

The Marketing Challenges of Customized Ablation

Customized ablation is a whole new game that requires a new way of thinking for most refractive surgeons.

BY SHAREEF MAHDAVI

There's a lot of buzz in the ophthalmic profession about customized ablation. As we enter the next era in laser vision correction, there will be new challenges in building greater market penetration among consumers. The approvals of customized treatments represent an incredible opportunity for refractive surgeons to grow their businesses and the entire surgical category. Making this dream come true, however, is going to take significant change within the ranks of ophthalmology. Past experience in cataract and refractive surgery has shown that doctors tend to be their own worst enemy with regard to business and marketing principles. Viewing colleagues as competitors and services as discountable commodities has led to the cannibalization of profits and market growth. If and when surgeons realize the full value they bring to consumers, they will act differently. They will trade their often irrational assumptions for a new perspective based on meeting the needs of their customers.

Now, more than ever, providers need to look at this fresh opportunity from the consumers' viewpoint. By understanding how they are likely to view wavefront-driven LASIK treatments and by considering what's happened since the laser was first approved nearly 8 years ago, we should be able to influence consumer demand to rise higher than it has been in the recent past.

Perhaps the single biggest pitfall in refractive surgery is the notion that LASIK is "plug and play"—a fast and easy procedure for consumers to adopt and for doctors to perform. If

I could get only one point across in this article, it would be that surgeons will be much better off if they adopt a philosophy similar to the following: "Customized ablation is great technology that should help convert more patients. Although it might prompt more patients to want to undergo the procedure, the process involved in treating them has become more complex, thereby increasing my work as a surgeon and my value to the patient."

REALISTIC EXPECTATIONS

Just a few years ago, we heard about "super vision" and were told that customized ablation would allow everyone to see as well as baseball's great hitter, Ted Williams. Fortunately, recent results from international and US clinical trials have tempered those expectations. Regardless of the laser manufacturer or specific wavefront device, the results reported are indeed better than what surgeons have achieved to date with conventional laser ablations. This is

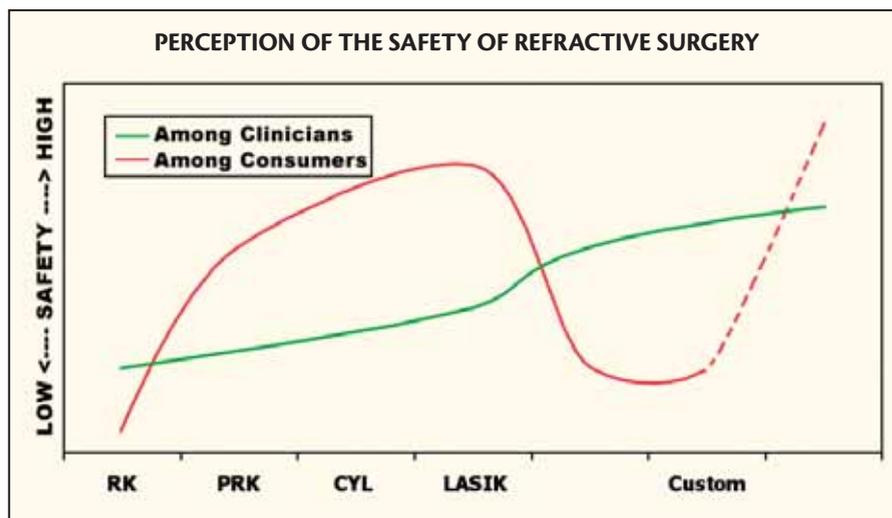


Figure 1. How safe is refractive surgery? This graph conceptualizes the relative differences in how patients and doctors answer this question.

**TABLE 1. KEY DEVELOPMENTS
IN REFRACTIVE SURGERY**

Influence on Consumer Demand	
RK	Proof of concept
PRK	Precise technology
Cylinder	Expanded pool of patients
LASIK	Convenience
Custom	Improved perception of safety

good for two reasons. First, it means that there is less room and less reason to promote one laser platform over another to patients (which only confuses them). Second, we can expect that the average result will be better than that achieved with standard LASIK, and a rising tide should lift all boats in the water. Additionally, the goals for efficacy seem realistic: (1) make 20/20 vision the norm and (2) offer a postoperative visual acuity that is equal to or better than patients' preoperative BCVA in the majority of eyes. Even the early data on customized treatments (which will no doubt improve with time and surgeons' experience) are meeting these efficacy claims.

PATIENT SAFETY

Public Perception

Clearly, the battle for consumer acceptance has shifted into the realm of safety. The ultimate success of wavefront-guided customized ablation is going to depend on how safe the procedure is *perceived* to be by consumers. The year 2003 is a very different time in their minds than was 1995. Back then, their key question was, "Will this procedure work for me?" More than 3 million Americans have proven that the procedure indeed works, but there have also been poor outcomes, some of which received large amounts of press coverage. Today, those negative stories linger in the minds of consumers and may keep many potential patients sidelined, perhaps forever. For that reason, marketing messages need to focus on increased safety, rather than simply promise "better results."

Figure 1 asks, "How safe is refractive surgery?" and illustrates safety as viewed by both clinicians and the public over a span of the past 10 years (the period covering RK through customized ablation). Although clinicians' perceptions of refractive surgery's safety profile have steadily improved (as evidenced by surgical experience, new technology, and broader indications), the public's perception of refractive surgery's safety has followed a more uncertain course. Much of the gain in consumer confidence that occurred in the late 1990s was lost due to the bad press of 2000 and 2001. Consumers will therefore require educa-

tion on customized ablation and wavefront data in order to understand that these technologies yield safer, better results. This educational process should restore consumers' confidence and promote a subsequent expansion of the surgical category.

Double-Edged Sword

The role of customized ablations for the patient (and the surgical category) is significant. The technology's ability to therapeutically improve visual acuity and reduce the number of subjective complaints from prior procedures will become a form of redemption for patients and surgeons alike. The use of wavefront analysis to determine optimal ablation profiles and screen out poor candidates should increase the amount of "20/Happy" results and decrease the number of suboptimal outcomes. As was the case with claims made for efficacy, however, refractive surgeons must be careful not to overpromote safety claims. The industry is at the beginning of the learning curve with respect to higher-order aberrations, and it is a foregone conclusion that further refinement will occur.

CONTEXTUALIZING CUSTOM

History

It's important to understand where customized ablation fits into the timeline of developments in refractive surgery (Table 1). Just 10 years ago, RK was the only common option available for reducing or eliminating a patient's dependence on corrective lenses, and, at its peak, that procedure was performed more than 300,000 times

TABLE 2. COMMUNICATING "CUSTOM"

What matters to doctors and manufacturers:

- Precise eye tracking
- Higher-order aberrations
- Wavefront accuracy
- Flying or variable spots
- Optical zones
- Treatment zones
- "Customizable" treatment algorithms and nomograms

What matters to consumers:

- Reduced risk
- Safer procedure
- Better vision
- More accurate results
- Less downtime
- Their specific refractive error treated
- Their unique vision problem or need met

in the US. RK was the “proof of concept” that demonstrated to consumers that the promise behind refractive surgery was indeed possible.

The approval of the excimer laser dramatically affected the field. Across the board, surgeons’ perception (ultimately substantiated by clinical data) was that a laser beam would be significantly more precise than a blade.

Even with FDA approval, 18 months elapsed before a robust market developed. During that time frame, hundreds of lasers were sold, thousands of surgeons completed training, and the first wave of

paying laser patients received PRK. The next key development was FDA approval of cylindrical correction, because two-thirds of the myopes seeking refractive surgery also have astigmatic error. Treating both errors simultaneously better met patients’ needs and expectations and significantly increased procedural volumes.

Then came LASIK. First used off-label and eventually approved by the FDA, LASIK became the single most significant driver of consumers’ demand for refractive surgery. Unlike previous developments, which expanded the indications for treatment or offered better outcomes, LASIK provided a convenience and instant gratification not achievable via PRK. This “wow factor” offered by LASIK overrode the lack of clinical advantage and greater risk of complications from the microkeratome. Perhaps for the first time in ophthalmology, the definition of a better procedure extended beyond clinical issues to patients’ preferences. LASIK proved that nonclinical issues such as increased convenience and decreased downtime can have a major impact on the rate of public acceptance.

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SUCCESS WILL DRIVE DEMAND

Looking ahead, the effect of improving consumers’ perceptions of procedural safety cannot be overemphasized. Success on this score will allow customized ablation to become the biggest factor to date affecting patients’ demand for laser vision correction.

The skeptic need only remember that laser vision correction’s elective status makes it subject to a different set of rules than traditional, necessary medical procedures. Customized ablation is as much about perception as anything else. Perceptions drive consumers’ purchasing decisions, and that is why marketing can make or break customized ablation’s ability to grow the surgical category.

DO IT DIFFERENTLY

Customized ablation’s entry into the marketplace gives every surgeon and provider the unique opportunity to re-evaluate their offering. Rather than assume that *customized* is just another term to be added to what you already say about refractive surgery, you might want to examine how assumptions have already injured the market and some individual providers:

- **Share of market rather than size of market:** There has been way too much attention given to competing providers’ efforts in your local market, often evidenced by “bashing” the competitor and/or his equipment.
- **Perceived competition leading to discounting:** When prices dropped by 20% in the year 2000 (presumably as a means of boosting procedural volume), the overall demand for procedures decreased rather than increased.

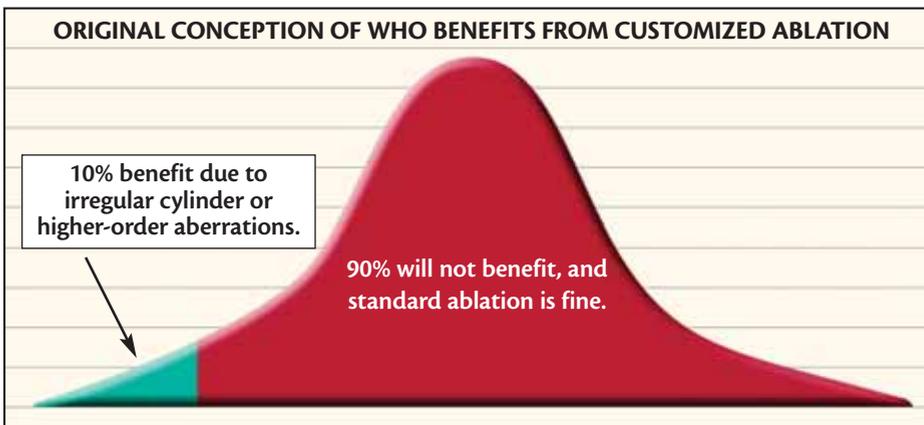


Figure 2. Who will benefit? Original thinking in the industry held that customized treatment would only benefit those patients who do not qualify for standard LASIK.

- **Promoting new technology to increase market share:** New technology is the lifeblood of every industry, but using it as a marketing tool has proven risky and often fails to provide any sustained marketing advantage.

Previous articles in *Cataract & Refractive Surgery Today* have covered these and other topics. The industry now has more than 7 years of commercial experience to

draw upon as it enters the era of customized ablation. Similar to Apple Computer’s advertising statement to PC users, surgeons will need to “think differently” about how they approach their patients with refractive surgery.

One thing we know for certain is that customized ablation costs more to perform than standard laser treatment. The wavefront device is an additional piece of equipment, and users should count on more expensive royalties from manufacturers. As a result, many surgeons will raise prices to cover their increased expenses. Will this move hurt demand? If lowering prices failed to increase demand, it may be fair to project that raising prices will at least not have a negative effect. Early adopters of laser vision correction have a higher tolerance for risk than the majority of the population and, regardless of income level, value quality over price.

ADDED VALUE

Customized ablation gives you the opportunity to add significant value to your product and service offering. Your goal here should be to more than offset the increase in price with improved service, as well as superior technology. If you simply rely on the better technology to support a higher price tag and do nothing else to enhance the value of your offering, prices will fall, just as they did several years ago, when the technology becomes more mainstream. To avoid that scenario, start to improve how you deliver your service now. Identifying how to improve allows you to create your own unique identity and offering in the marketplace (often termed *positioning*).

How can you provide service that’s twice as good as

what you currently give? Start by analyzing the manner in which telephone inquiries are handled and work through to your postprocedure gifts and surveys. Recognize that patient financing becomes even more important when the price point increases. Develop a new mindset that views tools such as no-interest financing as an investment in procedural growth, rather than as an added expense.

Each small improvement you make can add up to a significantly better overall experience for your patients.

As before, happy patients will share their positive experience with their

friends, who will come to you. Patients will shop around less if they have an incredible experience when visiting you (over the phone, in person, postoperatively) and believe that what you offer is special. Remember that technology will never substitute for good customer service. The laser cannot make your practice unique, nor will the customized procedure. Only you and your staff can make your practice unique in the minds of your customers. In short, plan now to make changes that will improve customers’ perception of your offering. This is the “steak” that must accompany the “sizzle” offered by customized ablation.

WHAT ARE YOU COMMUNICATING?

Yes, customized ablation and wavefront technology possess an incredible amount of sizzle that will generate excited interest among patients and the media. What are you communicating through customized ablation? To use a well-worn analogy, too many providers want to talk about grass seed when what their patients really want is a green lawn. You need to think benefit, rather than feature.

Ironically, the great technology afforded by wavefront-driven customized ablation is absolutely the wrong focus for messages that attempt to convert consumer interest into procedures. This approach may help attract patients to your phone or door, but what will retain their interest is your ability to improve their vision. Technology is simply the tool or feature. All those oh-so-critical aspects of

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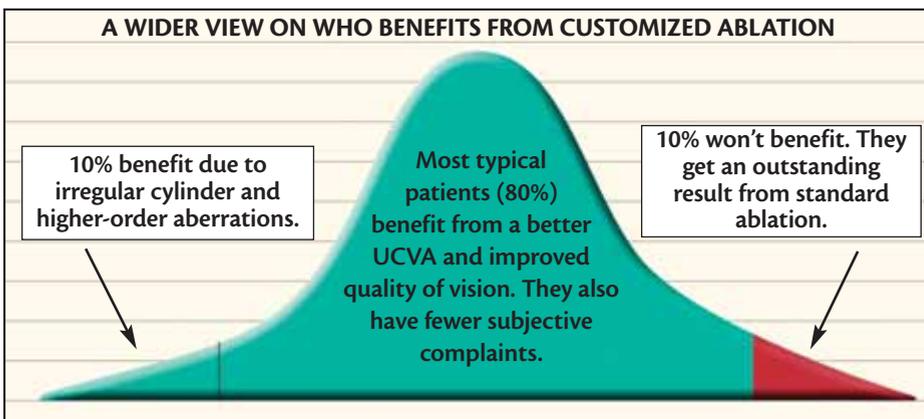


Figure 3. Evidence from the ongoing FDA studies suggests that a much larger proportion of the refractive population will benefit (quantitatively and/or qualitatively) from customized ablation.

the technology that matter to doctors and manufacturers resonate very little with consumers (Table 2). The true benefits of customized ablation will be individual to each patient and shaped by his goals and expectations. Safer, personalized results with reduced risk are more meaningful to patients than all the discussion about wavefront technology, spot size/type, and optical zones. Even the terms *customized* and *personalized* are features to the consumer. You need to explain why they are meaningful to the patient.

DUE TIME

It will take time for this new era in refractive surgery to reach its full potential. There will be a period of transition (similar to what occurred upon the excimer laser's introduction) during which surgeons and staff will train on new equipment and software. As the number of locations offering customized procedures proliferates, the industry (surgeons, staff, manufacturers, laser center operators, referring doctors) will seek to develop messages that resonate with consumers. Expectations of how long it will take for customized treatments to affect consumer demand should be tempered by the reality that it will not happen overnight.

ENTER THE SURGEON

Whenever a new technology is introduced, physicians tend to split into three groups: innovators, skeptics, and those in between. After the initial blitz of hype for customized ablation several years ago, ophthalmologists commonly believed that the technology would benefit approximately only 10% of the population (Figure 2). This sentiment is likely to prove half correct. The 10% figure represents the group of patients who have a refractive error or other issue that prevented their candidacy thus far but may now proceed thanks to the new technology.

The big news is that much of the FDA trial data currently being gathered suggest that the average patient treated today will achieve better results with customized ablation. Overall, compared with standard LASIK, higher numbers of patients are attaining a UCVA of 20/20 or better, their quality of vision appears to be superior, and there is a universal report of fewer subjective complaints (the latter may be due in part to vast improvements in the preoperative and postoperative surveys used in the studies). These results are likely to impact the vast majority of eligible candidates (Figure 3).

Indeed, some patients will not benefit from customized ablation, as evidenced by extraordinary cases in which eyes treated with conventional ablation achieved a UCVA of 20/15 or better. That group is small, however, probably equal in size to the 10% mentioned earlier, but at the other end of the bell curve. In short, the potential exists for wavefront-driven ablation to have a much greater impact than was first thought—closer to 90% than the original 10%.

RAISE YOUR GAME

As a profession, refractive surgeons have again been given an incredible opportunity to capture the imagination and acceptance of the spectacle-wearing consumer. Once more, surgeons face the challenge of ridding themselves of the “greed and fear” mindset that wants to steal patients from competing providers. For customized ablation to succeed in the marketplace, surgeons will need to act like sports champions and raise their game. Instead of worrying about which procedure will be better or emerge as

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the dominant treatment modality, energy will be much better spent thinking about and discussing the following questions:

- How will I learn to see customized ablation from the perspective of my patients?
- What steps can I take to integrate the customized procedure into my practice?
- How can I use this new product offering to dramatically improve the service and value my practice offers to refractive surgery patients?

Without a doubt, customized ablation is the best near-term opportunity to reignite consumer demand for refractive surgery in the US. Take the time now to prepare yourself and learn from our marketing experience of the past 7 years. The ball is clearly in your court, and how you approach this opportunity will certainly influence your success with the procedure and, collectively, that of the surgical category. Keep your own biases and expectations in check and continue to listen to the customers—your patients—as you venture down the customized path. ■

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