

HEALOGIX Headlines™

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Successfully Crossing ‘The Chasm’: Customizing the Technology Adoption Curve

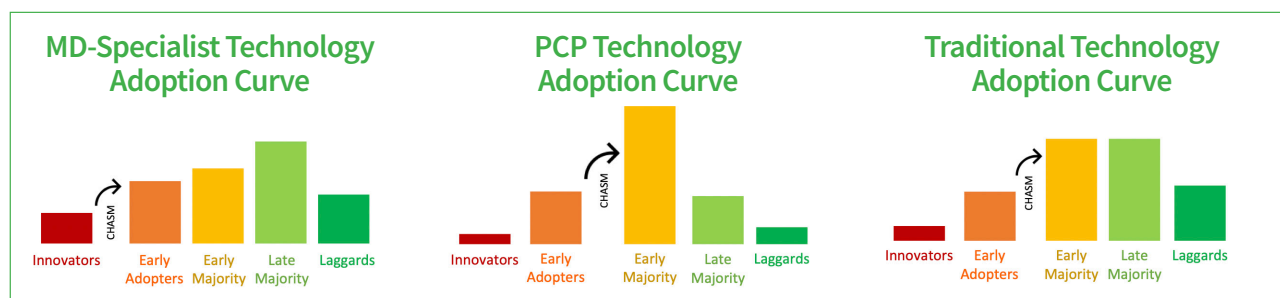
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There is a reason the Technology Adoption Curve remains popular in life sciences and healthcare: it makes sense. Innovators and Early Adopters are the first-to-know, first-to-try, followed by the Early Majority, Late Majority, and Laggards, each adopting at later times. But from experience, many MedTech companies—emerging to established—know just how hard it is to ‘cross the chasm,’ moving novel technology from cutting-edge interest to mainstream acceptance.

So, what can MedTech companies do to achieve a successful crossing and accelerate acquisition?

Find Your Curve

The traditional Technology Adoption Curve is a normal distribution, more applicable to consumer or business-to-business markets than MedTech due to the pace of innovation and variable reliance on KOLs. Thus, MedTech manufacturers need to understand the unique shape of their offering’s acquisition curve. To illustrate, the adoption curves shown here depict results from a recent engagement, showing how physician groups vary from one another (as well as the traditional curve).



Naturally, estimating an offering’s distribution requires asking the right questions during quantitative Voice of Customer (VoC) research. That, along with knowing when to expect the chasm and what lies beyond will support launch planning efforts and fortify revenue forecasting.

Identify Acquisition Acceleration Drivers

While the conventional attitudes associated with Technology Adoption personas are well known, in healthcare markets, these rarely encompass key adoption drivers. It is important to account for additional factors that accelerate acquisition. As each market is distinct, these learnings typically emerge from qualitative VoC research, where vigilant listening and analytic synthesis are essential to creating a robust market model.





Technology Adoption Curve attitude-dimensions

Traditional Attitudes

- Risk Tolerance
- Interest in Technology
- Perceived Competition for Patients
- Time to Return-on-Investment
- Reliance on KOLs / Thought Leaders

Supplementary Attitudes (examples)

- Enthusiasm for Condition or Procedure
- Practice / Institution Growth
- Contribution to Patient Management

In our work, Healogix finds enthusiasm (in its multiple forms) for managing a condition or performing a procedure to be a key, supplemental attitude. Other factors may include the desire to grow a practice/expand institution reputation and perceived clinical contribution of the technology. Ultimately, identifying supplemental attitudes and understanding how they manifest as adoption drivers accelerates acquisition.

Explore Acquisition Options

With the Early and Late Majority segments being risk averse on many fronts (i.e., financially, technologically, competitively), addressing these concerns through acquisition options is paramount to crossing the chasm. When there is sensitivity around technology affordability or the pace of innovation, creative purchase options can help to overcome these deterrents.



For example, in a recent Technology Adoption study, MDs conveyed a strong preference for buying novel technology outright, but simultaneously noted the capital outlay to be a significant acquisition barrier. Concerns ran high about purchasing the technology too early, given the anticipation of next-generation upgrades. To overcome this barrier, Healogix worked through options for a subscription model, including discounted access to future offering releases and monthly payment possibilities which, when finalized, contributed to a successful product launch.

For more information, please contact Jill Glathar (jill.glathar@healogix.com or 610.209.7806) •



Do you have a story idea for our next newsletter? Send thoughts to ed.siebert@healogix.com

Did You Know?

HOW WELL DO YOU REMEMBER TV DOCTORS?

Since we are all in the healthcare field and have been watching a lot of TV this past year, test your TV doctor knowledge with these five trivia questions. Let us know how you do!

1. Pick the doctor who was not a surgeon.

- A. Doogie Howser (Doogie Howser, MD)
- B. Dr. Bombay (Bewitched)
- C. Hawkeye Pierce (M*A*S*H)
- D. Elizabeth Corday (ER)

2. Which TV doctor was famous for saying the line, "I'm a doctor, not a _____!"

- A. Bones McCoy (Star Trek)
- B. Zachary Smith (Lost in Space)
- C. James Kildare (Dr. Kildare)
- D. Phillip Chandler (St. Elsewhere)

3. Pick the doctor who did NOT deal with mental health.

- A. Joel Fleischman (Northern Exposure)
- B. Bob Hartley (The Bob Newhart Show)
- C. Frasier Crane (Cheers/Frasier)
- D. Jennifer Melfi (The Sopranos)

4. Which of these doctors was NOT a general physician/internist?

- A. Richard Kimble (The Fugitive)
- B. Michaela Quinn (Dr. Quinn, Medicine Woman)
- C. Adam Bricker (Love Boat)
- D. Colonel Alfred Bellows (I Dream of Jeannie)

5. Pick the doctor who was NOT a dentist or orthodontist.

- A. Barry Farber (Friends)
- B. Tim Whatley (Seinfeld)
- C. Greg House (House)
- D. Jerry Robinson (The Bob Newhart Show)

ANSWERS:

- 1B. Dr. Bombay was a witch doctor.
- 2A. Bones McCoy who would famously say, "I'm a doctor, not a bricklayer, escalator, coal miner" among others.
- 3A. Joel Fleischman was a family medicine/general practitioner in Cicely, Alaska.
- 4D. Dr. Bellows was a NASA psychiatrist.
- 5C. Greg House was Head of Diagnostic Medicine with a double specialty in Infectious Disease and Nephrology.