INTEGRITY Solutions

RESEARCH REPORT
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HEALTHCARE ADOPTION STUDY · 2026

Value-Based Selling & Provider Adoption

How clinical sales teams influence the adoption of new healthcare technologies — and how trust-based, needs-driven conversations help them engage every stakeholder who shapes the decision.

8
empirical studies synthesized across four countries and four clinical specialties

1,327
healthcare decision-makers in the largest experimental sample reviewed

$5M+
cost avoidance reported by one clinician-led adoption program

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REPORT
IS-2026-VBS

00 INSIDE THIS REPORT

A look at how clinical sales teams shape what gets adopted.

This report synthesizes published evidence on how value-based sales approaches affect provider adoption of new healthcare technologies and services. Findings, mechanisms, and recommendations follow.

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The headline answer and four findings every commercial leader should read first.

02 Methodology 04
Study design, sources screened, and how the evidence base was assembled.

03 The State of Provider Adoption 05
What 8 studies and 2,500+ decision-makers reveal about the buying moment.

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Why the same pitch wins with one decision-maker and fails with another.

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Five practices for clinical commercial teams in the next 90 days.

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Authors, the program behind the practice, and how to engage further.

01 EXECUTIVE SUMMARY

Reading the room beats refining the pitch.

> Value-based sales approaches do lift provider adoption — through risk-sharing, education, and trust-based, needs-driven conversations — but only when reps can read every stakeholder in the room and translate evidence, framing, and incentives into the value each one is actually solving for.

Across the eight studies reviewed, the same pattern holds: when reps frame outcomes in the language each stakeholder values, value-based selling shifts the buying decision. When they don't, well-evidenced propositions stall at the budget line.

The most rigorous evidence — an experimental study of 1,327 healthcare decision-makers — found risk-sharing contracts significantly lifted value-based purchasing among medical professionals, yet landed flat with purchasing and general managers reviewing the same offer.

WHAT CLOSES THE GAP

Clinicians weigh evidence; administrators weigh price; purchasing weighs budget exposure. The reps who consistently move adoption recognize each style, ask thought-provoking questions, and reframe the same offer in three value languages.

Manufacturer support — embedded specialists, evidence translation — moved adoption most while devices were novel. The same dynamic explains why reinforcement matters: skills compound when sustained and fade when not.

8	50	1,327	4×
Empirical studies meeting inclusion criteria	Sources screened from secondary research	Decision-makers in the experimental sample	Utilization lift in one aligned-incentive case

"The teams that win don't sell harder — they read every stakeholder in the room, translate evidence into the value each one is solving for, and sustain those behaviors over time."

SYNTHESIS FINDING · MINDSET · SKILLSET · REINFORCEMENT

WHAT THIS REPORT COVERS

The pages that follow document the methodology, the patterns observed across study contexts, and the practices that turn product reps into value-based sellers — along with the Performance Roadmap that builds those practices into your team.

02 METHODOLOGY

A structured review of the published evidence.

This report synthesizes the findings of a secondary research project covering peer-reviewed studies on value-based selling and provider adoption in healthcare.

FIGURE 1 · SCREENING FLOW

Candidate papers (semantic search)	50
Excluded after full screen	42
Included in synthesis	**8**

REVIEW AT A GLANCE

SOURCES SCREENED	50 peer-reviewed papers
STUDIES INCLUDED	8 empirical studies
GEOGRAPHIES	USA · Germany · UK · Belgium
SPECIALTIES	Cardiology, oncology, ophthalmology, diagnostics
LARGEST SAMPLE	1,327 decision-makers (Matinheikki et al., 2024)

SOURCE CORPUS

A semantic search of the published literature returned 50 candidate papers. After abstract screening against the inclusion criteria, eight empirical studies were retained for full synthesis.

INCLUSION CRITERIA

Studies had to involve healthcare provider decision-makers, examine sales strategies that emphasized clinical or economic value, focus on a new technology or service, and report adoption-related outcomes.

STUDY DESIGNS

The retained set spans qualitative case studies, physician surveys, an integrated case review, and one scenario-based vignette experiment with 1,327 decision-makers — the largest controlled comparison in the corpus.

LIMITATIONS

The literature is dominated by case studies; controlled trials comparing value-based selling to alternative approaches are absent. Findings should be read directionally, not as benchmarks.

03 THE STATE OF PROVIDER ADOPTION

Four findings from across the evidence base.

Read together, the literature shows value-based selling is not a single tactic with a single effect — its impact varies sharply by audience and incentive structure.

EFFECT OF VALUE-BASED SALES LEVERS ON ADOPTION, BY DECISION-MAKER SYNTHESIS · MATINHEIKKI 2024 · HATZ 2017

SALES LEVER	MEDICAL PROS	GENERAL MGRS	PURCHASING
Risk-sharing contract	Significant lift	Negligible	Negligible
Clinical evidence presentation	Lifts	Mixed	Limited
Manufacturer support — novel devices	Lifts	Lifts	Lifts
Manufacturer support — established devices	Minimal	Minimal	Minimal
Individual cost-saving incentive	Suppresses	Suppresses	Suppresses

01

Risk-sharing works — but mostly with clinicians.

Outcome-risk contracts raised value-based purchasing among medical professionals. The same offer barely moved purchasing or general managers.

02

Manufacturer support matters most under uncertainty.

Hands-on trials and clinical specialists lifted novel-device adoption. Once technologies established, the support faded and budget pressure dominated.

03

Misaligned payment systems block adoption.

Where reimbursement rewarded activity over outcomes, technologies that improved patient pathways stalled in funding negotiations.

04

Aligned incentives multiply the lift.

A clinician-led adoption program reported $5M cost avoidance; a research warehouse rollout achieved 4× utilization when value messaging mirrored institutional priorities.

04 MECHANISMS & THE INCENTIVE GAP

Why the same offer wins one room and loses the next.

Inside the studies that compared decision-makers directly, three patterns explain why value-based selling shifts behavior unevenly across the customer org chart.

PATTERN 01

THE CLINICIAN READS EVIDENCE

Medical professionals, trained to weigh trial data, treated risk-sharing and outcome evidence as a credible signal — the only group to consistently shift toward premium, value-adding products.

PATTERN 02

THE ADMINISTRATOR WEIGHS PRICE

Purchasing and general managers focused on unit cost and budget exposure. Clinical evidence rarely overcame this frame, especially when buyers carried personal consequences for budget performance.

PATTERN 03

THE SYSTEM REWARDS ACTIVITY

Where reimbursement was tied to volume rather than outcomes, technologies that altered patient pathways triggered protracted funding negotiations — a structural mismatch the sales motion alone could not solve.

ACTIONABLE INSIGHT · MECHANISMS OF INFLUENCE

Tailor the message to the expertise in the room.

Value-based selling lands when messaging is matched to stakeholder fluency — clinical outcomes for physicians, operational efficiency for administrators, and quantified financial return for purchasing leaders — and when risk-sharing is offered to the audience most able to interpret the evidence behind it. Adapting communication to behavior styles is critical to connecting and creating value.

> "Manufacturer support is a temporary substitute for clinical evidence — valuable while a technology is novel, unnecessary once it is established."

SYNTHESIS FINDING · HATZ ET AL., 2017 (N = 1,249 HOSPITAL PHYSICIANS)

05 RECOMMENDATIONS

Five practices for clinical commercial teams.

Each recommendation is paired with an owner and a measure so leaders can tell whether the practice is taking hold.

01 Qualify on incentive alignment, not just clinical fit.

Before investing in a value-based motion, confirm that the customer's payment structure rewards outcomes. Where reimbursement is volume-based, plan a longer cycle and engage commissioners early.

STRATEGY

OWNER Account Director CADENCE Per opportunity MEASURE Incentive-aligned pipeline %

02 Tailor the value message to the role in the room.

Lead with clinical outcomes for physicians, operational efficiency for administrators, and financial return for purchasing. The same evidence repackaged moved very differently across the three groups.

SKILL

OWNER Frontline Sales CADENCE Every call MEASURE Stakeholder-mapped messaging

03 Offer risk-sharing where clinicians hold authority.

Risk-sharing contracts moved value-based purchasing significantly when medical professionals were the deciders. Reserve them for accounts where the clinical voice is empowered to choose.

COMMERCIAL

OWNER Contracts & Pricing CADENCE Per deal MEASURE Risk-share win rate

04 Deploy clinical specialists earliest, when uncertainty is highest.

Manufacturer support — hands-on trials, embedded clinical specialists — moved adoption most for novel devices and faded for established ones. Front-load specialist time at launch and during early-adopter cycles.

FIELD RESOURCING

OWNER Clinical Affairs CADENCE Quarterly MEASURE Specialist-touch coverage on novel SKUs

05 Build legitimacy in parallel with the pitch.

Successful adoptions paired sales with regulatory engagement, professional-society partnerships, and clinical-champion development. Treat legitimacy work as a shared sales-and-medical-affairs metric, not a marketing afterthought.

CROSS-FUNCTIONAL

OWNER Commercial & Med Affairs CADENCE Quarterly MEASURE Active champion accounts

06 RESEARCH CITED

The eight studies behind this synthesis.

Citations are listed in order of in-text reference. Sample sizes and study designs are summarized in the methodology table on page 04.

01 **Randhawa K, Vanhaverbeke W, Ritala P** (2024). Legitimizing Digital Technologies in Open Innovation Ecosystems: Overcoming Adoption Barriers in Healthcare. *California Management Review.* https://doi.org/10.1177/00081256241276553

02 **Llewellyn S, Procter R, Harvey G, et al.** (2014). Facilitating technology adoption in the NHS: negotiating the organisational and policy context — a qualitative study. *Health Services and Delivery Research.* https://doi.org/10.3310/HSDR02230

03 **Matinheikki J, Kenny K, Kauppi K, et al.** (2024). Realising the promise of value-based purchasing: experimental evidence of medical device selection. *International Journal of Operations & Production Management.* https://doi.org/10.1108/ijopm-09-2023-0779

04 **Landaas EJ, Baird G, Hansen R, et al.** (2020). Integrating Formal Technology Assessment into an Integrated Healthcare Delivery System: Smart Innovation. *International Journal of Technology Assessment in Health Care.* https://doi.org/10.1017/S0266462319003465

05 **Hatz M, Schreyögg J, Torbica A, et al.** (2017). Adoption Decisions for Medical Devices in the Field of Cardiology: Results from a European Survey. *Health Economics.* https://doi.org/10.1002/hec.3472

06 **Felgner S, Ex P, Henschke C** (2018). Physicians' Decision Making on Adoption of New Technologies and Role of Coverage with Evidence Development: A Qualitative Study. *Value in Health.* https://doi.org/10.1016/j.jval.2018.03.006

07 **Baghal A, Zozus M, Baghal A, et al.** (2019). Factors Associated with Increased Adoption of a Research Data Warehouse. *ITCH 2019.* https://doi.org/10.3233/978-1-61499-951-5-31

08 **Korte B, Rompalo A, Manabe Y, Gaydos C** (2020). Overcoming Challenges With the Adoption of Point-of-Care Testing. *Point of Care.* https://doi.org/10.1097/POC.0000000000000209

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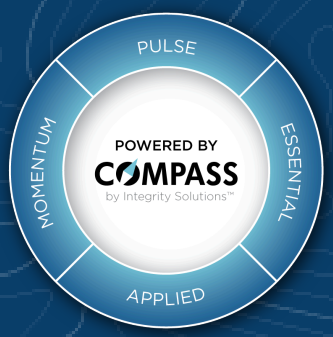
POWERED BY COMPASS · SALES PERFORMANCE ROADMAPS

One-size-fits-all training doesn't build *value-based sellers.*

Sales Performance Roadmaps are curated to your team's selling challenges, your stakeholder mix, and your business goals — then sequenced through four stages that build the mindset and skillset to sell outcomes. Reps learn to center every conversation on patient and customer goals, ask thought-provoking questions that uncover real needs, and frame products in terms of value, not features.

CURATED TO ▸ Your business goals ▸ Your team's gaps ▸ Your stakeholder mix



PULSE
Assess capabilities
Diagnose strengths, gaps, and behavior styles before training begins.

ESSENTIAL
Build foundation
Install the trust-based mindset and skillset to drive immediate results.

APPLIED
Strengthen skills
Deepen consultative selling, better questions, and stakeholder navigation.

MOMENTUM
Sustain learning
Reinforce behaviors over time for measurable, lasting performance change.

LEARN MORE ABOUT THE ROADMAP →

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