

FIXING THE CONTINUATION COLLAPSE

A CLINIC-BRANDED SYSTEM FOR STRUCTURED EARLY CARE



Know how a seasonal therapy brand restored continuation by redesigning the first-month journey into a clear, confidence-building, clinic-branded experience for parents.

INDITECH HEALTH
SOLUTIONS

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C a s e

s u m m a r y

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Umi is a pediatric ondansetron brand that is well known as a molecule, but not the first brand that comes to mind in most clinics.

Every day, pediatric clinics see children with vomiting or loose motions. Doctors and clinics face a few repeating problems:

- Parents delay coming to the clinic, even when the child has danger signs.
- Parents are unsure when home care is enough and when they must see a doctor.
- Home use of oral rehydration solution is often wrong, even after counselling.
- When doctors do use ondansetron, they must repeatedly explain safety and the narrow role of the medicine.

The answer is a simple, clinic-branded “Vomiting and Loose Motions Safety Service”:

- A clinic-branded microsite with local language videos and a red-flag screening form for parents.
- Clear advice on when to come to the clinic and what to do at home, at the start of symptoms and again if symptoms do not improve after one and two days.
- Academy endorsed short clinic education sessions (mini-CMEs) and case studies for doctors on where ondansetron fits and how to keep use safe.

Umi becomes the quiet enabler of a safety and education service that clinics want.

Loyalty to the service then translates into loyal use of Umi, within guidelines.

Umi can create brand loyalty by becoming a category-wide solution enabler for clinics, for vomiting and loose motions/diarrhea. By supporting a valuable, academy endorsed clinic-branded service, and value-based re-inforcement on every field visit using academy provided, brand formulation specific education for doctors.

Brand challenges

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1. Umi is in a crowded group of ondansetron brands with very little product difference.

2. Doctors worry about overuse and safety of ondansetron and therefore use it carefully and in a limited way.

3. Many parents bring children late with dehydration, or very early without danger signs, which increases workload and stress.

4. Doctors/Clinics find it difficult or time-consuming to provide detailed advice on vomiting, loose motions and rehydration.

5. There is no simple, digital, clinic-branded way to guide parents at home, so actual behaviour often does not match what doctors advise.

6. Umi is not yet an enabler of any larger, valuable clinic service.

Why these challenges exist

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1. NO TRUSTED CLINIC GUIDE AT HOME

Parents rely on memory, neighbours, chemists, or internet searches to decide what to do when a child vomits or has loose motions. There is no simple, clinic-owned safety tool on their own phone.

2. DANGER SIGNS ARE POORLY UNDERSTOOD

Many parents do not recognise signs like reduced urine, inability to drink, very unusual sleepiness, or repeated vomiting as serious. They often wait until the child looks obviously very sick.

3. CLINIC COUNSELLING IS VERBAL AND EASILY FORGOTTEN

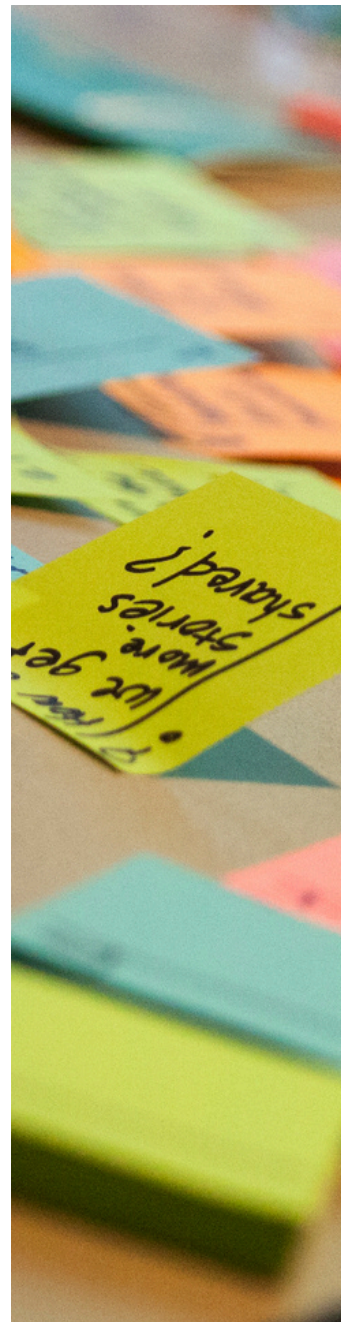
Doctors explain what to do, but the parent is anxious and distracted. The details are forgotten soon after leaving the clinic.

4. ONDANSETRON HAS A NARROW, GUIDELINE-BASED ROLE

Doctors know they must not use ondansetron for every vomiting episode. They are careful, and that is correct. A brand that speaks only about the medicine does not feel like a partner in safe care.

5. NO LARGER CLINIC SERVICE AROUND VOMITING AND LOOSE MOTIONS

Without a wider practice solution, Umi is just one more strip on a long list, and chemist substitution is easy.



How to solve these challenges

The way forward is not to push more ondansetron.

The way forward is to:

- Help clinics run a simple, academy endorsed screening and education service for all children with vomiting or loose motions.
- Make this service clinic-branded and digital, so it is easy to share, easy to trust, and easy to reuse.
- Use this service to improve timing of visits, quality of home care, and recognition of danger signs.
- Add academy education for doctors to clarify where ondansetron fits safely inside this pathway.

WHEN UMI FUNDS AND POWERS
THIS SYSTEM, UMI BECOMES THE
NATURAL, TRUSTED CHOICE
WHENEVER ONDANSETRON IS
INDICATED.

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THE SOLUTION

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A three-pillar, clinic-branded solution for vomiting and loose motions, supported by Umi:

1

Clinic-branded patient education microsite

"How do I know if I need to take my child to the doctor when my child has vomiting or loose motions?"

2

Repeat-use red-flag form and guidance at the start of symptoms and again if symptoms do not improve after one and two days

Parents use the same clinic link at each stage.

3

Doctor education: short clinic education sessions and case studies on the typical challenges with ondansetron

Each title addresses one real education gap.

- All content is academy endorsed.
- All parent-facing pages are clinic-branded only.
- Umi appears only in doctor-facing elements, and always within ethical rules.

BENEFITS TO UMI

1. FROM “ONE MORE BRAND” TO SAFETY PARTNER

Umi is seen as the company that gave clinics a ready-made Vomiting and Loose Motions Safety Service.

2. DEEPER TRUST, NOT LOUDER PROMOTION

Umi stands behind academy endorsed content and clinic-branded tools. This builds strong, quiet trust instead of noise.

3. CORRECT, GUIDELINE-ALIGNED USE, NOT OVERUSE

Doctors use ondansetron only when it is indicated. Umi grows in a stable, defensible way.

4. HIGHER SHARE IN ELIGIBLE PRESCRIPTIONS

In clinics that use the service, Umi becomes the default choice when a child needs ondansetron.

5. STRONGER STORY FOR HCPS

Umi is linked to a safety and education platform with clear metrics, not just samples and discounts.

Description of each element of the solution

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1. CLINIC-BRANDED MICROSITE:

"Do I need to take my child to the doctor?"

A simple, mobile-friendly microsite, branded only with the clinic name.

Step 1: Choose the problem and age

The parent selects:

- Vomiting
- Loose motions
- Both vomiting and loose motions

Then selects the child's age group, for example:

- Under 6 months
- 6 to 24 months
- 2 to 5 years
- Above 5 years

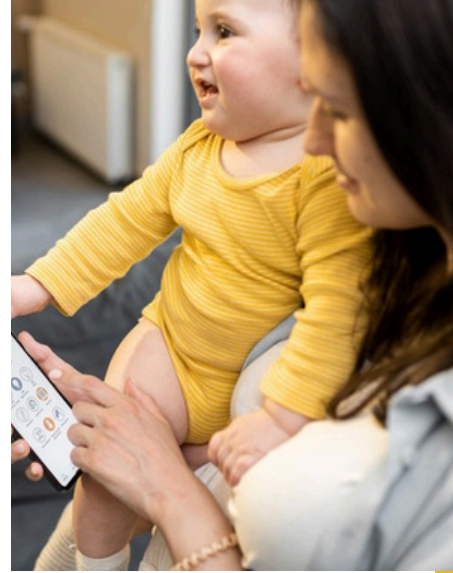
The red-flag questions adjust based on age.



Step 2: Red-flag questions in local language

A short set of questions in the local language:

- How many times has the child vomited in the last few hours?
- How many loose motions? Is there blood or dark black stool?
- Is the child able to drink and keep fluids down?
- Has the child passed urine in the last six to eight hours?
- Is the child active, irritable, very sleepy, or hard to wake?
- Does the child have fever?
- Does the child have any long-term illness or poor weight gain?



The form is built by Academy KOLs using academy guidance on dehydration and danger signs.

No medicine advice is given to parents.

Step 3: Clear, simple advice

Based on answers, the parent sees one of three messages:

- “You can manage at home for now”
 - Simple, step-by-step advice on giving oral rehydration solution and usual food.
 - A list of signs to watch for over the next day.
- “Please see your doctor today”
 - The clinic name, address, and timings.
 - A short explanation in local language: why the child needs to be seen.
- “Go to the nearest hospital or emergency now”
 - Strong, clear language.
 - Simple instructions on what to do on the way.
 - A reminder to tell the hospital that the child is a patient of this clinic.

Local language videos on the same page

Short videos in the local language:

- How to make and give oral rehydration solution correctly.
- What to do if the child vomits after giving fluids.
- Danger signs in vomiting and loose motions, explained with pictures and simple words.

How the microsite is shared

- QR codes at reception, or in the waiting area.
- A link that clinic staff can send by WhatsApp from the clinic number with one tap.

There is no pharma branding on any patient-facing page.



2. REPEAT-USE SCREENING AT THE START, ONE DAY, AND TWO DAYS

The same clinic link and form are used across the illness.

At the start of symptoms

- The parent taps the clinic link.
- Completes the short form.
- Gets advice on whether to manage at home, see the clinic that day, or go to hospital.

After one day and two days

As advised by the doctor and also the form response, the parent runs the form again at 24 hours and 48 hours, or if symptoms worsen/new symptoms appear.

Optional clinic alerts

Red flag reports for yellow/red red flags are auto-emailed to the doctor as soon as the patient fills the form.

This gives clinics a sense of control and improves clinic initiated visit advice.

Contextual education each time

Every completed form shows:

- **Education for safe cases:** home care, feeding, and when to worry.
- **Education for concerning cases:** why the advice is to come now, in simple words, with the same videos reused.





3. DOCTOR EDUCATION:

Short sessions and case studies

Umi supports a small, focused series of academy endorsed doctor education pieces.

Short clinic education sessions (mini-CMEs)

Suggested themes:

- “Where does ondansetron fit in vomiting and loose motions in children?” Clear summary of the narrow, guideline-supported role.
 - Single-dose use to support oral rehydration, not repeated dosing at home.
 - When ondansetron is not needed at all.
- “Keeping ondansetron use safe in everyday practice” Simple guardrails: heart rhythm risk, very young infants, severe malnutrition, other medicines that may interact.
 - One-page checklists that residents and junior doctors can follow.
- “Explaining vomiting and oral rehydration to parents in two minutes” Words, pictures and simple phrases that make sense to families with different education levels.
 - How to position oral rehydration solution as the main treatment.
 - How to explain ondansetron, when used, as a helper medicine to allow drinking, not as a cure.
- “How a vomiting and loose motions safety link changes your clinic” Before and after picture of parents’ behaviour.
 - Fewer late emergencies, better prepared visits, better documentation.

Each mini-CME can be read or viewed in 10–15 minutes, and can be used as a small clinic self-learning document.

CASE STUDY SET

Short, realistic stories that bring the ideas to life:

- A child who arrived late with severe dehydration and how a parent-facing clinic link could have triggered an earlier visit.
- A child in whom a single dose of Umi plus correct oral rehydration allowed home management and avoided admission.
- A child where ondansetron was not used, and why this decision was correct and safe.

All mini-CMEs and case studies:

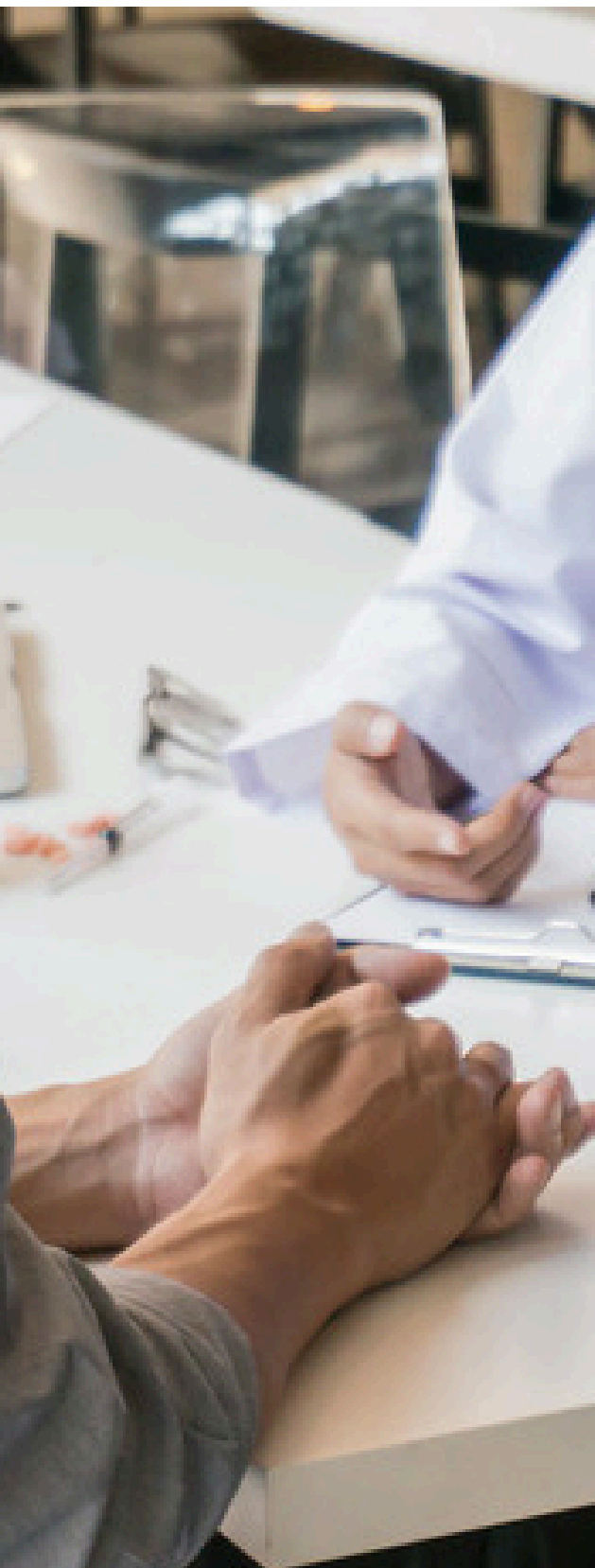
- Carry academy endorsement.
- Are designed in simple language, with clear diagrams and few words per page.
- Can be read on a mobile phone or printed as handouts.

Umi branding appears only in these doctor-facing materials, in designated advertising sections.

Parent-facing materials remain clinic-branded, with no Umi logo.



Core
Components



FIELD EXECUTION

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Field execution is intentionally very simple. Brand teams do not need training on medical content.

Step 1: One-time clinic set-up

On the first visit:

- The representative opens a simple clinic set-up form.
- They fill in: clinic name, logo, languages, clinic phone number and email.
- Once this form is submitted, the system automatically creates:
 - A clinic-branded microsite link.
 - QR codes ready for posters.
 - A standard WhatsApp share text that includes the clinic link.

All usage after that is owned by the clinic.

Umi stays in the background as the enabler.

Step 2: Routine visits

On each routine visit:

- The representative uses a one-click “share to doctor” WhatsApp form that sends the education to the doctor’s phone.

How to measure brand outcomes

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THE SYSTEM IS DESIGNED TO CAPTURE
MEANINGFUL ACTIVITY.

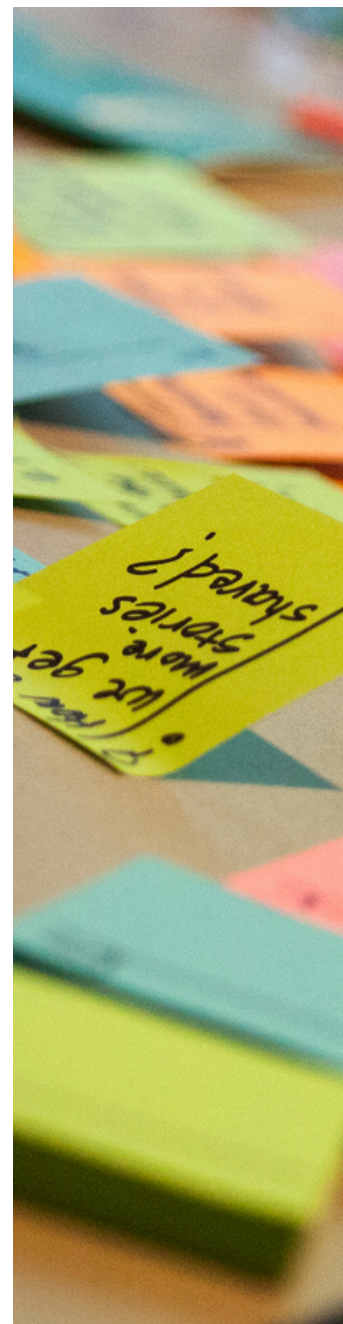
Platform and clinic activity

- Number of clinics enrolled and fully white-labelled for the service.
- Number of field visits where the Umi team shared or refreshed the solution.
- Number of clinics that actually start sharing the microsite.
- Number of parent sessions on the microsite.
- Number of completed forms at the start of symptoms, after one day and after two days.
- Number and proportion of sessions that show red flags.
- Number of video views and completion rates.
- Number of doctors who opened each mini-CME and case study.
- Number of doctors who viewed a mini-CME or case study up to the end.

Practice-level impact indicators

(Collected through simple surveys or focused pilots in a sample of clinics.)

- Change in the proportion of children coming early in the illness versus late with severe dehydration.
- Change in the proportion of parents who can correctly list key danger signs, as reported by doctors.
- Change in reported correct home use of oral rehydration solution.



U m i o u t c o m e m e t r i c s —————

Within participating clinics, over a defined period:

- Share of Umi among all ondansetron prescriptions written for children with vomiting where ondansetron is indicated.
- Change in total guideline-aligned ondansetron prescriptions in these clinics.
- Comparison of Umi share in “service clinics” versus similar clinics that have not yet adopted the service.
- Stability of Umi share over time, showing sustained loyalty and not only short-term trial.

Because all sharing and usage is logged, the Umi team can also see:

- Which clinics are high-engagement users of the service.
- Which clinics have low use and may need a different conversation or support.

In this way, Umi becomes not only a medicine, but the backbone of a simple, academy endorsed safety and education service for vomiting and loose motions in children.



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THE STRATEGIC OPPORTUNITY & CTA

Your brand may have reach and recall — but is it shaping the first-month behaviour that protects continuation? Inditech's clinic-led digital pathways activate at the exact friction points, converting early vulnerability into predictable Week-4 stability.

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