



CHALLENGE 01

Solving a Problem the Provider Does Not Consider Important Enough

Part of the Provider-Informed Field Guide

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

“A real problem is not automatically a buying priority.”



Developed by David Hacker, CPHIMS | Director, Elevate HIT Sales | MEDDPICC® Certified Trainer

A practical chapter for Health IT founders, revenue leaders, and commercial teams selling to hospitals and health systems.

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THE CORE IDEA

Problem Importance Comes Before Product Interest

A Health IT company can solve a legitimate problem, have strong technology, generate enthusiastic demonstrations, and still struggle to build a predictable sales pipeline.

The problem may be real. The product may work. The provider may even agree that the solution would be useful. But none of those things necessarily mean the problem is important enough for the organization to act on now.

Hospitals and health systems operate in environments where clinical priorities, workforce constraints, financial pressures, regulatory requirements, technology initiatives, cybersecurity concerns, and operational demands all compete for the same limited attention and resources.

**The commercial question is not simply: “Does this organization have the problem we solve?”
The more important question is: “Is this problem important enough that the organization is willing to change priorities, allocate resources, accept implementation risk, and fund a solution now?”**

SELLER'S LENS VS. BUYER'S LENS

Health IT companies and provider organizations often look at the same opportunity through very different lenses. The seller naturally focuses on the problem its technology solves and the value the solution can deliver. The provider evaluates that same opportunity against competing priorities, organizational impact, available resources, risk, and the consequences of taking—or not taking—action.

SELLER'S LENS

“We solve a real problem.”

- The technology works
- Users like the product
- We can demonstrate value
- They agreed to a demo
- The problem is real

BUYER'S LENS

“Is this important enough to act on now?”

- What happens if we do nothing?
- Who owns this problem internally?
- Does this outrank other priorities?
- Are resources available?
- Is leadership prepared to act now?

A real problem is not automatically a buying priority.



WHY THIS BECOMES A GTM PROBLEM

Interest Can Look Like Momentum

When the importance of the problem has not been established early, the weakness usually shows up later in the sales process. The opportunity may appear active—there may be demos, meetings, internal interest, or even a potential champion—but the provider has not yet decided that solving the problem is important enough to justify action.

Great demos. No movement. Prospects respond positively but do not advance.	Champion without resources. An enthusiastic contact cannot secure internal support.
Budget becomes the obstacle. The problem was never important enough to earn funding.	“Next fiscal year.” Other initiatives consistently outrank the project.
Pilot without a path forward. The organization is curious but not committed.	“Keep us informed.” Interest exists. Buying urgency does not.

It may not have a lead-generation problem. It may have a problem-importance problem.

PROVIDER PERSPECTIVE

What Provider Leaders Reinforce

DR. BARRY KATZEN

Chief Medical Innovation Officer, Baptist Health South Florida

Start With the Unmet Need

Technology evaluation should begin with the problem—not with the product. When the unmet need is clear, important, and recognized by the people who experience it, the technology has a reason to exist inside the organization.

Do not begin by asking “Who could use our product?” Begin by asking “Who experiences this problem strongly enough that solving it could become an organizational priority?”

[Hear the Conversation →](#)

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Director, Center for Innovations in Care Delivery, Massachusetts General Hospital

Involve the People Who Actually Experience the Problem

Frontline clinicians and operational teams experience the problem directly. They can reveal how frequently it occurs, what workarounds exist, what burden it creates, and whether solving it would materially improve the way care is delivered.

Frontline perspective helps distinguish a problem that looks compelling in a presentation from one that is painful enough to drive action.

[Hear the Conversation →](#)



HOW TO DIAGNOSE PROBLEM IMPORTANCE

Pain Is Not the Same as Priority

MEDDPICCC® includes Identified Pain for a reason. But in complex Health IT sales, simply identifying a pain point is not enough. The commercial team needs to understand the severity, organizational impact, ownership, and consequences of that pain.

Consider two providers experiencing exactly the same operational problem:

PROVIDER A	PROVIDER B
• Problem affects hundreds of employees • Leadership is receiving complaints • Overtime is increasing • Patient throughput is suffering • A strategic initiative depends on fixing it • An executive owns the improvement	• Same inefficiency exists • Staff have workable manual processes • Leadership rarely hears about it • No financial impact is quantified • Several higher-priority initiatives are underway • No executive owns the outcome

Technically, both organizations have the same problem. Commercially, they are completely different opportunities. Provider A may have a compelling reason to act. Provider B may simply have an interesting problem.

Quantify the Consequence of Doing Nothing

One of the strongest ways to understand whether a problem is commercially meaningful is to examine the consequences of maintaining the status quo. What happens if nothing changes?

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| <ul style="list-style-type: none"> • Continued labor expense • Lost capacity • Delayed patient access • Clinician dissatisfaction • Staff burnout • Revenue leakage | <ul style="list-style-type: none"> • Poor utilization • Avoidable clinical risk • Regulatory exposure • Patient dissatisfaction • Operational bottlenecks • Difficulty achieving a strategic objective |
|---|--|

The stronger and more visible the impact of doing nothing, the easier it becomes for an internal champion to explain why the organization should devote money and resources to solving the problem.

Doing nothing almost always looks cheaper when the consequences of the status quo have never been quantified.



HOW TO DIAGNOSE PROBLEM IMPORTANCE

Find the Organizational Owner

Another signal of problem importance is ownership. Who inside the organization wakes up responsible for improving this? If no one owns the problem, it becomes much harder to create momentum.

The person experiencing the pain may not control the budget. The person controlling the budget may not experience the pain. The executive responsible for the strategic outcome may not yet understand how the problem affects it. Part of the Health IT sales process is connecting those perspectives.

The strongest opportunities usually have someone who can say: “This is my problem, solving it matters, and I am willing to help move the organization toward a decision.”

That person may eventually become the Champion in the MEDDPICCC® process. But enthusiasm alone does not make someone a Champion. They need enough influence, credibility, and personal or organizational motivation to help the opportunity navigate the buying process.

Build Problem Severity Into the ICP

Many Health IT companies define their ideal customer profile primarily by organizational characteristics such as size, revenue, geography, EHR platform, specialty, or number of facilities. Those factors can identify where the product could fit, but they do not necessarily identify where the problem is important enough to drive action.

A stronger ICP also considers the conditions that make the problem more severe, visible, costly, or strategically important to the provider.

TRADITIONAL ICP

- Hospital or health-system size
- Number of beds or facilities
- Annual revenue
- Geography
- EHR platform
- Specialty or service line

BUYER’S-LENS ICP

- How severe is the problem?
- How frequently does it occur?
- What is the financial or operational impact?
- Is leadership already focused on it?
- Are external pressures increasing urgency?
- Is there a clear owner accountable for improving the outcome?

A strong opportunity is not just a good-fit organization. It is a provider where the problem is painful enough, visible enough, and owned strongly enough to justify action.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good discovery does not manufacture urgency. It reveals whether meaningful urgency already exists. Better questions help determine whether the provider is simply interested in the problem or prepared to do something about it.

DON'T ASK	ASK INSTEAD
"Would improving this be valuable?"	"Where does solving this sit relative to the other initiatives competing for resources this year?"
"Is this a problem for your organization?"	"What happens operationally or financially if this remains unchanged for another 12 months?"
"Would your leadership support this?"	"Who inside the organization is accountable for improving this outcome, and how are they currently measuring it?"

The goal of discovery is not to get the buyer to agree that a problem exists. It is to understand whether the problem is important enough to create action.

**CHECKLIST + BUYER'S-LENS TEST**

From Interest to Commercial Readiness

Before an opportunity is treated as commercially qualified, the sales team should be able to answer a core set of questions with evidence—not assumptions. The Buyer's-Lens Test helps determine whether the provider is simply interested in the problem or is actually prepared to prioritize it, resource it, and move toward a decision.

1. Questions Health IT Companies Should Be Able to Answer

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| <ul style="list-style-type: none">• What specific problem is the provider trying to solve?• Who experiences the problem directly?• Who is accountable for improving it?• How frequently does the problem occur?• What is the clinical, operational, financial, or strategic impact?• Has the organization quantified the cost or consequence of the status quo? | <ul style="list-style-type: none">• Why is solving the problem important now?• What competing priorities could displace the initiative?• Is there an executive or operational leader actively supporting change?• What happens if the provider does nothing for another 6–12 months?• Is the organization allocating real resources to solving the problem?• What evidence shows this is a buying priority rather than simply an area of interest? |
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If several of these answers remain vague, the opportunity may be much earlier than the CRM stage suggests.



THE BUYER'S-LENS TEST

A Commercially Meaningful Problem Should Pass Five Tests

A commercially meaningful problem should allow the provider to answer “yes” to each of the following:

✓ **Yes, this matters.**

The problem is meaningful enough to warrant attention.

✓ **Yes, we understand the consequences of doing nothing.**

The status quo has a measurable operational, clinical, financial, or strategic impact.

✓ **Yes, someone owns the outcome.**

There is a person or team accountable for improving it.

✓ **Yes, solving it is a priority.**

The initiative can compete successfully against other demands for resources.

✓ **Yes, we are prepared to devote resources to it.**

The organization is willing to commit time, funding, people, and change effort.

When those five answers are present, the company is no longer trying to create interest. It is helping the provider act on a priority.

DAVID'S GTM TAKEAWAY

Health IT companies frequently spend enormous amounts of time refining their product story. They sharpen the demo. They improve messaging. They build ROI calculators. They generate leads. They hire salespeople.

But the most important question may come before all of them:

Are we solving a problem that providers consider important enough to act on now?

If the answer is unclear, the company should not immediately assume that it needs more pipeline. It may first need to sharpen its understanding of where the problem is most painful, who owns it, what the consequences are, and what creates enough organizational urgency to justify change.

That is where viewing GTM through the buyer's lens changes the conversation.

The objective is no longer simply to find organizations that could use the product. It is to find organizations with a problem important enough to buy the solution.



PART OF THE COMPLETE FIELD GUIDE

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

Challenge 01 is one chapter in a 10-part provider-informed field guide examining the most common reasons promising Health IT companies struggle to move from initial interest to predictable revenue and scalable provider relationships.

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.

01 Problem Importance	02 Pilot ≠ Commercial Validation
03 Payback Period	04 Workflow & Adoption
05 Security, Governance & Risk	06 The Buying Committee
07 Procurement, GPOs & Contracting	08 Policy, Standards & Interoperability
09 Scaling Sales Too Early	10 Pipeline vs. Commercial Readiness

[Explore the Complete Field Guide →](#)



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David Hacker brings more than 30 years of experience across healthcare delivery, Health IT, sales leadership, and go-to-market strategy. His provider-side and vendor-side experience shapes Elevate HIT Sales' practical approach to helping Health IT companies sell more effectively into complex healthcare organizations.

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