



CHALLENGE 03

Leading With ROI Instead of Payback Period

Part of the Provider-Informed Field Guide

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

"Lead with payback period, not ROI."



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.

elevate-hit-sales.com



THE CORE IDEA

Payback Puts Timing and Risk Into the Financial Case

A Health IT company can present an impressive ROI and still fail to give a provider what it needs to make an investment decision.

ROI describes how much value an investment may ultimately generate relative to its cost. It does not answer one of the most immediate questions facing a hospital or health system: How long will it take us to get our investment back?

Providers are evaluating how much capital and organizational effort must be committed, when benefits begin, how quickly the investment can be recovered, and what happens if those benefits take longer than expected.

ROI describes the potential return. Payback period tells the provider how long its money is at risk.

SELLER'S LENS VS. BUYER'S LENS

Health IT companies often focus on the size of the potential return. Providers may be more concerned with how quickly the organization can recover its investment and begin realizing measurable value.

SELLER'S LENS

"The ROI is compelling."

- Strong projected return
- Significant long-term savings
- New revenue opportunity
- Measurable efficiency gains
- Attractive percentage improvement
- Favorable customer case studies
- Large potential economic benefit
- A financial story that demonstrates value

BUYER'S LENS

"How long before we get our money back?"

- What is the total initial investment?
- When will implementation be completed?
- When do measurable benefits begin?
- How quickly do those benefits ramp?
- What internal resources must we commit?
- What additional implementation costs exist?
- When does cumulative benefit exceed cumulative cost?
- What happens if adoption is slower than expected?

A large future ROI does not eliminate the financial risk of waiting years to recover the investment.



WHY THIS BECOMES A GTM PROBLEM

An Impressive ROI Can Still Stall the Deal

When the financial story begins and ends with ROI, the vendor may answer how valuable the solution could become without answering how quickly the provider can justify the investment.

The ROI Is Impressive, but the Deal Still Stalls Leadership likes the long-term economics but remains uncomfortable with recovery time.	The Model Ignores the Ramp Savings or revenue are shown as if they begin immediately after implementation.
The Investment Is Understated Implementation, integration, internal resources, training, and change costs are excluded.	The Benefits Arrive Too Late Attractive multi-year returns may still require substantial upfront spending.
The Business Case Is Generic The same calculator is used regardless of local workflows, costs, volumes, or constraints.	The Downside Was Never Modeled The story only works if adoption, utilization, and outcomes meet best-case assumptions.

The question is not only whether the investment eventually pays off. It is how long the provider must wait for that to happen.

PROVIDER PERSPECTIVE

What the CFO Lens Reinforces

ROBIN DAMSCHRODER

Chief Financial Officer, Henry Ford Health

Finance Is Evaluating the Timing of Value

Healthcare finance leaders need to understand what the organization must spend, when those costs occur, when benefits begin, what assumptions drive the model, and how the economics change if implementation or adoption takes longer than expected.

Do not make the provider reverse-engineer payback from your ROI model. Put the timing of investment and benefit directly into the business case.

[Hear the Conversation →](#)



HOW TO BUILD A CREDIBLE PAYBACK CASE

Lead With Payback Period

ROI can still be useful. But payback answers a different—and often more immediate—question: How many months will it take before cumulative financial benefit equals cumulative investment?

That forces the model to account for timing and exposes whether substantial long-term value still creates an unattractive near-term burden.

Payback period converts the discussion from “How much could we make?” to “How long until we recover what we spend?”

Model the Ramp to Value

One of the easiest ways to overstate Health IT economics is to assume benefits begin at full strength immediately after purchase. They rarely do. Implementation takes time, users need to adopt the solution, workflows change gradually, and volumes may ramp over several months.

- Implementation period
- Go-live timing
- Adoption ramp
- Monthly costs
- Monthly benefits
- Cumulative cash flow
- The month cumulative benefit exceeds cumulative cost

If the benefit ramps over time, the business case should show the ramp—not hide it inside an annual ROI percentage.



HOW TO BUILD A CREDIBLE PAYBACK CASE

Include the Full Investment

The subscription price is not necessarily the provider’s investment. The organization may also commit implementation resources, integration expense, internal IT time, project management, workflow redesign, training, clinical or operational labor, cybersecurity resources, support, and change-management effort.

Those costs affect payback and should be visible in the model.

The payback period is only credible if the investment side of the equation is credible.

Pressure-Test the Payback

Do not calculate only one payback period. Model what happens when adoption is slower, implementation takes longer, or benefits ramp more gradually.

EXPECTED CASE	CONSERVATIVE CASE
• Most realistic cost, timing, adoption, and benefit assumptions • Illustrative payback: 14 months	• Slower adoption or a longer implementation • Illustrative payback: 20 months

A payback period that remains attractive under conservative assumptions is more credible than an extraordinary ROI built only on the best case.

DIAGNOSTIC CONTENT — BOTTOM LINE

A provider-grade financial case shows not only the value the technology can create, but when that value begins, how quickly it ramps, and how long the organization’s investment remains unrecovered.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good financial discovery should reveal how the provider evaluates the timing and risk of an investment—not simply whether the projected return sounds attractive.

DON'T ASK	ASK INSTEAD
"Would a 3X ROI be compelling?"	"What payback period would leadership consider reasonable for an investment like this?"
"How much budget do you have?"	"What costs and internal resources need to be included for us to understand the complete investment?"
"If we can prove the savings, will finance approve it?"	"How quickly would those benefits need to materialize for the investment to meet your organization's financial expectations?"

The objective is not to produce the highest possible ROI. It is to build a financial case the provider believes it can actually achieve.



CHECKLIST + BUYER’S-LENS TEST

From Payback Period to Commercial Readiness

Before treating an attractive payback period as evidence of financial readiness, the sales team should understand the provider’s complete investment, the ramp to value, and how payback changes under more conservative assumptions.

1. Questions Health IT Companies Should Be Able to Answer

• What is the provider's total initial investment? • What additional internal costs must be included? • When will implementation be completed? • When do measurable benefits begin? • How quickly will those benefits ramp? • What is the expected monthly cash flow?	• In what month does cumulative benefit exceed cumulative cost? • What is the expected payback period? • What payback period does leadership consider acceptable? • How does slower adoption affect payback? • What does the conservative scenario look like? • Are the assumptions based on the provider's actual environment?
---	---

If the sales team can explain the ROI but cannot explain when the provider gets its money back, the financial case is incomplete.



THE BUYER'S-LENS TEST

A Credible Financial Case Should Pass Five Tests

A financially credible opportunity should allow the provider to answer “yes” to each of the following:

✓ **Yes, we understand the full investment.**

The model includes the technology and the organizational cost of making it work.

✓ **Yes, we know when benefits begin.**

The model reflects implementation and a realistic ramp to value.

✓ **Yes, the payback period is clear.**

Leadership knows when cumulative benefit is expected to recover cumulative cost.

✓ **Yes, the assumptions reflect our organization.**

Volumes, costs, workflows, and resource requirements use provider-specific inputs.

✓ **Yes, the economics remain acceptable if things take longer.**

The business case has been tested against a more conservative scenario.

When those five answers are present, the provider is no longer looking at a vendor ROI claim. It is evaluating a defensible investment case.

DAVID'S GTM TAKEAWAY

Health IT companies love ROI because it can produce a very impressive number. But a large ROI percentage can hide an important question: How long does the provider have to wait to get its investment back?

That is why I prefer to lead with payback period. Build the model month by month. Account for the ramp. Include the real cost of making the solution work. Identify when cumulative benefit crosses cumulative investment. Then pressure-test that date against a conservative scenario.

Lead with payback period, not ROI.

ROI tells the provider how attractive the return may be. Payback tells the provider when the investment has been recovered.



PART OF THE COMPLETE FIELD GUIDE

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

Challenge 03 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 →](#)



ABOUT THE AUTHOR

David Hacker, CPHIMS

Director, Elevate HIT Sales | MEDDPICC® Certified Trainer

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.

www.elevate-hit-sales.com

© 2026 Elevate HIT Sales. All rights reserved.