

Choose where to focus next.

Buyer and Market Prioritization Workbook

A clearer growth plan starts with a choice.

Compare up to three market opportunities. Leave with one primary focus, a learning agenda for the next opportunity, and a clear decision about what can wait.

Bring the right people

Use this with the people responsible for commercial priorities, marketing and delivery. Invite a clinical or implementation owner when their input changes the decision.

Bring evidence, not just opinions

Have recent buyer conversations, pipeline notes, customer feedback and delivery constraints available. Mark assumptions openly.

Make a working decision

Plan roughly 30–45 minutes for a first pass. This is a discussion framework, not a forecast or a substitute for customer research.

Use the fillable fields in a PDF reader, or print the worksheets. Save a local copy before entering information. Your entries stay in your copy; this workbook does not transmit them.

Read the companion article: Healthcare GTM priorities

What needs to happen next?

Choose a result that is specific enough to help the team say yes or no to work. Keep near-term commercial priorities distinct from longer-term market building.

Company / team

Planning period

The business milestone we need to support

Example: create qualified opportunities in an established segment, or expand existing accounts.

What evidence would count as progress?

Record observable buyer or opportunity movement. Avoid using activity volume as the only measure.

What must be true for us to deliver?

Include capacity, implementation, commercial economics and relevant product or evidence limits.

Our primary commercial priority is ____ because it helps us reach ____.

Name the opportunities clearly.

A segment is useful when it changes who buys, why they act, how you reach them or what it takes to implement. Avoid treating every healthcare organization as one market.

Opportunity A	Opportunity B	Opportunity C
Opportunity / segment	Opportunity / segment	Opportunity / segment
Problem + reason to act now	Problem + reason to act now	Problem + reason to act now
Budget owner + decision-maker	Budget owner + decision-maker	Budget owner + decision-maker
Champion + implementation owner	Champion + implementation owner	Champion + implementation owner
Evidence source + remaining unknown	Evidence source + remaining unknown	Evidence source + remaining unknown

Check the buying path: user, clinical champion, budget owner, procurement and implementation may be different people. Record only the roles that matter for this opportunity.

Use the same five filters.

For each opportunity, record Strong, Mixed or Weak, followed by the reason and source. Use Unknown when the evidence is missing. Do not turn missing evidence into a low score.

Filter	Opportunity A	Opportunity B	Opportunity C
Buyer urgency A concrete trigger to act now			
Available proof Relevant proof you can use today			
Commercial access A route to the people involved			
Buying + implementation A feasible path to adoption			
Business fit Fit with goals, economics, capacity			

Use the pattern, not a total. A critical evidence or delivery gap can outweigh several strengths. The choice is an editorial and commercial judgment, not a calculated revenue forecast.

Potential and readiness are different.

Illustrative scenario only: a healthcare workflow software business is comparing independent practices with larger provider groups. These are invented inputs, not client results or market benchmarks.

Filter	Independent practices	Larger provider groups
Buyer urgency	Strong: a named practice has an active workflow problem.	Mixed: strategic interest, but no confirmed buying trigger.
Available proof	Mixed: relevant feedback, limited documented proof.	Weak: no validated example in that operating environment.
Commercial access	Strong: direct access to the owner.	Mixed: one champion; budget owner not yet engaged.
Buying + implementation	Mixed: workflow mapping still needed.	Unknown: integration and review requirements not established.
Business fit	Mixed: check support cost and account economics.	Potentially attractive, but capacity and economics untested.

A reasonable working decision: focus near-term learning and selling on the practice opportunity if economics check out; run targeted research with larger groups before funding a broader campaign.

What could change the decision? Stronger enterprise evidence, a real buying trigger, clearer implementation requirements, or a finding that the practice segment cannot be served sustainably.

Focus now. Learn next. Park the rest.

Make the tradeoff explicit. Every opportunity needs an owner, a next action and a reason to revisit it. Parking an opportunity is a decision about current investment, not a permanent rejection.

FOCUS NOW

Chosen buyer + reason; commercial work to prioritize; owner.

LEARN NEXT

Key assumption to test; evidence needed; owner + review date.

PARK FOR LATER

Work we will defer; evidence or event that would reopen it.

Leadership check: Does the work we are asking marketing to do match the choice we just made? What will we stop or defer to create the capacity?

Turn the choice into a learning plan.

Set a review date now. Look for evidence that changes confidence in the buying path, not just a report of completed marketing activity.

Review date + decision owner

Next 30 days: action / owner / evidence to collect

Keep it small: a few buyer interviews, a proof gap to close, a buying-path map or a focused commercial test.

At review: what did we learn, and what will we change?

Did the buying trigger hold up? Did the right people engage? Can we deliver? What should get more or less investment?

Need help turning the decision into a plan?

Clearstart connects senior strategy, healthcare expertise, creative and execution across marketing, brand, web and growth.

Discuss your growth priorities > theclearstart.com/contact