



CHALLENGE 06

Underestimating How Many People Actually Participate in the Buying Decision

Part of the Provider-Informed Field Guide

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

"A strong champion can open the door. A mapped buying process is what gets the company through it."



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

There Is Rarely One Buyer

Health IT companies sometimes enter a provider organization through one enthusiastic clinical, operational, or innovation leader and assume they have found “the buyer.”

In most hospitals and health systems, one technology decision may involve clinical leadership, operations, finance, IT, cybersecurity, legal, procurement, supply chain, executive leadership, and the people who will ultimately use the solution.

Each stakeholder may evaluate the same technology through a different lens—and someone else may ultimately have the authority to approve the investment.

A strong champion can open the door. A mapped buying process is what gets the company through it.

SELLER’S LENS VS. BUYER’S LENS

Health IT companies often organize the sales process around their primary contact. Providers organize buying decisions around the stakeholders who must be confident enough to support—or at least not block—the decision.

SELLER’S LENS	BUYER’S LENS
“We have a strong champion.” • An enthusiastic internal advocate • Frequent meetings • Positive product feedback • Access to users • Strong clinical or operational interest • Willingness to arrange introductions • Momentum toward a pilot or proposal • Confidence that the opportunity has internal support	“Who else needs to agree before we can move forward?” • Who owns the clinical or operational outcome? • Who controls the budget? • Who evaluates the financial case? • Who approves architecture and integration? • Who evaluates cybersecurity and risk? • Who approves contracting terms? • Who will implement and support the solution? • Who has final investment authority?
The person who loves the solution may not be the person who can approve it—and the person who can approve it may depend on several others before saying yes.	



WHY THIS BECOMES A GTM PROBLEM

Strong Relationships Can Hide Weak Buying-Process Visibility

When the buying committee is not mapped early, an opportunity can appear healthy until a previously unknown stakeholder enters and changes the criteria, timeline, or decision entirely.

One Relationship Carries the Entire Deal The seller depends on one contact for information, access, and advocacy.	New Stakeholders Appear Late Finance, IT, security, procurement, or executive leadership enters after the deal has advanced.
The Value Story Changes by Audience What persuaded the original champion does not address the next stakeholder’s priorities.	“Everyone Likes It” Replaces Decision Evidence Positive feedback is mistaken for organizational alignment and real evidence of buying commitment.
The Economic Buyer Remains Unknown The team has strong contacts but cannot identify who ultimately authorizes the investment.	The Decision Process Is Assumed The seller knows the next meeting but not the sequence of approvals required to reach a decision.

An opportunity can have strong relationships and still have a weak understanding of how the organization will actually buy.



PROVIDER PERSPECTIVE

What Different Buyer Roles Reinforce

GARY S. CHAN

Chief Information Security Officer, SSM Health

Business Interest Does Not End the Buying Process

A clinical or operational team may conclude the technology is valuable before cybersecurity and risk teams have evaluated whether it can safely enter the organization. Those teams bring their own criteria and evidence requirements.

Do not mistake operational support for organizational approval.

[Hear the Conversation →](#)

MARISA FARABAUGH

Chief Supply Chain Officer, AdventHealth

Enterprise Decisions Require Cross-Functional Alignment

A local advocate can create momentum, but enterprise adoption may involve supply chain, value analysis, operations, finance, contracting, clinical leadership, and other stakeholders.

Map the stakeholders required for enterprise adoption before treating a local win as an organizational decision.

[Hear the Conversation →](#)

ROBIN DAMSCHRODER

Chief Financial Officer, Henry Ford Health

Finance Evaluates a Different Decision

The person who experiences the problem may understand the value immediately. Finance still needs to evaluate competing uses of capital, total cost, financial risk, and timing of value.

One value proposition rarely answers every stakeholder's definition of value.

[Hear the Conversation →](#)

JAMES LUDWIG

Former Premier Executive

Contract Access Is Not the Same as Buyer Alignment

GPOs and contracting structures can make a vendor easier to purchase from, but they do not replace the internal buying process or the need for stakeholder agreement.

A contracting path can facilitate the purchase. It cannot create the internal consensus required to make it happen.

[Hear the Conversation →](#)



HOW TO DIAGNOSE BUYING-COMMITTEE READINESS

Separate the Champion From the Buying Committee

A strong Champion can provide internal intelligence, navigate politics, introduce stakeholders, clarify priorities, and advocate when the vendor is not in the room. But the Champion cannot necessarily approve the purchase.

Champion strength matters. Buying-process visibility matters too.

Identify the Economic Buyer

MEDDPICCC® distinguishes the Champion from the Economic Buyer for a reason. The Economic Buyer has authority to commit the resources required for the decision.

The sales team should know who has ultimate financial authority, what matters to that person, when they enter the process, and how the team will gain access or influence.

Knowing who supports the purchase is different from knowing who can authorize it.



HOW TO DIAGNOSE BUYING-COMMITTEE READINESS

Map Decision Criteria by Stakeholder

Different stakeholders may evaluate the same solution using very different criteria.

CLINICAL / FINANCE • Clinical: problem, workflow, adoption, outcomes • Finance: investment, payback, assumptions, downside	IT / PROCUREMENT / EXECUTIVE • IT/Security: integration, data, risk, support • Procurement/Legal: contract path, terms, liabilities • Executive: priorities, value, risk, resource allocation
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There is rarely one Decision Criterion. There is a collection of criteria distributed across the buying committee.

Map the Decision Process, Not Just the Next Step

A CRM may show “Next step: CFO meeting.” That is not the same as understanding the Decision Process. Map the evaluation sequence, who participates, what evidence is required, what can stop the process, when the Economic Buyer engages, and what event constitutes an actual buying decision.

A calendar of meetings is not a Decision Process.

DIAGNOSTIC CONTENT — BOTTOM LINE

Buying-committee readiness means knowing who matters, what each stakeholder needs to believe, how those people influence one another, and what sequence of decisions must occur before the provider can say yes.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good stakeholder discovery goes beyond asking who else should attend the next meeting. It helps the sales team understand how the organization reaches a decision and whose confidence must be earned along the way.

DON'T ASK	ASK INSTEAD
"Who else should we include?"	"Which stakeholders will evaluate this differently from you, and what will matter most to each of them?"
"Are you the decision-maker?"	"Who ultimately has the authority to commit the resources required for this investment, and how do they typically evaluate a decision like this?"
"What's our next step?"	"Can you walk us through the approvals and decisions that would need to occur from here through a final purchase?"

The objective is not simply to find more contacts. It is to understand how the organization makes the decision.



CHECKLIST + BUYER'S-LENS TEST

From Champion Strength to Commercial Readiness

Before treating strong internal advocacy as evidence of commercial readiness, the sales team should understand the full buying committee, the criteria each stakeholder applies, who controls the investment, and how the organization moves from interest to approval.

1. Questions Health IT Companies Should Be Able to Answer

• Who is the Champion? • Why is that person personally invested in the outcome? • Who is the Economic Buyer? • Who owns the clinical or operational problem? • Who evaluates the financial case? • Who evaluates IT, security, and technical requirements?	• Who participates in procurement and contracting? • Who could block the decision? • What Decision Criteria matter to each stakeholder? • What is the sequence of required approvals? • When does the Economic Buyer enter the process? • What evidence shows the buying committee is actually moving toward a decision?
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If the sales team knows the Champion well but cannot map the rest of the buying committee, the opportunity may be less qualified than the relationship makes it appear.



THE BUYER'S-LENS TEST

A Well-Mapped Buying Opportunity Should Pass Five Tests

A well-mapped buying opportunity should allow the sales team to answer “yes” to each of the following:

✓ **Yes, the right stakeholders are involved.**

The people responsible for value, risk, implementation, funding, and approval are visible.

✓ **Yes, we understand what matters to each of them.**

Decision Criteria are not assumed to be identical across the organization.

✓ **Yes, the Economic Buyer is known.**

The sales team understands who can ultimately authorize the investment.

✓ **Yes, the Decision Process is mapped.**

The sequence of evaluation and approvals is understood.

✓ **Yes, our Champion can help navigate the process.**

The Champion has influence, access, and motivation to advance the decision internally.

When those five answers are present, the sales team is no longer relying on one strong relationship. It understands how the organization is actually going to buy.

DAVID'S GTM TAKEAWAY

Health IT sales are rarely won by convincing one person. The person who recognizes the problem may not own the budget. The budget owner may not evaluate cybersecurity. The security stakeholder may not control contracting.

That is why a strong Champion matters—but it is not enough. Map the stakeholders. Understand their Decision Criteria. Identify the Economic Buyer. Learn the Decision Process. Know who can help the deal move—and who can stop it.

A strong champion can open the door. A mapped buying process is what gets the company through it.

Through the buyer's lens, the question is not simply “Who likes our solution?” It is “Who must become confident enough in this decision for the organization to move forward?”



PART OF THE COMPLETE FIELD GUIDE

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

Challenge 06 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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