Stanford eCorner

Marketing Medical Technologies

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When introducing a new medical device such as "invisible" orthodontics, it can be a struggle to bring the medical community on board. Align Technology CEO Thomas Prescott discusses the necessity of clinical research documentation and sales and marketing materials targeting both patients and practitioners as essential tools for product push. Prescott points out introducing new devices is particularly challenging when the technology does not improve patient mortality.

Transcript

I'm going to try very hard to play back the question. And if I don't get it right, you're going to help me. I think there was a three-part here. The first is interested in market penetration. How hard was it to get doctors to believe and start to adopt and then, three, what kinds of resources went into that? Was that pretty close? All right. It's hard. In the medical device industry, whether it's a dentist or a doctor or in a specialty, they are looking for proof, clinical evidence, white papers, clinical studies in some cases. In the early days, Align did not have that. One of the reasons they went out quickly to consumers was they said, "Boy, who would really want braces? " They had a great value proposition but the problem was, especially orthodontists, it was almost dogmatic. Everything they did was brackets and wires.

So, the job they had to do was explain them, give them the clinical reasons, the economic reasons and all the other reasons why they would say, "You should trust us with part of your practice to at least start trying this." And the company wasn't really set to do that. They didn't have a lot of people in the early days that understood clinical development and innovation inside med tech and why doctors make choices. So, they went to the consumer and it was exciting for a young private company to run a $30-million ad campaign. There was a lot of buzz but very little of that translated into case starts for Align. It turned into a lot of a case starts for the bracket manufacturers. They should have at least sent us Christmas cards. So, the company basically had to retrench a bit, provide the reasons to believe, clinical evidence and a lot of science. And we're still doing that. The consumer has a far greater demand for this product than the channel, our GP dentists and orthodontists. There's our group of committed champions here, maybe a third of the orthodontists out there.

But many of them are more comfortable using the traditional approach itself. You got to invest in clinical studies, trade shows, a lot of clinical education. We have an award-winning website where we have a lot of CE content. Bring them along. Give them reason to change. The other thing that happens in dentistry is, how many of you are in the biomedical or med tech or other areas of engineering? What's one thing to say cardiac surgery or interventional cardiology versus dentistry? What would be one big difference? The payer. The payer, yes. Private pay, that's a big difference. How about morbidity/mortality? Anybody here heard of somebody dying from a dental procedure? If it happens, you probably got very bad care. But the very low morbidity/mortality in dentistry and orthodontic specialty and the very fragmented nature and private pay mean they are slower to change.

If a big change occurs in the interventional cardiology, let's use stents, changes within a quarter or two, you would see most people using what's now considered as standard of care based on very clear clinical evidence. It would almost be irresponsible to stay with old technology if it was proven that there is greater morbidity/mortality. Now, we might test that when the government is the payer and say, "We don't care so much about that." So, back to your original reason, this is why it has taken

a longer time. We're still working on it. The company spends a lot of money on clinical research, on sales and marketing and all of those things. And I'd say we're still in the first or second inning of that adoption and market shares are still very small.