BOARDROOM BRIEF

Better Rarely Beats Familiar

"If we can prove we're better, the market will choose us."

It's a rational assumption.

Better outcomes. Better economics. Better performance. Build the evidence, make the case, and give the market a reason to switch.

But better is always judged through a lens the market already has.

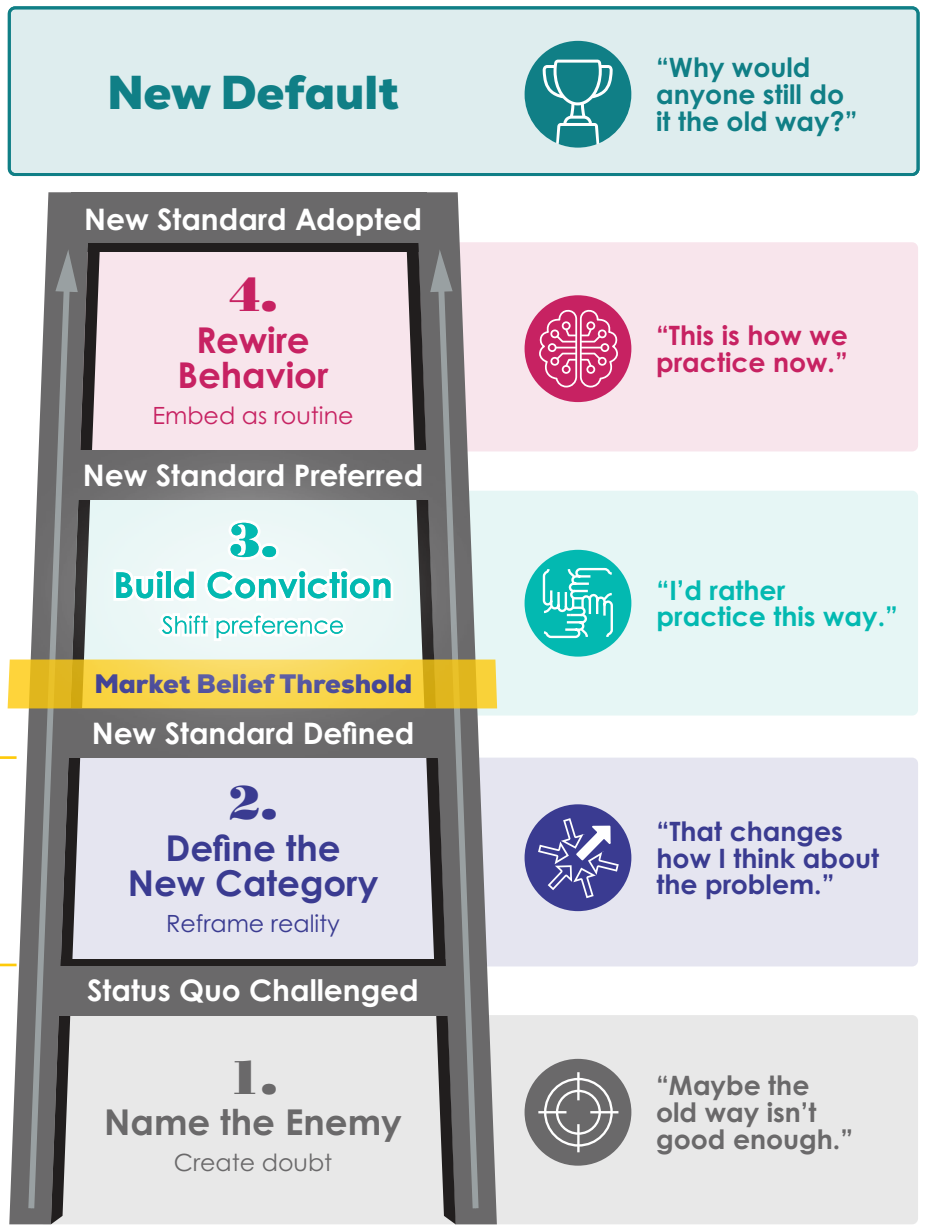
And when you're trying to create a new standard of care, that lens is what has to change.

Healthcare markets don't move from questioning the old way to embracing a new one in a single leap. They move through a progression of belief shifts. We call that progression the **Market Belief Ladder**.

This brief focuses on the second move: **Define the New Category**—when the market begins to see a different definition of what successful care should accomplish

THE MARKET BELIEF LADDER

Markets climb because beliefs change—not because products improve



Key Takeaways

1

Better is always judged through a lens the market already has. The outcomes you prove matter because the market already believes they matter. Creating a new standard requires changing the lens itself.

2

A new standard requires a new definition of success. The market has to see something it didn't value before as essential to what good care should deliver.

3

What the market defines as success shapes what happens next. What physicians expect, what evidence gets generated, what outcomes get measured, and how care gets delivered begin to organize around that definition.

CASE STUDY

Abiomed Reframed Cardiogenic Shock Around Recovery.

For nearly three decades, cardiogenic shock carried a stubborn reality: roughly half of patients didn't survive.

That reality shaped what successful treatment meant.

The immediate objective was to stabilize the patient, maintain circulation, and survive the crisis. Therapies and clinical trials reflected that expectation. When mortality is near 50%, survival is understandably the outcome that matters most.

The field wasn't choosing the wrong definition of success. It was working within the limits of what treatment had made possible.

Abiomed's Impella created the possibility of a different therapeutic objective.

Instead of asking only how to support a failing heart through the acute event, Abiomed and the physicians behind the National Cardiogenic Shock Initiative began organizing treatment around a different question:

Could unloading the failing heart early give the native heart a better opportunity to recover?

That distinction mattered.

Recovery had always been desirable. But desirable is not the same as expected. For recovery to become part of what successful treatment meant, the field needed a way to pursue it deliberately, measure it, and reproduce it.

NCSI helped make that possible.

Rather than treating mechanical support as an ad hoc rescue intervention, the initiative standardized an approach built around early ventricular unloading, hemodynamic monitoring, reduced reliance on inotropes, and defined protocols for escalation and weaning.

Recovery became more than a desirable outcome. It became an objective care was organized to achieve.

And the outcomes made the new expectation credible. NCSI reported 71% survival to discharge, with more than 90% native-heart recovery in surviving patients.

The significance wasn't simply that the numbers improved.

Once native-heart recovery became an outcome worth pursuing and tracking, different clinical questions mattered: How early should support begin? When should it escalate? When can it be weaned? Is the patient's own heart recovering enough to sustain circulation?

Those questions reflect a different definition of what successful treatment should accomplish.

In 2022, Johnson & Johnson acquired Abiomed for $16.6 billion.

Lesson: A new definition of success becomes consequential when it changes what the market expects, measures, and ultimately does.

Abiomed didn't just change how the heart was supported. It changed what successful treatment was expected to deliver.

Abiomed

Discussion Questions

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

What does our market believe successful care should accomplish today? What outcomes define "good" in the minds of physicians, payers, health systems, and other stakeholders, and which of those expectations did the market inherit from the current standard?

What does our innovation make possible that the market does not yet consider essential? Where are we assuming stakeholders will value an outcome simply because we can prove it—and what would have to change for that outcome to become part of what they expect from good care?

If the definition of success changed, what else would change with it? What would physicians do differently? What evidence would matter? What would need to be measured? Which clinical or economic decisions would start being made differently?

What is our evidence strategy teaching the market to value? Which outcomes in our evidence plan are intended to change the market's definition of successful care and how?

The goal isn't to win on the market's existing definition of success. It's to change what success means. That gives the market something new to move toward. But understanding a new standard isn't the same as preferring it.

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

Most launch strategies are built to prove the product is better. That work may be necessary. But it doesn't determine what the market believes good care should accomplish.

Category-defining companies change that expectation.

They identify what their innovation makes possible that the market does not yet consider essential—and deliberately make it part of the definition of successful care.

Request a Pivotal Commercial Design Review (PCDR)

Identify what your innovation makes possible that the market does not yet consider essential—and what it would take to make it part of the new standard—before commercial execution begins to scale.

Grey Matter Marketing

Do what matters.