# Five Points of Friction

*What the room worked out | Workshop of September 23, 2026*

Most of what slows new technology in long-term care and retirement communities has little to do with the technology itself, and the people who build it tend to know this better than anyone, because they meet the same few obstacles again and again on the way from a first conversation to a signed agreement.

On September 23, about fifty founders, vendors, investors and researchers gathered at the KITE Research Institute in Toronto to work on four of those obstacles as they show up in Ontario. Instead of listening to a panel, the room split into eight tables of six or seven people, and each table spent half an hour on a single friction point, writing down what it would do about it and in roughly what order. Three tables took on pilots that never turn into purchases, three took on the problem of proving value before a first customer exists, and one table each worked on the gap between funding runway and sales cycles and on the cost of integration. The fifth point, pricing, drew too few people at registration to fill a table.

What follows is a summary of the attendees' ideas, examples and conclusions. Each section opens with the points that several tables reached on their own, and also keeps the ideas that came from a single table, since those are often the most specific.

## 1. Escaping pilot purgatory

A pilot that runs for a year and ends without a decision is common enough in elder living that the three tables working this problem had little trouble describing it, and all three reached the same conclusion on their own: pilots stall because nobody wrote down, before the first day, what success would look like and who would decide. The room treated the pilot less as a test the product must pass and more as a short project that both sides have to run well, with a beginning, a middle and an end, and two of the tables organized their whole answer that way.

One table pointed out that a pilot that changes how care staff work may run into union agreements, which can add months if nobody checks early. Another suggested a clause that lets either side leave the pilot on fair terms, which makes it easier for a cautious operator to say yes in the first place. A third raised pricing, and argued that a vendor should go into a pilot with a view of what the full rollout would cost and a plan to test that price, rather than leaving the conversation for the end.

### Before the pilot

- ☐ Agree on why the pilot is happening and which problem it is meant to solve
- ☐ Decide what kind of pilot it is: a test of the product, of the workflow, or of the business case
- ☐ Write down the success measures and how and when each will be checked
- ☐ Set a timeline with checkpoints and a date for the decision
- ☐ Name the people involved: who uses it, who sponsors the pilot, and who will pay for a rollout
- ☐ Check whether union agreements or other staff rules apply
- ☐ Agree on how either side can end the pilot on fair terms
- ☐ Share a working price for the full rollout and how it will be tested

### During the pilot

- ☐ Give both sides a named person responsible for training, communication and managing the change
- ☐ Make sure the product works reliably from the first week, with support close at hand

- ☐ Gather feedback from the staff using it throughout, not only at the end
- ☐ Keep the scope narrow and adjust when something is not working
- ☐ Record what is learned as it happens

### After the pilot

- ☐ Compare the results against the measures agreed at the start
- ☐ Settle pricing, configuration and connection to existing systems for a wider rollout
- ☐ Make the decision on the date agreed, whether that means expanding, adjusting or stopping

## 2. Proof without a partner

Operators want evidence from other operators before they buy, which leaves a young company in a loop, since the first reference customer is the hardest one to find. The three tables on this problem came at it from different directions: one ranked the kinds of evidence worth producing, one traced a path from a single conversation to being ready for a pilot, and one looked at the signals that make a small company seem credible. Read together, they agree that proof before a first customer is mostly borrowed, from advisors, researchers, clinicians and early users whose trust carries over to the company.

The path one table drew is the clearest place to start, because it begins with the person who lives with the problem, not with the buyer. An older adult, a family member or a personal support worker who feels the problem every day can describe how it affects quality of life, and that same person can often introduce a company to their clinicians, who in turn belong to professional groups and colleges that operators already trust. Each step borrows a little more credibility, and the table was clear that the loop repeats until the company knows exactly what work is left before it is ready to ask for a pilot.

### A path to pilot-ready

1. Find the people who feel the problem, and learn from them and those around them
2. Ask them for a warm introduction to their clinicians and community
3. Follow those links to the professional organizations, colleges and conferences that providers trust
4. Study the problem closely, including what current research has and has not solved
5. Use those relationships to learn what stands between the company and a pilot
6. Do that work, and repeat from the top as needed
7. Make the ask with clear success measures, since a result that is not measured will not count

### Evidence the room valued, roughly in order

- An economic case study showing what the product saves or earns
- Design work done with older adults and care staff, not only for them
- An advisor who is a respected veteran of the sector
- A measured health outcome and what it means for the wider health system
- Endorsements from early users and people who want to buy
- A research partnership in which academics use the product in their own work
- Government funding, which signals that others have judged the problem important
- The basics done well: a clear website, a careful reply, details attended to

## 3. The runway mismatch

A sale to a long-term care or retirement operator can take a year or two from first meeting to signed agreement, while a young company often has about the same amount of money in the bank, which means a single slow deal can decide whether the company survives. The table working this problem started by naming why the timelines stretch, and its list says a good deal about how operators in Ontario run their year: purchases wait for the next

budget cycle, money often sits in funding envelopes set aside for specific uses, a small supplier has to seem large enough to trust with residents and staff, the operator's project team is usually busy with other work, priorities shift, and the relationship itself takes time to build.

The table then listed the milestones that show real progress to an investor while revenue is still slow to arrive. Its own open question was how those milestones change from one stage of funding to the next, and the list below arranges them in that order as a starting point for further discussion.

### Early: before any revenue

- A clearly defined problem and a solution that users have confirmed works
- A clear picture of the ideal customer
- An honest estimate of how large the market is and how much of it can be reached
- Research partners or grant funding that support the work

### Building: first commitments

- Letters of intent from operators
- A pipeline of named prospects at known stages
- A plan for how the product will reach customers, directly or through partners

### Growing: first revenue

- Users who keep using the product, and a way of supporting them well
- A revenue model and forecast built on elder living timelines

### Throughout

- A team with the experience this market expects
- A realistic view of how investors would eventually see a return

## 4. The integration tax

The requirement to connect with an operator's existing systems tends to surface late, often after months of meetings, and it can stall a deal that seemed close. The table working this problem put itself in the operator's chair and wrote down the questions a vendor should expect, and nearly all of them turned out to be about data: what is collected, how, where it is kept, who has agreed to it, and whether it needs to reach the resident's health record. Its notes drew two distinctions. The first is between clinical-grade data, which may end up guiding care, and personal-grade data, which usually carries a lighter burden. The second is between selling to a need and meeting one, since a product that solves the problem the buyer described can still fail if it does not fit the way the building runs.

The list the table wrote covers what an operator will ask. A second, shorter list, added after the evening, follows it, with questions a vendor can ask the operator in the first meeting so that the real requirements appear early rather than late.

### Questions to be ready for

- What problem is this solving, and for whom?
- What kind of data does it collect, clinical or personal?
- How is the data collected, stored and secured?
- How much of it needs to go into the health record?
- What certifications do you hold, and which standards do you follow?
- How will the data be used, including for research?
- Does anyone need to consent to it being collected or used?
- What do we need to know to connect it to our systems?
- Have you connected with systems like ours somewhere else?
- Does it need regulatory approval?

### Questions to ask in the first meeting

- Which systems are in place today, such as the health record, nurse call and WiFi?
- Who reviews privacy and security, and how long does that review usually take?
- What would this need to connect to on day one, and what could wait?
- Are there integrations your team has already approved that we could follow?
- Who on the operator's side would own the connection once it is live?

## Do the last part first

Eight tables worked four different problems and, without meaning to, gave the same answer to each: do the last part first. The tables on pilots wanted the decision date, the measures and the decider settled before the first day. The tables on proof wanted trust built, person by person, before anyone asked for a pilot. The table on runway planned its milestones around the operator's budget year rather than the company's, and the table on integration wanted the connection questions answered before the first demo. In this market, most of the work that decides a sale is done before the part that looks like selling.

Thanks to everyone who came, filled the sheets and kept the conversation going at the tables, and to KITE for hosting and Amba for its continued support of the series. Details of the next AgeTech Connect Toronto evening will follow soon.