



# Pre-Seed Traction Translation Guide

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After advising 18+ digital health founders and sitting in 60+ investor diligence calls, I've seen the same rejection patterns repeat, even in promising companies.

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## 1. You're pitching a product, not a hypothesis

Pre-seed VCs don't fund features, they fund insights about where the market is wrong.

**What to do:** Replace "here's what we built" with "here's what we learned that no one else knows yet." The insight = your unfair advantage.

## 2. You're testing if it works, not if anyone cares.

You say: "Our pilot validated the workflow." They hear: "Did anyone actually fight for budget?"

**What to do:** Find one person desperate enough to pay for it. That proves urgency, not curiosity. Document how hard they fought internally to get you approved.

## 3. You think the buyer is obvious

It's not. Digital health has a three-body problem: user  $\neq$  buyer  $\neq$  budget owner.

**What to do:** At pre-seed, your job isn't to map all seven approvals, it's to find one champion who will fight through them. Document who that person is and what pain they're solving for their boss.

## 4. You're measuring outputs, not learning velocity.

You say: "We finished two pilots." They hear: "Are you learning faster than your burn rate?"

**What to do:** Treat every pilot as a question, not a feature launch. "Hypothesis: If we save nurse coordinators 2 hours/day, clinic managers will pay. Result: Nurses loved it, but clinic managers don't control budget. Next test: \_\_\_\_." That's the pattern investors fund.

## 5. You see compliance as a later problem.

Wrong. At pre-seed, knowing the regulatory landscape = you're serious.

**What to do:** You don't need SOC2 yet, but you should know which regulations apply, what they cost, and how they affect your buyer's timeline. That's the difference between "interesting prototype" and "investable company."

## The 3-Minute Pre-Seed Reality Check

1. Can you articulate an insight about this market that other founders miss?
2. Have you found one champion willing to fight for budget?
3. Would you bet the next 6 months on what your last pilot taught you?

If any answer is "no," sharpen before you pitch.

Not sure which gap matters most? Schedule a 15-minute diagnostic chat — no pitch, just clarity.

[Book a Diagnostic Call](#)

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# Seed Traction Translation Guide

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## 1. You proved it works, once.

You say: “We validated the workflow in one hospital.”

They hear: “Cool science project.”

VCs back repeatability, not novelty.

**What to do:** If you can’t hand your pilot playbook to a junior BD rep and have them close the next one, you don’t have a business yet. Your next 3 pilots should take half the effort of the first.

## 2. Your buyer and your user don’t match.

Real VC pass: “Clinicians love it, but procurement hasn’t heard of it.”

Digital health always has a three-body problem — user ≠ buyer ≠ budget owner.

**What to do:** Map the internal gauntlet. If you can name the 7–10 approvals your buyer needs and show how you’ve shortened that path, investors see operational leverage, not red tape.

## 3. Your unit economics look linear, not exponential.

VCs will fund software-enabled services, but only if the delivery cost shrinks as you scale. When each new customer takes the same effort as the first, it reads as services revenue, not software leverage. The question isn’t *software vs. services*; it’s *does this get easier to deliver over time?*

**What to do:**

1. Price pilots high enough to test willingness to pay, not just curiosity.
2. Track efficiency: “Deployment time dropped from 8 weeks to 3 weeks by month 6.”
3. Show your automation roadmap: “40 % manual workflows today, targeting 15 % by Series A.”

## 4. You’re fighting inertia, not Epic.

The competitor isn’t another startup, it’s the internal process map.

**What to do:** Show how you compress the cycle. “We cut security + legal review from 12 weeks to 4 by pre-baking compliance docs.” That’s what investors translate as “scalable.”

## 5. You treat compliance as friction, not leverage.

Procurement risk = investment risk.

If you’ve passed a hospital’s HIPAA or SOC 2 review, that’s not overhead — that’s a moat.

**What to do:** Bring your diligence checklist to the pitch. Show investors you’ve already survived the pain they know every buyer fears.

## The 3-Minute Seed Raise-Ready Test

- Can you close a deal without being in the room?
- Can you prove ROI in under 90 days?
- Can you survive a CISO review tomorrow?

If any answer is “not yet,” fix that before you pitch again.

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[Book a Diagnostic Chat](#)