

Marketing Mishaps

Barriers to Patient Acceptance

We're managing the wrong issue.

BY SHAREEF MAHDAVI

Two emotions that drive human behavior are greed and fear. When it comes to LASIK, the factors that drive patient decision-making can also be boiled down to two: price and fear. Over the past 20 months, the industry has been obsessed with trying to manage the price issue: "If I drop my price, won't more people come to have LASIK?" "How does she make money offering LASIK at such a low price?" "His volume is tanking because his fees are so high." You recognize these hallway discussions at shows and meetings.

It appears we've been discussing the wrong issue. Can you imagine if those same hallway conversations were sprinkled with: "Wow! Did you see his new patient brochure? Incredible!" "That informed consent was the best I've ever witnessed." "His staff not only answers questions, they ask patients what they're afraid of." These scenarios are probably difficult to imagine, mainly because eye care professionals are not trained in the art

of communication. Some physicians and staff members have an ability to empathize, listen, and respond in a way that builds trust and confidence in the prospective LASIK patient. Others simply do not have this ability and either delegate the task or ignore it altogether, hoping that the photocopied brochure and poorly produced "Dear Patient" letter will provide interested patients with valuable information. This has been proven a mistake.

READY OR NOT

We can classify patients according to their level of interest in undergoing LASIK. In ascending order, these levels are 1) aware, 2) interested, 3) considering, 4) choosing, and 5) recommending the procedure (Figure 1). The good news is that between 1996 (the first full year of US approval) and 1999, the level of awareness of the refractive surgery category increased dramatically. To my knowledge, there are at least two studies on this topic. The unscientific study was conducted at the

annual neighborhood Christmas party. In '96, very few people knew about PRK or LASIK and wondered if it was that "radial k" thing they heard about in the past. Each year at that same party, I marveled at how many more people were aware of laser vision correction and knew someone who had had it done. A scientific study was conducted via a consumer survey in late 1999 indicating

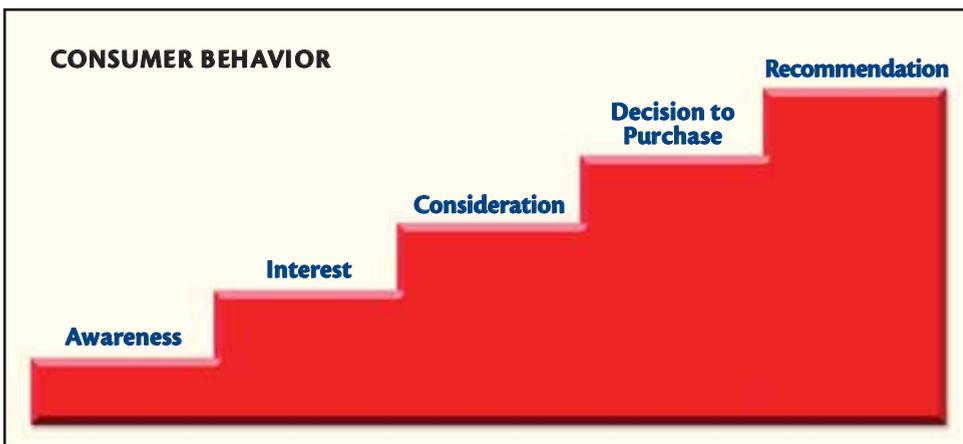


Figure 1. Consumers (including LASIK patients) go through a series of steps in deciding whether or not to make a purchase decision. Patient communications should be designed to help people move along the continuum but all too often ignore these steps.

that more than 80% of the population knew about LASIK and laser vision correction and that more than 50% knew someone who had undergone the procedure. (It probably helped that Tiger Woods had LASIK about 1 month prior to the survey.) From a marketing standpoint, this is phenomenal awareness for a product category. Once people are aware and "on the path" to a decision, the barriers to having refractive surgery generally lie in either fear or price.

CONSUMER AWARENESS

As an industry, most everyone was caught up in the excitement of increasing awareness and rapidly growing procedure volumes. In a sense, we jumped the gun. For every individual who was actively considering LASIK (ie, the person had enough knowledge and data to overcome their own fear), there were 100 more right behind them

who were also aware of the procedure. And half of those 100 actually knew someone who had undergone LASIK. However, that awareness did not automatically translate to interest and consideration. Although the survey showed that these people knew the procedure was available and could name a price being charged, the record books show that they didn't all climb aboard, as many providers had expected. Many of these prospective patients in this group of 100 needed (and still need) something different than the answer given to the one who chose to have LASIK. Although all consumers can be dissected into different categories (innovators, early adopters, early and late majority, and laggards) that reflect their adoption of new technology, the basic premise is that they all still possess too much fear. And it is this fear that prevents them from moving at least one more spot to the right along the path.

RATIONAL VERSUS EMOTIONAL

As eye care professionals trying to help patients make a decision, we need to recognize that too much energy has been expended trying to solve the wrong equation. Figure 2 uses a simple math equation to describe how patients make decisions to have (or not have) LASIK. On the top is the rational equation.

Many patients and providers would describe the decision as a relationship between perceived value of the procedure and its cost. If the value is perceived as greater than the price, then the patient will choose to purchase. On the bottom, however, is the emotional equation that plays a much greater role in the decision process. If what the patient hopes the procedure might give them is greater than the underlying fear, then the patient is much more likely to move forward. How many times does the following happen: The prospective patient asks "how much?" hears what it is, and then replies, "It's too expensive." This is the rational (a.k.a. "knee-jerk") response. What's typically not said is the

underlying emotional component: "I'm really afraid of what might happen and you, Ms. Eyecare Professional, have not given me enough information to alleviate those fears, so I'm just going to say 'no' for right now." Isn't it amazing

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how that same patient, after a period of time, will stop objecting and ask, "Who do I make the check out to?" What happened in that moment is the emotional needs were sufficiently met to allow the person to have the confidence to move forward. All the negotiation, requests for discounts, promises to refer, etc. dissipates in the light of having enough information to alleviate their own fear. If you remember one thing from this article, make it this: people make decisions emotionally and defend them rationally. Understanding this principle will help you communicate much more effectively with your LASIK candidates.

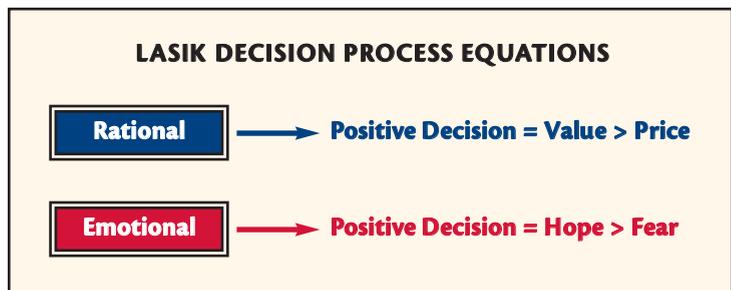


Figure 2. Most providers spend too much time trying to solve the rational equation and not enough time solving the emotional equation. You can reduce the price, but it is much more valuable to work on reducing the fear, given that LASIK is one of the most highly considered purchase decisions a person will make.

APPREHENSION

Fear is natural and self-protective. For LASIK candidates, that fear has three main components: fear of blindness, fear of pain, and fear that it won't work for the patient's particular prescription. For LASIK practitioners, it is imperative that you see your role as "fear managers," helping reduce this fear so that the patient can move forward in the decision-making process. These candidates already possess the hope, given to them by the results they see and hear from others who've had LASIK. No matter what they say when they walk in (eg, "Everyone at work has done it and now I'm ready"), they still walk in with fear.

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A PIECE OF THE REFRACTIVE PIE

Now here's the tricky part: how do you appropriately manage that fear? Because the nature of inquiry has shifted dramatically between 1996 ("How is this different from RK?") and 2001 ("What type of microkeratome do you use?"), many have been led to believe that fear is greatly reduced. This is nonsense. The solution to the fear issue is no different today than it was 5 years ago: Tell the truth. There has been so much misinformation planted in the minds of consumers that it is little wonder that confusion reigns in the marketplace. Although doctors and their staffs are largely to blame, manufacturers have played a big role, more focused on growing their share of the refractive pie rather than making that pie larger for everyone. At both the manufacturer and provider level, the pride of competition has outstripped the need for cooperation required to build and grow a sustainable market.

THE LANGUAGE OF LASIK

There are three major gaps in fear management, each affecting what patients see, hear, and ultimately feel about the procedure.

Positioning

In the past, far too many providers claimed to either 1) have invented the procedure, 2) have performed the first procedure, or 3) have the most procedure experience. This is weak, ineffective, and no longer credible with consumers, who are hearing similar claims from everyone they call in a market area. Providers (and their patients) would be much better served if they would carve out a position which is realistic, defensible, and truly reflects "why patients choose Dr. Smith." How do you determine a good position? Ask

your patients how they perceive you and their experience of being part of your practice. Through surveying, you will uncover a treasure trove of information that will help you distinguish yourself and learn what type(s) of patients you are attracting (a.k.a. "demographics").

Technical Jargon

The industry and the profession are full of buzzwords and acronyms that are special to us but not to our patients. The way we use these words in each communication medium—brochure, video, seminar, consultation, screenings both pre- and postoperative—affects the patients' ability to understand the language of LASIK. It's up to the provider to make the language simple and easy to understand, and yet not be patronizing or condescending. To gain some perspective, just head over to your local computer store and start asking questions about the latest PCs and accessories—you quickly appreciate the salesperson who can speak in a language you understand and tend to avoid the techie who likes to hear himself spout about all the latest in bits and bytes.

Honesty

Because of the strong emotional component and deep consideration that goes toward having LASIK, patients want to be "educated" rather than "sold." Yes, we need to recognize when the patient is "ready" so we can "close the sale," but there is a lot of listening and responding that needs to take place before that moment occurs. Although not every candidate wants to know every detail about the procedure and what might go wrong, there is no excuse for not having the information available when someone does inquire. It is simply unacceptable to gloss over complication rates, outcomes, and recovery times. Leaving the patient to discover them in the fine print of an informed consent is a cop-out. Ironically, it might be the provider's fear of losing the patient (either completely or to another provider) that drives such errors of omission. In the role of "fear manager," your mission is to provide enough information so that each person's fear is reduced to an acceptable level for him or her.

In short, what you say to patients and how you say it all serves to either build or undermine that bond known as trust. From the prospective patient's standpoint, it all boils down to this: No trust = no procedure.

Next month, we'll focus on an issue which the provider has total control over yet rarely performs well—follow-up of leads and patients. ■

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