



Rockin' HIT Sales

Episode Transcript

Whose Lens Is Your Health IT Go-to-Market Strategy Built Through?

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

Release Date: September 25, 2026

Transcript note: Edited lightly for clarity and readability.

David Hacker (00:02)

Welcome to Rockin' HIT Sales, where provider reality meets Health IT go-to-market. I'm David Hacker. Today's episode is just a bit different. No guest. This is a bonus episode built around a question that every Health IT founder, sales leader, marketer, and investor should ask: Whose lens is your go-to-market strategy built through?

Health IT companies naturally look at the market through their own lens. We think about products, the problems we solve, demos, pipelines, sales stages, forecasts, and growth targets. There's absolutely nothing wrong with any of that. But hospitals and health systems experience the buying process very differently. They're thinking about clinical and operational priorities, workflows, economics, security, governance, integration, procurement, implementation, adoption, and whether the organization is really ready to take on another initiative.

So instead of starting with, "How do we sell this?" there's a better question that has to be asked: What does the provider need in order to buy? That question is the foundation for a new provider-informed Field Guide I've developed called Whose Lens Is Your Health IT Go-to-Market Strategy Built Through? Rather than walk you chapter by chapter through the guide, I want to use this episode to look at 10 questions sitting on the other side of the table. Because when you understand those questions, your positioning, discovery, qualification, business case, sales process, and forecasts can all get better.

Question one: Is the problem important enough for us to act? A provider agreeing that you solve a real problem is not the same thing as a provider deciding that the problem deserves action. Hospitals have plenty of problems. We all know that. What they don't have is unlimited money, unlimited executive attention, unlimited IT resources, or unlimited capacity for change. So the buyer isn't simply asking, "Does this problem exist?" What they're actually asking is, "Is this problem important enough for us to do something about right now?"

What happens if they do nothing? Who owns the consequences? How significant is the clinical, financial, operational, and strategic impact? And why should solving this problem win against everything else that's competing for those same resources? That's why one of the central ideas in the Field Guide is: A real problem is not automatically a buying priority.

Question two: Does the pilot prove we can scale this? A good pilot feels like a great win, and it should. But from the provider's perspective, a successful pilot may only answer the first question: Can it work here? The next and most important question is: Can we make it work across the organization? What happens when you

move from one unit to ten, one facility to twenty, or a controlled pilot group to hundreds or even thousands of users?

Do the economics still work? Does the workflow still work? Can IT support it? Can security and governance support it? Can the vendor support it? And who owns the scale decision? A successful pilot proves value in one setting. It does not automatically prove the organization is ready to scale.

Question three: When do we recover our investment? Health IT companies love ROI — 200%, 150%. But when a provider is deciding whether to put their money at risk, the question they have is far more practical: How long until we get our money back? That's the payback period.

If the investment is made today, when do savings begin? When does new revenue appear? How long is implementation? How quickly does adoption ramp? What assumptions are built into the payback model? And what happens if adoption takes six months longer than expected? ROI tells the provider what the potential return might be. Payback period tells the provider how long their money is at risk. That is a far more useful conversation.

Question four: Can our people actually adopt this into their workflow? Go-live does not equal adoption. A system can be installed, integrated, technically functioning, and still fail to create value because ultimately somebody has to use it: a clinician, a nurse, a scheduler, whomever.

So the buyer needs to understand whose workflow is actually changed. What gets easier? What gets harder? What behavior has to change? Who owns the training? Who owns adoption after implementation? And how are we going to know people are actually using the technology the way we intend it? Implementation puts technology into the organization. Adoption is what turns the technology into value.

Question five: Can we trust the technology and the vendor? Security review is not some spreadsheet or hurdle that appears at the end of the sales process. Neither is governance. Neither is privacy. Neither is AI oversight. From the provider's perspective, these are all part of evaluating whether introducing your technology creates an acceptable risk to them.

And the provider is evaluating far more than just your solution. They're evaluating you. Do you understand healthcare security? Can you clearly explain how you handle data? Do you have credible documentation? Do you have third-party inspections? What happens when something goes wrong? How do you monitor the solution? How do you communicate change? And what does your security culture look like? That's why I say in Health IT, trust is not something you need to add to the sales process. Trust is part of what you are selling.

Question six: Who needs to become confident enough to approve this? One of the biggest traps in enterprise Health IT selling is confusing a strong, excited relationship with the complete buying process. You have this fantastic clinical Champion. The Champion absolutely wants your solution, but the Champion may not control the money. The Economic Buyer may not evaluate workflow. The workflow owner may not evaluate cybersecurity. Security may not control contracting. Procurement may not understand the clinical need. Finance may have completely different Decision Criteria. And legal always seems to enter late, with an unknown process from a timing perspective.

So through the buyer's lens, the question isn't, "Who likes us?" It's, "Who needs to become confident enough in this decision for this organization to move forward?" A strong Champion can open the door. A mapped buying process is what gets the company through it.

Question seven: Can we actually purchase and contract for it? Provider enthusiasm does not mean a signed contract or PO is coming. There's still procurement, legal, insurance requirements, vendor onboarding, GPO relationships, contract vehicles, pricing benchmarks, data agreements, and the Paper Process. Sometimes vendors get frustrated because they think these steps are delaying the decision.

But from the provider's lens, all these steps are just part of their Decision Process. Understanding them early makes the commercial process far more predictable. And one of the lessons here is: A contract can make you easier to buy from, but it cannot make you worth buying. You still have to create value first.

Question eight: Will this work inside our environment? Interoperability is another area where sellers and buyers can hear the same words differently. A vendor says, "We support FHIR. We integrate with Epic. We have APIs." Well, here's what the provider is thinking: Great. Everyone says that. What will we actually have

to do? Which systems? Which data? Which workflows? Which internal resources? What integration work? What security dependencies? What policy requirements?

What does this require from our IT team? The important question is not simply whether integration is technically possible. It's whether integration is practical for that provider. Sometimes the best integration strategy isn't the most technically complete option on day one. It's the one that reduces provider lift, proves feasibility, and creates a practical path to scale.

Question nine: Does this company understand how organizations like ours actually buy? This becomes especially important as Health IT companies start adding salespeople. Founder-led selling can be incredibly effective. The founder knows the product better than anyone. They know the history. They know why it was built. Founders have a story that only they can tell. The question is: Can that process be taught?

Do we know the ICP? Do we know why our best customers have bought? Do we understand the buying committee? Do we understand the Decision Process? Are sales stages based on buyer evidence? Can another salesperson execute the motion without rebuilding the entire thing from scratch? Adding people before these answers exist can simply produce more activity. Do not scale sales activity before you can scale buyer understanding.

Question ten: Are we genuinely moving toward a decision? This is certainly one of my favorites. Look at any typical sales pipeline report. It's showing meetings, demos, proposals, stages, and close dates. But those are all mostly things the sellers have done. What has the buyer done? Have they validated the Pain?

Have they involved additional stakeholders? Have they shared their Decision Criteria? Have they introduced you to the Economic Buyer? Have they validated the business case? Have they begun security review? Have they explained procurement? Have they committed internal resources? Have they done something that required effort on their side? And I'm going to repeat that: Have they done something that required effort on their side?

Those are the indicators that a buying decision is actually advancing. That's where MEDDPIC[®] becomes incredibly valuable, not just as CRM administration, but as evidence. A healthy pipeline should not be just a collection of interested prospects. It needs to be a collection of buyers demonstrating evidence that they are moving toward a decision.

So let's bring it all together. When you put all 10 questions together, something magical happens. Your GTM strategy begins to look different. Marketing stops being only about generating attention and starts helping buyers understand why the problem deserves action from their side. Discovery stops being about uncovering generic Pain and starts identifying consequences, ownership, urgency, and organizational priority.

Pilots become designed around evidence required for scale. Business cases begin addressing payback and risk. Workflow and adoption enter the conversation long before implementation. Security and governance become part of the sales motion instead of late-stage surprises. Sales stages begin reflecting buyer progress. And forecasting relies less on what the salesperson hopes will happen and more on what the provider has demonstrated is actually happening.

And that is what I mean by looking at Health IT go-to-market through the buyer's lens. It isn't about abandoning the seller's objectives. You still need pipeline. You still need revenue. You still need growth. But the path to those outcomes runs through the decisions that the provider needs to make.

If these questions resonate, I've built them out in much greater detail in the new provider-informed Field Guide, *Whose Lens Is Your Health IT Go-to-Market Strategy Built Through?* Each of the 10 challenges includes provider perspectives, diagnostic questions, better discovery questions for your team, a readiness checklist, and a Buyer's-Lens Test that you can use to pressure-test your own GTM motion.

You can explore the entire guide at elevate-hit-sales.com. Look for Whose Lens? under the Insights menu. The complete Field Guide is available as a downloadable PDF, and every challenge can be downloaded individually.

The takeaway I want to leave you with is really pretty simple: The strongest Health IT go-to-market strategies are not built around how the vendor wants to sell. They are built around how the provider needs to buy.

And since this is Rockin' HIT Sales, I can't leave without a little music tie-in. For this episode, built around seeing your go-to-market strategy through somebody else's lens, I'm going with "See Me As a Picture" by my friends The Badlees, because you know how you see your product, your company, and your value proposition. The big question — and the only question that really matters — is: How does the provider see you?

I'm David Hacker. Thanks for listening to Rockin' HIT Sales.