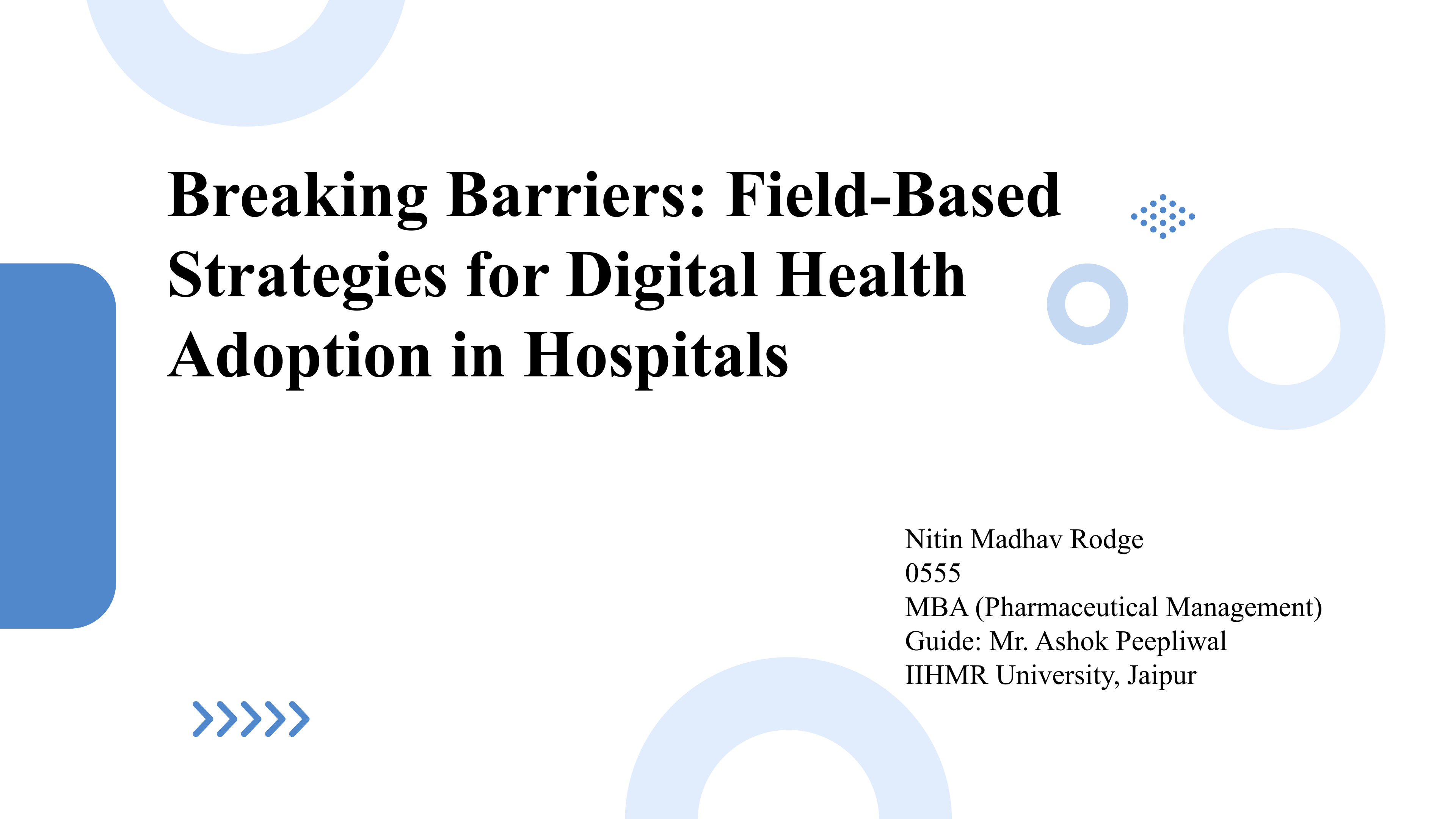




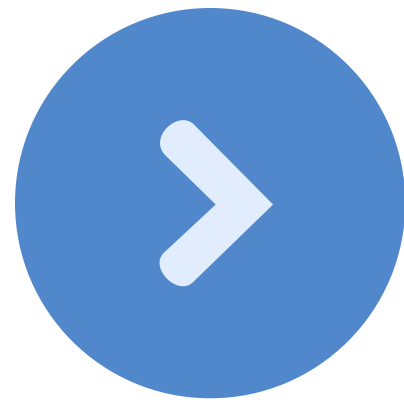
Breaking Barriers: Field-Based Strategies for Digital Health Adoption in Hospitals

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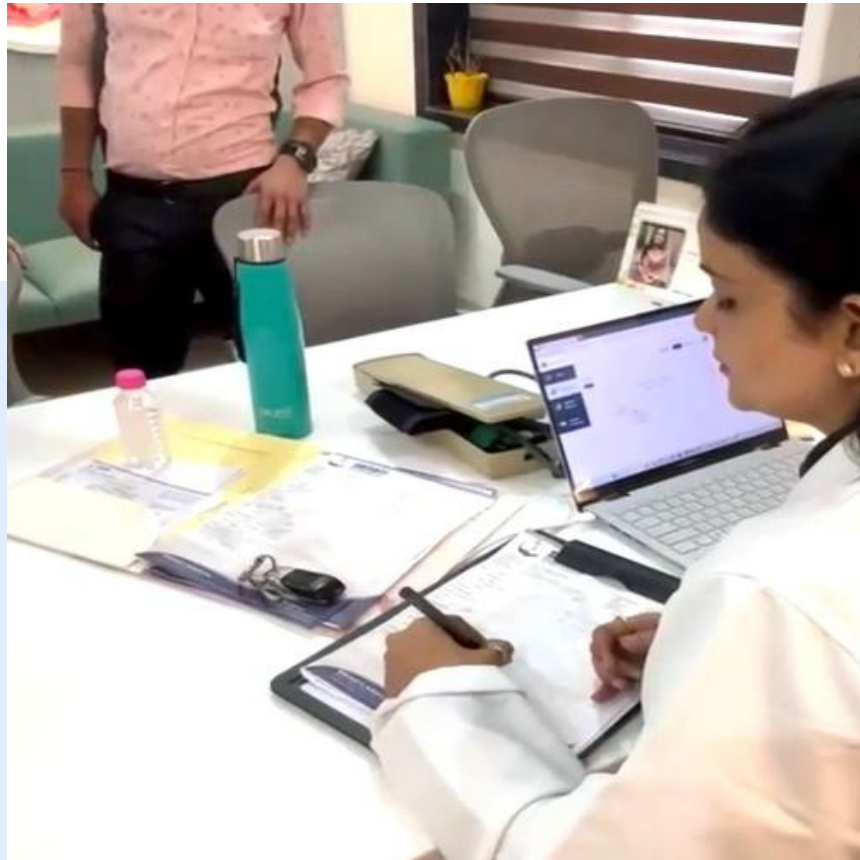


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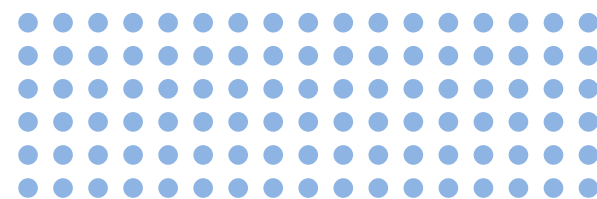
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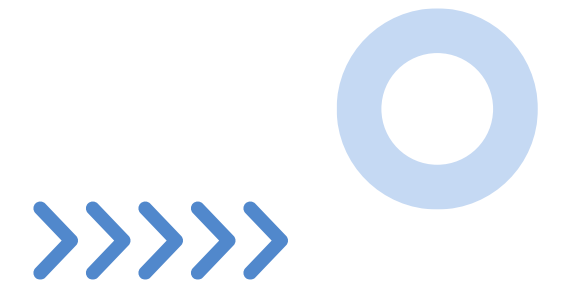
Introduction



- **Healthcare is going digital:** Today, many hospitals are trying to use technology like electronic records, AI tools, and online consultations to make treatment faster and smoother.
- **But adoption is slow:** Even though these digital tools are available, many hospitals—especially smaller ones—are not using them actively. There’s a big gap between what is possible and what is actually being used.
- **Challenges in Tier 2 & 3 cities:** In smaller cities and towns, hospitals often face more problems like limited internet access, staff unfamiliar with technology, and fear of change. This makes digital adoption even harder.
- **Field teams are the bridge:** People working directly with hospitals—like sales and business development interns—play a major role. They help explain the technology, solve doubts in person, and support hospitals during onboarding. Their work is key to making digital tools more acceptable and useful

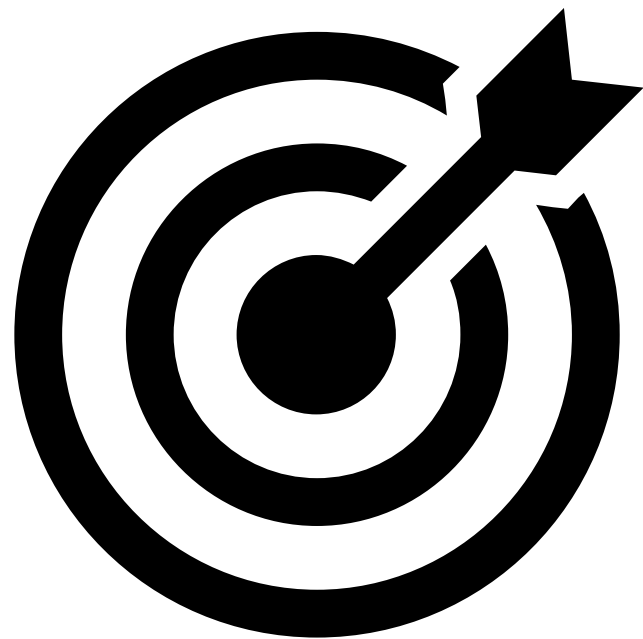


Research Aim and Objectives



Aim

To explore how field-based strategies help hospitals adopt digital health platforms more easily and effectively.



Research Objectives

- ✓ **Understand** the real experiences of field executives during hospital onboarding.
- ✓ **Identify** the common doubts and objections raised by hospitals.
- ✓ **Analyze** how field staff change their approach based on each hospital's needs.
- ✓ **Evaluate** communication methods that build trust with hospital staff.
- ✓ **Highlight** key actions that lead to successful adoption and continued use of the platform.

Literature Review

Barriers to Digital Adoption

- **Fear of technology** – Staff worry they won't understand or manage the new system.
- **Lack of proper training** – Without support, hospital teams feel unprepared to use the software.
- **Poor system fit** – Sometimes, the digital solution doesn't match the hospital's workflow, making it harder to accept.

Field Reps = Educators, Not Just Sellers

- ❑ Field executives are not just selling a product—they also **teach, guide, and support** hospital staff.
- ❑ They explain how the technology fits into daily hospital tasks and solve doubts on the spot.

Onboarding = Building Trust

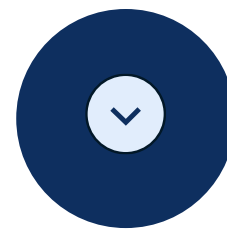
- ❑ The onboarding phase is more than just installing software.
- ❑ It includes **training, comfort-building, and support** so that hospital staff feel confident.
- ❑ Trust grows when someone is present to guide them through the change.





Research Methodology

The study followed a **qualitative observational research design**, rooted in field-based learning. It was **experiential**, derived from direct interaction with hospitals, rather than survey or experimental research. Focused on **understanding behavior, communication, and decision-making** in real-world settings.



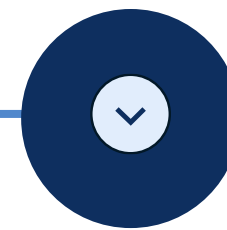
Data Collection Techniques

Participant Observation: Actively engaged in demos and onboarding to study behavioral responses.

Informal Interviews: Collected insights from administrators, doctors, nurses, and front-desk staff.

Follow-Up Interactions: Observed impact of WhatsApp support, second demos, and face-to-face revisits.

Pattern Logging: Repeated objections, decision triggers, and responses were noted for analysis



Data Sources

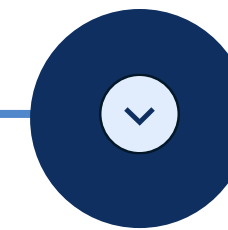
Weekly Activity Reports: Documented field objectives, progress, challenges, and learnings.

CRM Dashboards: Used to track client stages (lead, demo, onboarding), responses, and follow-ups.

Field Notes: Real-time documentation of hospital staff reactions, objections, and conversations.

Mentorship Debriefs: Regular guidance from company mentors helped reflect and refine strategies.

Client Feedback: Captured through verbal inputs, WhatsApp chats, and post-demo conversations.



Analytical Approach

Thematic Coding: Observations grouped into themes like trust-building, resistance, and communication.

Pattern Recognition: Compared strategies across hospitals to identify what worked vs. what didn't. Focused on **practical insights**, not statistical generalization.

Research Questions



- How do field-based strategies support the adoption of digital health platforms in hospitals?
- What are the common objections raised by hospitals during the onboarding process?
- How do field executives adjust their strategies based on hospital type or staff behavior?
- What communication techniques help in building trust with healthcare professionals?



Survey Respondent Profile



Types of Healthcare Facilities Visited

Mid-sized private hospitals (20–100 beds) with general and specialty care
Multi-specialty clinics offering outpatient, pharmacy, and lab services
Standalone doctor-run clinics, particularly in semi-urban locations
Hospitals with mixed digital maturity, from fully manual systems to partial software users



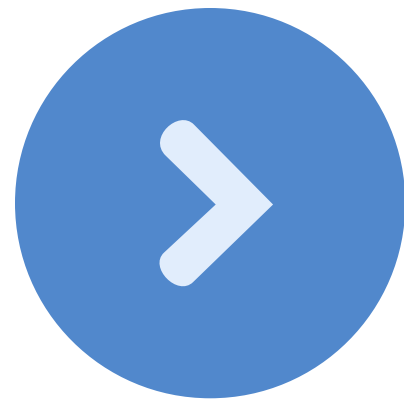
Geographic Coverage

State: Maharashtra
Cities/Towns Covered:
Tier 2: Nashik, Nagpur, Aurangabad
Tier 3/Semi-urban: Sanganer, Ahmednagar, Jalgaon
Emphasis on **urban-fringe and under-digitized zones** where tech adoption is slower



Nature of Interactions

On-site demos: Conducted personalized walkthroughs using live hospital workflows
Follow-ups: Used WhatsApp messages, explainer videos, and calls for continued support
Feedback Collection: Verbal insights, objections, doubts, and usability concerns noted
Field Notes & CRM Logs: Documented every interaction for insight generation



Quantitative Insights from Survey

- **Hospital Digital Readiness**

45% of hospitals had **never used any digital platform** before.

35% had tried using software but discontinued due to complexity or lack of support.

Only **20%** were actively using any form of **digital health tool**.

- **Staff Confidence with Technology**

60% of respondents (mainly admin and nursing staff) expressed **low confidence** in using new software.

Only **15%** felt comfortable managing digital operations without supervision.

25% said they would need **hands-on training and support** to adopt digital platforms.

- **Common Barriers Identified**

70% cited fear of workflow disruption.

50% were concerned about software reliability and downtime.

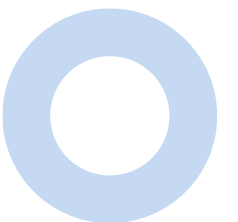
40% mentioned past **negative experiences** with digital tools.

- **Factors That Encouraged Adoption**

80% responded positively to **on-site demos** customized to their workflow.

65% showed interest when **training was offered in local languages**.

60% preferred starting with a **small module (e.g., pharmacy or billing)** before full onboarding.



Scope of Study

- ❑ Focused on **field experiences** during hospital visits, demos, onboarding, and client follow-ups.
- ❑ Covers **mid-sized hospitals and clinics** across **urban and semi-urban areas in Maharashtra**.
- ❑ Emphasizes the **practical challenges** in digital health adoption at the ground level.
- ❑ Does **not include patient-level outcomes or clinical performance analysis**.
- ❑ Aims to provide **real-world insights** from a business development perspective.
- ❑ To provide **practical, field-based insights** into digital health adoption from a business and operational perspective, not just a technological one.



Results

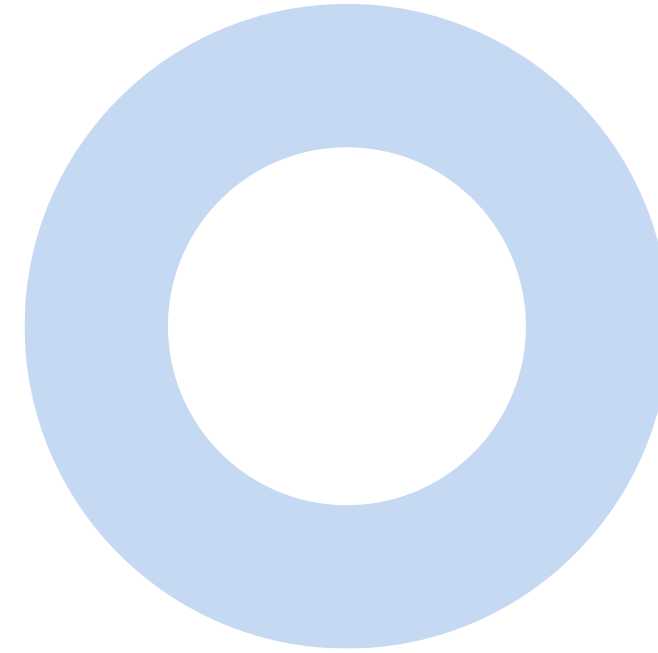
My time in the field made one thing clear: digital adoption in hospitals is not just a tech issue—it's a trust issue.

Many hospitals, especially in tier 2 and 3 areas, were hesitant at first. But once I conducted on-site demos and follow-ups, things began to shift. Customized walkthroughs, local-language support, and stepwise onboarding (starting with pharmacy or billing modules) made a noticeable difference.

A few key results stood out:

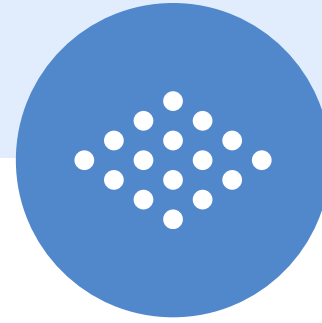
- **On-ground presence mattered** – Face-to-face interactions and post-demo support-built confidence.
- **Language and simplicity helped adoption** – Staff felt more involved when training was in their local language and software was shown in a practical workflow.
- **Small wins created momentum** – Hospitals that started with just one module were more likely to expand into full use.
- **Resistance wasn't personal** – Most objections were rooted in fear of change, not dislike of the product. Addressing this empathetically often led to breakthroughs.

Conclusion



This internship taught me that technology alone doesn't drive change—people do. Field-based strategies like active demos, listening without rushing, and tailoring the pitch to each hospital's reality proved far more powerful than any sales script. Digital health adoption isn't a one-size-fits-all process. It's built on trust, support, and continuous engagement. As someone on the frontline, I saw firsthand how empathy and persistence can turn hesitation into acceptance. If we want healthcare to truly go digital, we need to meet hospitals where they are—not just with technology, but with understanding.





**THANK
YOU!**

