



ROCKIN'
HIT SALES

Bonus Episode

Connecting the MEDDPICC® Dots From Our Guests

Rockin' HIT Sales

Episode Transcript

Connecting the MEDDPICC® Dots From Our Guests

Bonus Episode: David Hacker, CPHIMS, Founder, Elevate HIT Sales

Release Date: May 13, 2026

Transcript edited lightly for clarity and readability.

David Hacker (00:09)

This is Rockin' HIT Sales, a quick podcast built around the buyer-side realities of healthcare. I'm David Hacker, your host and founder of Elevate HIT Sales. In each episode, I sit down with health system and Health IT leaders to unpack what actually gets initiatives approved, implemented, and scaled.

I would like to welcome you to this very special bonus episode of Rockin' HIT Sales. Today, we're connecting the dots from the provider-side conversations we've had and looking at how health systems really buy through a MEDDPICC® lens.

This is not a methodology lecture. It's a practical way to understand why Health IT deals move, stall, or disappear.

So why do deals stall? Health IT deals usually don't stall because the demo is weak. They stall because the buying process was not clearly understood. There is a stakeholder maze, with each stakeholder having their own and often conflicting priorities. There may be a weak financial case, a hidden paper process, status quo pressure, and too many forecasts built on good conversations instead of buyer evidence.

MEDDPICC® works in healthcare because it maps to how health systems buy. Metrics are the measurable problem. The Economic Buyer owns the budget, risk, and outcome. Decision Criteria define what must be true. Decision Process and Paper Process show how approvals really happen. Pain, Champion, and Competition tell us whether the deal has enough momentum to move through.

Now, looking at my provider guests, I'm not going to walk you through every guest shown on the slide, but the pattern is extraordinarily clear.

Dr. Barry Katzen, Chief Medical Innovation Officer at Baptist Health of South Florida, stressed that pilots must prove an unmet need and value. That connects the dots to Metrics and Identify Pain.

Robin Damschroder, CFO at Henry Ford Health, gave us the CFO lens: payback, total cost of ownership, risk, and adoption. That connects to Metrics, Economic Buyer, and Decision Criteria.

Now, stage-exit evidence. Don't try to read every detail on this slide. The point here is really simple. In your structured sales process, sales stages should not advance just because the seller feels confident. They should advance because the buyer has shown hard evidence. A next meeting is not the same as confirming the pain, identifying decision criteria, understanding the budget pathway, knowing the paper process, and assessing champion strength.

In healthcare, finance language matters. A 200% ROI may sound impressive, but a 3.5-month break-even point with positive net cash flow after that is much easier for the buyer to understand and sell internally.

Lead with payback. In your payback story, include ramp-up time and acknowledge internal costs. If you do not recognize their internal costs, their financial team will. When that occurs, you do not know how long that analysis will take or what the outcomes might show. Get ahead of it, or your opportunity may stall or even get squashed.

So, my three brief takeaways. First, MEDDPICC® is not sales theater. It is a buyer-alignment strategy. Second, deals should advance on buyer evidence, not seller confidence. Third, payback, workflow fit, and internal champions are what move Health IT deals to close.

Here's a very practical next step. Before your next forecast review, pick one live deal and pressure-test it against the MEDDPICC® Health System Buying Map. The goal is not just to fill out an acronym or a form. The goal is to identify and understand what the buyer still needs and what you must provide before they can say yes.

Have questions, comments, or guest ideas? Email me at podcast@elevate-hit-sales.com. Music is courtesy of Pennsylvania's finest, The Badlees.

Take that one live deal, run it through the MEDDPICC® Health System Buying Map, and tighten up your evidence. Because as ZZ Top reminds us, everyone is crazy about a Sharp Dressed Man. And in Health IT sales, a sharp-dressed MEDDPICC® process is what keeps the deal from getting stuck somewhere in that shack outside La Grange.



**ROCKIN'
HIT SALES**

Bonus Episode

**Connecting the
MEDDPICC[®] Dots From
Our Guests**



Diagnosis: Why Deals Stall in HIT

- Stakeholder maze
- Varying priorities
- Weak business/financial case
- Hidden paper process
- Status quo wins
- Forecasts built on “good conversations” instead of buyer evidence



MEDDPICC® as a Health System Buying Map

- M**etrics → What measurable problem are they solving?
- E**conomic Buyer → Whose budget, risk, or outcome is affected?
- D**ecision Criteria → What must be true for approval?
- D**ecision Process → What committees and reviews are involved?
- P**aper Process → BAA, security, legal sequencing
- I**dentify Pain → Active cost/quality pressure tied to your use case
- C**hampion → Insider
- C**ompetition → Direct competitor, status quo, internal development



What Provider Guests Reinforced About How Health Systems Buy

| <u>Guest</u> | <u>Buyer Reality</u> | <u>MEDDPICC® Connection</u> |
|-------------------|---|--|
| Dr. Barry Katzen | Pilots must prove unmet need and value | Identify Pain / Metrics |
| Hiyam Nadel | Workflow fit determines adoption | Decision Criteria / Identify Pain |
| Robin Damschroder | CFOs look at TCO, payback, risk, and adoption | Metrics / Economic Buyer/Decision Criteria |
| Steve Posnack | Policy, standards, and interoperability shape readiness | Decision Criteria |
| James Ludwig | GPO access requires scale readiness | Decision Process / Paper Process |
| Ram Sriram | Trustworthy AI requires measurement and evidence | Metrics / Decision Criteria |



Sales Stage-Exit Evidence Structured Sales Process

Lead Gen

Direct Outreach
(Customer Database)

Lead Nurturing

Account Based
Marketing

Events

Press Tour

Alliances





Payback First Financial Language

- Lead with months-to-breakeven aligned to budget cycle, showing near term value
- 3.5 month breakeven with positive net cash flow of \$600,000 per year more impactful than 200% ROI
- Acknowledge hospital internal costs, ramp-up period and possible downside
- Use ROI later to show upside



3 Brief Take Aways

- MEDDPICC® is not sales theater — it is buyer alignment strategy
- Deals should advance on buyer evidence, not seller confidence
- Payback, workflow fit, and internal champions move deals



Take This Back to One Live Deal

Before your next forecast review, pick one opportunity and pressure-test it against the health system buying map:

Metrics. Economic Buyer. Decision Criteria. Decision Process. Paper Process. Pain. Champion. Competition.

The goal is not to fill out an acronym.

The goal is to understand what the buyer still needs before they can say yes.

Schedule a 20-minute working session:

<https://calendly.com/david-h-elevate-hit-sales/30min>



**Questions/Comments/Guest
Suggestions**

Email to

podcast@elevate-hit-sales.com

**Music is courtesy of
The Badlees
www.badlees.com**