

## Industry Decomposition: Healthcare E-Learning

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### I. InVitro Criteria Scoring

Filter	Score (1-3)	Justification
Tech-starved	2	Many tools exist but are generic; true vertical SaaS penetration for specialized healthcare training workflows remains low.
Labor-intensive	3	Heavy reliance on instructors, administrators, compliance officers, and clinical trainers to create, deliver, and track education.
Fragmented	3	Highly fragmented across professions (nurses, physicians, technicians, administrators) and settings (hospitals, private practices, long-term care, home health, pharma, etc.).
Overlooked	2	Significant capital has gone into horizontal LMS platforms; however, deeply workflow-integrated, healthcare-specific solutions are still sparse.
Capital-efficient	2	SaaS models are viable but can require material upfront investment in content libraries, credentialing relationships, and regulatory integration.

### II. MECE Subsegmentation of the Industry

Subsegment	Description	Notes
Acute Care Providers	Hospitals, emergency departments, surgical centers	Complex compliance, credentialing, ongoing clinical education needs
Post-Acute & Long-Term Care	Skilled nursing, assisted living, home health, hospice	Large regulatory and staff training burden, often under-resourced
Ambulatory & Private Practice	Outpatient clinics, physician groups, diagnostic labs	Leaner ops, but still require clinical competency, HIPAA, OSHA training
Payers & Managed Care	Insurance companies, ACOs, Medicare Advantage	Care coordination, quality measures, case management training
Pharma & Medical Device	Sales reps, clinical liaisons, physician education	Product training, clinical data education, CME sponsorship

<b>Education Institutions</b>	Nursing schools, medical schools, allied health programs	Core curriculum delivery, simulation, accreditation
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### III. Workflow Decomposition

#### A. Master Workflow List

<b>Workflow Name</b>	<b>Description</b>	<b>Current Tooling</b>	<b>Known Vendors / Tools</b>
<b>Onboarding &amp; Credentialing</b>	New hire onboarding, licensure verification, credential tracking	Excel, HRIS add-ons, manual systems	Symplr, HealthStream
<b>CME/CE Compliance</b>	Ongoing continuing education credits for licensure	Generic LMS, conference-based	Relias, CE Broker
<b>Clinical Simulation</b>	Virtual simulation of procedures & patient scenarios	Dedicated sim labs, minimal digital tools	CAE Healthcare, Laerdal
<b>Policy &amp; Procedure Training</b>	Dissemination & verification of new SOPs	PDFs, emails, intranets	PolicyStat, MCN Healthcare
<b>Annual Mandatories</b>	HIPAA, OSHA, Infection Control, Safety	Generic LMS, video modules	HealthStream, MedTrainer
<b>Product Education</b>	Medical device / drug training	Ad hoc, sales-led, vendor-provided	Veeva, Medtronic portals
<b>Competency Assessment</b>	Skills verification and sign-offs	Paper checklists, manager observation	Elsevier, Relias
<b>Simulation Recordkeeping</b>	Tracking sim lab participation, outcomes	Manual logs, Excel	SimCapture, EMS
<b>Preceptorship Management</b>	Matching trainees with clinical mentors	Emails, spreadsheets	Internal only
<b>Compliance Auditing</b>	Audit prep and documentation	Manual binders, HRIS reports	Internal compliance tools
<b>Content Authoring</b>	Creating training modules, quizzes, certifications	PPT, SCORM authoring tools	Articulate, Adobe Captivate
<b>Vendor Training</b>	Training external contractors (e.g. travel nurses, telehealth)	Ad hoc, manual onboarding	Few dedicated vendors

#### B. Functional Categories

1. Workforce Compliance & Credentialing
2. Clinical Education & Simulation
3. Operational Policy Training

#### 4. External Partner & Vendor Training

### C. Workflow Matrices

#### Category: Workforce Compliance & Credentialing

Workflow	Acute Care	Post-Acute	Ambulatory	Payers	Pharma	Education	Competitors
<b>Onboarding &amp; Credentialing</b>	Generic HRIS + Excel	Manual + HRIS	HRIS	HRIS	Ad hoc	Internal	Symplr, HealthStream
<b>CME/CE Compliance</b>	HealthStream	CE Broker	Manual	Varies	Varies	Accred bodies	Relias, CE Broker
<b>Competency Assessment</b>	Paper checklists	Manager observation	Ad hoc	N/A	N/A	Internal evals	Elsevier, Relias
<b>Compliance Auditing</b>	Internal binders	Manual binders	Minimal	Internal	N/A	Internal	MedTrainer, MCN

#### Category: Clinical Education & Simulation

Workflow	Acute Care	Post-Acute	Ambulatory	Payers	Pharma	Education	Competitors
<b>Clinical Simulation</b>	Sim Labs	Rare	Rare	N/A	Limited	Extensive	CAE, Laerdal
<b>Simulation Recordkeeping</b>	Excel	N/A	N/A	N/A	N/A	Limited systems	SimCapture
<b>Preceptorship Management</b>	Manual	Manual	Ad hoc	N/A	N/A	School-run	No dedicated vendors

#### Category: Operational Policy Training

Workflow	Acute Care	Post-Acute	Ambulatory	Payers	Pharma	Education	Competitors
<b>Policy &amp; Procedure Training</b>	Intranet, email	Paper, email	PDF email	Email	Internal LMS	LMS	PolicyStat, MCN
<b>Annual Mandatories</b>	LMS	Manual	LMS or ad hoc	LMS	N/A	LMS	HealthStream, MedTrainer
<b>Content Authoring</b>	Articulate	Articulate	None	None	Veeva	SCORM	Articulate, Adobe

#### Category: External Partner & Vendor Training

Workflow	Acute Care	Post-Acute	Ambulatory	Payers	Pharma	Education	Competitors
<b>Vendor Training</b>	Limited	Ad hoc	None	None	Limited	Rare	None dedicated

## IV. Evaluate Top Subsegment + Workflow Pairs

### 1. Post-Acute Care: Onboarding & Credentialing

Criteria	Notes
Product whitespace	High: extremely manual, fragmented
Business whitespace	Moderate: small operators, but very high pain
Operational leverage	High: large staff turnover, recurring training
ACV estimate \$	\$5k-\$15k/site/year

# customers at scale	20,000+ facilities
Market size = ACV × customers	~\$200M+ TAM
Price sensitivity	Moderate to high
Known competitors	MedTrainer, limited point solutions

## 2. Acute Care: Clinical Simulation Recordkeeping

Criteria	Notes
Product whitespace	Medium-high: digitalization still emerging
Business whitespace	Medium: large systems have budgets
Operational leverage	Medium: central sim labs scale easily
ACV estimate \$	\$20k–\$100k/system/year
# customers at scale	2,000+ hospitals with sim labs
Market size = ACV × customers	~\$200M TAM
Price sensitivity	Low
Known competitors	SimCapture, CAE

## 3. Pharma: External Partner & Vendor Training

Criteria	Notes
Product whitespace	High: often done via ad hoc processes
Business whitespace	High: high regulatory exposure
Operational leverage	High: repeatable content across geographies
ACV estimate \$	\$50k–\$250k/company/year
# customers at scale	1,000+ major pharma and device companies
Market size = ACV × customers	~\$150M–250M TAM
Price sensitivity	Low
Known competitors	Veeva (partial), few vertical players

## V. Buyer Personas

### 1. Post-Acute Care: Onboarding & Credentialing

Buyer Title / Role	Workflow Owned	Context of Pain	Budget Control	Notes
<b>Director of Nursing</b>	Credentialing, Onboarding	High turnover, compliance risk	Moderate	Primary buyer
<b>Administrator</b>	Facility Ops	Regulatory fines, survey prep	High	Secondary influencer
<b>HR Manager</b>	Hiring, Onboarding	Administrative burden	Low	User, not buyer

### 2. Acute Care: Simulation Recordkeeping

Buyer Title / Role	Workflow Owned	Context of Pain	Budget Control	Notes
<b>Director of Simulation</b>	Sim Lab Ops	Manual tracking, lost data	High	Primary buyer
<b>Chief Nursing Officer</b>	Clinical Education	Credentialing alignment	High	Strategic sponsor

### 3. Pharma: External Vendor Training

Buyer Title / Role	Workflow Owned	Context of Pain	Budget Control	Notes
Director of Compliance	Vendor oversight	Regulatory exposure	High	Primary buyer
VP Medical Affairs	Training	Global consistency	High	Co-sponsor
Head of Commercial Ops	Sales enablement	Vendor alignment	High	Budget owner