

★ Adoption and persistence are prerequisites for real-world value, yet they are rarely translated into decision-grade inputs for HEOR/HTA.

1.1 Background

- Real-world value depends on uptake and sustained use of innovations in routine care.
- Adoption evidence is dispersed across acceptance, digital health, and organizational implementation literatures.
- Without uptake/persistence evidence, HEOR conclusions may be less transferable across settings.

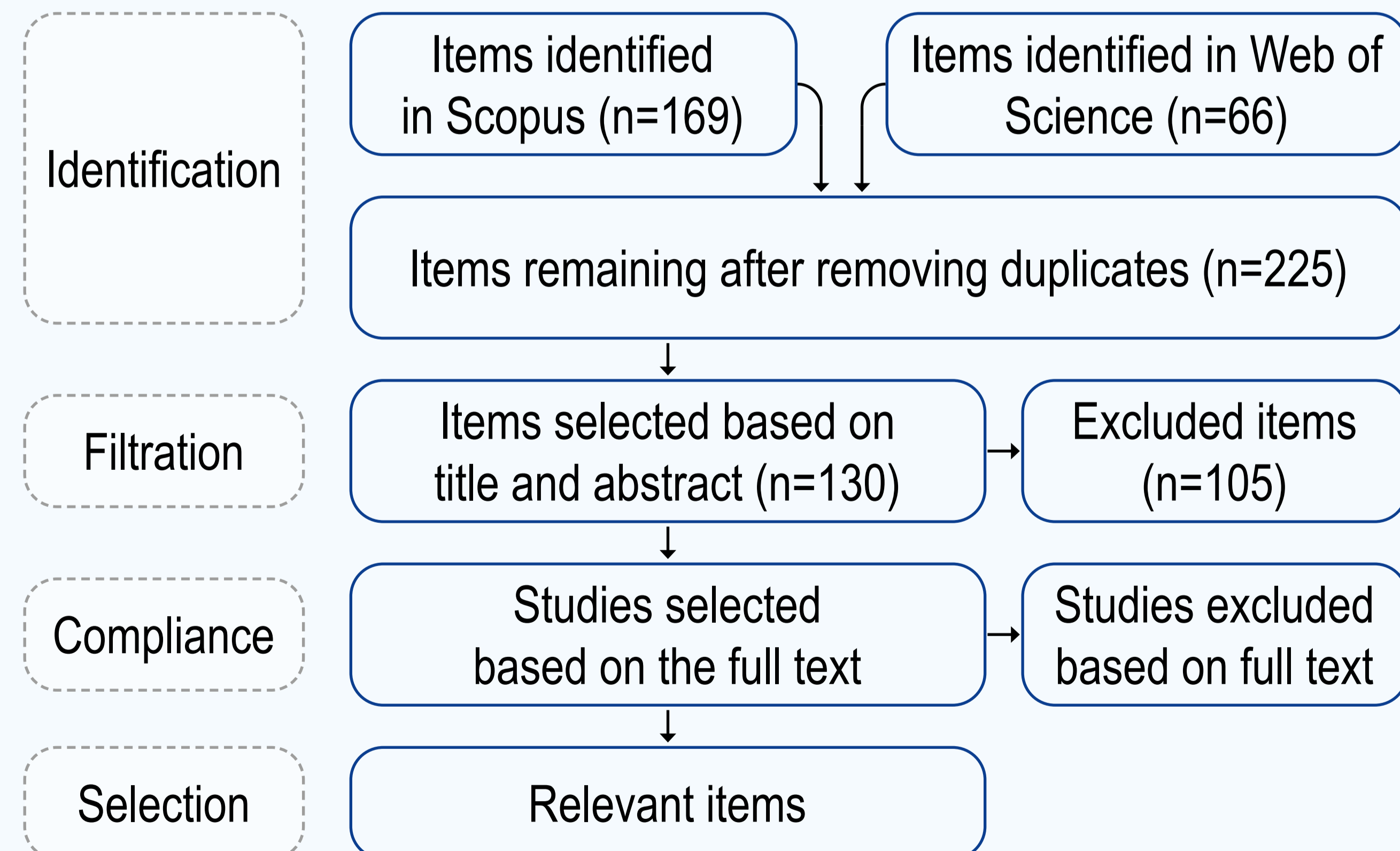
1.2 Objective

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

1.3 Methods

- PRISMA-guided systematic search (Scopus + Web of Science).
- English, peer-reviewed Business/Management articles (2001–2023); search date: Jan 2, 2024.
- Terms required in title/abstract/keywords: healthcare + innovation + adoption.
- After deduplication/screening: thematic synthesis (n=130).
- VOSviewer keyword co-occurrence mapping and clustering.

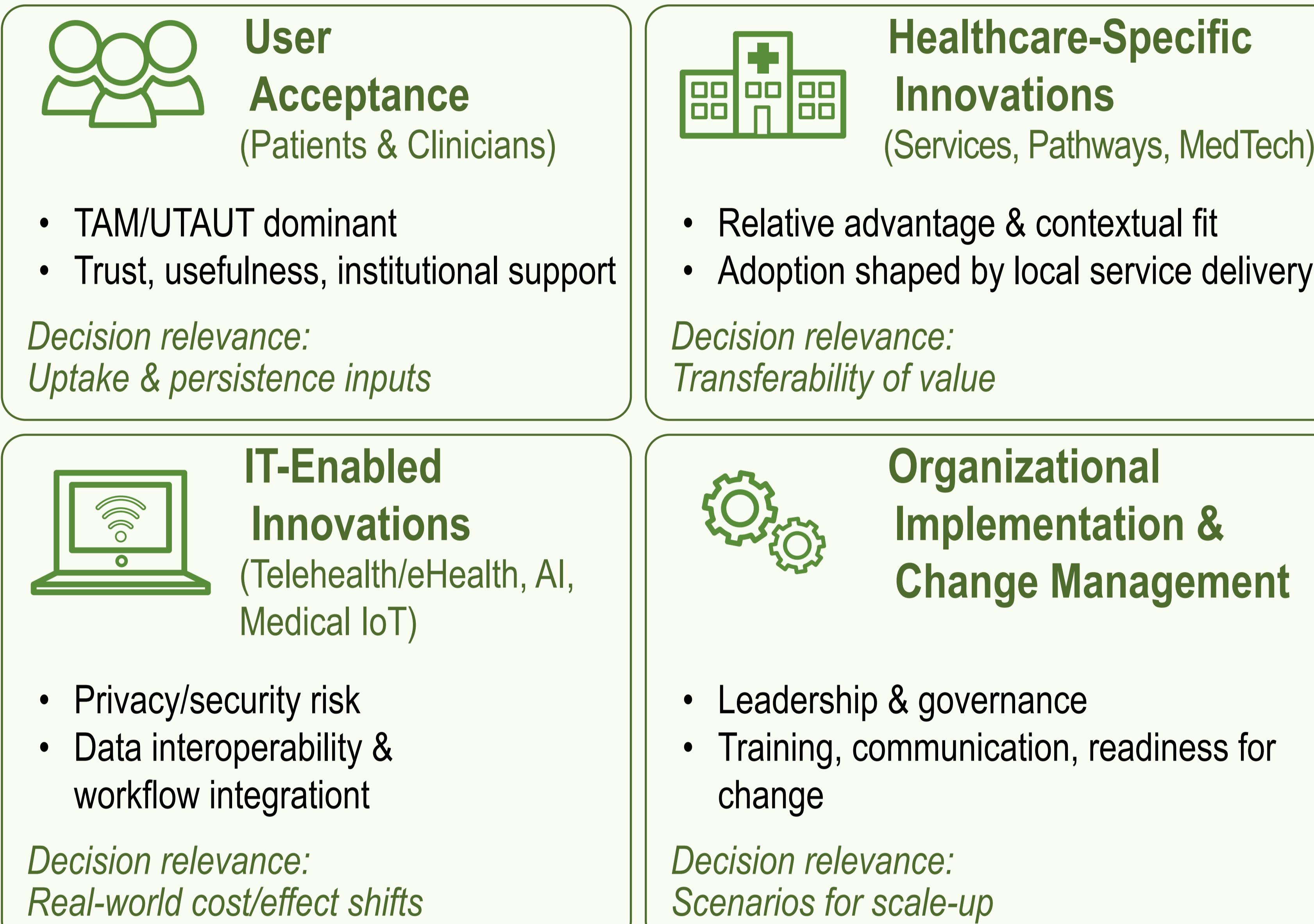
1.4 Figure 1. PRISMA-Based Flow of Study Selection



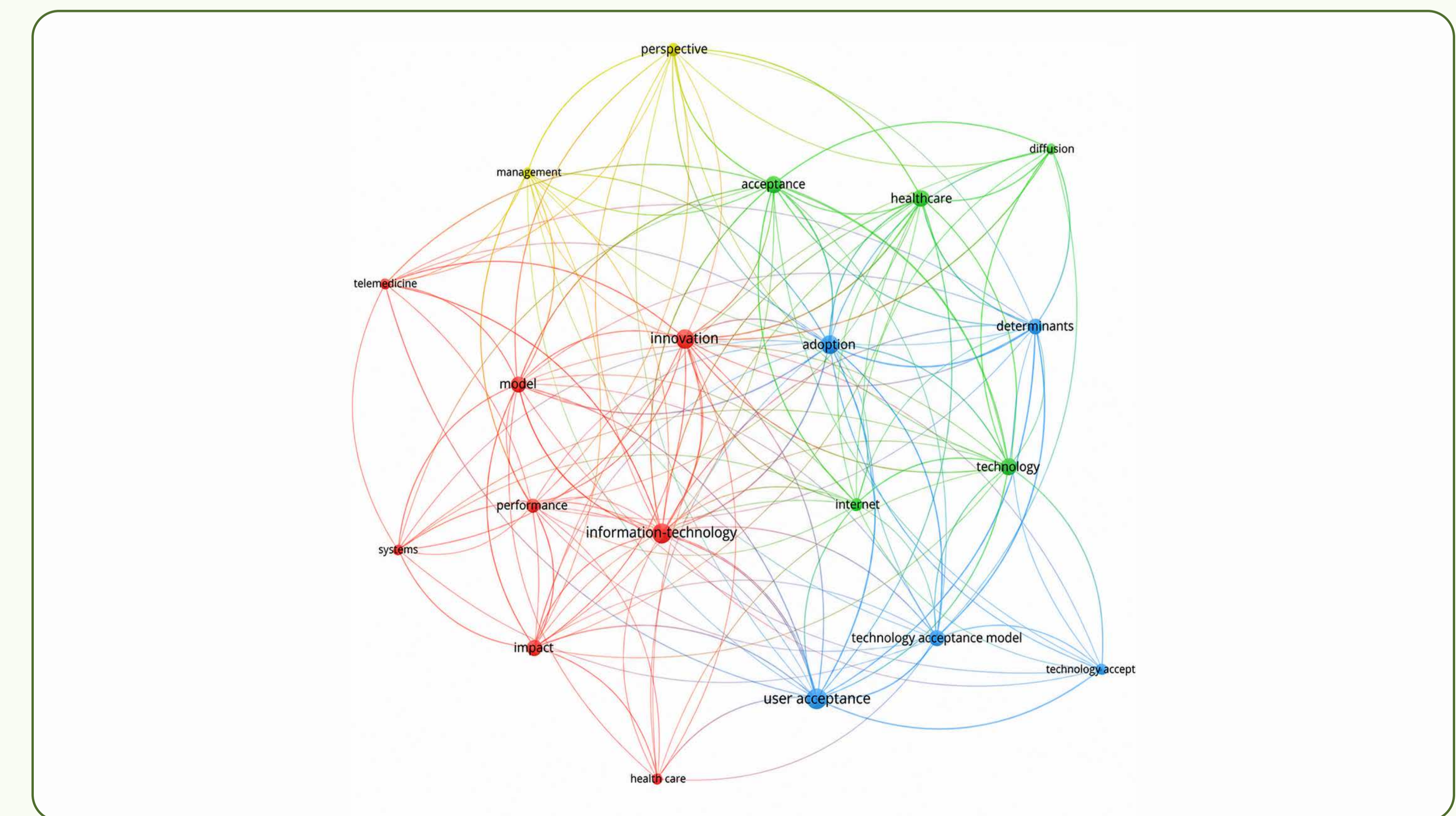
2.1 Results Lead-In

- From 235 initial records, 130 studies were selected for thematic synthesis.
- Acceptance studies emphasize trust and institutional support (TAM/UTAUT), while IT-enabled innovation studies emphasize privacy risk and data interoperability.

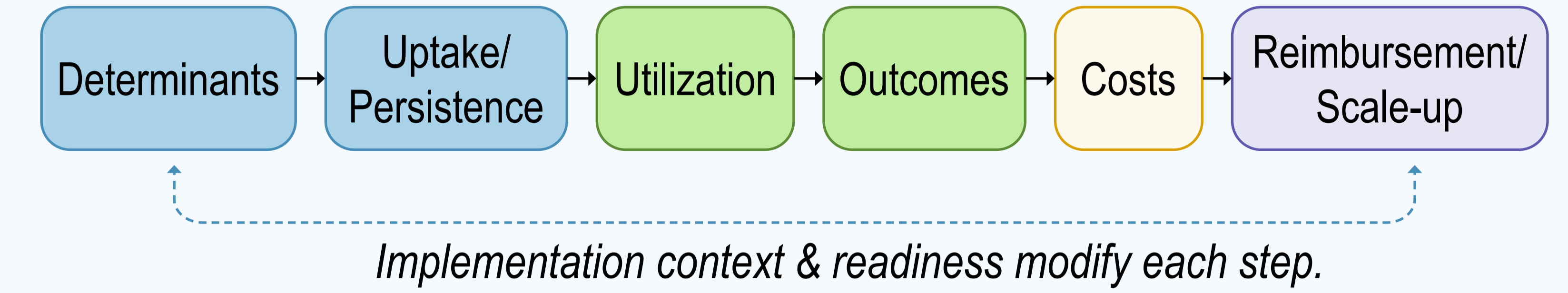
2.2 Evidence Map: Four Research Streams



2.3 Figure 2. VOSviewer Keyword Co-Occurrence Map



3.1 From Adoption Determinants to HEOR Decisions



3.2 Key HEOR Gap

- Determinants are well documented, but quantitative impacts on long-term uptake remain under-researched, and links to utilization, outcomes, and costs are uncommon.

3.3 Implications for Policy, Access, and Value

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

3.4 HEOR Evidence Planning Checklist

- 1 Measure uptake and persistence explicitly.
- 2 Specify context assumptions (interoperability, workflow integration).
- 3 Measure readiness (leadership, governance, training capacity).
- 4 Use scenarios for high vs low readiness settings.
- 5 Reflect adoption uncertainty in sensitivity analyses (and PSA where applicable).
- 6 Link determinants to utilization, outcomes, and costs using RWE.

3.5 Limitations

- Business/Management scope may under-represent clinically focused adoption studies.
- Heterogeneity limited quantitative synthesis.

3.6 Conclusion

- Adoption determinants are not consistently incorporated into decision-grade HEOR evidence.
- Explicit uptake/persistence modeling can strengthen reimbursement and scale-up decisions.

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