



CHALLENGE 04

Treating Workflow and Adoption as Post-Sale Problems

Part of the Provider-Informed Field Guide

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

"Implementation puts the technology into the organization. Adoption is what turns the technology into value."



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

Implementation Is Not Adoption

A Health IT company can win the contract, complete the implementation, and still fail to create the outcome the provider expected.

If a solution changes how clinicians, staff, or operational teams work, workflow fit, behavior change, training, ownership, and adoption are not simply implementation issues to address after the sale. They are part of the buying decision.

Providers are evaluating whether the technology can work inside the organization—and whether the organization can realistically work differently because of it.

Implementation puts the technology into the organization. Adoption is what turns the technology into value.

SELLER’S LENS VS. BUYER’S LENS

Health IT companies naturally focus on whether the technology can be implemented successfully. Providers are also evaluating what implementation will require from the people expected to use it every day.

SELLER’S LENS	BUYER’S LENS
“We can implement this.” • Successful technical deployment • Integration with existing systems • Configured workflows • Completed training • User access established • Implementation milestones achieved • Product functionality available • A completed go-live	“Will our people actually use this the way it needs to be used?” • How will this change existing workflows? • Who will have to work differently? • Does the solution add or remove steps? • How much training will be required? • Who will support users after go-live? • What happens if adoption is inconsistent? • How will we know workflows are improving? • Who owns adoption if usage stalls?
A solution can be technically implemented and still fail operationally.	



WHY THIS BECOMES A GTM PROBLEM

A Successful Go-Live Can Still Miss the Value

When workflow and adoption are treated as post-sale responsibilities, the vendor may win the contract without fully understanding whether the provider can achieve the value used to justify the purchase.

The Demo Works Better Than the Workflow The product performs well in a controlled demo but creates friction in real operations.	Training Becomes the Adoption Plan Teaching users the product is assumed to be enough to change behavior.
Users Develop Workarounds Staff find ways around the technology because it does not fit naturally into routines.	Usage Looks Acceptable, but Value Is Missing People access the product without changing the outcome the business case depended on.
The Vendor Goes Quiet After Go-Live Implementation is complete, but adoption and value realization are not actively evaluated.	Expansion Stalls Leadership hesitates to scale because local adoption remains uneven or hard to measure.
The sale may close before the organization has answered whether people will actually change the way they work.	



PROVIDER PERSPECTIVE

What Provider Leaders Reinforce

HIYAM M. NADEL, MBA, RN, CCG

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

Design With the People Who Will Use It

Frontline clinicians and operational teams understand where friction exists, which steps are essential, and what additional burden a new technology may create. Their input helps determine whether the solution fits the actual environment rather than an assumed one.

Do not wait until implementation to discover whether the people expected to use the technology believe it fits their workflow.

[Hear the Conversation →](#)

OLGA MACIEJEWSKI

University Health Network

Change Management Begins Before Go-Live

Technology adoption is rarely just a training exercise. People need to understand why the change is happening, how it affects their role, what is expected, and where to go when the new process creates friction.

If the solution requires behavior change, the commercial conversation should include change readiness before the contract is signed.

[Hear the Conversation →](#)

MARISA FARABAUGH

Chief Supply Chain Officer, AdventHealth

Local Adoption Must Precede Enterprise Scale

A solution that works in one location may not automatically fit workflows, leadership structures, or operating environments elsewhere. The organization needs confidence that adoption—not just installation—can be reproduced.

Scale depends on repeatable adoption, not just repeatable implementation.

[Hear the Conversation →](#)



HOW TO DIAGNOSE WORKFLOW AND ADOPTION READINESS

Map the Workflow Before You Sell the Workflow Change

Before proposing improvement, understand how the work is performed today: who performs each step, what systems are involved, where handoffs occur, what workarounds exist, where friction appears, and what would have to change if the solution were adopted.

Workflow fit cannot be determined from the product demo alone.

Identify Who Must Change Behavior

When a solution requires people to work differently, the sales team should understand exactly who is affected and how significant the change will be.

- Physicians
- Nurses
- Schedulers
- Revenue-cycle staff
- Analysts
- IT teams
- Operational leaders
- Administrative staff

The more people who must change behavior, the less adoption can be treated as an implementation detail.



HOW TO DIAGNOSE WORKFLOW AND ADOPTION READINESS

Define Adoption Beyond Logins

Usage does not necessarily equal adoption. A user may log in because it is required while old workarounds continue around the product. The provider and vendor should define what successful adoption actually looks like.

- Percentage of eligible users using the intended workflow
- Frequency of appropriate use
- Reduction in manual workarounds
- Completion of required workflow steps
- Time saved or throughput improved
- Clinical or operational outcomes

Adoption should be measured by whether the intended behavior and outcome are occurring—not simply by whether the software is being accessed.

Establish Ownership After Go-Live

Someone needs responsibility for monitoring use, identifying friction, collecting feedback, reinforcing the workflow, addressing training gaps, escalating problems, and determining whether expected value is being realized.

Go-live is an implementation milestone. It is not the end of the adoption process.

DIAGNOSTIC CONTENT — BOTTOM LINE

Workflow and adoption readiness means understanding not only whether the technology can be deployed, but whether the people, processes, ownership, and measurement needed to make it valuable are actually in place.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good workflow discovery goes beyond asking whether users will need training. It explores how the solution will affect the way people work and what the organization must do to make that change successful.

DON'T ASK	ASK INSTEAD
"Will your users need training?"	"What will users have to do differently once this solution is implemented?"
"Does this integrate with your workflow?"	"Can you walk us through the current workflow and show where this solution would change the process?"
"How will you measure adoption?"	"What behaviors or outcomes would demonstrate that users are adopting the intended workflow—not simply accessing the technology?"

The objective is not simply to understand whether the technology can fit the workflow. It is to understand whether the organization can successfully change the workflow.



CHECKLIST + BUYER’S-LENS TEST

From Implementation to Commercial Readiness

Before treating implementation feasibility as evidence of commercial readiness, the sales team should understand how the solution will affect workflow, who must change behavior, how adoption will be supported, and how success will be measured.

1. Questions Health IT Companies Should Be Able to Answer

• What workflow does the solution affect? • Who performs that workflow today? • What will those users need to do differently? • Where could the new process create friction? • Were frontline users involved in evaluating the workflow? • What training or support will be required?	• Who owns adoption after go-live? • How will adoption be measured? • What behaviors demonstrate meaningful use? • How will workflow problems be identified and corrected? • What happens if adoption is slower than expected? • Can the adoption model be repeated across departments or facilities?
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If the sales team can explain how the technology will be implemented but cannot explain how users will adopt it, the value proposition remains at risk.



THE BUYER'S-LENS TEST

Workflow Readiness Should Pass Five Tests

A workflow-ready opportunity should allow the provider to answer “yes” to each of the following:

✓ **Yes, we understand how the workflow will change.**

The organization knows what the solution will require from the people using it.

✓ **Yes, the affected users have been involved.**

Frontline perspectives have informed the evaluation and implementation plan.

✓ **Yes, someone owns adoption.**

Responsibility continues beyond training and go-live.

✓ **Yes, we know what successful adoption looks like.**

The organization has defined measurable behaviors and outcomes.

✓ **Yes, we have a plan if adoption stalls.**

There is a process for identifying friction, correcting problems, and reinforcing the intended workflow.

When those five answers are present, the provider is not simply preparing to install technology. It is preparing the organization to use it successfully.

DAVID'S GTM TAKEAWAY

Health IT companies often treat workflow and adoption as implementation responsibilities. That is too late.

If the value proposition depends on clinicians, staff, or operational teams working differently, then workflow fit and adoption risk are already part of the sales conversation.

The provider needs confidence not only that the technology works—but that its people can realistically incorporate it into the way care or operations are delivered.

Implementation puts the technology into the organization. Adoption is what turns the technology into value.

Through the buyer's lens, the question is not simply “Can we implement this?” It is “Can our organization successfully change the way it works because of it?”



PART OF THE COMPLETE FIELD GUIDE

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

Challenge 04 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

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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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