



FREE EBOOK

Mapping the Hospital Buying Committee

Who Actually Signs, Influences and Blocks Your Deal

WRITTEN BY

John Britton

VP of Marketing, MedicalProspects

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ABOUT THIS EBOOK

This MedicalProspects eBook shows sales and ABM teams how hospital purchases really get decided. Every deal passes three groups, the people who want it, check it and fund it, and any of them can stop it. Inside are role-by-role messaging, a value analysis committee guide, a six-week multi-threading plan and a committee map template.



John Britton

VP of Marketing, MedicalProspects

John works with healthcare sales and marketing teams on precision targeting, campaign strategy, and audience intelligence solutions at MedicalProspects.

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MedicalProspects · 7901 4th St N, Ste 300, St. Petersburg, FL 33702 · sales@medicalprospects.com · medicalprospects.com

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AT A GLANCE

The short version

This MedicalProspects eBook shows sales and ABM teams how hospital purchases really get decided. Every deal passes three groups, the people who want it, check it and fund it, and any of them can stop it. Inside are role-by-role messaging, a value analysis committee guide, a six-week multi-threading plan and a committee map template.

KEY TAKEAWAYS

- **There is no single decision-maker.** Nine roles in three groups can each stop a hospital deal.
- **Know who matters for your solution type**, from capital equipment to clinical software and pharmaceuticals.
- **Prepare for value analysis early** with a complete packet: evidence, total cost and standardization impact.
- **Answer each role's own question** with the evidence that role trusts.
- **Multi-thread the account** with a six-week plan and engage three or more roles before you propose.
- **Use the committee map and deal-health checklist** to spot gaps every week.



There Is No Single Decision-Maker

Most stalled hospital deals stall for the same reason: the vendor was talking to one person. Hospitals buy through committees. A department head can love your product and still lose to an IT security review, a supply chain policy or a budget meeting your rep never knew about.

IN THIS CHAPTER

■ Who this eBook is for

■ What you will learn

The usual advice is to "find the decision-maker". In a modern health system, that person rarely exists. Clinical leaders choose what works. IT decides whether it can connect. Supply chain and value analysis decide whether it is worth the cost. Finance and the C-suite decide whether it fits the year's priorities. Any of them can say no, and none of them can say yes alone.

6,100

U.S. hospitals in the 2024 AHA Annual Survey

AHA Fast Facts¹

77.6%

of physicians are employed by hospitals or corporate entities

PAI & Avalere²

58.5%

of physician practices are owned by hospitals or corporate entities

PAI & Avalere²

17%

of buying time B2B buyers spend meeting potential suppliers

Gartner research, as reported³

Two of those numbers explain why committees matter. Most physicians now work for organizations, so purchases pass through organizational processes instead of one doctor's signature. And buyers in general spend a small share of their buying time with any vendor, so most of the decision happens in conversations you are not part of.

Who this eBook is for

It is written for sales leaders, account executives, account-based marketing teams and marketing operations teams selling devices, equipment, software, drugs and services into hospitals and health systems.

What you will learn

- **Chapter 1:** the roles that sign, influence and block hospital purchases
- **Chapter 2:** which roles matter most for your type of solution
- **Chapter 3:** how value analysis committees work, and what to put in your packet
- **Chapter 4:** how IT and security review decides whether you can connect
- **Chapter 5:** how budgets, capital cycles and contracts shape timing
- **Chapter 6:** how to write a message for each role
- **Chapter 7:** how to reach the whole committee at once
- **Chapter 8:** how to map every account and track deal health

The appendices add a one-page committee map and a glossary of hospital buying terms.

The Roles in a Hospital Deal

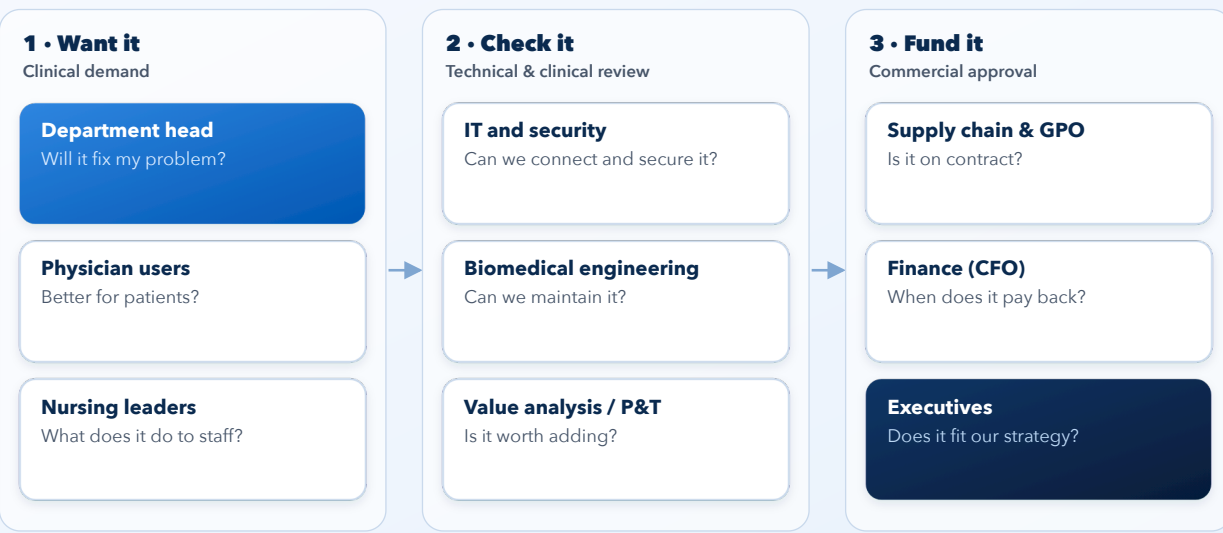
A hospital purchase passes through three groups, and each one asks a different question. The people who **want** the product, the people who **check** it and the people who **fund** it can all stop a deal, and none of them can approve it alone.

IN THIS CHAPTER

- The three groups
- The nine roles in detail
- Influence differs from title
- The champion, the blocker and the economic buyer

Hospital deals pass three groups

Any one of them can stop the deal



Hospital buying committee: nine roles in three groups

The three groups

- **Want it.** The department head or service line leader feels the problem and becomes your champion. Physicians and nurses who will use the product decide whether it works in practice.
- **Check it.** IT and security review anything that connects to a network or holds data. Biomedical engineering reviews equipment. Value analysis (for devices and supplies) or the pharmacy and therapeutics (P&T) committee (for drugs) decides whether the product is worth adding.
- **Fund it.** Supply chain checks contracts, including group purchasing organization (GPO) agreements. Finance tests the cost and payback. Executives decide whether the purchase fits the year's strategy and budget.

The arrows show the usual order, but the groups overlap. An IT review can start while clinicians are still evaluating, and an executive can stop a deal at any point.

The nine roles in detail

Role	What they decide	What they ask	How they say no
Department head	Whether the department needs this and will sponsor it	Will it fix my problem?	"Not a priority this year"
Physician users	Whether it works in clinical practice	Is it better for patients and easy to use?	Quietly not using it
Nursing leaders	Whether staff can adopt it safely	What does it do to my team's workload?	Training and workflow objections
IT and security	Whether it can connect and be secured	Can we integrate, protect and support it?	Security findings; integration queue
Biomedical engineering	Whether equipment can be maintained	Can we service and keep it running?	Unsupported maintenance model
Value analysis / P&T	Whether it is worth adding	Is the value proven against what we use today?	Duplicate of an existing product
Supply chain and GPO	Whether it fits contracts and standards	Is it on contract, and at what price?	Contract and standardization rules
Finance (CFO)	Whether it is affordable and pays back	What does it cost and when does it return?	Budget and payback
Executives	Whether it fits the strategy	Does it support our priorities?	Competing strategic projects

Influence differs from title

Titles tell you where someone sits, not how much they matter in your deal. A charge nurse who trains the whole unit may influence a decision more than a vice president who never sees the product. Ask your champion, "Who will be most affected by this change, and who will they listen to?"

The champion, the blocker and the economic buyer

Three informal roles matter in every deal:

- **The champion** feels the problem and argues for change inside the organization.
- **The economic buyer** controls the budget that will pay for it.
- **The blocker** has a reason to stop it, often a process, a contract or a competing project, rather than any dislike of your product.

One person can hold more than one of these roles, and the people holding them change as the deal moves forward.

KEY TAKEAWAYS

- Hospital deals pass three groups: want it, check it and fund it.
- Each group asks a different question and can stop the deal.
- Influence comes from how much someone is affected and trusted, not from their title.

Who Matters for Each Type of Solution

Every role appears in some deals, but their weight changes with what you sell. Use this table to decide where to start and who must be engaged before you reach procurement.

IN THIS CHAPTER

■ How to read the table

■ How the system affects who decides

Solution type	Start with (champion)	Must win over	Final approval	Common blocker
Capital equipment (imaging, surgical robotics)	Department chair, service line leader	Clinicians who will use it, biomedical engineering, finance	CFO, CEO; capital committee	Capital budget cycle
Medical devices and supplies	Physician users, OR or cath lab director	Value analysis committee, nursing leaders	Supply chain director	Group purchasing contracts and standardization
Clinical software and AI	CMIO, clinical department head	CIO, CISO, IT integration team, nursing informatics	CIO, CFO	Security review; EHR integration queue
Revenue cycle and financial software	VP of revenue cycle, patient financial services director	CIO, compliance	CFO	Existing vendor contract; IT capacity
Pharmaceuticals and therapies	Physician specialists	Pharmacy director, P&T committee	P&T committee	Formulary process and cost review

Solution type	Start with (champion)	Must win over	Final approval	Common blocker
Services and staffing	Department head, CNO	HR, finance	CFO, COO	Budget timing; existing agency contracts

How to read the table

- **Start with the champion.** This is the person who feels the problem most and will argue for change.
- **Win over the evaluators early.** IT, security and value analysis can stop a deal late. Bring them in before your champion asks them to approve anything.
- **Know the approval path before the proposal.** Ask your champion, "Who else needs to agree, and in what order?" in the first two meetings.
- **Plan for the blocker.** If you know there is a group purchasing contract or a security review, prepare for it from the start.

How the system affects who decides

A single hospital and a multi-hospital system buy differently. In a large system, standardization decisions are often made centrally by system-level supply chain, value analysis and IT teams, with local hospitals influencing but not controlling the result. A local champion helps, but a system contract can still decide the outcome.

Setting	Who usually decides	What changes for you
Independent community hospital	The hospital's own executive team and department heads	Fewer layers; faster, but a smaller budget and thinner IT team
Multi-hospital health system	System-level committees, with local input	Longer cycles; one approval can open many sites
Academic medical center	Department chairs and research or clinical committees	Evidence and research standing carry more weight
Ambulatory surgery center or physician group	Owners or an administrator, sometimes a management company	Short path; return on investment dominates

▶ SAME PRODUCT, TWO PATHS (ILLUSTRATIVE)

A device company sells a surgical product to a physician-owned ASC and to a hospital that belongs to a large system. At the ASC, a surgeon-owner and an administrator approve it in weeks. At the hospital, the surgeon requests it, value analysis reviews it, system supply chain checks the contract and a regional committee approves it over several months. The product is the same; the committee is not.

WORKSHEET · WHO MATTERS FOR YOUR SOLUTION?

Fill this in for your own product before you build any account lists.

1. Solution type from the table above, and the closest match:

2. Champion: who feels the problem first?

3. Evaluators who must be won over before approval:

4. Final approver, and the process they use:

5. The most common blocker in lost deals:

KEY TAKEAWAYS

- Role weight depends on the solution type; capital, supplies, software and drugs each follow a different path.
- Bring evaluators in before your champion has to ask them for approval.
- A system-level contract can outweigh a local champion.

How Value Analysis Committees Work

For medical devices and supplies, the value analysis committee (VAC) is often where a deal is decided. Many vendors meet it only at the end, when it is too late to prepare.

IN THIS CHAPTER

- What a VAC does
- Who usually sits on it
- The typical path
- What to put in your VAC packet
- Why requests get declined

What a VAC does

A value analysis committee reviews requests for new products. It weighs clinical evidence, cost, patient outcomes, safety and the effect on standardization. Its aim is to add products that deliver better value and to avoid adding near-duplicates of products the hospital already buys.

Who usually sits on it

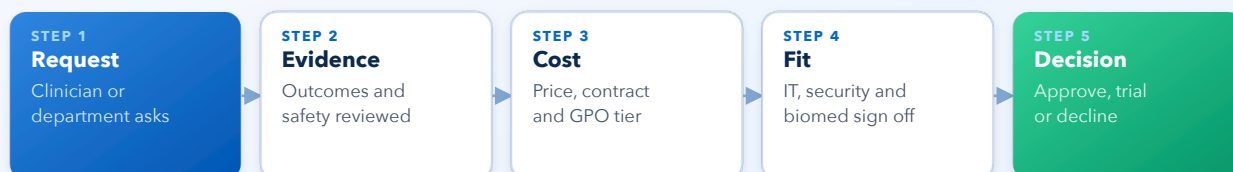
- Supply chain or value analysis leaders, who often run the process
- Nursing leaders and clinical educators
- Physician representatives from the relevant service lines
- Finance
- Quality, patient safety and infection prevention
- Biomedical engineering, for equipment

Membership varies by organization, so ask your champion who sits on theirs.

The typical path

How a value analysis review usually runs

Typical sequence; each hospital sets its own steps and timing



Arrive with what each step needs: evidence, pricing and contract status, and your security package.

How a value analysis review usually runs: request, evidence, cost, fit, decision

- 1. A clinician requests the product.** Usually a physician or nursing leader fills in a new-product request form.
- 2. The committee gathers evidence.** Clinical studies, cost data and how the product compares with what is already in use.
- 3. Cost review.** Supply chain checks price, contract status and GPO tier.
- 4. Fit review.** IT, security and biomedical engineering confirm that the product can be supported.
- 5. A decision.** Approve, approve with conditions, trial, or decline.

Many products are tried in a limited area first, and contracting follows approval, often within a group purchasing contract.

What to put in your VAC packet

- ☐ Clinical evidence summary, with full studies attached
- ☐ Total cost of use, not just unit price (including staff time, waste and length of stay where you have evidence)
- ☐ Comparison with the products the hospital uses today
- ☐ Effect on standardization: what it replaces, not just what it adds
- ☐ Regulatory status and safety information
- ☐ Training and support plan
- ☐ Proposed trial scope and success measures
- ☐ Contract status, including any group purchasing agreement that applies

Your champion submits the request. You make it easy for them by providing a complete packet before they ask.

Why requests get declined

Reason	What it looks like	How to prevent it
Duplicates an existing product	"We already have something that does this"	Show what it replaces and the difference in outcomes or cost
Weak evidence	Studies in a different population or setting	Provide evidence closest to this hospital's patients
Cost not justified	Higher unit price with no total-cost case	Model the total cost of use with stated assumptions
Poor fit with workflow	Clinicians or nurses object in review	Run a trial with clinician-defined measures
Incomplete submission	Missing documents delay the review	Supply the full packet in advance

★ ASK FOR THE COMMITTEE CALENDAR

Value analysis committees often meet on a fixed schedule. Ask your champion when it meets, and when submissions close, so that your packet lands before the deadline, not just after it.

KEY TAKEAWAYS

- For devices and supplies, the VAC is often the real decision point.
- Prepare a complete packet before your champion submits the request.
- Most declines come from duplication, weak evidence or an unproven cost case, all of which you can address up front.

Getting Through IT and Security Review

Any product that connects to a network, holds data or touches the electronic health record passes an IT and security review. It is the most common place for a clinically popular product to stall.

IN THIS CHAPTER

- What IT and security look for
- Start the technical conversation early
- The documents reviewers expect
- Prepare for common objections

What IT and security look for

- **Security posture:** how the product protects data and how you handle vulnerabilities
- **Integration:** whether it connects to the EHR and other systems, and how much work it requires
- **Privacy and compliance:** how patient data is handled, stored and shared
- **Support:** who maintains it, how it is updated and what happens when it fails
- **Capacity:** whether the team has time to implement it this year

The documents reviewers expect

Document	Why it matters
Security questionnaire, completed	Most hospitals have their own; answering it fully avoids delay
Data flow diagram	Shows what data moves where

Document	Why it matters
Business associate agreement (BAA) terms	Required when you handle protected health information for the hospital
Integration specification	Tells the IT team how much work to expect
Third-party security assessment, if you have one	Gives reviewers independent assurance
Support and update model	Shows who is responsible after go-live

Start the technical conversation early

Many vendors wait until a clinical champion asks for IT review. By then, the IT team's queue may be months long. Introduce a short integration overview to IT contacts while clinicians are still evaluating. The earlier the review starts, the less likely it is to become the last obstacle.

Prepare for common objections

- **"We have no capacity this year."** Offer to do the integration work, or propose a phased start that uses existing interfaces.
- **"This duplicates what our EHR already does."** Show exactly what is different, with clinical or operational evidence.
- **"We have not reviewed your security."** Provide the documents above before they ask.

DO NOT ROUTE AROUND IT

A champion who tries to bypass IT for a faster start often creates a security finding that kills the deal later. Support the review; do not avoid it.

KEY TAKEAWAYS

- IT and security can stop a clinically popular product, so involve them early.
- Give reviewers the documents they need before they ask: questionnaire, data flow, BAA, integration spec and support model.
- Offer to do integration work yourself when capacity is the objection.

Budgets, Capital Cycles and Contracts

A product can win every evaluation and still not be bought, because the money, the timing or the contract is not ready. Understanding how hospitals fund purchases prevents long, silent delays.

IN THIS CHAPTER

- Capital versus operating budgets
- Proving return on investment
- Group purchasing organizations and contracts

Capital versus operating budgets

Budget type	What it buys	How it works	Timing
Capital	Equipment, construction, large systems	Reviewed by a capital committee against other projects	Annual cycle; requests often close months before the fiscal year
Operating	Supplies, services, subscriptions, software licences	Managed by department budgets and approvals	Ongoing; approval thresholds apply

If your product is capital equipment, your champion's request must be in the capital cycle. Missing it can delay the purchase by a year. Ask early: "When does the capital request process open, and when does it close?"

Group purchasing organizations and contracts

Many hospitals buy supplies and some services through group purchasing organizations (GPOs), which negotiate contracts for their members. If a competing product is on a GPO contract, a hospital may need a reason to buy off contract. If yours is on contract, the path shortens.

- Ask whether the hospital belongs to a GPO and which contracts cover your category.
- Find out if your product is on contract, or can be added.
- Know the standardization rules: many hospitals prefer one product per category.

Proving return on investment

Finance wants a model it can check. Build it with these elements:

1. **The cost of the problem today**, using the hospital's own numbers where possible
2. **The total cost of your solution**, including implementation, training and support
3. **The measurable improvement**, with evidence from comparable hospitals
4. **The payback period**, with the assumptions stated
5. **A conservative case**, so that finance sees the downside

A SIMPLE PAYBACK MODEL (ILLUSTRATIVE)

A hospital spends a known amount each month on a manual process. Your solution costs a fixed annual fee plus implementation. If the model shows how many months of savings cover the first-year cost, and states each assumption, a finance leader can test it line by line. A model with hidden assumptions invites doubt.

KEY TAKEAWAYS

- Capital and operating purchases follow different cycles; miss the capital window and you may wait a year.
- Group purchasing contracts can shorten or block a path, so ask about them early.
- Give finance a model with visible assumptions and a conservative case.

Messages That Work for Each Role

Each committee member reads your outreach with one question in mind. Answer that question in the first two lines, and use the evidence that role trusts.

IN THIS CHAPTER

- Same deal, different messages
- Match the channel to the role
- Subject lines by role

Role	Their question	Lead with	Evidence they trust	Avoid
CEO / COO	Does this support our strategy?	Fit with strategic priorities, such as growth, access or quality ratings	Peer health system results	Feature lists
CFO / finance	What does it cost, and when does it pay back?	Total cost and return over the contract term	Financial model with stated assumptions	Vague "savings" claims
CMO / physician leaders	Is it better for patients?	Outcomes and clinical workflow	Peer-reviewed studies, specialty society guidance	Marketing language
CNO / nursing leaders	What does it do to my staff?	Workload, safety and training	Pilot results, nurse feedback	Ignoring training time
CIO / CISO / IT	Can we connect and secure it?	Integration, security and support	Security documentation, integration references	"Easy to install" without detail

Role	Their question	Lead with	Evidence they trust	Avoid
Supply chain / value analysis	Is it worth adding?	Value compared with what is already in use	Cost per use, standardization impact	Price-only arguments
Department head (champion)	Will this fix my problem?	The specific operational or clinical problem	Results from similar departments	Generic positioning

Same deal, different messages

For a remote patient monitoring platform, the opening line changes by role:

- **To the CMIO:** "Remote monitoring data flows into your EHR's existing flowsheets, so physicians review it where they already work."
- **To the CFO:** "Here is the reimbursement and readmission model one system used to approve its rollout, with the assumptions shown."
- **To the CNO:** "Nurses review alerts in one queue, prioritized by risk, rather than calling every patient."
- **To the CISO:** "Our security documentation and data flow diagram are attached for your review team."

Subject lines by role

Role	Example subject line
Department head	A way to cut cath lab turnover time
CFO	Payback model: assumptions included
CNO	What changes for nurses in week one
CISO	Security package for your review team
Value analysis	Complete evidence packet for your next meeting

Match the channel to the role

- **Executives** respond to short, relevant notes, direct mail and peer introductions more than to long email sequences.
- **Clinicians** respond to specialty-specific content and peer discussion.
- **IT and security** respond to documents and technical calls, not marketing.
- **Supply chain** responds to complete packets and clear pricing.

I ILLUSTRATIVE LINES

Example lines are illustrative. Use only claims your evidence supports, and have medical, legal and regulatory teams review them where required.

KEY TAKEAWAYS

- Answer each role's own question in the first two lines.
- Use the evidence each role trusts: outcomes, financial models, security documents, cost per use.
- Choose a channel that fits the role, not the one that is easiest for you.

Multi-Threading: Reaching the Whole Committee

Multi-threading means building a relationship with several committee members at the same time, each with their own message. If one contact goes quiet, the deal keeps moving through the others.

IN THIS CHAPTER

- A six-week sequence for one account
- Healthy deal signals
- Rules for multi-threading
- How marketing and sales share the work

A six-week sequence for one account

Week	Champion	Clinical and nursing leaders	IT and security	Finance and supply chain	Executives
1	Problem-focused email and call	—	—	—	—
2	Peer case study	Outcomes summary email	—	—	—
3	Discovery meeting	Invitation to a clinical webinar or peer call	Integration overview email	—	—
4	Shared plan of next steps	Pilot proposal	Security documentation package	Total cost overview	—

Week	Champion	Clinical and nursing leaders	IT and security	Finance and supply chain	Executives
5	VAC packet or business case draft	Pilot measures agreed	Technical review call	Financial model review	Short strategic brief by email or direct mail
6	Joint review with the committee	Pilot launch	Integration plan signed off	Contract and GPO terms discussed	Executive sponsor meeting

Rules for multi-threading

- **Tell your champion.** Ask who else should be involved and offer to support them. Reaching around a champion without telling them damages trust.
- **Give each role a reason to reply.** A security package for IT, a financial model for finance. Never forward the same email to everyone.
- **Use more than one channel.** Executives often respond better to a short direct-mail piece or a peer introduction than to cold email.
- **Track engagement by role, not by account.** "The account opened our emails" hides the fact that IT never did.

Healthy deal signals

Aim to have at least three roles engaged before you send a proposal: a clinical champion, an IT or operations evaluator and a finance or supply chain contact. A deal with one engaged contact is a deal at risk.

How marketing and sales share the work

Team	Responsibility
Marketing	Build the account and committee lists, run role-specific campaigns, supply content for each role
Sales development	Open conversations with committee members the champion cannot reach
Account executive	Own the champion relationship and the approval path
Sales engineering	Lead IT, security and clinical technical reviews
Customer success	Provide references and pilot support

THE SINGLE-THREAD TRAP

Deals with one contact feel fast until that contact changes jobs, goes on leave or loses an internal argument. Hospital roles turn over regularly, so a single-threaded deal can disappear overnight.

KEY TAKEAWAYS

- Engage several roles at once, each with its own message and channel.
- Tell your champion about every new contact; do not go around them.
- Track engagement by role, and aim for at least three engaged roles before a proposal.

Committee Map Template and Deal-Health Checklist

Fill in one map per target account. Review it with your team every week. The gaps in the map show you what to do next.

IN THIS CHAPTER

- Committee map template
- Deal-health checklist
- Reading your map

Committee map template

Account: _____ Health system: _____ Opportunity: _____

Role	Name and title	Stance	What they care about	Last contact	Next step
Champion					
Executive sponsor					
Clinical leader					
Nursing leader					
IT / security					
Finance					
Supply chain / value analysis					

Role	Name and title	Stance	What they care about	Last contact	Next step
End user					

Stance: champion, supporter, neutral, skeptic, blocker or unknown.

Approval path: _____ → _____ → _____ → _____

Known blockers (budget cycle, GPO contract, security review, competing project): _____

Deal-health checklist

- ☐ We know the champion and have met them at least twice
- ☐ At least three roles are engaged, including someone outside the champion's department
- ☐ IT and security have received our documentation
- ☐ We know whether the purchase goes through value analysis, a capital committee or P&T
- ☐ We know the budget source and when the budget is set
- ☐ We know of any group purchasing contract that covers this category
- ☐ An executive sponsor knows the project exists
- ☐ Every "unknown" stance in the map has a next step to find out

Reading your map

Pattern on the map	What it usually means	What to do
One name, many blanks	Single-threaded deal	Ask your champion for introductions this week
No IT or security contact	Late-stage risk	Send the integration overview and security package now
Skeptic with no plan	Unaddressed objection	Learn their objection; offer evidence or a trial
No finance contact	No economic buyer	Build the payback model and ask who owns the budget
No approval path	The deal may be a guess	Ask: "Who else must agree, and in what order?"

WORKSHEET · MAP ONE LIVE DEAL

Pick one open opportunity and answer these before your next team meeting.

1. Who is the champion, and when did you last meet them?

2. Which three roles are engaged, and which are missing?

3. Where does the purchase go for approval?

4. What is the most likely blocker?

5. What is the single next step that adds a new role to the conversation?

KEY TAKEAWAYS

- Keep one committee map per account and review it weekly.
- The blanks are the work: each empty box is a next step.
- Use the deal-health checklist before every forecast call.

CONCLUSION



Sell to the Committee, Not the Contact

Hospital deals are won by the vendor that understands the whole buying group. Map the roles, learn the approval path, prepare for value analysis and IT review early, and give each person a message that answers their own question.

IN THIS CHAPTER

- Fill every seat with MedicalProspects

All of this depends on one thing: knowing who sits in each seat at each account. A committee map with empty boxes is a guess.

Fill every seat with MedicalProspects

Seat on your map	Where to find it at MedicalProspects
Executives and department directors	Health Executives lists: C-suite leaders and department directors across hospitals and health systems
IT, security and informatics	HealthTech & IT lists: CIOs, CISOs, CMIOs, informatics and IT leaders
Physicians, nurses and clinical staff	Medical Professionals lists, by specialty and subspecialty
The facility itself	Care Facilities lists, with bed size and system affiliation
What the account runs and when it is in the market	Technology-in-use and buying-intent data on every audience

Seat on your map	Where to find it at MedicalProspects
Fresh data	Monthly re-verification, with a 60-day cycle for executives and IT leaders

Request a free 20-contact sample built around one of your target accounts. Visit medicalprospects.com or email sales@medicalprospects.com.

APPENDIX A



One-Page Committee Map

Print this page for each account and bring it to your weekly deal review.

ACCOUNT: _____ SYSTEM: _____
OPPORTUNITY: _____ CLOSE TARGET: _____

WANT IT (clinical demand)

Champion: _____ Stance: _____
Physician users: _____ Stance: _____
Nursing leader: _____ Stance: _____

CHECK IT (technical and clinical review)

IT / security: _____ Stance: _____
Biomedical eng.: _____ Stance: _____
Value analysis/P&T: _____ Stance: _____

FUND IT (commercial approval)

Supply chain / GPO: _____ Stance: _____
Finance (CFO): _____ Stance: _____
Executive sponsor: _____ Stance: _____

APPROVAL PATH: _____ -> _____ -> _____ -> _____

BUDGET SOURCE AND TIMING: _____

BLOCKERS: _____

NEXT STEP THAT ADDS A NEW ROLE: _____

Glossary

Term	Meaning
Champion	An internal advocate who feels the problem and argues for change
Economic buyer	The person who controls the budget that will fund the purchase
Value analysis committee (VAC)	A hospital group that reviews new products for evidence, cost and standardization
P&T committee	Pharmacy and therapeutics committee: decides which drugs are on formulary
GPO	Group purchasing organization: negotiates supply and service contracts for member hospitals
Capital budget	Funds for equipment and large projects, set through an annual review
Operating budget	Funds for ongoing costs such as supplies, services and subscriptions
CMIO	Chief medical information officer: a physician who leads clinical informatics
CISO	Chief information security officer
BAA	Business associate agreement: a contract covering how a vendor handles protected health information
Standardization	A hospital's practice of limiting the number of products in a category
Multi-threading	Building relationships with several buying-committee members at once

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ABOUT THE AUTHOR



John Britton

VP of Marketing, MedicalProspects

John works with healthcare sales and marketing teams on precision targeting, campaign strategy, and audience intelligence solutions at MedicalProspects.

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