Market Reality



For Brand UMI, the clinical logic of diabetes management is well defined. Treatment frameworks emphasize sustained therapy, lifestyle discipline, periodic monitoring, and timely review visits. Physicians prescribe medication with the expectation that patients will maintain daily adherence, follow dietary advice, perform recommended investigations, and return for structured follow-up.

However, real-world patient behaviour frequently diverges from this intended pathway.

After leaving the clinic, patients often struggle to maintain the discipline required for chronic disease management. Medication schedules may become inconsistent, dietary advice is forgotten, tests are postponed, and review appointments are delayed. In many cases, physicians only become aware of these deviations when patients return months later with poorly controlled glycaemic levels.



This creates a clear gap between the care pathway physicians intend and the behaviour patients actually follow between visits.

For Brand UMI, this gap has meaningful commercial implications. When patient continuation becomes inconsistent, treatment outcomes appear less predictable and clinic follow-ups become irregular. Over time, physicians may perceive diabetes management as more difficult to stabilise, even when therapy initiation was appropriate.

At the same time, most clinics lack simple systems that help patients maintain discipline between visits. The burden of continuity therefore falls almost entirely on the patient's memory and motivation. Brand UMI's growth opportunity therefore lies in helping clinics maintain continuity between visits, enabling doctors to extend care influence beyond the prescription moment.

— *The brand pain*

Problem Framework

Brand UMI's position within diabetes care is influenced by three structural pressures that affect how treatment progresses after initiation.

1. PATIENT DISCIPLINE DECLINES BETWEEN VISITS

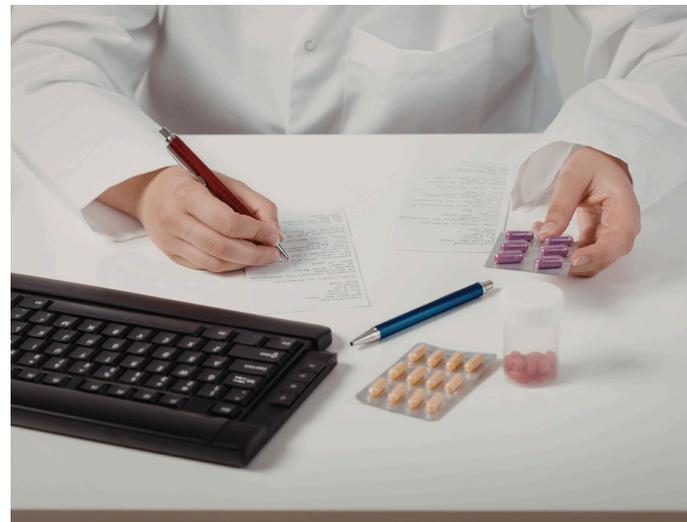
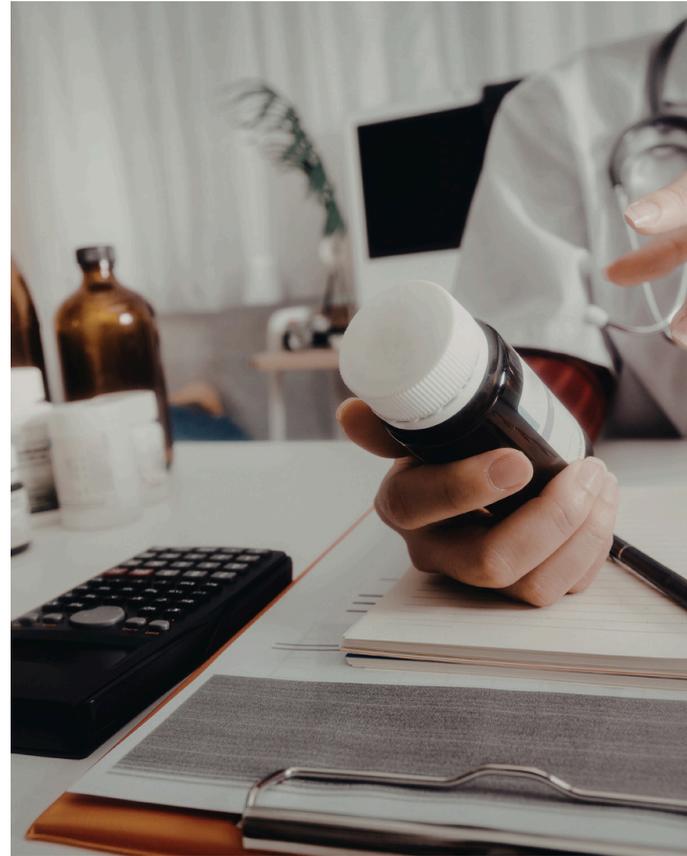
Once patients leave the clinic, medication routines, lifestyle guidance, and monitoring discipline often weaken. Without reinforcement, many patients gradually drift away from the intended treatment pathway.

For Brand UMI, this creates variability in patient outcomes and weakens the stability of long-term treatment experiences.

2. FOLLOW-UP TIMING BECOMES INCONSISTENT

Review visits are essential for adjusting therapy and maintaining glycaemic control. However, patients frequently postpone appointments or return only when symptoms worsen.

Irregular follow-ups delay treatment optimisation and disrupt the intended care pathway.





3. CLINICS LACK CONTINUITY VISIBILITY

Doctors often receive little information about what happens between visits. Without structured signals, it becomes difficult to identify early adherence problems, delayed tests, or worsening control.

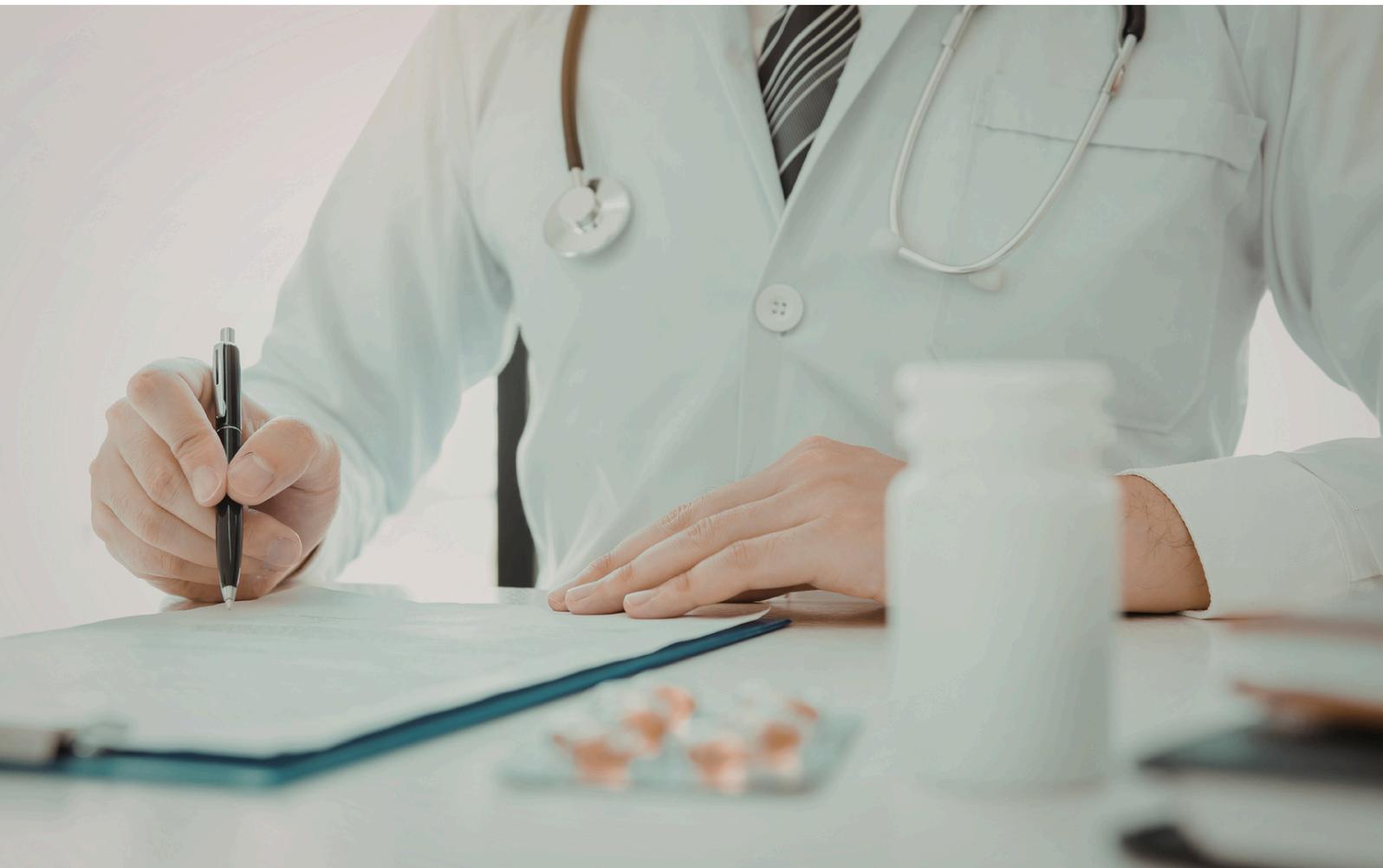
As a result, the clinic regains visibility only when patients return for review.

STRATEGIC IMPLICATION

In chronic disease management, brand strength is rarely determined only at the moment of prescription.

It is shaped by how reliably patients continue therapy and return for structured review.

Brands that help clinics maintain continuity between visits can become associated with more stable patient management and smoother long-term care journeys.





Moment 1: Diagnosis and therapy initiation

The physician diagnoses diabetes and initiates treatment. Medication is prescribed, lifestyle advice is provided, and patients receive instructions for monitoring and follow-up.

Brand selection occurs during this stage.

Moment 2: Daily treatment discipline

Patients must integrate therapy into everyday life. Medication adherence, dietary changes, and lifestyle discipline determine whether glycaemic control improves.

This phase largely occurs outside the clinic.

Moment 3: Review and therapy adjustment

At the follow-up visit, the physician evaluates patient progress through symptoms, glucose readings, and laboratory tests. Treatment may be continued, adjusted, or intensified depending on outcomes.

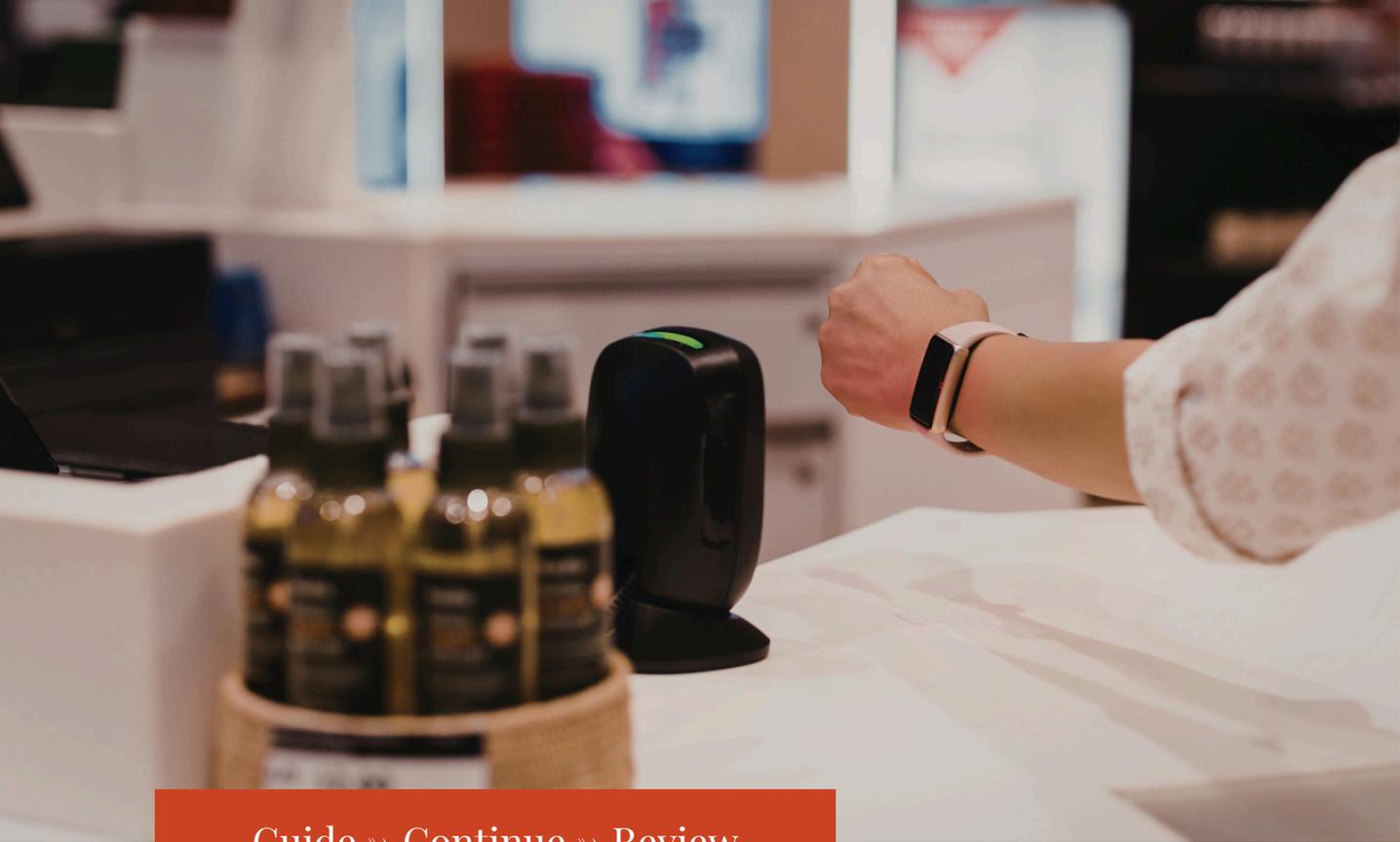
— The behavioural moment map

Diabetes management unfolds across three distinct behavioural phases.



Implication : The success of diabetes therapy depends not only on initiation, but on the continuity of patient behaviour between visits.

When clinics lack visibility during this phase, both outcomes and treatment stability become less predictable.



Guide » Continue » Review

THE CLINIC-CENTRED SOLUTION FRAMEWORK

The opportunity for Brand UMI is to help clinics extend their influence beyond the prescription moment by supporting patient understanding, daily discipline, and timely follow-up.

GUIDE (Patient understanding and expectations)

Clinics may provide patients with simple, clinic-branded educational journeys that explain the purpose of diabetes therapy, the importance of medication continuation, and the role of diet and monitoring.

Clear expectations help patients understand what daily discipline is required.

CONTINUE (Between-visit support)

Patients may receive structured reminders and guidance that reinforce medication adherence, lifestyle discipline, and test scheduling during the period between clinic visits.

This helps maintain continuity in everyday diabetes management.

REVIEW (Timely follow-up signals)

Clear prompts may guide patients on when to return for routine review or when early symptoms require attention.

This helps clinics maintain structured follow-up timing and improves continuity of care.

Strategic Outcome : Through this framework, Brand UMI can support doctors in managing diabetes not only at the moment of prescription, but throughout the entire care journey between visits.

Over time, the brand may become associated with better patient understanding, more consistent follow-up, and stronger continuity of care.

Implementation modules

Replication Blueprint

Module	What the Brand Installs in Clinics	What Problem It Solves	What It Delivers for Brand UMI
Doctor Education Series	Academy-certified mini-CMEs and case discussions on diabetes continuation and review timing	Doctors often lack structured tools to reinforce long-term patient discipline	Strengthens clinical confidence in continuity-driven care
Clinic-Branded Patient Journey	QR / WhatsApp education pathway explaining medicines, lifestyle, tests, and follow-up	Patients frequently forget guidance once they leave the clinic	Improves patient understanding and adherence
Continuity Prompts	Simple reminders for medicine continuation, lifestyle discipline, and monitoring	Daily treatment discipline often declines over time	Reinforces consistent therapy behaviour
Review & Red-Flag Guidance	Clear signals for when patients should return for review or seek earlier attention	Follow-ups are often delayed until symptoms worsen	Encourages timely clinic return
Staff-Activated Workflow	Easy tools for clinic staff to share the service with patients	Many digital tools fail because they increase doctor workload	Enables scalable clinic adoption

Implementation modules

Brand Growth Execution Checklist



- ✓ Patient continuation between visits improves treatment stability
- ✓ Doctors maintain better visibility into patient progress
- ✓ Follow-up visits occur more consistently
- ✓ Patient experience within clinics improves
- ✓ Brand UMI becomes associated with better chronic care management



Brand Outcome

MEASUREMENT LOGIC

Measurement Layer	What Is Tracked	Brand Impact
Clinic Activation	Number of clinics using the continuity program	Brand integration within diabetes care workflows
Patient Engagement	Usage of education journeys and continuity prompts	Patient understanding and adherence
Follow-Up Discipline	Review visits occurring within expected timeframes	Improved continuity of care
Doctor Engagement	Participation in academy-certified education modules	Reinforcement of continuity-focused practice
Prescribing Stability	Consistency of Brand UMI use within participating clinics	Stronger long-term brand preference



STRATEGIC OPPORTUNITY & CTA

Brand UMI operates in a category where therapy initiation is already routine. The real opportunity lies in improving what happens between clinic visits, where most diabetes care decisions are ultimately determined.

Patients often begin treatment correctly but struggle to maintain discipline over time. When clinics lack visibility into patient behaviour between visits, continuity weakens and care becomes fragmented.

By embedding Brand UMI within a clinic-centred diabetes continuity program, the brand can support physicians in managing the entire patient journey rather than only the prescription moment.

TAKE THE NEXT STEP

EMAIL:
amit@inditech.co.in

WEBSITE:
www.inditech.co.in

Over time, Brand UMI may become recognised not only as a therapy within diabetes care, but as a brand that helps clinics deliver more structured, reliable, and patient-centred chronic disease management.