



COMPLETE FIELD GUIDE

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

A Provider-Informed Field Guide to the Biggest GTM Challenges Facing Health IT Companies Selling to Hospitals and Health Systems

10 Challenges — Through the Buyer's Lens



Developed by David Hacker, CPHIMS | Director, Elevate HIT Sales | MEDDPICC® Certified Trainer

A practical field guide for Health IT founders, revenue leaders, and commercial teams selling to hospitals and health systems.

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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.



CHALLENGE 01

Solving a Problem the Provider Does Not Consider Important Enough

Part of the Provider-Informed Field Guide

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

"A real problem is not automatically a buying priority."



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THE CORE IDEA

Problem Importance Comes Before Product Interest

A Health IT company can solve a legitimate problem, have strong technology, generate enthusiastic demonstrations, and still struggle to build a predictable sales pipeline.

The problem may be real. The product may work. The provider may even agree that the solution would be useful. But none of those things necessarily mean the problem is important enough for the organization to act on now.

Hospitals and health systems operate in environments where clinical priorities, workforce constraints, financial pressures, regulatory requirements, technology initiatives, cybersecurity concerns, and operational demands all compete for the same limited attention and resources.

**The commercial question is not simply: “Does this organization have the problem we solve?”
The more important question is: “Is this problem important enough that the organization is willing to change priorities, allocate resources, accept implementation risk, and fund a solution now?”**

SELLER'S LENS VS. BUYER'S LENS

Health IT companies and provider organizations often look at the same opportunity through very different lenses. The seller naturally focuses on the problem its technology solves and the value the solution can deliver. The provider evaluates that same opportunity against competing priorities, organizational impact, available resources, risk, and the consequences of taking—or not taking—action.

SELLER'S LENS

“We solve a real problem.”

- The technology works
- Users like the product
- We can demonstrate value
- They agreed to a demo
- The problem is real

BUYER'S LENS

“Is this important enough to act on now?”

- What happens if we do nothing?
- Who owns this problem internally?
- Does this outrank other priorities?
- Are resources available?
- Is leadership prepared to act now?

A real problem is not automatically a buying priority.



WHY THIS BECOMES A GTM PROBLEM

Interest Can Look Like Momentum

When the importance of the problem has not been established early, the weakness usually shows up later in the sales process. The opportunity may appear active—there may be demos, meetings, internal interest, or even a potential champion—but the provider has not yet decided that solving the problem is important enough to justify action.

Great demos. No movement. Prospects respond positively but do not advance.	Champion without resources. An enthusiastic contact cannot secure internal support.
Budget becomes the obstacle. The problem was never important enough to earn funding.	“Next fiscal year.” Other initiatives consistently outrank the project.
Pilot without a path forward. The organization is curious but not committed.	“Keep us informed.” Interest exists. Buying urgency does not.

It may not have a lead-generation problem. It may have a problem-importance problem.

PROVIDER PERSPECTIVE

What Provider Leaders Reinforce

DR. BARRY KATZEN

Chief Medical Innovation Officer, Baptist Health South Florida

Start With the Unmet Need

Technology evaluation should begin with the problem—not with the product. When the unmet need is clear, important, and recognized by the people who experience it, the technology has a reason to exist inside the organization.

Do not begin by asking “Who could use our product?” Begin by asking “Who experiences this problem strongly enough that solving it could become an organizational priority?”

[Hear the Conversation →](#)

HIYAM M. NADEL, MBA, RN, CCG

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

Involve the People Who Actually Experience the Problem

Frontline clinicians and operational teams experience the problem directly. They can reveal how frequently it occurs, what workarounds exist, what burden it creates, and whether solving it would materially improve the way care is delivered.

Frontline perspective helps distinguish a problem that looks compelling in a presentation from one that is painful enough to drive action.

[Hear the Conversation →](#)



HOW TO DIAGNOSE PROBLEM IMPORTANCE

Pain Is Not the Same as Priority

MEDDPICCC® includes Identified Pain for a reason. But in complex Health IT sales, simply identifying a pain point is not enough. The commercial team needs to understand the severity, organizational impact, ownership, and consequences of that pain.

Consider two providers experiencing exactly the same operational problem:

PROVIDER A

- Problem affects hundreds of employees
- Leadership is receiving complaints
- Overtime is increasing
- Patient throughput is suffering
- A strategic initiative depends on fixing it
- An executive owns the improvement

PROVIDER B

- Same inefficiency exists
- Staff have workable manual processes
- Leadership rarely hears about it
- No financial impact is quantified
- Several higher-priority initiatives are underway
- No executive owns the outcome

Technically, both organizations have the same problem. Commercially, they are completely different opportunities. Provider A may have a compelling reason to act. Provider B may simply have an interesting problem.

Quantify the Consequence of Doing Nothing

One of the strongest ways to understand whether a problem is commercially meaningful is to examine the consequences of maintaining the status quo. What happens if nothing changes?

- | | |
|-----------------------------|--|
| • Continued labor expense | • Poor utilization |
| • Lost capacity | • Avoidable clinical risk |
| • Delayed patient access | • Regulatory exposure |
| • Clinician dissatisfaction | • Patient dissatisfaction |
| • Staff burnout | • Operational bottlenecks |
| • Revenue leakage | • Difficulty achieving a strategic objective |

The stronger and more visible the impact of doing nothing, the easier it becomes for an internal champion to explain why the organization should devote money and resources to solving the problem.

Doing nothing almost always looks cheaper when the consequences of the status quo have never been quantified.



HOW TO DIAGNOSE PROBLEM IMPORTANCE

Find the Organizational Owner

Another signal of problem importance is ownership. Who inside the organization wakes up responsible for improving this? If no one owns the problem, it becomes much harder to create momentum.

The person experiencing the pain may not control the budget. The person controlling the budget may not experience the pain. The executive responsible for the strategic outcome may not yet understand how the problem affects it. Part of the Health IT sales process is connecting those perspectives.

The strongest opportunities usually have someone who can say: “This is my problem, solving it matters, and I am willing to help move the organization toward a decision.”

That person may eventually become the Champion in the MEDDPICCC® process. But enthusiasm alone does not make someone a Champion. They need enough influence, credibility, and personal or organizational motivation to help the opportunity navigate the buying process.

Build Problem Severity Into the ICP

Many Health IT companies define their ideal customer profile primarily by organizational characteristics such as size, revenue, geography, EHR platform, specialty, or number of facilities. Those factors can identify where the product could fit, but they do not necessarily identify where the problem is important enough to drive action.

A stronger ICP also considers the conditions that make the problem more severe, visible, costly, or strategically important to the provider.

TRADITIONAL ICP

- Hospital or health-system size
- Number of beds or facilities
- Annual revenue
- Geography
- EHR platform
- Specialty or service line

BUYER'S-LENS ICP

- How severe is the problem?
- How frequently does it occur?
- What is the financial or operational impact?
- Is leadership already focused on it?
- Are external pressures increasing urgency?
- Is there a clear owner accountable for improving the outcome?

A strong opportunity is not just a good-fit organization. It is a provider where the problem is painful enough, visible enough, and owned strongly enough to justify action.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good discovery does not manufacture urgency. It reveals whether meaningful urgency already exists. Better questions help determine whether the provider is simply interested in the problem or prepared to do something about it.

DON'T ASK	ASK INSTEAD
"Would improving this be valuable?"	"Where does solving this sit relative to the other initiatives competing for resources this year?"
"Is this a problem for your organization?"	"What happens operationally or financially if this remains unchanged for another 12 months?"
"Would your leadership support this?"	"Who inside the organization is accountable for improving this outcome, and how are they currently measuring it?"

The goal of discovery is not to get the buyer to agree that a problem exists. It is to understand whether the problem is important enough to create action.



CHECKLIST + BUYER'S-LENS TEST

From Interest to Commercial Readiness

Before an opportunity is treated as commercially qualified, the sales team should be able to answer a core set of questions with evidence—not assumptions. The Buyer's-Lens Test helps determine whether the provider is simply interested in the problem or is actually prepared to prioritize it, resource it, and move toward a decision.

1. Questions Health IT Companies Should Be Able to Answer

- | | |
|---|--|
| <ul style="list-style-type: none"> • What specific problem is the provider trying to solve? • Who experiences the problem directly? • Who is accountable for improving it? • How frequently does the problem occur? • What is the clinical, operational, financial, or strategic impact? • Has the organization quantified the cost or consequence of the status quo? | <ul style="list-style-type: none"> • Why is solving the problem important now? • What competing priorities could displace the initiative? • Is there an executive or operational leader actively supporting change? • What happens if the provider does nothing for another 6–12 months? • Is the organization allocating real resources to solving the problem? • What evidence shows this is a buying priority rather than simply an area of interest? |
|---|--|

If several of these answers remain vague, the opportunity may be much earlier than the CRM stage suggests.



THE BUYER'S-LENS TEST

A Commercially Meaningful Problem Should Pass Five Tests

A commercially meaningful problem should allow the provider to answer “yes” to each of the following:

✓ **Yes, this matters.**

The problem is meaningful enough to warrant attention.

✓ **Yes, we understand the consequences of doing nothing.**

The status quo has a measurable operational, clinical, financial, or strategic impact.

✓ **Yes, someone owns the outcome.**

There is a person or team accountable for improving it.

✓ **Yes, solving it is a priority.**

The initiative can compete successfully against other demands for resources.

✓ **Yes, we are prepared to devote resources to it.**

The organization is willing to commit time, funding, people, and change effort.

When those five answers are present, the company is no longer trying to create interest. It is helping the provider act on a priority.

DAVID'S GTM TAKEAWAY

Health IT companies frequently spend enormous amounts of time refining their product story. They sharpen the demo. They improve messaging. They build ROI calculators. They generate leads. They hire salespeople.

But the most important question may come before all of them:

Are we solving a problem that providers consider important enough to act on now?

If the answer is unclear, the company should not immediately assume that it needs more pipeline. It may first need to sharpen its understanding of where the problem is most painful, who owns it, what the consequences are, and what creates enough organizational urgency to justify change.

That is where viewing GTM through the buyer's lens changes the conversation.

The objective is no longer simply to find organizations that could use the product. It is to find organizations with a problem important enough to buy the solution.



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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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

- Technology performs as expected
- Users respond positively
- Target metrics improve
- Implementation is completed
- Local champion is satisfied
- Initial value is demonstrated

SCALE READINESS

- 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

- | | |
|---|--|
| <ul style="list-style-type: none">• 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? | <ul style="list-style-type: none">• 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.



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."



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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

- | | |
|--|--|
| <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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.



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."



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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

"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

BUYER'S LENS

"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

- | | |
|---|---|
| <ul style="list-style-type: none">• 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? | <ul style="list-style-type: none">• 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? |
|---|---|

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?”



CHALLENGE 05

Treating Security, Governance, and Risk as Late-Stage Checkboxes

Part of the Provider-Informed Field Guide

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

“Trust is not something you add to the sales process. Trust is part of what you are selling.”



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

Trust Is Part of the Buying Decision

A Health IT company can generate strong clinical or operational interest and still lose momentum when the provider begins evaluating security, governance, privacy, integration, or organizational risk.

Hospitals and health systems are not simply deciding whether the technology works. They are deciding whether they can trust the technology, the vendor, and the organization behind it enough to introduce the solution into a complex healthcare environment.

Security review, AI governance, risk assessment, and technical diligence are not hurdles that appear after the “real” selling. For the provider, they are part of the buying decision.

In Health IT, trust is not something you add to the sales process. Trust is part of what you are selling.

SELLER'S LENS VS. BUYER'S LENS

Health IT companies often see security, governance, and risk review as technical approval steps that follow business interest. Providers see them as evidence of whether the organization can safely and responsibly adopt the solution.

SELLER'S LENS

“We can handle security review when we get there.”

- Strong product performance
- Enthusiastic clinical or operational users
- Demonstrated value
- Technical capabilities
- Security questionnaires
- Compliance documentation
- Contracting requirements
- An approval process that comes later in the deal

BUYER'S LENS

“Can we trust this solution and this company enough to bring them into our environment?”

- What data will the solution access?
- How is sensitive information protected?
- What happens when something fails?
- How mature is the vendor's security program?
- Who owns security and risk internally?
- How is AI monitored after deployment?
- What changes require provider notification?
- How transparent will the vendor be when problems occur?

The provider is not only evaluating product risk. It is evaluating vendor risk.



WHY THIS BECOMES A GTM PROBLEM

Business Enthusiasm Can Outrun Organizational Readiness

When security, governance, and risk are deferred until late in the sales process, the vendor may discover that business enthusiasm has advanced much faster than organizational readiness.

Operational Approval Creates False Confidence The business team says yes just as security and governance review begins.	The Questionnaire Becomes a Fire Drill Documentation is assembled reactively because the company was not prepared.
Security Ownership Is Unclear The provider cannot identify who owns cybersecurity and risk inside the vendor.	AI Governance Appears Late Questions about monitoring, data, oversight, and material changes surface late.
The Vendor Overstates Readiness Answers are optimized to pass review rather than acknowledge gaps and mitigation.	Surprises Reach Contracting Issues that could have been addressed earlier become late legal or commercial problems.

Security review does not interrupt the sale. It is part of the sale.



PROVIDER PERSPECTIVE

What Provider and Standards Leaders Reinforce

GARY S. CHAN

Chief Information Security Officer, SSM Health

Security Readiness Builds Trust

Provider security teams are evaluating the risk introduced by both the technology and the vendor. Preparation, accountable security leadership, appropriate documentation, and transparent responses create a very different impression from a company discovering expectations during a live deal.

Prepare for provider security diligence before the first security questionnaire arrives.

[Hear the Conversation →](#)

SAM MORHAIM

Co-founder & Chief Innovation/Technology Officer, VantagelO

Hospital-Ready Is Different From Demo-Ready

An impressive demonstration does not automatically mean the technology is ready to operate inside a health system. Integration, architecture, workflow, reliability, and real-world failure conditions still matter.

Do not confuse technical capability with organizational readiness.

[Hear the Conversation →](#)

YASIR TARABICHI, MD, MSCR

Chief Health AI Officer, MetroHealth / Head of Digital & CMIO, Ovation

AI Governance Does Not End at Approval

Providers need to understand how AI is governed, monitored, changed, and managed after deployment—not merely how the model performed during evaluation. Governance is an ongoing operating responsibility.

If the solution includes AI, be prepared to explain how it will be governed after it enters the provider environment.

[Hear the Conversation →](#)

RAM D. SRIRAM

Senior Science Advisor, Information Technology Laboratory, NIST

Trustworthy AI Requires Evidence

Confidence depends on more than performance claims. Decision-makers increasingly need evidence around uncertainty, measurement, monitoring, and how the system behaves when predictions are incomplete or wrong.

Trust increases when the vendor can explain both capability and the boundaries of that capability.

[Hear the Conversation →](#)



HOW TO DIAGNOSE SECURITY, GOVERNANCE & RISK READINESS

Prepare Before the Review Begins

Do not wait for a live deal to discover what healthcare organizations will ask. Understand your current maturity, document it honestly, and have a plan for known gaps.

- Documented security policies
- Independent assessments
- Penetration testing
- SOC 2 or other relevant certifications
- Privacy practices
- Incident-response procedures
- Data-flow documentation
- Business-continuity plans
- Clearly identified security ownership

Security readiness should be built before the sales process exposes the gaps.

Treat Vendor Security Culture as Part of the Product

Providers are evaluating more than the application. They are evaluating the company behind it: dedicated ownership, employee responsibility, proactive risk management, independent validation, incident handling, and transparency.

The provider is buying your organization's security maturity along with your technology.



HOW TO DIAGNOSE SECURITY, GOVERNANCE & RISK READINESS

Make Governance and Monitoring Explicit

This becomes especially important with AI. The provider may need to understand who governs the technology, how performance is monitored, how changes are communicated, what human oversight remains, and who is accountable when something goes wrong.

Approval answers whether the solution can enter the organization. Governance answers how it will remain there responsibly.

Be Clear About Risk, Limitations, and Failure Modes

Trust does not require pretending risk does not exist. A more credible conversation explains what could go wrong, how it would be detected, what controls reduce the risk, and what happens when the technology does not perform as expected.

For AI, that may include uncertainty, incomplete data, model error, workflow failure, or changing performance over time.

A provider can work with known risk. Unexpected risk discovered late is much harder to manage.

DIAGNOSTIC CONTENT — BOTTOM LINE

Security and governance readiness means giving the provider confidence that the technology, the vendor, and the risks surrounding both can be understood, managed, monitored, and trusted.

**BETTER DISCOVERY QUESTIONS**

Don't Ask / Ask Instead

Good risk discovery does not ask only how quickly the vendor can get through security review. It helps the vendor understand what the provider must know before it can confidently approve the solution.

DON'T ASK	ASK INSTEAD
"How long does your security review usually take?"	"What security and risk requirements should we understand early so we can prepare the right evidence before formal review begins?"
"Do you require SOC 2?"	"What evidence does your organization rely on to assess the security maturity of a technology vendor?"
"Once security approves us, are we done?"	"What ongoing governance, monitoring, reporting, or change-notification requirements will remain after deployment?"

The objective is not simply to pass the review. It is to understand what the provider needs in order to trust the solution and the vendor behind it.

**CHECKLIST + BUYER'S-LENS TEST**

From Product Interest to Organizational Trust

Before treating strong business interest as evidence of commercial readiness, the sales team should understand the security, governance, and risk requirements that could determine whether the provider can actually adopt the solution.

1. Questions Health IT Companies Should Be Able to Answer

- | | |
|---|--|
| <ul style="list-style-type: none">• What provider data will the solution access?• What security controls protect that data?• Who owns cybersecurity and risk internally?• What independent security evidence is available?• What known gaps or limitations exist?• How are incidents identified and managed? | <ul style="list-style-type: none">• What governance requirements apply after deployment?• How is product or AI performance monitored?• How are material changes communicated?• What happens when the technology behaves unexpectedly?• What responsibilities remain with the provider?• Can the company clearly explain its risk-mitigation plan? |
|---|--|

If the sales team cannot explain how the provider's risk will be managed, the opportunity is not yet commercially ready—regardless of how much the business users like the product.



THE BUYER'S-LENS TEST

Organizational Trust Should Pass Five Tests

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

✓ **Yes, we understand the risk.**

The organization knows what the technology and vendor introduce into the environment.

✓ **Yes, the vendor demonstrates security maturity.**

There is evidence of ownership, controls, documentation, and responsible practices.

✓ **Yes, the limitations are transparent.**

The vendor can explain what the technology cannot guarantee and how risk is mitigated.

✓ **Yes, ongoing governance is defined.**

Monitoring, reporting, accountability, and change management continue after approval.

✓ **Yes, we trust the vendor to tell us when something changes.**

The relationship is built on transparency rather than surprises.

When those five answers are present, security and governance become evidence that the provider can trust the solution enough to move forward.

DAVID'S GTM TAKEAWAY

Health IT companies sometimes treat security, governance, and risk as obstacles that appear late in the buying process. Providers cannot afford to.

They are introducing technology into environments where patient care, sensitive information, operational continuity, reputation, and regulatory responsibilities may all be affected.

Prepare the evidence. Know the gaps. Understand the risks. Be transparent about what the technology can—and cannot—do.

In Health IT, trust is not something you add to the sales process. Trust is part of what you are selling.

Through the buyer's lens, the question is not simply “Does the technology work?” It is “Do we trust the technology and the company behind it enough to bring them into our organization?”



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.

elevate-hit-sales.com



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

“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

BUYER'S LENS

“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

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

- | | |
|---|---|
| <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • 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? |
|---|---|

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?”



CHALLENGE 07

Misunderstanding Procurement, GPOs, and Contracting

Part of the Provider-Informed Field Guide

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

***"A contract can make you easier to buy from.
It cannot make you worth buying."***



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

Contract Access Is Not Buyer Demand

Health IT companies sometimes treat procurement, GPO agreements, and contracting as the final administrative steps in an otherwise completed sale. They are not.

A provider may believe the technology creates value and still need to determine whether it can be purchased through established processes, whether commercial terms are acceptable, whether additional approvals are required, and whether the vendor can support an enterprise relationship.

The reverse mistake is just as common: a vendor obtains a GPO contract or purchasing vehicle and assumes that access will create demand. It will not.

A contract can make you easier to buy from. It cannot make you worth buying.

SELLER'S LENS VS. BUYER'S LENS

Health IT companies often look at procurement and contracting as mechanisms for getting the deal completed. Providers view them as part of the process for making sure the organization is buying the right solution, from the right vendor, under acceptable terms and risk.

SELLER'S LENS

"We have a contract path."

- Access through a GPO or purchasing agreement
- Preferred or pre-negotiated terms
- An easier contracting path
- Fewer administrative barriers
- Access to member organizations
- A shorter route to procurement
- Improved market credibility
- An opportunity to accelerate closing

BUYER'S LENS

"We still need a reason to buy."

- Does this solve an important enough problem?
- Have the right stakeholders approved it?
- Has value analysis been completed?
- Does the business case justify the investment?
- Are the commercial terms acceptable?
- What obligations and risks are created?
- Can the vendor support implementation and scale?
- Does the purchasing vehicle fit how we buy?

Contract access reduces purchasing friction. It does not create organizational demand.



WHY THIS BECOMES A GTM PROBLEM

Purchasable Does Not Mean Buyable

When vendors confuse contracting access with commercial readiness, they can invest significant time in agreements that make the solution purchasable without creating the internal demand required to actually purchase it.

The GPO Contract Becomes the GTM Strategy Access to member organizations is expected to generate demand without a sales motion.	“We’re on Contract” Is Mistaken for Pipeline Potential access is mistaken for active demand, qualified opportunities, and real pipeline progression.
Procurement Appears Too Late The business team agrees before the seller understands how the organization must purchase.	Value Analysis Becomes a Surprise Evidence, financial justification, or operational documentation is requested late.
Contract Terms Slow the Deal Legal, liability, pricing, implementation, data, or service requirements surface late.	The Vendor Is Easy to Buy but Hard to Scale The purchasing mechanism exists, but operational readiness for broader adoption does not.

A purchasing vehicle is not a buying signal.



PROVIDER PERSPECTIVE

What Procurement and Finance Leaders Reinforce

JAMES LUDWIG

Former Premier Executive

A GPO Agreement Is a License to Hunt

A GPO can simplify access to contracting mechanisms and commercial terms once the buying decision has been made. But the vendor still needs to identify the problem, build internal support, demonstrate value, navigate evaluation, and win the provider's decision.

Treat GPO access as an enabler of the sales process—not as a substitute for it.

[Hear the Conversation →](#)**MARISA FARABAUGH**

Chief Supply Chain Officer, AdventHealth

Purchasing Decisions Extend Beyond Product Interest

Supply chain and procurement may evaluate value analysis, commercial terms, standardization, pricing benchmarks and market comparisons, operational requirements, and whether the vendor can support the broader organization.

Understand how the provider evaluates and purchases technology before the opportunity reaches contracting.

[Hear the Conversation →](#)**ROBIN DAMSCHRODER**

Chief Financial Officer, Henry Ford Health

Contracting Does Not Replace the Investment Decision

An available purchasing mechanism does not answer whether the investment should be made. Finance still needs confidence in economics, timing of value, assumptions, and competing uses of organizational resources.

Make the business case strong enough to earn the purchase before relying on the contract path to complete it.

[Hear the Conversation →](#)



HOW TO DIAGNOSE PROCUREMENT & CONTRACTING READINESS

Separate Access From Demand

A contract can provide access. It cannot guarantee opportunity. Distinguish the mechanism that makes a solution available from the buyer evidence that shows someone actually wants to buy.

CONTRACT ACCESS

- Available purchasing vehicle
- Negotiated commercial terms
- Membership access
- Simplified procurement
- Established vendor status

BUYER DEMAND

- Important problem
- Active internal sponsor
- Committed stakeholders
- Validated business case
- Defined Decision Process
- Organizational priority

Being available to purchase is not the same as being selected for purchase.

Understand the Provider's Purchasing Path Early

The Paper Process in MEDDPICC® should not begin when the contract arrives. Understand whether a GPO is required, whether procurement or value analysis is involved, what documentation is needed, when legal review begins, how pricing is evaluated, and what approvals are needed before signature.

Paper Process should be discovered—not discovered late.



HOW TO DIAGNOSE PROCUREMENT & CONTRACTING READINESS

Prepare for Value Analysis—and Pricing Benchmarks

Value analysis may examine clinical or operational value, financial impact, workflow implications, implementation requirements, comparative alternatives, standardization, risk, utilization, and expected outcomes.

Some healthcare organizations also use anonymized supply-chain price-checking and benchmarking resources. Vendors should not assume the price presented to one provider exists in isolation.

The seller may think it is negotiating a price. The provider may be benchmarking a market.

Make Sure the Company Can Support the Contract It Wins

Winning an enterprise contract can expose weaknesses invisible during a smaller sales process. The provider may expect implementation capacity, service levels, training, support, reporting, security commitments, integration resources, geographic coverage, and the ability to support broader deployment.

The goal is not simply to win access to a large customer base. It is to be ready to serve it.

DIAGNOSTIC CONTENT — BOTTOM LINE

Procurement readiness means understanding how the provider will purchase, what evidence and approvals are required, and whether the vendor can support the relationship after the contract is signed.

**BETTER DISCOVERY QUESTIONS**

Don't Ask / Ask Instead

Good procurement discovery goes beyond asking when the contract will be sent. It helps the sales team understand the purchasing process early enough to anticipate the evidence, stakeholders, and approvals required to complete the decision.

DON'T ASK	ASK INSTEAD
"Are you a member of our GPO?"	"Once your organization decides to move forward, what purchasing path would typically be used for a solution like ours?"
"When will procurement send us the contract?"	"What procurement, value-analysis, legal, or contracting steps need to occur before an agreement can be finalized?"
"If we're already on contract, can we move straight to purchase?"	"What internal approvals still need to occur even when an existing purchasing agreement is available?"

The objective is not simply to find the shortest contracting path. It is to understand the complete path from provider decision to executable purchase.

**CHECKLIST + BUYER'S-LENS TEST**

From Contract Access to Commercial Readiness

Before treating an available contract or GPO relationship as evidence of commercial readiness, the sales team should understand whether real buyer demand exists, what purchasing process will be used, what evidence remains necessary, and whether the company can support the resulting relationship.

1. Questions Health IT Companies Should Be Able to Answer

- | | |
|--|---|
| <ul style="list-style-type: none">• Is there genuine provider demand for the solution?• What purchasing vehicle will likely be used?• Is a GPO or preferred agreement required?• When does procurement become involved?• Is value analysis required?• What evidence will value analysis evaluate? | <ul style="list-style-type: none">• What legal or contracting reviews remain?• Who owns the Paper Process internally?• What could delay signature?• Are commercial terms already established?• What obligations begin after contracting?• Can the vendor operationally support the scale of the agreement? |
|--|---|

If the sales team knows how the provider can purchase but cannot explain why the provider will purchase, the opportunity is not commercially ready.



THE BUYER'S-LENS TEST

A Procurement-Ready Opportunity Should Pass Five Tests

A procurement-ready opportunity should allow the sales team to answer “yes” to each of the following:

✓ **Yes, real buyer demand exists.**

The contract path is supporting an active buying decision, not substituting for one.

✓ **Yes, the purchasing process is understood.**

Procurement, value analysis, legal, contracting, and required approvals are visible.

✓ **Yes, the required evidence is available.**

The vendor is prepared to support the provider's evaluation beyond the product demo.

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

The team understands what must happen between business approval and signature.

✓ **Yes, we can support what we are selling.**

The company has the operational capacity to meet the obligations created by the agreement.

When those five answers are present, procurement and contracting become part of a predictable buying process rather than a late-stage surprise.

DAVID'S GTM TAKEAWAY

GPO contracts, preferred-vendor agreements, and purchasing vehicles can be valuable. They can remove friction, create access, and make a company easier to purchase from.

But they do not create the underlying buying decision. The vendor still needs to solve an important problem, build internal support, demonstrate value, navigate the buying committee, and earn the investment.

And when pricing enters the discussion, remember that procurement may have market reference points the seller cannot see.

The seller may think it is negotiating a price. The provider may be benchmarking a market.

A contract can make you easier to buy from. It cannot make you worth buying.



CHALLENGE 08

Ignoring Policy, Standards, and Interoperability Until Too Late

Part of the Provider-Informed Field Guide

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

"The environment around the product can be just as important as the product itself."



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

Healthcare Technology Does Not Operate in Isolation

A Health IT company can have strong technology, a compelling use case, and interested provider buyers—and still discover that policy, interoperability, data requirements, or regulatory expectations create commercial barriers the product team did not anticipate.

Hospitals and health systems operate inside an ecosystem shaped by interoperability standards, data-sharing requirements, federal policy, privacy expectations, reimbursement rules, governance structures, and technical architectures that continue to evolve.

Those forces can influence product design, implementation burden, integration complexity, evidence requirements, and whether a solution is commercially viable for a particular provider.

In Health IT, the environment around the product can be just as important as the product itself.

SELLER'S LENS VS. BUYER'S LENS

Health IT companies naturally focus on what their product can do. Providers also need to understand whether the solution fits the policy, interoperability, data, and technical environment in which it will have to operate.

SELLER'S LENS

“Our technology solves the problem.”

- Strong product capabilities
- Differentiated functionality
- Successful demonstrations
- Measurable outcomes
- API availability
- Integration capability
- Access to required data
- A product roadmap that supports growth

BUYER'S LENS

“Can this operate responsibly inside our ecosystem?”

- How will it exchange data with existing systems?
- Which interoperability standards does it support?
- What data elements are required?
- How does it fit information-sharing obligations?
- Will implementation create new dependencies?
- What policy changes could affect it?
- How will future standards changes be handled?
- Could this create compliance or operational risk?

Product capability matters. Ecosystem compatibility determines whether that capability can actually be used.



WHY THIS BECOMES A GTM PROBLEM

Technical Possibility Can Hide Commercial Complexity

When policy, standards, and interoperability are treated as technical details to resolve after buyer interest is established, commercial teams may discover late that the solution does not fit the provider's environment as easily as expected.

Integration Is Treated as a Checkbox The vendor says the product “integrates” without understanding the systems, data flows, standards, and workflow requirements involved.	Required Data Is Harder to Access Than Expected The solution depends on information that is unavailable in the required format, frequency, or workflow.
Policy Changes Alter the Buying Conversation New requirements or guidance change how the provider evaluates risk or future viability.	The Product Roadmap Trails the Market Standards evolve, but the vendor has not planned how the product will adapt.
Compliance Questions Arrive Late The commercial team encounters privacy, documentation, information-sharing, or governance requirements after the opportunity has advanced.	Implementation Burden Expands What appeared straightforward becomes a much larger integration and operational project.

A technically possible integration is not automatically a commercially practical integration.

PROVIDER PERSPECTIVE

What Policy and Standards Leaders Reinforce

STEVE POSNACK Former U.S. Department of Health and Human Services / Office of the National Coordinator for Health IT Understand the Policy Plumbing Frameworks and standards such as FHIR, USCDI, TEFCA, and information-blocking requirements shape expectations around healthcare data exchange. Vendors do not need to become policy organizations, but they do need enough awareness to understand how the environment affects their product and customers. Do not wait for the provider to explain the healthcare policy and interoperability environment your product must operate within. Hear the Conversation →	RAM D. SRIRAM Senior Science Advisor, Information Technology Laboratory, NIST Standards Create a Common Language for Trust For emerging technology such as AI, measurement, testing, uncertainty, and risk frameworks help organizations evaluate technologies more consistently and understand what evidence can—and cannot—support confidence. Standards are not simply technical requirements. They help providers determine whether claims about performance and risk can be trusted. Hear the Conversation →
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HOW TO DIAGNOSE POLICY, STANDARDS & INTEROPERABILITY READINESS

Know the Ecosystem Your Product Must Enter

Understand the major systems and data relationships surrounding the product: EHRs, clinical and operational systems, identity, data warehouses, APIs, exchanges, analytics environments, and third-party applications.

From experience: technical lift can become a major barrier even when the buyer likes the solution. In one case, a key stakeholder would not move forward until we proved the required EHR data could be extracted. A data analyst tested our lightweight JavaScript utility and within about 15 minutes confirmed we had captured approximately 97% of the required data.

From experience: our preferred long-term solution was a full interface, but requiring that upfront would have slowed the sale and increased provider burden. We used the lighter-weight data extract to get the customer operational, then worked toward the full interface after contracting.

The best integration strategy is not always the most technically complete on Day One. It is the one that reduces provider lift, proves feasibility, and creates a practical path to scale.

Understand the Standards That Affect the Use Case

Different Health IT products encounter different interoperability and data requirements. The sales team does not need to become deeply technical, but it should know which requirements materially affect implementation and buying decisions.

- FHIR
- USCDI
- Terminology standards
- API requirements
- Data provenance
- Identity
- Security
- Information-sharing expectations

Standards become a GTM issue when they determine how easily the provider can adopt the product.



HOW TO DIAGNOSE POLICY, STANDARDS & INTEROPERABILITY READINESS

Track Policy as a Commercial Variable

Policy can influence what data can or must be exchanged, how providers evaluate compliance, reimbursement, reporting requirements, governance, documentation, AI oversight, and future technology priorities. A policy shift may create opportunity, create risk, or change the provider's definition of readiness.

Policy should not be treated only as a compliance issue. It can change the commercial environment around the product.

Design for Change, Not Just Today's Requirements

A solution designed only around today's requirements may become difficult to maintain as expectations change. Providers may evaluate how adaptable the architecture is, whether standards updates can be supported, how quickly the vendor responds, whether integrations are overly customized, and whether the roadmap anticipates evolving requirements.

The provider is not only buying what the product can do today. It is taking a position on whether the vendor can keep pace with tomorrow.

DIAGNOSTIC CONTENT — BOTTOM LINE

Policy, standards, and interoperability readiness means understanding the ecosystem surrounding the product well enough to anticipate how data, integration, regulation, and evolving requirements could affect adoption and scale.

**BETTER DISCOVERY QUESTIONS**

Don't Ask / Ask Instead

Good interoperability discovery goes beyond asking what EHR the provider uses. It helps the commercial team understand the data, systems, standards, and policy requirements that could determine whether implementation is practical.

DON'T ASK	ASK INSTEAD
"Which EHR are you on?"	"Which systems, data flows, and workflows would our solution need to interact with in order to operate successfully?"
"Do you support FHIR?"	"Which interoperability standards and data requirements will your organization expect this solution to support for this use case?"
"Can your IT team handle the integration?"	"What integration effort, internal resources, and technical dependencies would your organization need to account for before moving forward?"

The objective is not simply to prove that integration is possible. It is to understand whether integration is practical for the provider.



CHECKLIST + BUYER'S-LENS TEST

From Product Compatibility to Commercial Readiness

Before treating technical capability as evidence of commercial readiness, the sales team should understand the systems, standards, data requirements, policy considerations, and integration effort that determine whether the provider can realistically adopt the solution.

1. Questions Health IT Companies Should Be Able to Answer

- | | |
|--|---|
| <ul style="list-style-type: none"> • Which provider systems must the solution interact with? • What data is required? • Where will that data come from? • Which interoperability standards apply? • What integration effort will be required? • What internal provider resources will be needed? | <ul style="list-style-type: none"> • Which policy requirements affect the use case? • Could regulatory or standards changes alter product requirements? • How will standards updates be supported? • Are integrations scalable or highly customized? • What technical dependencies could create risk? • Can the vendor explain how the product fits the provider's broader ecosystem? |
|--|---|

If the sales team understands the product but cannot explain how it fits the provider's technical and policy environment, commercial readiness remains incomplete.



THE BUYER'S-LENS TEST

Ecosystem Readiness Should Pass Five Tests

An ecosystem-ready opportunity should allow the provider and sales team to answer “yes” to each of the following:

✓ **Yes, we understand where the solution fits.**

The required systems, data, workflows, and technical relationships are visible.

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

The relevant standards and integration expectations have been identified.

✓ **Yes, the implementation burden is realistic.**

The organization understands the resources and dependencies required.

✓ **Yes, policy considerations have been addressed.**

Known regulatory, information-sharing, or governance requirements are visible.

✓ **Yes, the vendor can adapt as requirements evolve.**

The product and company demonstrate the ability to respond to changes in standards, policy, and technology.

When those five answers are present, the provider is not simply evaluating whether the product works. It is evaluating whether the product belongs in its ecosystem.

DAVID'S GTM TAKEAWAY

Health IT companies sometimes treat interoperability, policy, and standards as subjects for the product or technical team. They certainly are. But they are also commercial issues.

They affect implementation effort, provider risk, evidence requirements, the buying process, and whether a promising solution can move from interesting technology to something the provider can realistically adopt and scale.

Know the environment. Understand the standards that matter. Stay close to policy changes that affect the use case. Do not wait until implementation to discover how difficult the technology will be to fit into the provider ecosystem.

In Health IT, the environment around the product can be just as important as the product itself.

Through the buyer's lens, the question is not simply “Can this technology work?” It is “Can this technology work inside our environment—today and as that environment changes?”



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.”



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

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
- MEDDPICC® 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

- | | |
|---|--|
| <ul style="list-style-type: none">• 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? | <ul style="list-style-type: none">• 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? |
|---|--|

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.



CHALLENGE 10

Measuring Pipeline Activity Instead of Commercial Readiness

Part of the Provider-Informed Field Guide

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

"A healthy pipeline is a collection of buyers demonstrating evidence that they are moving toward a decision."



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

Pipeline Activity and Buyer Progress Are Not the Same Thing

A Health IT company can have a large pipeline, a busy sales team, frequent demos, positive prospect feedback, and a growing number of proposals—and still have very little predictable revenue.

A meeting happened. A demo was completed. A proposal was sent. A pilot is being discussed. The prospect said they liked the solution. Those are useful events, but none proves that the provider is actually moving toward a buying decision.

Commercial readiness requires evidence that the problem matters, the right stakeholders are engaged, the business case works, risk is understood, the Decision Process is moving, and the provider is committing resources toward action.

A healthy pipeline is not a collection of interested prospects. It is a collection of buyers demonstrating evidence that they are moving toward a decision.

SELLER'S LENS VS. BUYER'S LENS

Sales organizations naturally measure what their teams are doing. Providers reveal commercial readiness through what the buying organization is doing in response.

SELLER'S LENS	BUYER'S LENS
“The deal is moving.” • Another meeting scheduled • A successful demo • Positive stakeholder feedback • A proposal requested • A pilot being discussed • Additional contacts engaged • An opportunity advancing in the CRM • An expected close date on the forecast	“Are we actually moving toward a decision?” • Increasing urgency around the problem • Additional decision-makers involved • Financial case validated • Internal resources committed • Security and governance progressing • Decision Criteria agreed • Decision and Paper Processes advancing • Actions that reduce the likelihood of doing nothing
Seller activity shows that the opportunity is active. Buyer evidence shows whether it is advancing.	



WHY THIS BECOMES A GTM PROBLEM

Busy Opportunities Can Remain Commercially Weak

When pipeline management rewards activity rather than buyer evidence, opportunities can remain artificially healthy long after the provider has stopped making meaningful progress toward a decision.

Meetings Are Mistaken for Momentum The calendar stays busy, but conversations produce little new buying evidence.	A Proposal Becomes a Buying Signal Pricing or documentation requests are interpreted as proof of purchase intent.
Positive Feedback Inflates Confidence Stakeholders like the technology, but no resources or political capital are committed.	CRM Stages Outrun Buyer Progress The opportunity advances because seller activities occurred, not buyer commitments.
Close Dates Keep Moving The forecast reflects seller hope rather than the provider's Decision Process.	No Decision Is Underestimated The team focuses on named competitors while doing nothing remains the easiest alternative.
An opportunity can remain busy for months without becoming more buyable.	



PROVIDER PERSPECTIVE

Three Lessons From Buyer-Evidence Discipline

LESSONS FROM THE FIELD

Activity Is Easy to Measure. Buyer Commitment Is Harder.

CRMs make it easy to count calls, meetings, demos, proposals, and opportunities. Those metrics can be useful, but they do not answer whether the buyer is becoming more committed. Ask what has changed internally, who has become involved, what resources have been committed, and what uncertainty has been removed.

The most important pipeline evidence often comes from the buyer's actions, not the seller's activity.

LESSONS FROM THE FIELD

A Proposal Is Not Proof of Intent

Providers may request pricing for budgeting, benchmarking, internal evaluation, comparison, or simply to understand the potential investment. A proposal becomes commercially meaningful when it sits inside a known Decision Process with agreed criteria, stakeholders, timing, and next actions.

Sending a proposal proves the seller completed a step. It does not prove the buyer made a commitment.

LESSONS FROM THE FIELD

"No Decision" Is a Competitor

A Health IT company may prepare extensively against other vendors while underestimating the most common alternative: do nothing. If Pain is not important enough, the business case is weak, risk remains unresolved, or priorities shift, the provider may simply keep the status quo.

The deal does not have to be lost to another vendor to be lost.



HOW TO DIAGNOSE COMMERCIAL READINESS

Separate Activity From Evidence

For every major sales activity, ask what buyer evidence it produced.

SELLER ACTIVITY	BUYER EVIDENCE
• Demo completed • Meeting held • Proposal sent • Security documents delivered • Pilot discussed	• Pain quantified • Champion provided internal access • Economic Buyer engaged • Decision Criteria clarified • Business case validated • Security requirements identified • Decision Process mapped • Next decision agreed

Do not ask only “What happened?” Ask “What did we learn or prove about the buyer?”

Build Pipeline Stages Around Buyer Commitments

Pipeline stages become more reliable when they represent a meaningful change in the provider’s buying process. An opportunity should not advance simply because a demo happened; it should advance because the demo produced the buyer evidence required for the next stage.

The strongest stage exit criteria describe what the buyer has demonstrated—not what the seller has completed.



HOW TO DIAGNOSE COMMERCIAL READINESS

Forecast From the Provider's Decision Process

A seller may want the deal to close this quarter. That is not a forecast methodology. A credible close date should reflect the provider's expected decision timing, remaining approvals, Economic Buyer engagement, security and governance, procurement, contracting, budget availability, and dependencies outside the seller's control.

A close date should be derived from the buyer's process—not reverse-engineered from the seller's quota period.

Use MEDDPICC® as Evidence, Not Administration

MEDDPICC® becomes valuable when it helps the sales team test what it actually knows about the opportunity—not whether CRM fields have been completed.

- Metrics
- Economic Buyer
- Decision Criteria
- Decision Process
- Paper Process
- Identified Pain
- Champion
- Competition

MEDDPICC® should expose uncertainty in the deal—not hide it behind completed CRM fields.

DIAGNOSTIC CONTENT — BOTTOM LINE

Commercial readiness is not measured by how much activity surrounds an opportunity. It is measured by the accumulating buyer evidence that makes a decision increasingly likely.



BETTER DISCOVERY QUESTIONS

Don't Ask / Ask Instead

Good pipeline management does not simply ask what happened since the last call. It asks what changed in the buyer's ability and willingness to make a decision.

DON'T ASK	ASK INSTEAD
"How did the meeting go?"	"What did the buyer do or tell us that increases—or decreases—our confidence that they are moving toward a decision?"
"When do you think this will close?"	"What remaining provider decisions and approvals support that expected close date?"
"What's our next step?"	"What is the buyer's next decision, and what evidence must exist for them to make it?"

The objective is not to keep the opportunity moving. It is to determine whether the buyer is moving.



CHECKLIST + BUYER'S-LENS TEST

From Pipeline Activity to Commercial Readiness

Before treating an active opportunity as a qualified opportunity, the sales team should be able to show evidence that the provider is progressively reducing uncertainty, committing resources, involving the right stakeholders, and moving through a recognizable Decision Process.

1. Questions Health IT Companies Should Be Able to Answer

- | | |
|---|--|
| <ul style="list-style-type: none"> • Is the Pain important enough to act on now? • Have meaningful Metrics been established? • Is there a tested Champion? • Is the Economic Buyer known? • Are the Decision Criteria understood? • Is the business case validated by the provider? | <ul style="list-style-type: none"> • Is the Decision Process mapped? • Is the Paper Process understood? • Are security and governance requirements progressing? • What buyer commitments have occurred? • What could still result in no decision? • Does the provider's process support the forecasted close date? |
|---|--|

If the opportunity has significant activity but these answers remain vague, the pipeline stage may be overstating commercial readiness.



THE BUYER'S-LENS TEST

A Commercially Ready Opportunity Should Pass Five Tests

A commercially ready opportunity should allow the sales team to answer “yes” to each of the following:

✓ **Yes, the provider has a compelling reason to act.**

The Pain and consequences of doing nothing are understood.

✓ **Yes, the right people are participating.**

The Champion, Economic Buyer, and critical stakeholders are visible.

✓ **Yes, the provider has validated the value.**

Metrics, economics, workflow, risk, and expected outcomes support the decision.

✓ **Yes, we understand how the decision will happen.**

Decision Criteria, Decision Process, and Paper Process are mapped.

✓ **Yes, the buyer is demonstrating commitment.**

Actions—not simply positive words—show the organization is moving toward purchase.

When those five answers are present, the pipeline is no longer being qualified by activity. It is being qualified by buyer evidence.

DAVID'S GTM TAKEAWAY

A large pipeline feels reassuring. It creates activity, forecasts, and numbers for leadership to discuss. But pipeline volume does not create revenue unless the opportunities inside it contain buyers who are actually progressing toward decisions.

Look beyond demos, meetings, proposals, stages, and close dates. Ask what the buyer has done, what evidence has changed, what remains unknown, and what could still cause no decision.

Use MEDDPICC® to expose the gaps. Use stage exit criteria to prevent seller activity from masquerading as buyer progress. Forecast from the provider's Decision Process—not the seller's desired close date.

A healthy pipeline is not a collection of interested prospects. It is a collection of buyers demonstrating evidence that they are moving toward a decision.

Through the buyer's lens, the question is not simply “How much pipeline do we have?” It is “How much of that pipeline contains providers that are actually becoming ready to buy?”

**FINAL PERSPECTIVE**

Build the GTM Motion Around How Providers Actually Buy

The objective of this field guide is not to make healthcare buying simple. It is to make the complexity more visible—and therefore more manageable.

Across all 10 challenges, the recurring question is the same: Whose lens are we looking through?

A provider ultimately needs confidence that the problem matters, the solution fits the workflow, the economics make sense, the risks are understood, the organization can adopt the change, the buying process is navigable, implementation is practical, and the solution can scale.

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.

THE 10 CHALLENGES

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 Field Guide Online →](#)

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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