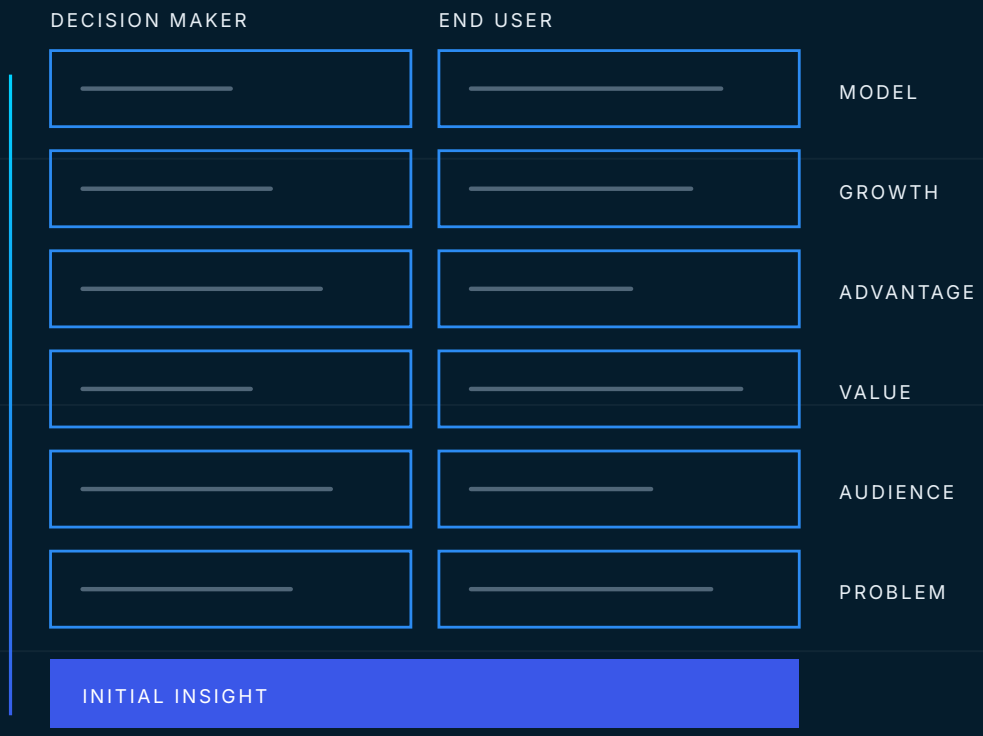
Aviral Prakash

PRODUCT-MARKET FIT · FOUNDATION

Lay the Foundation First

How healthtech founders can choose a problem worth solving, and write the six-part foundation for product-market fit before they build.

November 2026



IN SHORT

A healthtech business is ready to build when its founders can write six things in plain prose

The problem, the first customers, the value proposition, the competitive advantage, the growth strategy and the business model. Together they are the foundation for product-market fit. Without them, everything is a guess.

Product-market fit is the point at which a product satisfies a market with enough real buyers to pull it out of the company. Before a founder can test for it, there has to be *something* to test: a written account of which problem the company solves, for whom, and why it can become a business. In healthcare, that account has a second requirement. The clinician who uses a product is often not the person who pays for it, so every part has to be written twice.

This white paper sets out the method A|P uses with healthtech founders: how to judge whether a market is worth entering, where a good starting insight comes from, how to write and test a problem statement, how to choose a first customer segment, and how to write the other parts on top of them.

6

parts to the foundation, each written for the person who pays and the person who uses.

3

tests turn a societal need into a market: budget, authority and urgency.

4

tests a problem statement must pass, each with evidence from a buyer, before you build.

5

traits to score when choosing the first customer segment.

Takeaways from this white paper

- **Write before you build.** A written foundation lets you test the cheapest assumptions first. An MVP is the *most expensive* test there is, and in healthcare the slowest to read.
- **The market comes first.** A real need is not a market until someone has a budget, the authority to spend it and a reason to spend it this year.
- **The problem must make sense without your product.** If the statement collapses when the product is removed, it describes the product.
- **Start where use and budget sit closest.** Clinician enthusiasm is necessary but not sufficient. Count the people between the user and the person who pays.

> HOW TO READ THIS WHITE PAPER
>
> Section 00 tests the market and the initial insight, before the six parts. Sections 01 to 06 take the six parts in order, with the problem and the first segment in greater depth. Section 07 shows how to write the whole foundation, with suggested templates. Exhibit 15 is a scorecard you can run on your own foundation. All examples are illustrative.

THE FOUNDATION ON ONE PAGE

Six parts rest on one initial insight, and each is written for the person who pays and the person who uses

Each part answers one question. In a B2B healthcare business, each answer is written twice: once for the decision maker, who approves the budget and judges the business case, and once for the end user, who works with the product every day. They rarely want the same thing.

EXHIBIT 1

The six parts, the question each answers, and the two people each is written for

PART	THE QUESTION IT ANSWERS	DECISION MAKER · PAYS	END USER · USES
1 Problem to solve	What problem are you solving?		
2 Target audience	Who has it badly enough to pay?		
3 Value proposition	How will you solve it, in benefits rather than features?		
4 Competitive advantage	Why are you the one who can solve it, now and later?		
5 Growth strategy	How will you reach more of these buyers over time?		
6 Business model	How does it become revenue that exceeds cost?		

INITIAL INSIGHT
An observation about the market that is earned, unique and grounded. Every part rests on it.

Grey lines stand for the sentences a founder writes in each lane. The parts are written in prose, not bullets: a paragraph forces cause and effect, so a gap between two parts shows on the page.

WHERE THE FOUNDATION SITS

The foundation is the first step in a longer sequence. Once it is written, it is validated with buyers, fit is measured, and traction is built. This white paper covers the first step only, because every later step tests what it says.

WHY WRITE FIRST

Why writing the foundation first is better than building the MVP

Build-first methods treat a minimum viable product (MVP), the smallest version of a product in which every essential part works to a defined standard, as the main test of an idea. In healthcare that test is slow, costly and hard to read: a pilot with a health system can take months to set up and still end without a clear answer. Building first has four gaps.

It undervalues planning

A plan can be thoughtful without being precise, and a written plan exposes contradictions that code hides.

It treats shipping as the only test

Interviews, expert advice, market research and pre-sales can test most assumptions before an MVP exists.

It never says how much evidence is enough

Without a written hypothesis, there is nothing to judge the data against.

It assumes traction follows a good product

Good products still fail without enough buyers. Product and traction are built together.

A better return on the same effort

Each of the six parts of the foundation has a most common way to fail. Every one of them can be caught on paper and in buyer conversations, before any money, engineering time or pilot goes into an MVP. That is the case for writing first: the same questions get answered, at a fraction of the cost, and the MVP that follows tests something worth testing.

The next page sets out the six failures, the test that catches each one, and the fix.

> **THE ORDER MATTERS**
>
> The market is judged before any part is written, the initial insight comes next, and the problem comes before everything else, because each later part has to follow from it.

The foundation catches the six most common failures before any effort goes into an MVP

EXHIBIT 2

Each part has a most common failure, a test that catches it before it costs runway, and a fix

PART	MOST COMMON FAILURE	TESTS THAT CATCH IT, AND THE FIXES
Problem to solve	**Not acute enough:** something real that nobody feels strongly enough to pay to have solved	**Test:** active pain, severity, cause and effect, solution independence. **Fix:** rewrite from the buyer's outcome until all four pass, or drop the statement.
Target audience	Too broad to reach, or too small to sustain the company	**Test:** score segments on five traits. **Fix:** narrow to one "now" segment where use and budget sit closest.
Value proposition	Doesn't land with buyers, usually because it lists features	**Test:** every benefit traces back to a gap in the problem statement. **Fix:** draft the homepage: one promise and three to five benefits, not features.
Competitive advantage	Not meaningfully different, which turns early fit into a price fight	**Test:** map direct, indirect and adjacent competitors; name one of the 7 Powers. **Fix:** start where the others serve buyers badly, and build toward that Power.
Growth strategy	No sustainable way to grow	**Test:** a traction channel and a growth channel, named separately. **Fix:** founder-led traction first; repeatable loops once customers stay.
Business model	Considered only at the surface	**Test:** four levers written down; price matches what the buyer is paid or measured on. **Fix:** price on the unit the buyer is paid for.

THE FAILURE THAT MATTERS MOST

A painkiller, not a vitamin. A problem that isn't acute is the failure behind most of the others: buyers agree it is real, and nobody pays. A vitamin is nice to have; a painkiller is bought this year, from a budget that already exists.

This is why the initial insight has to be earned and unique. A problem a founder has lived inside, or watched buyers struggle with up close, is far more likely to be acute than one found in a brainstorm.

00

BEFORE THE SIX PARTS

THE CORE IDEA

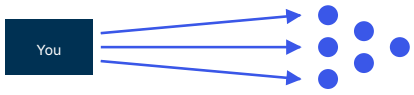
A good market pulls the product out of the company. A weak market makes the company push for every deal.

THE FIRST QUESTION

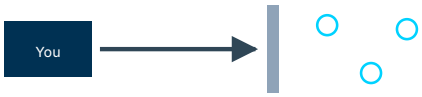
If every deal feels like hand-to-hand combat, don't ask how to push harder. Ask whether there is a market there at all.

A need becomes a market only when a buyer has the budget, the authority and a reason to spend this year

Healthcare makes one confusion especially easy: mistaking a societal need for a commercial market. Clinician burnout, documentation backlogs and avoidable readmissions are real and large. Without a buyer, they are a cause, not a market. The difference shows up in daily work long before it shows up in revenue.



Buyers draw the product out

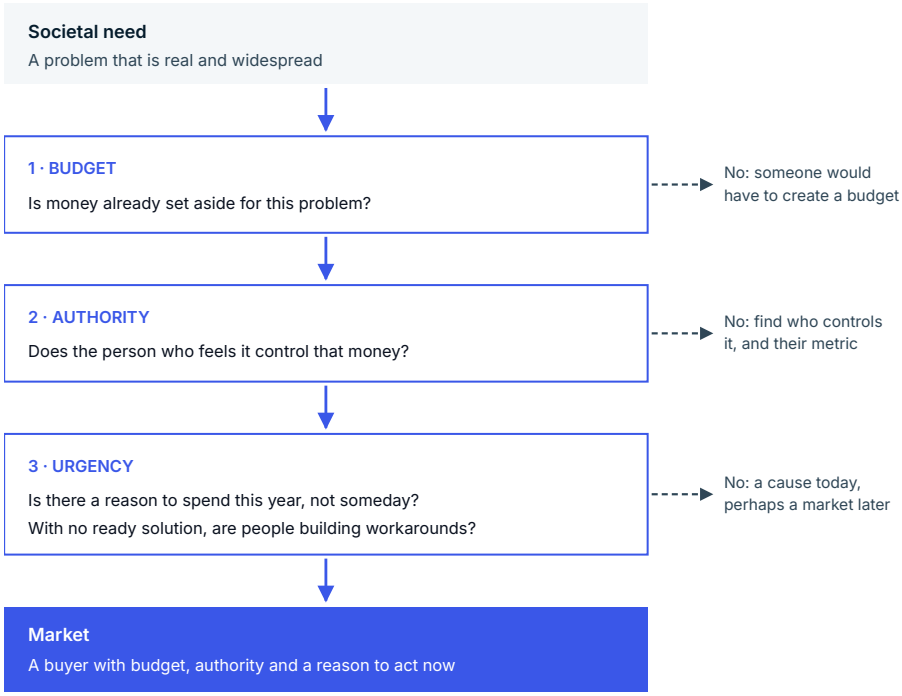


Every deal is pushed through

- **In a pulling market,** prospects come back to you, usage grows faster than the team can support it, and customers tell peers unprompted. The daily problem is capacity.
- **In a pushing market,** sales cycles drag, prospects ask for custom builds before they sign, free pilots get extended, and every deal starts from zero.

EXHIBIT 3

Three tests, in order, separate a societal need from a market



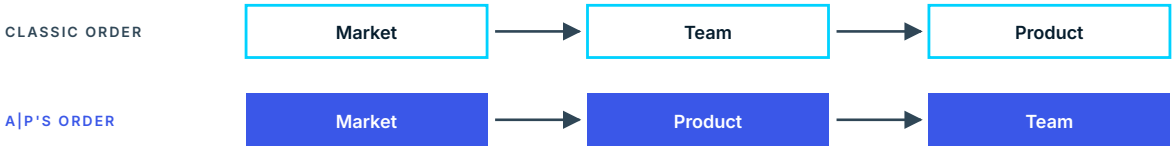
The authority test catches most healthtech founders: the physician who loves a product often passes it to a finance team and a product review committee.

The market still comes first, but in healthtech the product now comes before the team

The rule that the market matters most still holds. Three of its old assumptions don't. A product that basically works no longer stands alone: software is cheap to build, so it gets copied. Growth that loses customers as fast as it wins them is no longer forgiven. And the buyer is a committee: finance, clinical leadership, IT security and a product review committee can each stop a deal.

EXHIBIT 4

A|P reorders the classic rule[5] to market, then product, then team, for three reasons



Building is no longer scarce

Many teams, even lean ones using AI, can now build. What is scarce is choosing the product that fits the workflow, connects to the electronic health record (EHR) and survives procurement.

Buyers judge the product

Integration with the EHR, security posture and production-grade proof are properties of the product, not of the founders' CVs.

A team can be hired

A company with the right product in a pulling market earns the revenue to hire, and good people want to join a product they can contribute to. A strong team with the wrong product spends its runway proving it.

The reorder is a claim about where the evidence of fit now lives, not a claim that the team doesn't matter: in healthcare the team still opens the first doors, and it chooses the product.

IS THIS MARKET WORTH ENTERING? FIVE QUESTIONS

1. **Who pays?** The job title that signs the contract, and the budget line the money comes from.
2. **What are they measured on,** or what would they be fired for not doing? The metric your product moves for that person, not for the user.
3. **Why this year?** The regulation, reimbursement change, staffing problem or competitor that makes the purchase urgent.
4. **What does pull look like?** What a buyer would do unprompted if the market were pulling: ask for pricing, ask for a contract, refer a peer, or hack together their own workaround.
5. **What stops a copy?** The one advantage that keeps a competitor or the EHR vendor from taking the market once you have found it.

A blank in any answer is the first thing to validate: a buyer who is really a user, a budget line that doesn't exist, urgency that is "someday", pull that is really politeness, an advantage that is really a head start.

00

BEFORE THE SIX PARTS

THE CORE IDEA

Every part of the foundation rests on one starting point. An insight that fails any of the three qualities makes a weak foundation.

A CAPABILITY IS NOT AN INSIGHT

A model that works tells you what you can build, not who needs it.

A good initial insight is earned, unique and grounded, which a bare capability never is

EXHIBIT 5

Three qualities of a good initial insight, and the test for each

Earned	**It comes from experience, not a brainstorm:** your own professional or personal experience, behavior you watched users show with a product or a workaround, or long immersion in the problem through many buyer conversations.
Unique	**Share it and watch the reaction.** If everyone agrees, it is an obvious truth and the market will be crowded. If nobody agrees, it is probably wrong. Mixed reactions are the signal to keep going.
Grounded	**It changes at least one part of the foundation:** who the buyer is, what the product must do, why the company can win, or how it makes money. An insight that changes none of them is an opinion.

AN ILLUSTRATIVE EXAMPLE

A founder spent six years as a clinical documentation specialist at a health system, reviewing physician notes before they went to coding. That health system signed up for and judged an AI scribe pilot on minutes saved per physician. Its finance team cared about diagnoses the physician discussed but never documented: care delivered but never billed.

Her insight: *a documentation tool sold on time saved competes with every scribe and with the EHR vendor's own product; a tool sold on documented, billable care answers the CFO's question instead of the physician's.*

It is earned, unique and grounded in two parts: the business model and the competitive advantage. Whether it is right is a question for PMF validation.

STARTING FROM A CAPABILITY

A technology-first founder starts with a capability instead. Treat it as the start of a search, not the end of one.

- **Do** take it to buyers as a question, find the outcome it could serve in their words, and write the problem without it.
- **Don't** pitch or demo it, put it in the problem statement, or let the scope widen to fit each new meeting.

The capability returns later, in the value proposition and the advantage.

01

PROBLEM TO SOLVE

THE MOST COMMON FAILURE

A problem that isn't acute enough, usually because the founder started from a solution and wrote a problem to fit it.

THE WORKING RULE

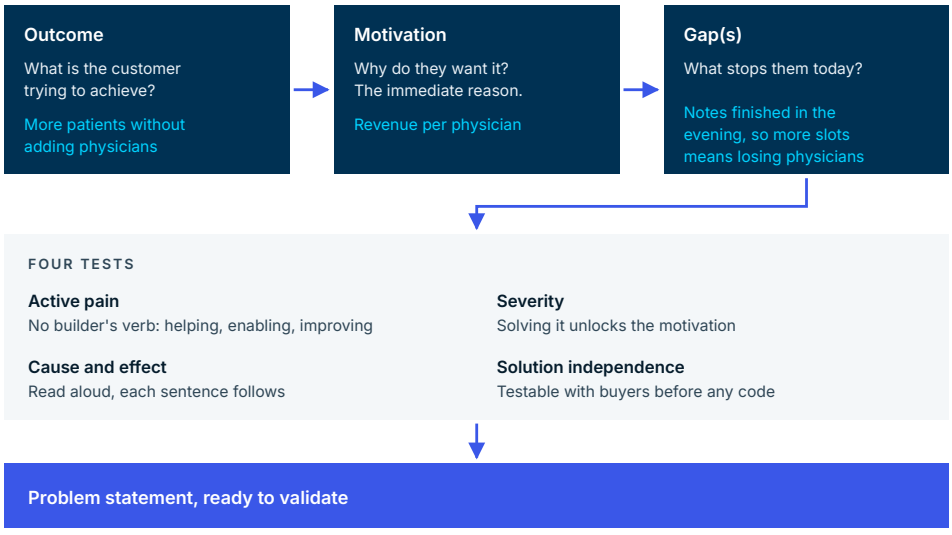
If the statement still makes sense with your product removed, it describes a problem. If it collapses, it describes your product.

Start from the buyer's outcome, and write the problem so it still makes sense without your product

Three questions keep the problem separate from the solution. Each gap you write down is a hypothesis for the problem you will solve. Then the statement goes through four tests before anything is built.

EXHIBIT 6

From outcome to a problem statement that is ready to validate*



A worked example on the next page takes one problem statement through all four tests.

WARNING SIGNS

A solution looking for a problem shows three symptoms in the plan long before they show in revenue:

- The problem statement starts with your verb.
- The scope widens after every meeting.
- Success is measured in your product's terms, such as accuracy or minutes saved, rather than the buyer's.

* Examples are illustrative. In the motivation, stay with the immediate economic or operational reason: no product can close a gap called "lack of status".

One problem statement, rewritten five times, shows how each test catches a different fault

The setting: a founder has a model that reads clinical notes and payer policies. The obvious use is prior authorization, the approval a health plan requires before it will pay for certain care. The target buyer is an independent, physician-owned cardiology group. The example illustrates the method; it is not a recommendation to enter this market.

EXHIBIT 7

Four drafts fail one test each; the fifth passes all four, and the company's capability appears nowhere in it

DRAFT	PROBLEM STATEMENT	RESULT
1	"We help cardiology practices automate prior authorization with AI."	**Fails active pain.** Opens with the builder's verb and names the product.
2	"Cardiology practices spend too much time on prior authorization."	**Fails severity.** Time spent is an annoyance the practice already pays for.
3	"The group wants its imaging schedule full, because imaging carries much of the practice's margin. Late authorizations push or cancel studies, and staff are burning out on payer portals."	**Fails cause and effect.** The first gap blocks the outcome; the second is a different problem with a different owner.
4	"The group wants its imaging schedule full, because imaging carries much of the practice's margin. Studies are pushed or cancelled because the practice lacks AI that checks payer rules before submission."	**Fails solution independence.** "Lacks AI" is not something a buyer experiences.
5	"The group wants its imaging schedule full, because imaging carries much of the practice's margin. Two things stop it: authorizations that come back after the scheduled date, which push or cancel studies, and denials discovered only after the scan, which turn completed work into write-offs."	**Passes all four.** It starts from the practice's friction, ties the gaps to its money, and can be tested with the practice manager this week.

Illustrative example.

BEFORE

"We help cardiology practices automate prior authorization with AI."

AFTER

"The group wants its imaging schedule full, because imaging carries much of the practice's margin. Two things stop it: authorizations that come back after the scheduled date, which push or cancel studies, and denials discovered only after the scan, which turn completed work into write-offs."

Once the problem statement is written, validate each of the four tests with evidence from buyers

Once you have written the statement, here is how to validate it. A statement that reads well has passed nothing: each test needs its own kind of evidence from a buyer. Compliments and requests for more information do not count. The order of the tests matters less than the standard: a statement with evidence for three tests and none for the fourth is not ready to build against.

EXHIBIT 8

How to validate the statement: for each test, the question to ask a buyer and the evidence that counts

TEST	ASK THE BUYER	EVIDENCE THAT COUNTS
Active pain	Who handles this today, and what does it cost?	An owner and a workaround they run deliberately, every day, and can't do without, paid or not: a dedicated staff member, a spreadsheet, an outsourced vendor.
Severity	How many studies were pushed or written off last quarter?	A number pulled from the buyer's own reports. Watched problems get budgets; a guess means it isn't watched.
Cause and effect	Read the statement back, then stop talking.	The buyer restates the chain in their own words, often with a correction. Take the correction.
Solution independence	Ask for something that costs them.	A commitment before the product exists: time with the billing lead, a sample of last quarter's denials, paid discovery, or a business associate agreement signed so you can see patient data.

A business associate agreement is the contract US privacy law (HIPAA) requires before a vendor can access a provider's patient data. A practice that signs one for a company with no product has told you the problem matters.

When to drop the statement instead of rewriting it

Rewriting is the right response to a draft that fails a test. It becomes the wrong response when each rewrite changes the buyer, widens the segment or swaps the gap to keep your capability in play. Four signals say it is time to stop:

- **It passes only when you change the buyer:** the practice manager, then the CFO, then the payer, then the patient.
- **The evidence doesn't arrive.** Set a number first, such as ten conversations with people who hold the budget. If none produce evidence for severity and solution independence, the problem isn't acute for them.
- **A known change removes the gap:** a rule, a reimbursement change or an EHR vendor's roadmap.
- **Your success metric keeps reverting to your product's,** such as accuracy or time saved, instead of the buyer's outcome.

Dropping a statement isn't dropping the capability. It sends you back to the first move: take the capability to a different set of buyers, as a question.

> **ONE MORE CHECK: IS THE GAP ABOUT TO SHRINK ON ITS OWN?**
>
> Even draft 5 has to survive one more question. A change in payer rules, a newer technology or a shift in buyer preference can close a gap before a company reaches scale. If late decisions were the main gap and a rule shortened decision times, part of the problem would be regulated away, while the denial gap would remain. This check never finishes: it needs constant attention, and it has ended many companies that weren't paying attention.

02 TARGET AUDIENCE

PART 2 · WHO HAS IT BADLY ENOUGH TO PAY?

Choose a first segment where the people who *use* the product and the people who *pay* for it are close together

THE RULE

The first customer segment should be the smallest group that feels the problem most acutely and can pay to solve it. Win that group, expand to adjacent segments, and repeat. In healthcare the person who uses a product is often not the person who pays for it, so who stands between them decides how fast you can sell.

Build the segment from the bottom up: list the attributes that matter (practice type and ownership, specialty, size, EHR, payer mix, the title of the person who would sign), combine them into segments, and sort the segments into "now" and "future". Then map who fills each buying role, because ownership decides who those people are.

EXHIBIT 9

Six roles sit in every healthcare purchase, and the number of people who fill them rises sharply with the setting

ROLE	SMALL PHYSICIAN-OWNED PRACTICE	INDEPENDENT GROUP, 10–50 PHYSICIANS	HOSPITAL-OWNED PRACTICE	HEALTH SYSTEM	HEALTH PLAN OR EMPLOYER
Economic buyer	Owner physician	Managing partners or a CFO	Health system finance	CFO	Finance or benefits leader
Champion	Owner physician	A partner physician	Employed physician	Chief medical information officer	Medical director or benefits manager
Technical buyer	Outsourced IT or the EHR vendor	IT lead	System IT and security	CIO and security officer	IT, security and privacy
Operational buyer	Practice manager	Practice administrator	Practice operations director	COO or revenue cycle leader	Care management or benefits operations
Manager	Owner physician	Medical director	Medical director	Service line chief	Program lead
End users	Physicians, medical assistants	Physicians, staff	Physicians, staff	Clinicians across sites	Care managers or members
Separate people, roughly	2–3	3–5	6 or more, plus a committee	6 or more, plus committees	5 or more

Illustrative mapping of US settings. The technical buyer checks security, EHR integration and compliance, and can block a deal on its own.

Reaching them follows from the table. In a small practice, one conversation can reach the economic buyer, the champion and an end user at once. In a health system, a founder needs a champion who will carry the case to people the founder may never meet, and material written for each of them: the return for finance, the security file for IT, the workflow plan for operations.

Start with the segment where use and budget sit closest, *not* where users are keenest

Score each candidate segment on five traits, then add one more measure: how many separate people stand between use and budget. The segment with strong scores and a short distance goes first. Below, four segments are scored for the documentation tool from section 00.

EXHIBIT 10

Independent groups of 10 to 50 physicians score highest, and few people stand between their users and their budget

Score per trait, 1 (weak) to 3 (strong); darker cells score higher

TRAIT	SMALL PHYSICIAN-OWNED SPECIALTY GROUPS	INDEPENDENT GROUPS, 10–50 PHYSICIANS	HOSPITAL-OWNED PRIMARY CARE	FEDERALLY QUALIFIED HEALTH CENTERS
Acute problem	2	**3**	**3**	**3**
Response to the value proposition	**3**	**3**	2	1
Advantage over alternatives	**3**	2	1	2
Ease of reach	2	2	1	2
Willingness to pay	2	**3**	**3**	1
Total, out of 15	**12**	**13**	**10**	**9**
People between use and budget	2–3	3–5	6 or more	4 or more

Scores are A|P's illustrative judgment, not survey data. A founder replaces them with what actual buyer conversations show.

If competitors ignore it, ask why

An empty segment looks like an opening, but competitors may have learned something you haven't. It is an opportunity only if they ignore it for another reason, such as size. Check three reasons first:

- **It can't pay.** Check how the segment earns money and whether your value proposition moves that number. Where pay per visit is fixed, documenting more does not raise revenue.
- **It can't be reached.** If each sale needs a cold introduction, acquisition cost outruns what customers pay.
- **It won't stay.** Independent practices are being acquired, and a customer that joins a health system takes its purchasing with it.

How you know the segment is right

The economic buyer, not only the end user, gives you evidence. Set three tests, with numbers, before the first sales conversation:

- Contracts signed at a price that covers your costs.
- A sales cycle that fits your runway.
- A second customer who came by referral.

Enthusiastic users in a segment that won't sign are evidence for the product, not the segment.

03

VALUE PROPOSITION

THE MOST COMMON FAILURE

A proposition that lists features, so buyers have nothing to react to.

THE TEST

Every benefit traces back to a gap in the problem statement.

PART 3 · HOW WILL YOU SOLVE IT?

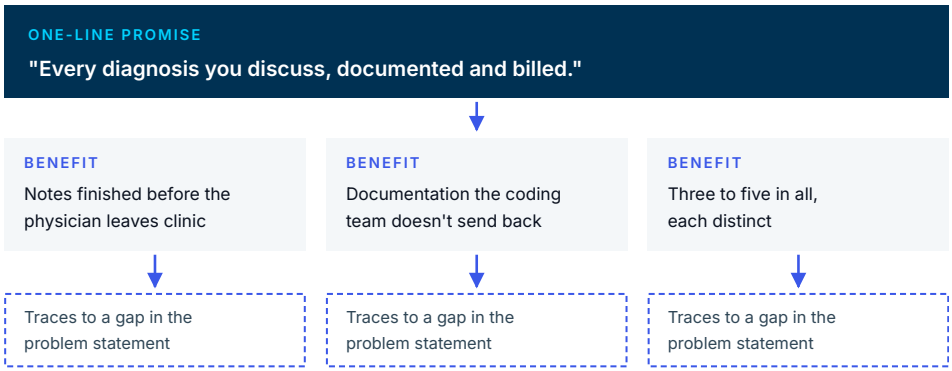
State the value proposition as benefits to the buyer, each traced to a gap in the problem

A value proposition states what the customer gets, in their terms, not what the product does. The quickest way to write one is to draft the homepage you would want: a one-line promise at the top, then three to five distinct benefits, each tied to a gap in your problem statement.

Customers rarely describe their problems in the vocabulary of a feature list, so a features-first proposition gives interviews nothing to react to. Features come later, once interviews confirm the benefits matter.

EXHIBIT 11

Every benefit on the homepage draft traces back to a gap; a benefit with no gap is a feature looking for a reason



Illustrative example, for the documentation founder in section 00.

04

COMPETITIVE ADVANTAGE

THE MOST COMMON FAILURE

A product that isn't meaningfully different, which turns early fit into a price fight.

A HEAD START IS NOT AN ADVANTAGE

It lasts only until someone else ships.

PART 4 · WHY YOU, NOW AND LATER?

Build an advantage competitors can't copy quickly, starting with the buyers others serve badly

Plan for two horizons: how you win the first customers, and what stops others from copying you once you do.

In the short term, what matters is not what your advantage is but whom it serves. Map three groups of competitors, then find the segment the others serve badly. In the long term, a lasting advantage maps to at least one of the 7 Powers. None needs to exist on day one, but all take longer to build than founders expect, so the foundation names the one the company is working toward.

EXHIBIT 12

A short-term advantage is found by mapping three kinds of competitor; a long-term one rests on one of the 7 Powers

SHORT TERM · AN ADVANTAGE FOR WHOM?

Direct competitors
A similar promise to yours

Indirect alternatives
Same problem, solved differently: human scribes, offshore transcription

Adjacent players
Don't compete today but could, such as the EHR vendor

LONG TERM · ONE OF THE 7 POWERS

Switching costs	Built into the EHR, billing rules and staff routines
Cornered resource	E.g. an exclusive data partnership or clinical network
Counter-positioning	A business model incumbents won't copy

Also: scale economies · network economies · branding · process power

Cobalt: the three Powers that, in A|P's view, tend to matter most in US healthtech.

05

GROWTH STRATEGY

THE MOST COMMON FAILURE

No sustainable way to grow.

TWO CHANNELS, NOT ONE

The channel that wins the first customers is rarely the one that scales.

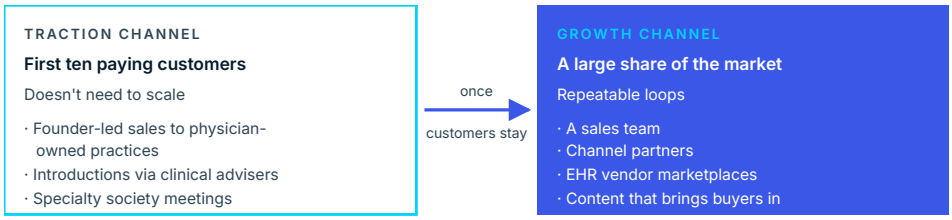
PART 5 · HOW WILL YOU REACH MORE OF THESE BUYERS?

Use one channel to win the first ten paying customers and a different one to grow

A traction channel gets the first ten paying customers, even if it can't scale. A growth channel can reach a large share of the market later, through repeatable loops. Switching from one to the other is a matter of timing: too early and too late both cost the company.

EXHIBIT 13

A traction channel wins the first ten customers; a growth channel reaches a large share later



Too early: scaling paid acquisition before customers stay fills a leaking bucket.
Too late: staying on manual tactics keeps growth expensive and flat.

How to build both channels is the subject of A|P's work on go-to-market strategy for healthtech companies.

06

BUSINESS MODEL

THE MOST COMMON FAILURE

A business model considered only at the surface.

AN AUDIENCE IS NOT A REVENUE STREAM

A revenue stream is an actual source of cash.

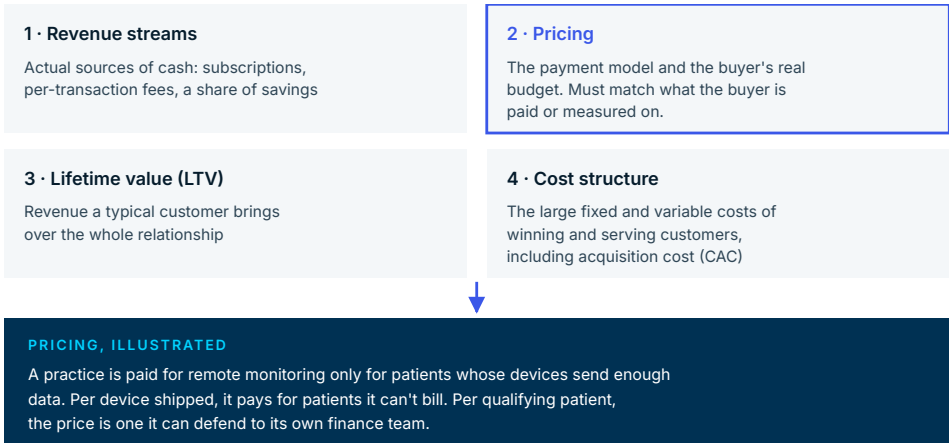
PART 6 · HOW WILL IT PAY?

Write down the four levers of the business equation, and price on the unit the buyer is paid for

The business equation shows how revenue, pricing, customer lifetime value and costs combine into profit. Pricing is the lever founders most often leave at the surface, and the one buyers test first: a price has to match what the buyer is paid or measured on.

EXHIBIT 14

The business equation has four levers, and pricing is where healthcare punishes a surface-level model



Illustrative example. The levers combine into one equation: revenue that exceeds cost.

07

WRITE IT

TIME NEEDED

An afternoon.

THE OUTPUT

Six parts in prose, and the one sentence you are least sure of.

WRITE THE FOUNDATION

Draft the whole foundation in an afternoon, then validate its weakest sentence first

Write each step in full sentences. The point is not a polished document. It is a draft in which every part has to follow from the one before, so the gaps show.

1. **Write your initial insight in two sentences,** and name where it came from: your experience, behavior you observed, or time spent immersed in the problem.
2. **Write the outcome, motivation and gaps as one paragraph.** Run it through the four tests: active pain, severity, cause and effect, solution independence.
3. **List the attributes that define your buyers,** combine them into segments, and choose one "now" segment. Name its decision maker and its end user.
4. **Write a homepage promise and three benefits.** Check that each benefit traces back to a gap.
5. **Name one direct competitor, one indirect alternative and one adjacent player.** Name the one Power you are building toward.
6. **Name one traction channel and one growth channel.** Write the four levers of your business equation.
7. **Read all six parts aloud as one piece of prose.** Mark the sentence you are least sure of. That is the first assumption to validate.

> **WHO THIS IS FOR, AND WHEN**
>
> Founders about to decide what to build. Also founders who built first and now have unpaid pilots that won't convert: for them the foundation is the step they skipped, and the place to go back to. In both cases, the foundation comes before the MVP, because it says which assumptions to test first. Many of them, such as whether the problem is acute or who signs the contract, can be tested through interviews and pre-sales before any product exists.

Use these two templates to write the foundation and each problem statement

These are a starting point, not a standard: change the headings to suit your team. What matters is that every part is written in prose, for both people, and that every test records its evidence.

TEMPLATE · FOUNDATION PAGE

INITIAL INSIGHT

Two sentences, and where it came from: experience, observed behavior or immersion

FOR EACH OF THE SIX PARTS

The question: what it asks, in one line

For the decision maker: a paragraph, in their metric

For the end user: a paragraph, in their day

ORDER

Problem → audience → value proposition → advantage → growth → business model

LEAST-SURE SENTENCE

Quoted from above. The first assumption to validate, with a date

CHANGE LOG

date — what changed, and the evidence that changed it

TEMPLATE · PROBLEM STATEMENT

BUYER

Segment and job title: who signs

OUTCOME · MOTIVATION · GAPS

One paragraph, with no mention of your product

FOUR TESTS

Active pain: the owner and the workaround

Severity: the number, from their reports

Cause and effect: their restatement, and any correction

Solution independence: what they committed

WILL THE GAP SHRINK ON ITS OWN?

Rules, technology or preferences that could close it

DECISION

Ready to validate · Rewrite (which test) · Drop (which signal)

WHAT THIS ADDS UP TO

Twelve checks show whether your foundation is ready for validation

EXHIBIT 15

The foundation scorecard: two checks for each part

Run against your own written foundation; each row passes or fails

	CHECK	PASSES WHEN
PROBLEM TO SOLVE		
1	Written from the buyer's friction	No builder's verb, and the statement still makes sense with your product removed
2	Evidence for all four tests	Each test has evidence from a buyer, not a compliment
TARGET AUDIENCE		
3	One "now" segment	Named, with its decision maker and its end user
4	Use and budget sit close	You know who stands between them, and the number is small
VALUE PROPOSITION		
5	A promise in the buyer's terms	One line on what the customer gets, not what the product does
6	Benefits trace to gaps	Every benefit maps to a gap in the problem statement
COMPETITIVE ADVANTAGE		
7	Competitors mapped	One direct, one indirect and one adjacent player named
8	A Power named	The one the company is working toward, not a head start
GROWTH STRATEGY		
9	A traction channel	Named for the first ten paying customers
10	A growth channel	Named separately, and able to reach a large share later
BUSINESS MODEL		
11	Four levers written	Revenue streams, pricing, lifetime value and cost structure
12	Price matches the buyer	It follows what the buyer is paid or measured on

Before all twelve: the market passes budget, authority and urgency, and the initial insight is earned, unique and grounded.

The pattern

The evidence that a healthcare need is real is rarely hard to find. The evidence that someone will pay to solve it, this year, through a budget they control, is. A written foundation makes the founder answer the second question, for a named buyer, before writing the code.

ABOUT A|P

A growth partner for healthtech founders

A|P works with healthtech founders on the problems that sit between departments: product-market fit, go-to-market, unit economics and the systems that support growth.

The approach is bespoke rather than a playbook. Every engagement starts with diagnosing how this particular business works and is measured on outcomes, not deliverables.

Aviral Prakash is the founder and principal consultant. He holds an MBA from IIM Ahmedabad. He spent more than a decade in growth, pricing and go-to-market roles at Mahindra & Mahindra, Airtel and Enphase Energy, and today works with healthtech companies on growth and go-to-market.

NEXT STEP

Not sure which sentence of your foundation would fail first?

Book a 60-minute discovery call. We'll read your foundation together and find the assumption to validate first.

Book a discovery call · How A|P works with healthtech founders

Notes and sources

1 A|P, *Creating the Right Foundation for PMF: How HealthTech Startups Can Choose a Problem Worth Solving*, aviralprakash.com, November 2026.

2 A|P, *Societal need isn't a market: what makes a healthcare market worth entering*, aviralprakash.com, 5 November 2026.

3 A|P, *Solution Looking for a Problem: How to Choose the Right Problem for Your Healthcare Startup*, aviralprakash.com, 7 November 2026.

4 A|P, *The Doctor Loves It, the CFO Won't Sign: How to Find the Target Customer Segment for a Healthcare Startup*, aviralprakash.com, 11 November 2026.

5 The classic market-first rule, and the order market, team, product, is from Marc Andreessen, "The only thing that matters", *Guide to Startups*, Part 4, pmarchive.com.

6 The 7 Powers framework is named as published. The selection of three for US healthtech is A|P's.

Examples: all founders, practices, segments, scores and drafts in this white paper are illustrative. The articles above cite outside research; this white paper doesn't restate those figures.