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Change Management in Digital Health Adoption

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Executive Summary

Healthcare's technology challenge isn't a matter of innovation, but of adoption. Despite extraordinary investment in digital health, many hospitals and health systems still struggle to realize measurable improvements in outcomes, efficiency, or staff experience. The reason isn't the technology itself. It's how we manage the human side of change.

Across the U.S., billions of dollars are spent annually on digital platforms, from electronic health records to AI-enabled decision support. Yet, more than half of these initiatives fail to meet their goals. The tools work, but the people struggle. Clinicians skip the tool, workflows stall, and ROI remains elusive. Not because teams reject innovation, but because the change was never positioned, supported, or led in a way that fit how healthcare really works.

Adoption depends on aligning people, processes, and purpose before any go-live date. When that alignment fails, the consequences ripple: wasted resources, burnout, and diminished patient care. When it succeeds, technology amplifies the best of healthcare — improving safety, satisfaction, and sustainability.

Through research and a series of interviews with healthcare executives, clinicians, and digital health leaders including Dan Exley (Sharp HealthCare), Julie Kliger, MPA, BSN, RN (CEO of The Altos Group), Lou Capponi, MD, FACP (Principal of Westirongroup and chief medical information officer), and Dan Nardi (CEO of Reimagine Care), one shared message emerged: technology adoption only works when organizations lead with change management.

This paper distills those insights into five pillars of human-centered change management:

1. **Start early and set expectations** — Change management isn't something you tack on after the sale. It begins during the sales process, with clear roles, costs, and timelines.
2. **Put people and processes first** — Technology should follow workflows, not the other way around. That means redesigning how the work gets done before you go live.
3. **Communicate the "why" for every role** — If users don't understand how a tool helps them, they won't use it. Tailored messaging is key.
4. **Support adoption with structure and lift** — Project plans, governance, champions, and dedicated implementation support make the difference.
5. **Prove and sustain value** — You need data to show it's working, and communication to keep it visible.

If you're a healthcare technology leader on the vendor or provider side, this is your playbook.

"We still tend to functionally deploy technologies as a technology-first mindset... and that's why it's so painful when users don't know what to expect."

—— **Dan Exley,** Interim CIO, Sharp Healthcare

Key Takeaways

Technology success in healthcare depends on human-centered adoption — and adoption depends on how organizations align, communicate, empower, and support people.

01	**Technology usually doesn't fail — adoption does.**	The biggest implementation gap isn't innovation; it's execution. Tools work when people are aligned behind them.
02	**Change management is the hidden differentiator.**	The organizations that thrive treat change leadership as a core competency, not an afterthought.
03	**Adoption starts long before go-live.**	Clear goals, governance, and accountability must be in place from the contracting phase, not improvised later.
04	**Communication builds buy-in, not compliance.**	Clear adoption grows when communication is honest, two-way, and grounded in real-world clinical realities., governance, and accountability must be in place from the contracting phase, not improvised later.
05	**Ownership beats participation.**	When frontline teams understand why change matters — and help shape how it happens — momentum sustains itself.
06	**Structure and lift sustain momentum.**	Governance, project management, and embedded support systems turn rollouts into enduring transformation.
07	**Measurement turns culture into discipline.**	Tracking outcomes, celebrating wins, and sharing learnings embed change into daily operations.
08	**Shared success is the new model.**	Adoption flourishes when vendors and providers act as partners, not as customer and supplier — accountable to the same outcomes.

Technology's Adoption Gap in Healthcare

The U.S. healthcare IT market now exceeds $360 billion, reflecting massive investment in digital tools such as EHRs, nurse scheduling platforms, clinical decision support, etc. Yet despite this scale, adoption continues to lag, with studies finding that up to 70% of IT projects in healthcare underperform or fail to meet expectations.

The Assistant Secretary for Technology Policy / Office of the National Coordinator for Health Information Technology (ASTP/ONC) — formerly known as ONC — has documented that while adoption of certified EHRs is now very high among hospitals, there remain substantial gaps in how often and how well these systems are used — particularly with respect to receiving, integrating, and routinely using patient data from outside providers. Most of the time, the technology works. The breakdown happens in the handoff between technology and people.

The adoption gap isn't just a metric problem; it's a human one. Healthcare is uniquely complex, as it combines high regulatory oversight, siloed hierarchies, and extraordinary cognitive and emotional demands on the workforce. Every innovation must operate inside a high-stakes environment where clinicians have no margin for error, little discretionary time, and an ingrained culture built on trust, hierarchy, and habit.

Clinicians and staff are already operating at capacity, under time pressure, and facing administrative overload. Adding a new platform or workflow can feel like a burden rather than a breakthrough unless it directly reduces friction or improves care. That's why change in healthcare can't be managed like a software deployment; it has to be led like a cultural transformation.

Compounding the challenge are compliance and safety requirements. Digital health technology touches HIPAA, CMS, and Joint Commission standards. Even small missteps such as unclear permissions in an EHR workflow can introduce compliance risk or clinical error. That's why organizations that skip early stakeholder alignment and communication often encounter downstream operational or legal issues.

Meanwhile, leaders face financial pressure to demonstrate ROI quickly. Fewer than 40% of healthcare CFOs say their digital health investments achieve expected returns within two years. When the benefits aren't immediately visible, enthusiasm wanes and projects lose executive sponsorship. The result is a cycle of half-adopted tools, wasted resources, and growing skepticism toward future innovation.

The irony is that the technology itself is rarely to blame. Adoption gaps arise when human factors are ignored: when workflow fit isn't analyzed, when communication fails to answer the "why," when governance lacks representation from frontline voices, and when implementation timelines outpace organizational readiness.

Bridging this adoption gap requires more than better training or smoother interfaces. It requires designing for human behavior — aligning incentives, clarifying ownership, and embedding continuous communication. When vendors and providers bridge their goals and integrate these human factors into the plan from the start, adoption rates rise, outcomes improve, and ROI follows.

The Human Factor in Change Management

Technology doesn't implement itself. Over the past decade of digital health implementations, one thing has become clear: **people are the true variable that determines success or failure.** You can buy best-in-class software, configure it perfectly, and still fall flat because you didn't account for the human factor.

So what do we mean by that? In this context, "human factor" refers to the ecosystem of real-world behaviors, motivations, and constraints that determine whether a solution gets used:

Discretionary time: Clinicians and frontline staff don't have slack in their day. If the new workflow adds even five clicks, they'll avoid it unless there's a clear reason.

Workflow fit: Technology must align with how the work actually happens. Not the ideal process. The real one.

Professional identity: Clinicians, nurses, and other staff often reject tools that feel like they're replacing judgment or undermining autonomy.

Communication: If the "why" of a change isn't clearly explained — and repeated — resistance will fill the vacuum.

Governance: When end users aren't represented in decisions, the result is top-down mandates that don't reflect on-the-ground needs.

"Frontline staff need to see the need for change and know that leadership will back them through it."

— **Julie Kliger,** MPA, BSN, RN – CEO of The Altos Group

Across the research and interviews we conducted, this theme came up again and again. It's not that people resist change for no reason. It's that most technology deployments still follow a "technical-first" playbook, with change management as a downstream task. By then, the opportunity to shape behavior has already passed.

The evidence backs it up. Recent studies underscore the critical role of leadership alignment and structured change management in achieving successful digital transformations in healthcare. Research has shown that leadership accelerates digital transformation across healthcare organizations, while other analyses identify leadership vision, communication, and engagement as factors for success. McKinsey also reports that roughly 70% of change programs fail to meet their objectives most often due to employee resistance and insufficient management support.

That doesn't mean you need a twelve-month training program to get there. But it does mean change must be designed with context in mind. Classroom sessions only go so far. What sticks are moments embedded in real workflows: shadowing frontline users, identifying local champions, and creating feedback loops that shape the solution over time.

Five Pillars of Human-Centered Change Management

Pillar 1: Start Early and Set Expectations

The biggest miss in most technology rollouts is waiting too long to talk about change management. By the time implementation starts, you've already lost valuable ground. Real change management begins at the first conversation — during the sales process.

"You should be setting implementation up for success while you're still negotiating the deal."

— **Dan Nardi —** CEO of Reimagine Care

The best vendors and provider leaders co-design the rollout approach during contracting. That means talking openly about timelines, decision rights, implementation roles, and costs. One of the clearest examples of this is Dan Nardi's team at Reimagine Care. Early in their engagements, they walk the client through a detailed implementation planning process and charge a defined fee for that phase — a model that sets expectations and secures organizational commitment before any technology is deployed.

This does two things:

1. First, it forces alignment. If you're not willing to invest up front in people and planning, you're not ready for the technology.
2. Second, it creates a forcing function internally. Clients must assign resources, build internal steering groups, and begin preparing teams well before go-live.

This approach reduces resistance because the users aren't surprised. They've had visibility into the why, when, and how of the change from day one. They know who is leading it, what the impact will be, and what they can expect in return. This is the foundation for every other pillar.

Pillar 2: Put People and Processes First

If there's one consistent pattern in failed technology rollouts, it's this: the solution gets dropped into an unchanged environment. No redesign, ownership, or clarity; merely software hoping for the best.

That's why the most effective implementations start not with the tool, but with the team. Before any technology goes live, you've got to understand and rebuild the workflows it's meant to support. That means walking the floor, shadowing users, and mapping what people actually do, not what's written in policy.

And it goes deeper. In most health systems, even the simplest workflow is distributed across multiple roles: a nurse takes vitals, a tech runs labs, a physician signs orders, and maybe a care coordinator follows up. Unless you've explicitly clarified who does what, and how licensure, scope, and local norms influence those handoffs, a new system may simply add friction.

Leaders now recognize that new programs or tools inevitably require a rethink of how clinicians view their roles. As Julie Kliger, CEO of The Altos Group, notes, "The whole notion of role definitions has to be redrawn to find success." That means helping teams find a new comfort zone around who does what, when, and under whose authority.

"If people don't understand who does what or why, the system grinds to a halt."

— **Dan Exley –** Interim CIO, Sharp HealthCare

Julie Kliger saw this firsthand during her work redesigning sepsis protocols across a large hospital system. One of the goals was to achieve earlier lactic acid testing to identify sepsis risk sooner. The EHR could prompt it, but without clear agreement on who was responsible — nurse? physician? lab techs? — the alerts got ignored, orders sat unplaced, and patients went untreated.

It wasn't until Julie's team worked with each unit to rebuild the workflow and more importantly, to reassign the responsibility, that adoption took off. In the past, a nurse may have waited for a physician to order a lactate test; in a redesigned workflow, acting within their scope to order it themselves may be what saves a life.

Lou Capponi, MD, described the same lesson from a different angle: technology only succeeds when it supports the real-world rhythm of care. Too often, teams expect a new system to standardize workflows automatically. In reality, it exposes all the inconsistencies that have been quietly absorbed by people improvising to get the job done.

"Any project that I've done that's been successful has had very strong project management."

— **Lou Capponi, MD, FACP –** Principal of Westirongroup, CMIO

Putting people and processes first also means understanding the psychological contract between leadership and the frontline. When clinicians feel that new systems are imposed rather than co-created, they disengage. But when they're part of the redesign — when they see their fingerprints in the new workflow — adoption follows naturally. Ownership replaces resistance.

Practically, this looks like:

- Engaging clinicians, nurses, and operational staff early to map and validate current-state workflows.
- Co-designing future-state processes that integrate the new technology, identifying role-specific impacts.
- Testing and simulating those workflows before go-live to reveal friction points.
- Using frontline feedback loops to refine the process post-launch.

The goal isn't just smooth implementation, but resilience. Technology should adapt to the way care is delivered, not force clinicians to contort around it.

Pillar 3: Communicate the "Why" for Every Role

No matter how well-designed a system is, people won't use what they don't understand or what they don't believe in. Communication isn't just a rollout task; it's the foundation of trust and engagement. Change fails when it's introduced as a directive instead of a dialogue.

"The fundamental thing people still miss is understanding how important communication—and a communication plan—is in the change management process."

— **Lou Capponi, MD, FACP –** Principal of Westirongroup, CMIO

Effective change management starts with empathy, understanding what each role cares about and framing the message accordingly. For a CFO, the "why" might be about efficiency and financial sustainability. For a physician, it's patient safety and fewer after-hours tasks. For a nurse, it might be workflow reliability or reduced cognitive load. These nuances matter because healthcare is built on professional identity and purpose. When leaders connect the change to what people already value, resistance softens and ownership grows.

Dan Nardi put it simply: "If you can't explain why this makes their life better, you'll get a C-plus effort at best." His team learned to articulate the why early, during the sales and onboarding phase, before any contract ink dried. By positioning technology as a solution to real pain points, they created alignment before the first workflow meeting. That framing carried through implementation, where communication plans reinforced purpose, not just process.

Communication also can't be a one-time announcement. People need to hear messages multiple times and in multiple ways before they sink in. The best-performing organizations repeat their core message across formats — town halls, huddles, newsletters, dashboards, even screensavers — with each version speaking directly to its audience. When clinicians hear their peers explain how a system helps them, it resonates more deeply than a memo from leadership.

"Communication is about having a strategic communications plan that runs month to month, alongside the project itself."

— **Julie Kliger,** MPA, BSN, RN – CEO of The Altos Group

Julie Kliger's work in quality improvement offered a masterclass in this. During her sepsis initiative, her team built a unit-by-unit communication plan that tied outcomes directly to purpose: faster diagnosis, saved lives, lower readmissions. Messaging was tailored to each unit's context, emphasizing how the change would help their patients and their workflow. The repetition and relevance built belief — and belief built adoption.

Lou Capponi echoed this in his observations: communication must be two-way. Leaders need structured mechanisms for listening as much as broadcasting. When nurses or physicians raised concerns about new workflows, Lou's teams made adjustments, showing that feedback mattered. That responsiveness turned skeptics into partners.

Practically, this pillar comes down to a few key behaviors:

- Define the "why" for every stakeholder group before go-live — from executives to schedulers.
- Embed communication into the implementation cadence — don't treat it as a separate task.
- Equip clinical champions to translate leadership messaging into peer language.
- Create feedback loops that demonstrate responsiveness and transparency.

The goal isn't just to inform, it's to align. When people understand why the change exists and see their role in making it succeed, they shift from compliance to commitment. If you want behavior change, you need message discipline. Know your audience, speak their language, and never assume they got it the first time.

"If you can't explain why this makes their life better, you'll get a C-plus effort at best."

— **Dan Nardi —** CEO of Reimagine Care

Pillar 4: Support Adoption with Structure and Lift

Even when communication lands and workflows are redesigned, adoption falters without the structure to sustain it. Structure provides clarity, lift provides momentum, and together they make the difference between a rollout that merely happens and a transformation that endures.

Adoption, though, doesn't spread through generic effort or culture slogans alone. It takes root when teams rally around a concrete outcome — a specific metric, risk, or patient goal that everyone agrees needs to improve. Frontline clinicians have to see the point of change in their own daily context, not as a mandate from above. And critically, they need to trust that leadership will stand behind those efforts, with the governance, resources, and authority to make the new way of working stick.

This is why structure starts with governance. Successful implementations are not run off the side of someone's desk, but guided by defined roles, decision rights, and accountability. This includes executive sponsorship, a multidisciplinary steering committee, and local champions empowered to make operational calls. Dan Exley's model at Sharp HealthCare provides a strong example of embedding change leadership into operational committees early in the process. That approach ensured that every department had both a voice and a stake, making adoption not just a directive but a shared responsibility.

Lift comes from the scaffolding that supports users as they learn and adapt. This includes robust project management, communication planning, and training that fits the way adults learn. It also means recognizing that "training" isn't just about software clicks. It's about situational understanding: for instance, how a new workflow feels at 2 a.m. during a busy shift. Lou Capponi has emphasized that successful change efforts invest in embedded support, with project teams available on the floor, listening, troubleshooting, and reinforcing until new habits form.

"Executives are very sensitive about adding more work on the plate of the workforce."

— **Julie Kliger,** MPA, BSN, RN – CEO of The Altos Group

Dan Nardi's team at Reimagine Care takes a similar approach from the vendor side. Their implementation process includes communication templates, readiness assessments, and scheduled touchpoints that extend beyond go-live. By pairing strong project management with empathy for provider realities, they ensure clients don't shoulder the entire burden of change. In doing so, they help bridge the gap between vendor methodology and provider culture – the space where most implementations struggle.

The lift also depends on champions. The most effective ones aren't just tech-savvy; they're trusted peers. When frontline nurses or physicians lead by example, skepticism drops and confidence spreads. Champions make the change tangible. They're proof that the new system can fit into real work, not just theory.

"You can't buy better advertising than nurses telling other nurses, 'We were part of this pilot, and it worked."

— **Julie Kliger,** MPA, BSN, RN – CEO of The Altos Group

To operationalize this pillar, healthcare organizations should:

- Establish cross-functional governance early, with executive sponsors and empowered frontline representatives.
- Assign experienced project managers who can coordinate across departments and vendor teams.
- Develop training that is role-based, scenario-driven, and continuous rather than one-and-done.
- Identify and empower local champions who can model and reinforce new behaviors.
- Maintain post-go-live support – from at-the-elbow coaching to ongoing optimization rounds.

Without structure, even the best communication loses direction. Without lift, even the best planning loses energy. Together, they create the conditions where adoption can thrive, where people feel supported, not burdened, by the change. And when that happens, technology stops being "the project" and becomes part of how care gets delivered.

Pillar 5: Prove and Sustain Value

The most overlooked phase of change management is what happens after go-live. Teams celebrate, vendors move on, and dashboards light up with initial usage. But without proof of value and deliberate reinforcement, momentum fades. Sustaining adoption requires two things: evidence and visibility.

Proof begins with measurement. You can't improve what you don't track, and you can't sustain what you can't see. That means defining metrics that go beyond logins or ticket counts. Look at actual workflow integration: Are clinicians using the tool in the moments that matter? Are turnaround times, documentation accuracy, or patient satisfaction scores improving? And crucially, can you connect those improvements to the original business or clinical goals?

Julie Kliger's sepsis improvement initiative offers an example here also. Her team didn't stop at implementation. They tracked adoption and outcomes — from lactic acid testing compliance to mortality rates — demonstrating a six-to-one ROI through reduced ICU admissions and shorter length of stay. That feedback loop turned a pilot into a sustained, system-wide standard of care. The data wasn't just proof; it was fuel for belief.

But measurement alone isn't enough. People need to see and feel the results. Sustaining value requires continuous communication — what some call "internal marketing." Global brands like Coca-Cola keep advertising despite universal recognition; they understand that attention fades. The same is true for healthcare technology. The organizations that maintain adoption over time are the ones that keep the story alive.

"Don't be afraid to repeat yourself. Sometimes people have to hear things seven times for it to really sink in."

— **Dan Nardi —** CEO of Reimagine Care

That story should be shared across channels: leadership meetings, newsletters, digital dashboards, and peer recognition programs. Spotlight units that are excelling, celebrate champions, and share real patient stories that illustrate the impact. These reminders don't just celebrate success; they normalize it. They make the change part of the culture.

Sustaining value also means listening. Adoption metrics can tell you what's happening, but not why. Pair data with qualitative feedback. Run quick pulse surveys or user interviews every few months. Ask what's working, what's not, and where friction is creeping in. The best organizations treat this as an ongoing partnership between IT, operations, and end users, one where optimization never stops.

From the vendor side, this same principle applies. Customer success isn't about quarterly check-ins or patch releases; it's about helping clients continuously extract and prove value. Vendors that stay engaged by helping clients interpret data, share stories, and plan next steps become strategic partners rather than transactional suppliers.

Practically, sustaining value requires three disciplines:

- Track adoption and outcome metrics continuously, not just during implementation.
- Communicate wins and lessons learned across the organization to reinforce purpose.
- Create formal review cycles for optimization and feedback every quarter.

In the end, proving and sustaining value is what separates temporary adoption from true transformation. Change management doesn't end at go-live — it evolves into continuous improvement. Track it. Share it. Celebrate it. That's how you prove value — and how you keep it.

"You've got to keep marketing it internally. If Coke still advertises, so should you."

— **Julie Kliger,** MPA, BSN, RN — CEO of The Altos Group

Implications for Healthcare Technology Vendors

For healthcare technology vendors, the implications of human-centered change management are both strategic and existential. Selling software is no longer enough. Success is measured not by contracts signed, but by solutions adopted and sustained.

The cost of ignoring adoption, skipping change management, and treating implementation as someone else's job is paid in failed deployments, strained client relationships, and reputational damage that stalls future growth.

First, vendors need to reframe what they are selling. Health systems aren't buying features; they're buying outcomes. That means vendors must step beyond product delivery to co-own implementation and adoption. Vendors should view adoption as a shared metric with their clients. Sustained engagement, measurable results, and strong client relationships translate into renewals, references, and growth.

To do this, vendors must price and plan differently. Change management isn't a value-added service; it's the work. Dan Nardi's team at Reimagine Care exemplifies this approach by including structured implementation and change support as part of every engagement — not as a separate billable add-on. Their model establishes expectations for both sides: the vendor brings process leadership, and the client brings operational engagement. The result is fewer surprises and faster time to value.

Second, vendors must shift their internal incentives. Teams shouldn't be rewarded for closing deals alone but also ensuring adoption. When compensation stops at the point of sale, behavior does too. Vendors should link bonuses or renewals to post-implementation success metrics: usage rates, client satisfaction, ROI milestones, aligning their financial model with their clients' success.

Third, vendors need to invest in a different kind of workforce. Developers build the product, but it's project managers, trainers, and customer success teams who make it live in the real world. These are not secondary functions, but the core of healthcare delivery. Vendors that field implementation teams with deep clinical, operational, and communication expertise earn credibility faster and resolve friction before it turns into resistance.

Dan Exley's experience at Sharp HealthCare underscores why this matters. He noted that many vendors arrive with a technology-first mindset — an install plan without a people plan. What his teams valued most were vendor partners who could engage with clinical governance, anticipate workflow challenges, and bring an informed empathy to how change feels in a hospital. Vendors that can meet clients at that level don't just implement software; they enable transformation.

Finally, vendors must stay present after go-live. The old model of "install and exit" erodes trust and wastes opportunity. The strongest partnerships include structured post-launch reviews, joint governance meetings, and ongoing optimization cycles. Vendors who proactively bring adoption data, share success stories, and co-develop improvement plans position themselves as allies rather than interchangeable suppliers.

The message is simple: **vendors who lead with change management will win on outcomes, reputation, and retention.** Those who don't will continue to see their products underused, their contracts at risk, and their brand diluted by failed deployments. The next competitive advantage in digital health isn't code, but commitment to change.

"Technology and patient care go hand in hand. If you're not supporting the end user, it's very hard for your technology to support the patient."

— **Lou Capponi, MD, FACP** – Principal of Westirongroup, CMIO

Implications for Healthcare Providers

For healthcare providers, the shift toward human-centered change management requires a mindset reset. Hospitals and health systems shouldn't rely on vendors to carry the weight of adoption; internal culture, governance, and day-to-day realities. Providers must become active architects of change, not just recipients of it.

The first implication is ownership. Change management is not a service you outsource; it's a core leadership function. Successful health systems create internal governance structures that give change the same level of discipline as patient safety or finance. This means executive sponsors who stay visible, department leaders who model adoption behaviors, and frontline champions who help translate technology into daily routines.

At Sharp HealthCare, Dan Exley's team embedded governance directly into operational committees so that decision-making around new systems aligned with existing leadership rhythms. That kind of structural integration ensures that change feels like part of the organization.

"Change management is not a service you outsource; it's a core leadership function."

— **Andy Strunk, MBA –** Principal of Accretive Edge

Second, providers must redefine how they partner with vendors. Instead of accepting prepackaged timelines and rollout templates, leading systems co-design implementation strategies that reflect their local workflows and priorities. This means asking harder questions early in the process: Who owns change communication? How are we measuring adoption? What does success look like in our environment?

Third, provider leaders should view change management as a competency to build, not a one-off project. Health systems that invest in their own change and adoption teams, often within their performance improvement or transformation offices, create a long-term advantage. Lou Capponi's perspective reinforces this: organizations that build internal project management and informatics expertise can better adapt to future waves of innovation. These skills aren't just for IT; they're foundational to any clinical or operational transformation.

Fourth, data transparency and feedback loops must become non-negotiable. Providers need clear visibility into adoption patterns, workflow bottlenecks, and end-user sentiment. Sustained success depends on continuous measurement — not just to monitor compliance, but to drive improvement. Hospitals that use dashboards to track engagement by role, department, and outcome can intervene early when adoption slips. Equally important, they communicate those insights back to staff, closing the loop between performance and purpose.

Finally, providers must treat communication as a leadership discipline, not an afterthought. Change efforts succeed when leaders explain not only what is changing, but why it matters, in multiple formats, and through trusted messengers. The most effective executives and physician leaders translate system-level goals into personal relevance for every role.

The bottom line: healthcare providers cannot assume that change will be managed for them. To achieve lasting adoption, they must share responsibility with vendors, equip their teams with change management skills, and sustain engagement through data, governance, and communication. When providers lead change with intention and structure, technology finally becomes what it was meant to be, a tool that amplifies care, not complicates it.

"We can't assume vendors will bring the full change management muscle. Providers have to fill that gap — ideally with informaticists, product managers, and operators working together."

— **Dan Exley –** Interim CIO, Sharp HealthCare

Conclusion

The solutions on the market today are often sound, even sophisticated. But without the right human framework for adoption, they struggle to take root. Every failed rollout, underused platform, and frustrated clinician points back to the same truth: technology succeeds only when people do.

The lessons drawn from leaders across the healthcare landscape point to one shared message: adoption is not a technical exercise. It's an exercise in trust, alignment, and design. The most successful organizations treat change management not as a cost center, but as a force multiplier.

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01 **Start early and set expectations.**
Begin change management during the sales cycle, not after the ink dries.

02 **Put people and processes first.**
Redesign workflows before layering on new tools.

03 **Communicate the "why" for every role.**
Tailor messaging that resonates with frontline staff, leaders, and everyone in between.

04 **Support adoption with structure and lift.**
Don't just "train and pray." Invest in governance, champions, and communications.

05 **Prove and sustain value.**
Measure what matters. Market the wins. Keep momentum alive.

Each of these pillars was reflected in the lived experiences of real-world leaders who've made change stick in complex health systems.

When we put people at the center of technology, adoption stops being an obstacle and becomes the outcome. That's how healthcare moves forward — not through more software, but through smarter change.

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Experts

Julie Kliger, MPA, BSN, RN — CEO of The Altos Group

- Experienced clinician, consultant, and health system board member specializing in medtech, digital therapeutics, and technology commercialization.

Lou Capponi, MD, FACP — Principal of Westirongroup, CMIO

- Physician leader and healthcare executive with 30+ years of experience bridging clinical practice, technology, and operations to improve care delivery.

Dan Nardi — CEO of Reimagine Care

- Innovative healthcare IT and digital health leader with over two decades of experience scaling high-growth organizations from startup to maturity.

Dan Exley — Interim CIO, Sharp HealthCare

- Seasoned healthcare technology executive with over 20 years of experience leading digital transformation across major health systems.

About Andy Strunk

Andy Strunk, MBA, is the founder and principal of Accretive Edge, where he works with digital health companies, provider organizations, and investors to accelerate go-to-market strategy in enterprise healthcare. He's spent more than two decades advising teams on how to sell into health systems — not with louder pitches, but with sharper choreography. His work draws from direct experience with buyers across strategy, IT, finance, and clinical leadership. Prior to launching Accretive Edge, Andy led GTM strategy for multiple health tech firms including Wolters Kluwer Health, Google Health, and Salesforce Health Cloud, and supported dozens of digital health transactions. His practical guidance has helped teams navigate long sales cycles, refine positioning, and close high-stakes enterprise deals.

About Accretive Edge

ACCRETIVE EDGE

Accretive Edge is a healthcare go-to-market and commercialization advisory firm built specifically for digital health. We help founders, investors, and commercial teams close the gap between product vision and enterprise adoption. That means strategy — but it also means execution: buyer-aligned messaging, deal sequencing, sales enablement, and investor diligence that reflect how healthcare really buys. We've advised growth-stage startups, enterprise platforms, and investors across hundreds of deals. And because we only work in healthcare, we're not guessing at what buyers want — we've sat across the table from them. If you're navigating health system sales, we help you get there sharper, faster, and with fewer wasted cycles.

Learn more at: accretiveedge.com