



CHALLENGE 02

Mistaking a Successful Pilot for Commercial Validation

Part of the Provider-Informed Field Guide

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

"Pilot success and scale readiness are two different milestones."



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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

Pilot Success Is Not the Same as Scale Readiness

A successful pilot can demonstrate that the technology works, generate enthusiasm among users, and provide evidence that the solution creates value in a real provider environment.

But a pilot usually proves performance in one department, with one group of users, under one set of conditions. It does not automatically prove that the hospital or health system is prepared to fund, operationalize, govern, implement, and scale the solution.

The commercial question is therefore not simply whether the pilot worked. It is whether the pilot produced the evidence the provider needs to make the next decision.

A successful pilot proves value in one setting. It does not automatically prove the organization is ready to scale.

SELLER'S LENS VS. BUYER'S LENS

Health IT companies often view a successful pilot as evidence that the sale has been validated. The provider is evaluating something broader: whether the results can be reproduced, supported, funded, integrated, adopted, and governed at greater scale.

SELLER'S LENS	BUYER'S LENS
"The pilot worked." • Positive clinical or operational results • Enthusiastic users • Strong product performance • Successful implementation • Measurable improvement • Evidence that the solution delivers value • Validation in a live provider environment • Expectation that success should lead to expansion	"Can we make this work beyond the pilot?" • Can the results be reproduced elsewhere? • What resources made the pilot successful? • Will implementation become harder at scale? • Does the workflow work across other settings? • What will enterprise integration require? • Are security and governance satisfied? • Who owns the solution operationally? • Is leadership prepared to fund expansion?
Pilot success and scale readiness are two different milestones.	



WHY THIS BECOMES A GTM PROBLEM

A Successful Pilot Can Still Stall

When the scale decision has not been designed into the pilot, a Health IT company can reach the end of a successful evaluation without being any closer to an enterprise buying decision.

The Pilot Works, but Nothing Happens Positive results do not produce an expansion decision.	One Department Loves It A local champion is enthusiastic, but enterprise stakeholders were never involved.
Success Metrics Were Too Narrow The pilot measured product performance, not the criteria leadership will use to approve scale.	The Vendor Did Too Much Extraordinary vendor support cannot be repeated across a broader deployment.
Enterprise Requirements Arrive Late Security, integration, governance, procurement, or ownership were deferred.	“We Need to Evaluate Next Steps” No one agreed in advance what successful results would trigger.

The pilot may be testing the technology without actually advancing the sale.

PROVIDER PERSPECTIVE

What Provider Leaders Reinforce

DR. BARRY KATZEN Chief Medical Innovation Officer, Baptist Health South Florida Design the Scale Decision Before You Design the Pilot A pilot should answer the questions the organization needs resolved before it can make the next decision. Define the unmet need, expected outcome, stakeholders who need evidence, and what successful results must demonstrate before the pilot begins. The objective is not merely successful completion. It is to generate the evidence required for the provider’s next buying decision. Hear the Conversation →	MARISA FARABAUGH Chief Supply Chain Officer, AdventHealth A Local Win Is Not Yet a System Standard Large health systems vary across facilities, workflows, leadership structures, and operating environments. A local win still has to prove that implementation and value can be reproduced elsewhere. A successful local deployment should begin the scale discussion—not conclude it. Hear the Conversation →
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HOW TO DIAGNOSE PILOT-TO-SCALE READINESS

Define What the Pilot Must Prove

A pilot should begin with agreement about the questions the provider needs answered before broader adoption can be considered.

- Does the technology produce the expected outcome?
- Does it fit the clinical or operational workflow?
- Will users actually adopt it?
- Can it integrate with existing systems?
- What resources are required to operate it?
- What financial value is created?
- What risks emerge during implementation?
- Can the model be replicated elsewhere?

Do not begin with “What should we pilot?” Begin with “What must the provider learn in order to make the next decision?”

Separate Pilot Success From Scale Readiness

A pilot may be successful while the organization remains unprepared to scale.

PILOT SUCCESS	SCALE READINESS
• Technology performs as expected • Users respond positively • Target metrics improve • Implementation is completed • Local champion is satisfied • Initial value is demonstrated	• Results can be reproduced • Enterprise stakeholders are aligned • Workflow works across broader settings • Security and governance are satisfied • Integration is repeatable • Operational ownership is defined • Financial case supports expansion • Resources for broader deployment exist

The first proves the solution can work. The second determines whether the organization can make it work at scale.



HOW TO DIAGNOSE PILOT-TO-SCALE READINESS

Design for Repeatability, Not Heroics

Pilots often receive special attention: the best implementation team, unusually engaged champions, extensive support, and prioritized integration resources. Those conditions may help the pilot succeed while hiding what broader deployment will actually require.

Ask whether the implementation model could be repeated across 10 departments, 20 facilities, or an entire health system.

A scalable solution cannot depend on pilot-level heroics every time it is implemented.

Establish the Scale Decision Before Launch

One of the most important pilot questions should be answered before the pilot starts: What happens if this works?

- Who will review the results?
- What metrics matter to those decision-makers?
- What constitutes success?
- What approvals remain?
- What enterprise requirements remain?
- What could expansion look like?
- What decision is expected at the end?

The best time to define the path beyond the pilot is before the pilot begins.

DIAGNOSTIC CONTENT — BOTTOM LINE

A pilot becomes commercially meaningful when it is designed not only to prove that the technology works, but to give the provider the evidence and confidence required to make the next scale decision.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good pilot discovery focuses on the decision that comes after the evaluation, not simply on getting the provider to agree to test the product.

DON'T ASK	ASK INSTEAD
"Would you be interested in piloting the solution?"	"What would your organization need to learn from an evaluation before leadership could consider broader adoption?"
"What metrics should we track during the pilot?"	"Which outcomes will the people responsible for approving expansion need to see before they can make a decision?"
"If the pilot is successful, would you consider expanding?"	"If we achieve the agreed-upon outcomes, what specific decision process would follow, and who would participate in it?"

The objective is not simply to win the pilot. It is to understand what the pilot must prove for the provider to make the next buying decision.



CHECKLIST + BUYER'S-LENS TEST

From Pilot Success to Commercial Readiness

Before treating a successful pilot as commercial validation, the sales team should be able to demonstrate that the provider has a defined path from evaluation to broader adoption. The Buyer's-Lens Test helps distinguish a promising local result from genuine scale readiness.

1. Questions Health IT Companies Should Be Able to Answer

• What specific decision is the pilot intended to support? • What does the provider need to learn from the pilot? • Which stakeholders helped define success? • What metrics will determine whether the pilot succeeded? • Are those metrics relevant to the people who approve expansion? • What resources were required to make the pilot work?	• Can the implementation model be repeated elsewhere? • Have workflow and adoption risks been evaluated? • Have security and governance requirements been addressed? • Who will own the solution operationally after the pilot? • Is there a financial case for broader deployment? • What specific decision will occur if the pilot meets its objectives?
If the sales team cannot explain what happens after a successful pilot, the opportunity may still be an evaluation—not a commercial buying process.	



THE BUYER'S-LENS TEST

A Pilot Advancing Toward Scale Should Pass Five Tests

A pilot that is genuinely advancing toward scale should allow the provider to answer “yes” to each of the following:

✓ **Yes, the pilot proved something important.**

The results addressed questions that matter to the broader buying decision.

✓ **Yes, the value can be reproduced.**

The organization believes the outcome is not limited to one team or one setting.

✓ **Yes, the operating model can scale.**

Implementation, workflow, integration, support, and adoption can be repeated.

✓ **Yes, the enterprise requirements are understood.**

Security, governance, procurement, financial, and operational requirements are visible.

✓ **Yes, we know what decision comes next.**

There is an agreed path from pilot results to an expansion decision.

When those five answers are present, the pilot is doing more than proving the product. It is helping the provider decide whether the solution is ready to scale.

DAVID'S GTM TAKEAWAY

Health IT companies understandably celebrate successful pilots. They should. But a positive pilot is not the commercial finish line.

The more important question is whether the pilot produced the evidence required for the provider to make the next decision.

If success criteria, stakeholders, scalability, enterprise requirements, and the next decision were never defined, the vendor may finish with enthusiastic users but no clear path to revenue.

Design the scale decision before you design the pilot.

Through the buyer's lens, the objective is not simply to demonstrate that the technology works. It is to demonstrate that the organization can confidently buy, implement, and scale it.



PART OF THE COMPLETE FIELD GUIDE

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

Challenge 02 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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