

Adoption as a Missing Link in HEOR: Evidence Mapping of Healthcare Innovation Uptake

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Borbála Biró

University of Pécs, Faculty of Business and Economics

borbala.biro@ktk.pte.hu

Key message: Innovations deliver real-world value only when they are adopted and sustained. However, adoption and persistence are rarely translated into decision-grade inputs for HEOR/HTA and reimbursement decisions.

Objectives

- Map managerial and organizational determinants of healthcare innovation adoption.
- Assess how often determinants are linked to HEOR/HTA endpoints (utilization, outcomes, costs).

Methods

- PRISMA-guided systematic search in Scopus and Web of Science (search date: Jan 2, 2024).
- English-language, peer-reviewed Business/Management articles, 2001–2023.
- Search terms required in title/abstract/keywords: “healthcare”, “innovation”, “adoption”.
- Selection: 235 records → 225 after duplicates removed → 130 included in thematic synthesis.
- Bibliometric keyword co-occurrence mapping and clustering using VOSviewer.

Results: Four Research Streams (Evidence Map)

- User acceptance (patients & clinicians): TAM/UTAUT-dominant; trust and institutional support are recurring determinants.
- Healthcare-specific innovations (services, pathways, medical technologies): relative advantage and contextual fit shape uptake.
- IT-enabled innovations (telehealth/eHealth, AI, medical IoT): privacy/security risk and data interoperability are prominent, alongside workflow integration and data quality.
- Organizational implementation & change management: leadership support, governance, communication, training, and readiness for change.

From Adoption Determinants to HEOR Decisions

Determinants → Uptake/Persistence → Utilization → Outcomes → Costs → Reimbursement / Scale-up.

Implementation context and organizational readiness can modify each step.

Key HEOR Gap

- Determinants are well described, but their quantitative impact on long-term uptake and persistence is rarely estimated.
- Direct links from determinants to downstream utilization, outcomes, and costs are uncommon.
- As a result, adoption evidence is often not available in a decision-grade form for HTA and reimbursement.

Implications for Policy, Access, and Value

- Integrate uptake and persistence into economic evaluations and reimbursement frameworks.
- Capture implementation context (workflow fit, interoperability, training/support burden).
- Model organizational readiness (e.g., leadership/governance) as an effect modifier.
- Use scenario and sensitivity analyses (and PSA where applicable) to reflect adoption uncertainty in scale-up decisions.

HEOR Evidence Planning Checklist (Take-home)

- Measure uptake and persistence explicitly (define, operationalize, and follow over time).
- Document key context assumptions (interoperability, workflow integration, training needs).
- Measure readiness (leadership, governance, change capacity) and define high vs low readiness scenarios.
- Reflect adoption uncertainty using scenario and sensitivity analyses.
- Use real-world evidence to link determinants to utilization, outcomes, and costs.

Limitations

- Business/Management scope may under-represent clinically oriented adoption studies.
- Heterogeneity across designs limited quantitative synthesis; findings are based on thematic and bibliometric mapping.

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