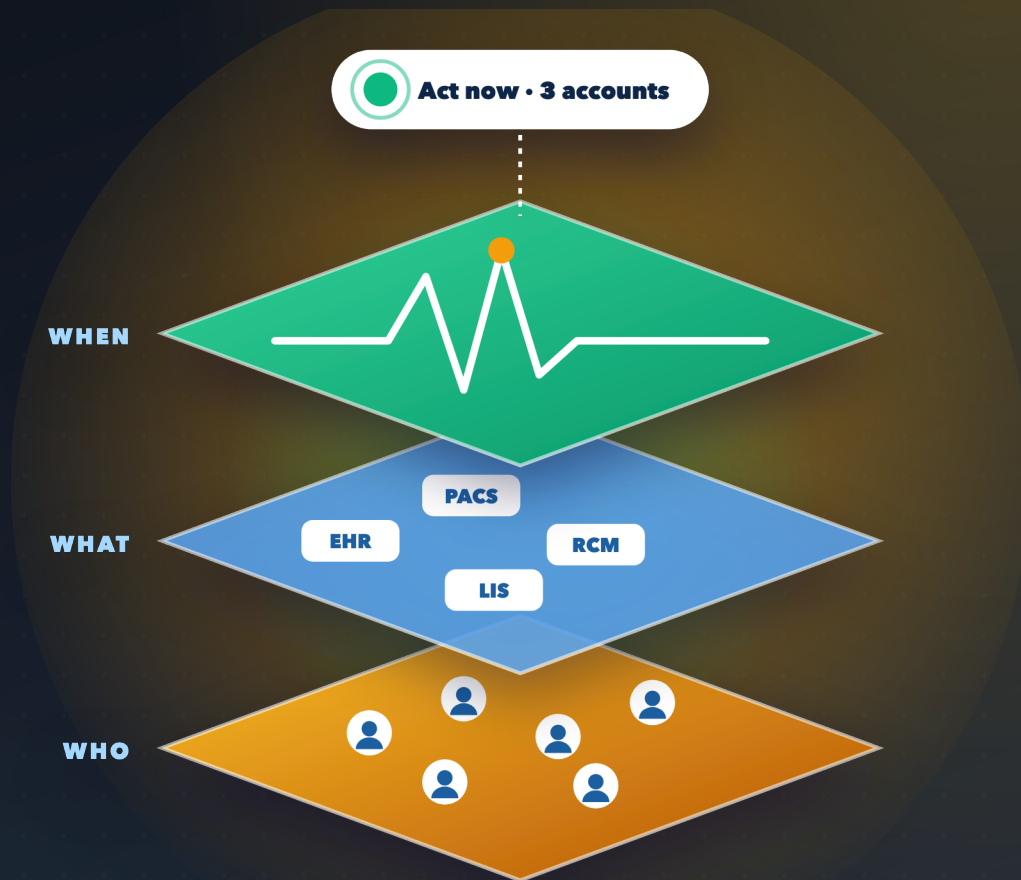




FREE WHITEPAPER

Beyond the Contact Record

How Intent Data and Technology
Intelligence Shorten Healthcare Sales Cycles

WRITTEN BY

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Beyond the Contact Record

How Intent Data and Technology Intelligence Shorten Healthcare Sales Cycles

ABOUT THIS WHITEPAPER

This MedicalProspects whitepaper sets out a three-layer model of healthcare audience intelligence: verified people (who), installed technology (what) and buying intent (when). It shows what each layer can and cannot tell you, how to combine them into an account priority model, and how to roll the model out in 90 days.



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AT A GLANCE

The short version

This MedicalProspects whitepaper sets out a three-layer model of healthcare audience intelligence: verified people (who), installed technology (what) and buying intent (when). It shows what each layer can and cannot tell you, how to combine them into an account priority model, and how to roll the model out in 90 days.

KEY TAKEAWAYS

- **Three gaps stall healthcare deals:** the committee gap, the timing gap and the context gap.
- **Three layers close them:** People, Technology and Buying Intelligence, on a verified contact foundation.
- **Intent data answers "when", not "who";** use it at account level and act within days.
- **Technology data enables four plays:** displacement, integration, complementary and gap targeting.
- **A fit-by-intent model** decides which accounts get sales attention this month.
- **A 90-day rollout** with a control group proves whether the model works.

EXECUTIVE SUMMARY



Executive Summary

A verified contact list tells you who to reach. It does not tell you which accounts are in the market now, or what those accounts already run. Healthcare teams that add those two answers spend their time on fewer, better accounts, and they reach them while the decision is still open.

Healthcare buyers now do much of their research before they talk to a vendor. By the time a hospital issues an RFP or a practice books a demo, the shortlist may already be set. Vendors who arrive late compete on price, if they are invited at all.

This paper sets out a three-layer model of healthcare audience intelligence:

- **People Intelligence (who):** verified decision-makers, clinicians and organizations, anchored on NPI data where it applies
- **Technology Intelligence (what):** the software platforms and clinical equipment each organization has deployed
- **Buying Intelligence (when):** intent signals that show which organizations are actively researching relevant topics

3 layers

people (who), technology (what) and buying intelligence (when)

17%

of B2B buying time is spent meeting potential suppliers

Gartner research, as reported¹

6,100

U.S. hospitals, each with its own committee and technology stack

AHA²

77.6%

of physicians are employed by hospitals or corporate entities

PAI & Avalere³

If buyers spend only a small share of their time with any one supplier, most of the decision is formed in research you cannot see. Intent and technology data are ways to see more of it.

This paper explains what each layer can and cannot tell you, shows how to combine them into an account priority model, gives use cases for MedTech, HealthTech, pharma and services teams, and closes with a 90-day rollout plan and the metrics to track.

Why Healthcare Deals Stall

Healthcare sales cycles are long for structural reasons, not because reps work slowly. Three gaps cause most of the delay, and contact data alone closes none of them.

IN THIS CHAPTER

- 1. The committee gap
- 2. The timing gap
- 3. The context gap
- What each gap costs

1. The committee gap

A hospital purchase can involve clinical champions, department heads, IT, security, procurement, finance and the C-suite. A rep who reaches one person can be blocked by any of the others. Teams need to see every role at the account, not just one name.

2. The timing gap

Healthcare organizations buy on budget cycles, contract renewals and strategic initiatives. Outreach that arrives a year before a renewal is ignored. Outreach that arrives after the shortlist is set is too late. Without timing signals, reps spread effort evenly across accounts that are not equally ready.

3. The context gap

A pitch that ignores what an organization already runs sounds generic. A revenue cycle vendor that does not know a hospital's EHR cannot speak to integration. A device company that does not know a hospital's installed imaging equipment cannot position an upgrade or a replacement.

What each gap costs

Gap	What happens	Cost to the vendor
Committee	One contact goes quiet; the deal stalls	Months added to the cycle
Timing	Outreach misses the buying window	Effort spent on accounts that cannot buy yet
Context	Messages ignore the current stack	Low reply rates; seen as a generic vendor

People Intelligence closes the committee gap. Buying Intelligence closes the timing gap. Technology Intelligence closes the context gap.

KEY TAKEAWAYS

- Three gaps stall healthcare deals: the committee, the timing and the context.
- Contact data alone closes none of them.
- Each gap has a matching layer: people, buying and technology intelligence.

SECTION 2

02

The Three Layers of Healthcare Audience Intelligence

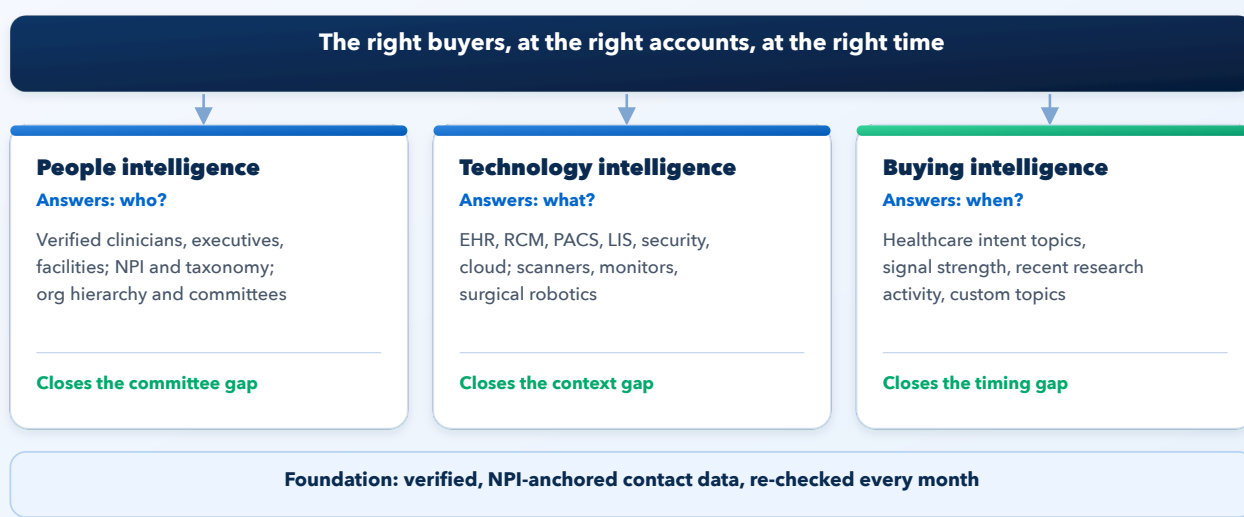
Each layer answers one question, and each depends on the layer beneath it. Intent and technology signals point to organizations, while verified contact data turns those organizations into people you can reach.

IN THIS CHAPTER

- What each layer is made of

Three layers answer who, what and when

Before outreach starts



Three layers answer who, what and when before outreach starts

Without the foundation, the other layers have nothing to act on. An intent signal at a hospital is useless if your contact for that hospital left last year. That is why the people layer comes first and must stay fresh.

What each layer is made of

Layer	Typical sources	Refresh pattern	Level
People	Registries, licensing boards, directories, partners	Monthly re-verification	Person and organization
Technology	Surveys, filings, directories, usage signals	Periodic refresh	Organization
Buying	Research activity across publisher networks	Weekly or faster	Organization (account)

I ACCOUNT-LEVEL, NOT PERSON-LEVEL

Intent and technology signals describe organizations. Use them to choose accounts, topics and timing, then reach the people through your verified contacts.

Buying Intelligence: Intent Data in Healthcare

Intent data shows which organizations are researching a topic more than usual right now. It answers "when", not "who". Used well, it decides which accounts get attention this month.

IN THIS CHAPTER

- How intent signals work
- Healthcare intent topics
- What intent data can and cannot tell you
- Using intent responsibly

How intent signals work

B2B intent data is built from research activity: people at an organization reading articles, comparing solutions and consuming content about a topic. When an organization's activity on a topic rises well above its normal level, that rise is the signal.

MedicalProspects' Healthcare Intent Data adds three fields to an audience:

- **Intent topics:** what the organization is researching
- **Intent strength:** how strong the signal is compared with normal activity
- **Recent research activity:** how fresh the signal is

Healthcare intent topics

Topics available include AI in healthcare, EHR/EMR, revenue cycle management, telehealth, medical imaging, healthcare cybersecurity, clinical decision support, laboratory solutions, healthcare analytics, population health, clinical workflow automation, patient engagement, healthcare CRM, medical devices,

cloud platforms, remote patient monitoring, healthcare staffing, pharmacy management, value-based care and digital transformation. Custom topics can be built around a specific product or market.

What intent data can and cannot tell you

Intent data can	Intent data cannot
Show that an organization is researching a topic now	Tell you which individual is doing the research
Rank accounts by how strong and how recent the interest is	Confirm budget, authority or a formal buying project
Suggest which topic to lead with in outreach	Replace verified contacts for the people on the committee
Flag new interest at accounts you were not watching	Stay accurate for long; signals lose value within weeks

A SIGNAL, READ WELL (ILLUSTRATIVE)

A 300-bed hospital shows a sharp rise in research on healthcare cybersecurity over two weeks. Your fit data says it runs an EHR you integrate with and a security platform you compete with. The right response is a short, relevant note to the CISO and CIO about integration and migration, sent within days, with no mention of what anyone has been reading.

Using intent responsibly

- **Act on the account, not the person.** Do not tell a prospect you know what they have been reading. Use the signal to choose the topic and timing, then lead with value.
- **Combine it with fit.** A strong signal at an account outside your ideal customer profile is still a poor use of time.
- **Move fast.** Route new signals to sales within days, not at the next quarterly planning cycle.

KEY TAKEAWAYS

- Intent data shows which accounts are researching a topic more than usual.
- It does not identify individuals, confirm budget or replace verified contacts.
- Act on the account, combine with fit, and move fast; signals lose value within weeks.

Technology Intelligence: Knowing What They Already Run

What an organization already runs decides what it can buy, how you must position your offer and who will evaluate it. Technology Intelligence answers that question for both software and clinical equipment.

IN THIS CHAPTER

- Coverage
- Four plays technology data enables
- Why it changes the conversation
- Message examples by technology environment

Coverage

Digital health technology	Clinical infrastructure
Electronic health records (EHR/EMR)	MRI and CT scanners
Revenue cycle management (RCM)	Diagnostic imaging equipment
PACS and medical imaging systems	Laboratory analyzers and robotics
Laboratory information systems (LIS)	Patient monitoring systems
Healthcare cybersecurity platforms	Surgical robotics and devices
Cloud infrastructure and hosting	

Telehealth and virtual care platforms

Four plays technology data enables

- 1. Competitive displacement.** Target organizations running a competitor's product. Lead with the specific weaknesses customers raise about it and a clear migration path.
- 2. Integration targeting.** Target organizations running a platform you integrate with. "Built for your EHR" removes the first objection IT will raise.
- 3. Complementary selling.** An organization with a new PACS may need AI imaging tools. A hospital with surgical robotics may need related instruments, training or analytics.
- 4. Gap targeting.** Organizations without a category of technology may be early prospects, for example facilities with no remote patient monitoring platform.

Why it changes the conversation

Technology context turns a generic first email into a relevant one. Compare:

- **Without:** "Our platform helps hospitals improve revenue cycle performance."
- **With:** "Teams running your current EHR use our integration to cut manual claim edits. Here is how one health system set it up."

The second message names the prospect's reality and gives IT a reason to say yes.

Message examples by technology environment

What they run	Opening line
A major EHR you integrate with	"Teams on [EHR] use our integration to remove manual steps; here is how one system set it up."
A competitor's product	"Here is a migration path and what customers tell us about the first 90 days."
A new imaging platform	"Sites that recently added [platform] often look at AI tools next; here is a short evidence summary."
No platform in a category	"Many facilities start with a light version before a full rollout; here is how that works."

KEY TAKEAWAYS

- Technology data tells you what an organization can buy and who will evaluate it.
- Four plays: displacement, integration, complementary and gap.
- A message that names the prospect's environment earns attention on the first line.

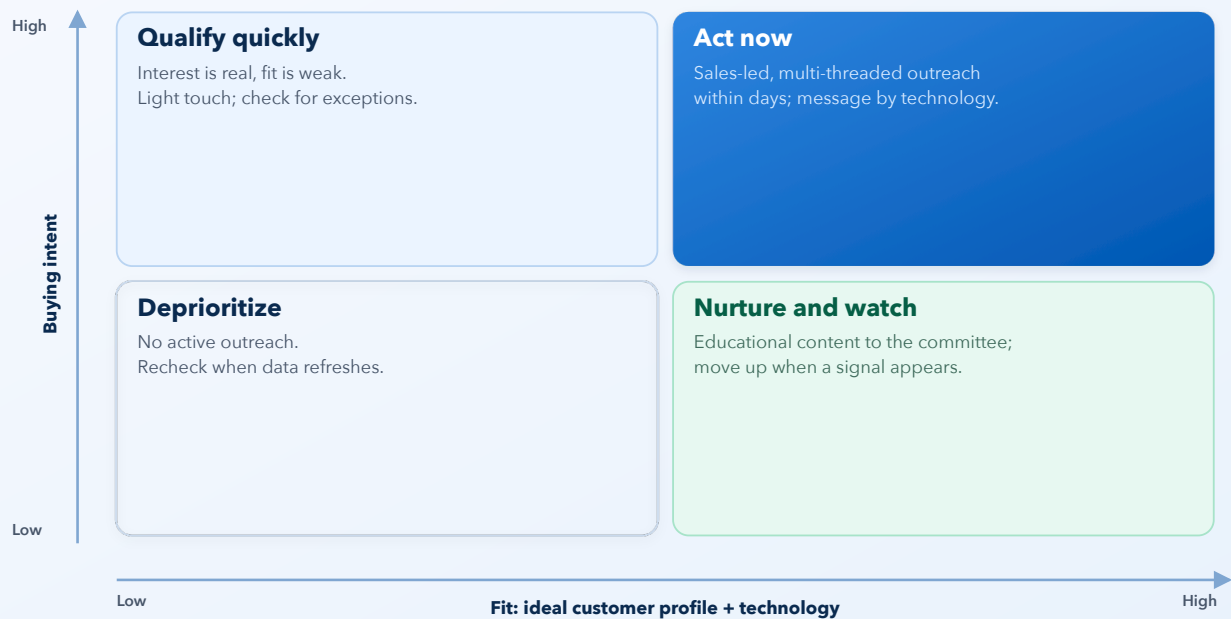
Putting the Layers Together: Account Prioritization

Score every account on two dimensions. **Fit** combines the ideal customer profile (type, size, geography) with technology fit (a platform you integrate with, a competitor you displace, or a gap you fill). **Intent** is the strength and freshness of research on your topics. The quadrant decides what each account gets this month.

IN THIS CHAPTER

- What each quadrant gets
- Scoring accounts in practice

Fit decides who is eligible; intent decides who goes first



Account priority model: fit by buying intent

Re-score accounts whenever intent signals refresh. Accounts move between quadrants as their research activity changes, and that movement is the moment to act.

What each quadrant gets

Quadrant	Owner	Outreach	Message built from
Act now	Account executive + SDR	Multi-threaded sequences to every committee role, within days of the signal	Their technology environment and the topic they are researching
Nurture and watch	Marketing	Educational content and events for the committee	Their technology environment
Qualify quickly	SDR	One short, low-effort touch to test fit	The topic they are researching
Deprioritize	None	No active outreach	—

Scoring accounts in practice

A simple scoring model is enough to start:

Factor	Example scoring (illustrative)
Ideal customer profile fit (type, size, geography)	0-3 points
Technology fit (integrate, displace or fill a gap)	0-3 points
Intent strength	0-3 points
Intent freshness	0-1 point

Add the points, set thresholds for "act now" and "nurture" and revisit them after the first 60 days. Keep the model simple enough that sales can explain it.

WORKSHEET • DEFINE YOUR FIT AND INTENT RULES

Complete before building an audience.

1. Ideal customer profile: organization type, size, geography:

2. Technology that makes an account a fit (integrate, displace, fill gap):

3. Three to five intent topics that match your product:

4. Threshold for "act now", and how fast sales must respond:

Use Cases by Team

Each type of healthcare vendor combines the three layers differently. The pattern stays the same: fit decides who is eligible, technology decides the message, and intent decides the timing.

IN THIS CHAPTER

- A worked example

Team	People (who)	Technology (what)	Buying (when)	The play
HealthTech: RCM software	CFOs, revenue cycle directors, CIOs	Current EHR and RCM vendor	Surging interest in revenue cycle management	Integration-led outreach to hospitals on a compatible EHR that are researching RCM now
MedTech: imaging AI	Radiology chairs, imaging directors, CMIOs	Installed PACS and scanners	Interest in AI in healthcare and medical imaging	Complementary offer to sites with recent imaging investments
MedTech: surgical devices	Surgeons by subspecialty, OR directors, value analysis committees	Surgical robotics installed	Interest in medical devices for the procedure area	Pair robot-equipped hospitals with the surgeons who use the robots
Pharma and biotech	Specialists by taxonomy code, pharmacy directors, P&T committee members	Pharmacy management and EHR platforms	Interest in a therapeutic or value-based care topic	Time medical and access outreach to systems researching the area

Team	People (who)	Technology (what)	Buying (when)	The play
Cybersecurity vendors	CISOs, CIOs, compliance officers	Cloud hosting and security platforms	Surging interest in healthcare cybersecurity	Competitive displacement at accounts running a rival platform
Staffing and services	CNOs, HR directors, department heads	Telehealth and virtual care platforms	Interest in healthcare staffing	Reach systems researching staffing before the next hiring push

A worked example

A revenue cycle software company targets U.S. hospitals.

- 1. Fit:** filter to hospitals with 100+ beds whose EHR it integrates with.
- 2. Intent:** rank that group by recent, strong interest in revenue cycle management.
- 3. People:** for the top-ranked accounts, map the CFO, revenue cycle director, CIO and patient financial services lead.
- 4. Message:** lead with the integration, a peer health system example and a short assessment offer.

The sales team works a short, ranked list with the right message for each account, instead of every hospital in alphabetical order.

KEY TAKEAWAYS

- Fit decides who is eligible, technology decides the message and intent decides timing.
- Keep scoring simple and explainable.
- Re-score when signals refresh; movement between quadrants is the moment to act.

A 90-Day Rollout Plan

Start small: one product, one segment and one team. Prove it there, then expand. Three 30-day phases are enough to show whether the model is working.

IN THIS CHAPTER

■ Metrics to track

■ Common pitfalls

- 1. Days 1-30: Define and build.** Write the ideal customer profile, including the technologies you need or replace. Choose 3-5 intent topics that match your product. Size the audience with the Audience Estimator, then build it with People, Technology and Buying Intelligence. Agree with sales which accounts go to which tier, and how fast reps must act on a new signal.
- 2. Days 31-60: Launch and learn.** Run tier-specific campaigns: account-based plays for top-tier accounts, nurture for the rest. Write technology-specific messages for your two or three most common environments. Hold a weekly review of new signals with sales.
- 3. Days 61-90: Measure and expand.** Compare the tiered accounts with a control group worked the old way. Refresh intent signals and re-tier accounts. Extend the model to a second product or segment if the results hold up.

Metrics to track

Metric	What it shows	Compare
Reply and meeting rate by tier	Whether top-tier accounts engage more	Top tier vs. lower tiers vs. control group
Time from first touch to opportunity	Whether timing signals speed up deals	Intent-led accounts vs. control group

Metric	What it shows	Compare
Opportunities per rep hour	Whether reps spend time better	Before vs. after rollout
Accounts with 3+ engaged roles	Whether you are reaching the whole committee	By tier
Win rate on displacement deals	Whether technology context improves positioning	Technology-led vs. generic messaging

Common pitfalls

Pitfall	What goes wrong	Prevention
Treating intent as certainty	Pressure on accounts that are not buying	Combine with fit and verify through conversations
Slow routing	Signals go stale before sales acts	Agree a response time with sales
Telling prospects what they read	Feels intrusive and damages trust	Use the signal to pick the topic only
Ignoring the contact layer	Right account, wrong or missing contact	Keep people data verified and fresh
Generic messages	The technology context is not used	Write messages for your two or three common environments

Evaluating an Audience Intelligence Provider

Many vendors now sell intent or technology data. Ask these questions before you buy.

- ☐ **Are all three layers linked to the same organizations?** Intent and technology data are only useful if they connect to verified contacts at the same account.
- ☐ **Is the contact layer verified and fresh?** Ask about sources, NPI matching and refresh frequency. Intent cannot rescue an outdated contact list.
- ☐ **Are intent topics healthcare-specific?** Generic B2B topics miss terms such as revenue cycle management, PACS or value-based care.
- ☐ **How are signal strength and freshness shown?** You need both to rank accounts.
- ☐ **Does technology data cover clinical equipment as well as software?** For MedTech, installed equipment often matters more than software.
- ☐ **Can custom topics be built for your product?**
- ☐ **How is the data delivered?** Check that it loads cleanly into your CRM and marketing automation fields.
- ☐ **How is privacy handled?** Confirm that signals are used at account level and that the provider follows CAN-SPAM, GDPR and CCPA.

Privacy and Responsible Use

Account-level signals are generally less sensitive than person-level tracking, but responsible use still matters.

- Confirm how the provider collects signals, and that it follows applicable privacy laws.
- Use signals at account level to choose topics and timing.
- Keep CAN-SPAM, GDPR and CCPA obligations in your outreach: an accurate sender, a working opt-out and respect for rights requests.
- Document how you use intent data so legal and compliance teams can review it.

CONCLUSION



Who, What and When

A healthcare contact list answers one question. Winning teams answer three: who the buyers are, what they already run and whether they are in the market now. Together, these answers turn a long list into a short, ranked plan, and turn generic outreach into a timely, relevant conversation.

MedicalProspects brings the three layers together in one audience:

- **People Intelligence:** verified healthcare professionals, executives, facilities and organizational hierarchy, with NPI data where it applies and monthly re-verification
- **Technology Intelligence:** software platforms and clinical equipment deployed across hospitals and practices
- **Buying Intelligence:** healthcare intent topics with signal strength and recent research activity, plus custom topics

Both intelligence layers are available as optional enhancements across all MedicalProspects audiences. You can size the audience first with the Interactive Healthcare Audience Estimator.

Request an audience brief at medicalprospects.com or email sales@medicalprospects.com.

Appendix: Glossary

Term	Meaning
Intent data	Signals showing that an organization is researching a topic more than usual
Intent strength	How far research activity rises above the organization's normal level
Technology intelligence	Data on the software and clinical equipment an organization has deployed
Ideal customer profile (ICP)	A description of the accounts most likely to buy and succeed
Account-based marketing	Focusing marketing and sales effort on named target accounts
Competitive displacement	Winning accounts that currently use a competitor's product
Multi-threading	Building relationships with several buying-committee members at once
Control group	A comparison group worked the old way, used to measure the impact of a new approach
EHR	Electronic health record system
RCM	Revenue cycle management

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ABOUT THE AUTHOR



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ABOUT MEDICALPROSPECTS

MedicalProspects provides verified healthcare contact data for B2B marketing and sales teams: 425+ specialty, role and facility lists anchored to NPI and NUCC taxonomy data, re-verified monthly, with technology and buying-intent intelligence available on every audience. Teams use it to reach physicians, nurses, hospital executives, IT leaders, life sciences and payer decision-makers.

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