BOARDROOM BRIEF

Awareness Was Never the Problem

"If people understood our product, they'd switch."

Every launch team believes some version of this. Physicians would change how they practice. Payers would cover. Health systems would adopt.

Different stakeholders but the same assumption: understanding leads to change.

Understanding something new doesn't give the market a reason to question what it already trusts.

If your goal is to change the standard of care, that's where transformation begins.

Markets don't adopt a new standard all at once. They climb toward it. We call that progression the **Market Belief Ladder**.

The first move is **Name the Enemy**: create enough doubt for the market to question what it has long accepted as true.

THE MARKET BELIEF LADDER

Markets climb because beliefs change—not because products improve

Key Takeaways

1

Markets don't change when a better product becomes available. Understanding a better alternative isn't enough. The market first has to believe the current approach is no longer sufficient.

2

Until the current standard feels inadequate, change remains optional. Awareness doesn't create urgency. The market needs a compelling reason to question what it already trusts.

3

The companies that change markets start by proving the old way is no longer defensible. They don't compete against the existing standard. They change how the market judges it.

CASE STUDY

iRhythm Didn't Sell a Better Monitor. It Challenged a Trusted Standard.

For decades, ambulatory cardiac monitoring largely meant a Holter monitor: record the heart for 24 to 48 hours and look for an arrhythmia. A negative result functioned as an answer. The patient had been monitored. Nothing was found.

But arrhythmias are intermittent. They don't necessarily appear while a physician happens to be watching.

The field knew this. Cardiologists understood the monitoring window was short, and they had absorbed the consequence as the cost of doing business: inconclusive results, repeat monitoring, and patients returning with symptoms no one had captured yet.

The limitation wasn't hidden. It was tolerated. That's an important distinction.

A hidden limitation gets solved once someone points it out. A tolerated limitation doesn't. The market has already built its workflows, expectations, and clinical confidence around it. Simply acknowledging the limitation changes very little.

Something has to make the old answer increasingly difficult to defend.

Most companies would have leaned harder on awareness: more evidence, more education, more effort to prove their product was better.

iRhythm took a different approach. It made the limitation of the existing standard impossible to overlook.

In a prospective comparison, the 14-day Zio Patch detected 96 arrhythmia events, compared with 61 detected during a 24-hour Holter study.

The number wasn't the move. What iRhythm did with it was.

The study wasn't presented simply as evidence that Zio detected more events. It demonstrated something much more consequential: a short monitoring window could produce a reassuring result because the arrhythmia simply hadn't occurred yet.

That reframed the negative Holter. It stopped being an answer and became a question. Was there no arrhythmia? Or did we stop looking too soon? The assumption protecting the existing standard had been exposed.

Once that happened, the conversation changed. It was no longer simply whether Zio was a better monitor. It became: How long do you need to watch before you can confidently rule out an intermittent arrhythmia?

iRhythm didn't first need physicians to choose Zio Patch. It first needed physicians to question whether the monitoring window they had trusted for decades was long enough.

That's the strategic distinction.

Lesson: Before a market can embrace a new standard, it first has to stop trusting the old one.

iRhythm didn't prove Zio was better.
It made the status quo harder to defend.

iRhythm

Discussion Questions

Use these prompts to pressure-test your next commercialization strategy.

- What assumption protecting today's standard has our market learned to accept without questioning?
- If physicians, health systems, or payers continue believing the current standard works well enough, what reason have we given them to change?
- What evidence would expose a limitation the market has learned to tolerate rather than simply prove our product performs better?
- What behavior would we expect to see if the current standard were becoming harder to defend, and do we see it yet?

Challenging the status quo creates an opening. But an opening doesn't tell the market what should replace it.

That's the next move on the Market Belief Ladder.

Most launch plans begin by explaining the solution. That work has to happen. It just can't come first.

The companies that change the standard of care identify the belief protecting the existing standard and deliberately make it harder to defend. That's the strategic work that creates the opening for everything that follows.

Only then is the market ready to consider a different standard.

Request a Pivotal Commercial Design Review (PCDR)

Identify what your market has learned to tolerate—and what it would take to make that position indefensible—before commercial execution begins to scale.

Grey Matter Marketing
Do what matters.