



CHALLENGE 09

Scaling the Sales Organization Before the GTM Motion Is Repeatable

Part of the Provider-Informed Field Guide

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

“Do not scale sales activity before you can scale buyer understanding.”



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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

Early Wins Do Not Automatically Create a Repeatable Sales Motion

An early-stage Health IT company can win several important customers and still not be ready to scale its sales organization.

Founder-led selling can create momentum because the founder knows the product deeply, understands the market story, carries organizational credibility, and can improvise through complex provider conversations. The problem begins when those wins are treated as proof that the motion is repeatable.

If the company has not clearly defined who it sells to, why those buyers act, how provider decisions are made, what evidence advances an opportunity, and what must be true before a deal moves stages, additional sellers may simply create more activity around an unclear process.

Do not scale sales activity before you can scale buyer understanding.

SELLER'S LENS VS. BUYER'S LENS

Health IT companies often view sales growth through headcount, pipeline, and activity. Providers experience something different: whether each seller understands their organization, priorities, buying process, and the evidence required to move forward.

SELLER'S LENS

"We need more salespeople."

- More territories to cover
- More leads to pursue
- Additional pipeline capacity
- Greater call and meeting volume
- Broader account coverage
- More demos
- Additional quota capacity
- The opportunity to accelerate revenue

BUYER'S LENS

"Does this seller understand how we actually buy?"

- Is discovery relevant?
- Does the seller understand the problem?
- Are the right stakeholders involved?
- Are workflow and risk understood?
- Is the business case credible?
- Can the seller navigate internal complexity?
- Do next steps reflect our Decision Process?
- Is the vendor prepared for a serious buying process?

More sellers do not create a repeatable GTM motion. They expose whether one already exists.



WHY THIS BECOMES A GTM PROBLEM

More Headcount Can Scale Inconsistency

When headcount grows faster than the underlying sales motion matures, the company can scale activity without scaling the buyer understanding that produced its early wins.

Every Rep Sells Differently Messaging, discovery, qualification, and deal strategy vary by individual seller.	Founder-Led Wins Do Not Transfer New sellers struggle to reproduce deals that depended on founder credibility or knowledge.
Pipeline Grows Faster Than Revenue More opportunities enter the CRM, but conversion and forecast confidence do not improve.	CRM Stages Reflect Seller Activity Deals advance because a demo occurred or proposal was sent—not because the buyer progressed.
Coaching Becomes Anecdotal Managers review what happened rather than what evidence is missing.	More Headcount Creates More Variability Each new salesperson introduces another interpretation of the market and process.
If the GTM motion is not repeatable before you add headcount, hiring can scale inconsistency faster than revenue.	



PROVIDER PERSPECTIVE

Three Lessons From Building Repeatable Sales Motions

LESSONS FROM THE FIELD

Founder Success Is Not Yet a Sales Process

Early-stage companies often learn how to sell through a small number of people who know the product, market, and customer exceptionally well. The founder also has something a hired salesperson cannot fully replicate: the founder's story. The goal is not to make every rep imitate it, but to translate the founder's insight and buyer understanding into a process others can use authentically.

The founder's story should inform the sales motion—not become a script every salesperson is expected to imitate.

LESSONS FROM THE FIELD

Build the Process Around Buyer Evidence

A demo, proposal, or follow-up meeting is seller activity. None automatically demonstrates that the provider is moving toward a decision. A Stage Exit Matrix defines what buyer evidence must exist before an opportunity advances.

The CRM stage should tell you what the buyer has done—not simply what the salesperson has done.

LESSONS FROM THE FIELD

Make Deal Review a Learning System

A disciplined weekly 1:1 deal review—not a team pipeline meeting—should do more than ask for updates. It should expose what the seller understands and does not understand about the buyer: Champion, Economic Buyer, Pain, Decision Criteria, Decision Process, Paper Process, business case, and competition.

Repeatability improves when the entire sales team evaluates opportunities through the same buyer evidence.



HOW TO DIAGNOSE SALES-SCALE READINESS

Determine Whether the Early Wins Are Repeatable

Before adding headcount, study how existing customers were actually won. Look for patterns in the problem that created urgency, the buyer roles involved, the evidence that mattered, the objections encountered, and the steps that repeated.

A collection of wins becomes a GTM model only when the company understands why those wins happened.

Define the ICP Through the Buyer's Lens

A scalable sales team needs more than a list of account characteristics. It needs to know where the conditions for buying are strongest: problem severity, organizational priority, likely buyer roles, financial impact, implementation complexity, external pressure, and ability to act.

Scaling into more accounts does not help if the team cannot recognize which accounts are most likely to buy.



HOW TO DIAGNOSE SALES-SCALE READINESS

Establish Buyer-Based Stage Exit Criteria

Each CRM stage should answer: What must be true on the buyer's side before this opportunity advances?

- Pain quantified
- Champion identified and tested
- Economic Buyer known
- Decision Criteria understood
- Decision Process mapped
- Financial case validated
- Security requirements identified
- Paper Process understood
- Mutual next decision agreed

A stage should represent buyer progress, not seller activity or optimism.

Scale the System Before the Headcount

Before asking additional sellers to produce predictable results, give them a commercial system they can follow.

- Defined ICP
- Messaging
- Discovery framework
- MEDDPIC® qualification
- Stage Exit Matrix
- Business-case tools
- Deal-review cadence
- CRM structure
- Sales playbook
- Clear coaching expectations

Headcount scales best when the sales system is already capable of teaching people how to win.

DIAGNOSTIC CONTENT — BOTTOM LINE

Sales-scale readiness means converting what produced the company's early wins into a buyer-centered process that another salesperson can learn, execute, measure, and repeat.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

When leaders evaluate whether to scale the sales team, the most useful questions are not about how much activity additional reps can generate. They are about whether the organization knows what those reps should consistently reproduce.

DON'T ASK	ASK INSTEAD
"How many reps do we need to hit the number?"	"Do we have a sales motion that another salesperson can reliably learn and reproduce?"
"How much pipeline can each new rep generate?"	"What buyer evidence tells us that an opportunity is genuinely progressing toward a decision?"
"Can we hire experienced Health IT salespeople?"	"What process, tools, coaching, and buyer knowledge will we give them so success does not depend entirely on individual experience?"

The objective is not simply to increase selling capacity. It is to increase the capacity to execute a proven buying motion consistently.



CHECKLIST + BUYER’S-LENS TEST

From Founder-Led Selling to Commercial Readiness

Before treating more sales headcount as the path to faster growth, leadership should understand whether the company has converted its early selling experience into a repeatable buyer-centered system.

1. Questions Health IT Companies Should Be Able to Answer

• Is the ICP clearly defined? • Do we know why our best customers bought? • Can sellers consistently identify meaningful Pain? • Is the Champion role clearly understood? • Do we know how providers typically make the decision? • Are CRM stages based on buyer evidence?	• Is there a defined Stage Exit Matrix? • Does the team use a common qualification framework? • Is the business-case process repeatable? • Is there a consistent weekly deal-review process? • Can a new seller learn the motion without relying on the founder? • Can leadership explain why deals win, stall, or lose?
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If new sellers must independently discover how the company sells, the GTM motion is not yet ready to scale.



THE BUYER'S-LENS TEST

A Sales Motion Ready to Scale Should Pass Five Tests

A sales motion that is ready to scale should allow leadership to answer “yes” to each of the following:

✓ **Yes, we know where buying conditions are strongest.**

The ICP reflects problem severity, organizational priorities, and ability to act.

✓ **Yes, we understand how providers buy.**

Stakeholders, Decision Criteria, Decision Process, and Paper Process are visible.

✓ **Yes, our pipeline stages reflect buyer progress.**

Opportunities advance based on evidence rather than seller activity.

✓ **Yes, the sales motion can be taught.**

New sellers have a defined process, tools, expectations, and coaching structure.

✓ **Yes, we can explain why deals progress or stall.**

Leadership has enough buyer evidence to diagnose opportunities consistently.

When those five answers are present, adding salespeople can scale a commercial system instead of simply scaling activity.

DAVID'S GTM TAKEAWAY

Hiring salespeople feels like growth. Sometimes it is. But if the underlying GTM motion still depends on founder intuition, individual selling styles, loosely defined stages, and subjective forecasting, more headcount may only amplify the uncertainty already in the system.

I also see early-stage Health IT companies hiring an inaugural Account Executive and expecting that person to simultaneously build the sales system and carry a full quota. Those are two very different jobs. Building ICP, messaging, qualification, CRM stages, business-case tools, playbook, and cadence takes time away from selling—and carrying a quota takes time away from building the system. Without realistic expectations, resources, and leadership support, the structure can set both the company and the AE up to fail.

Some exceptional inaugural AEs can build and sell at the same time. Companies should not design the role assuming that exception will appear.

The exception should not become the job design.

Do not scale sales activity before you can scale buyer understanding.



PART OF THE COMPLETE FIELD GUIDE

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

Challenge 09 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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