

PREVENANCE

CASE STUDY • SALES TRANSFORMATION & AI-NATIVE REVOPS

Founder-dependent revenue: 67% → 8%

Decoupling a founder-led sales motion at a MedTech workflow automation company in the eighteen months before its planned Series C raise.

59 pts

REDUCTION IN FOUNDER-ATTRIBUTED REVENUE IN 12 MONTHS

Prévenance

The AI-native operating partner for PE-backed SaaS

ENGAGEMENT SUMMARY

At a glance

Client	PE-backed MedTech scale-up selling AI-driven clinical workflow automation to hospital networks
Headline metrics at engagement	\$14M ARR • Series B (closed 18 months prior) • 32 hospital network customers
Commercial team	Founder/CEO plus six “Account Executives”, no dedicated SDR or CSM functions
Strategic context	Planned Series C at month +18, target valuation \$180M (12.9× ARR), founder transitioning to Chair
Prévenance engagement	Sales Transformation — 12-month Retainer following 8-week Sprint
Headline outcome at month +12	Founder-attributed revenue 67% → 8% • ARR \$14M → \$23.4M • Series C closed at \$190M valuation

SITUATION

A great product. A founder who was the entire sales motion.

The client built a clinical workflow automation platform that orchestrates the routing, prioritisation, and AI-assisted triage of diagnostic imaging across hospital networks. The product was strong. The customer base was prestigious. The retention rate sat at 96%. The founder had personally closed every customer over \$200K ACV in the company’s history.

This is a common and dangerous shape for a Series-B-stage MedTech business preparing for Series C. The product credentials carry; the revenue trajectory does not, because the next buyer of the company — either the Series C lead or, eventually, a strategic acquirer — will price in founder dependency aggressively.

The PE investor had completed the Series B 18 months earlier and was now 6 months out from the next raise. The growth thesis required the company to enter two adjacent specialties (cardiology and pathology), and the founder, who had built the product and the sales motion, was expected to transition into Chair on Series C close. The board’s diligence had identified founder dependency as the single highest-risk variable in the Series C narrative.

The numbers at engagement start

Metric	Baseline at engagement
Founder-attributed new logo revenue (TTM)	67%
Founder time on commercial activities	~70% of working hours
Forecast variance (90-day-out, rolling)	±62%
Inbound lead response time (median)	11.5 hours, business hours only
Outbound prospecting capacity	None — no SDR function existed
Pipeline conversion (MQL → closed-won)	11%
CAC payback (months)	Unknown by channel

The product was Series-C-grade. The revenue engine wasn't. The Series C lead was going to see a \$14M ARR business sustained by one person.

INTERVENTION

Decoupling the engine from the founder

The engagement was structured as an 8-week Sprint followed by a 12-month Retainer. The Sprint diagnosed and built; the Retainer activated and tuned. The intervention rested on four parallel workstreams running across the 90-day build phase.

Workstream 1. Role specialisation — ending the all-things AE model

The six “Account Executives” were collectively performing outbound prospecting (badly, when they had time), inbound qualification, demos, deal closing, customer onboarding, and ongoing relationship management. None of these functions had a clear owner. We rebuilt the commercial structure into three distinct roles.

- Two SDRs were hired into a newly created outbound function with explicit ICP definitions, target account lists scored by AI against fit criteria, and accountabilities for pipeline generation only.
- Three of the existing AEs continued in closing roles with strict accountabilities: own qualified pipeline through to closed-won, do not own onboarding, do not own renewals.
- Three existing team members (one AE, two onboarding specialists) were repositioned into a Customer Success function with full ownership of onboarding, retention, and expansion. Two new CSM hires were brought in during month 4.

The founder was removed entirely from operational sales activity. His new commercial mandate was: executive sponsorship of named strategic accounts (top 8 by ACV), board-level customer relationships, and participation in late-stage deals at the explicit request of the AE. No prospecting. No first calls. No pricing negotiation.

Workstream 2. AI-augmented outbound from a standing start

With no existing outbound function, we architected the function from scratch as AI-native rather than retrofitting AI onto a human-driven motion. The two new SDRs operated with AI agents performing the ICP-fit scoring against a target account universe of approximately 4,200 hospital networks, contextual research per account, initial outreach drafting, and multi-touch sequence management. The SDRs reviewed account selection daily, intervened on the 5–10% of accounts where the agent’s judgement was off, and conducted the human conversations the agents had surfaced.

Within 60 days of activation, the two-SDR function was generating 14 qualified meetings per week against a benchmark of 3–4 from an equivalent two-SDR team operating without AI augmentation. Within 12 months, the outbound function was contributing 38% of new logo pipeline.

Workstream 3. Inbound qualification — from 11.5 hours to 4 minutes

Inbound lead capture was reconfigured around an AI qualification agent operating against the new ICP definition. Leads that scored above the qualification threshold were routed directly to AE calendars with a personalised acknowledgement sent within minutes; leads below the threshold received qualifying follow-up sequences. Median response time fell from 11.5 hours to under 4 minutes. Inbound conversion rate from MQL to closed-won doubled from 11% to 23% within nine months, almost entirely driven by the change in response time.

Workstream 4. Forecasting and attribution

AE-set probability scores were retained but were now anchored against AI-scored baselines built from historical conversion patterns specific to the company’s segment and deal characteristics. AEs could override the AI score but were required to document the reasoning. Quarter over quarter, forecast variance fell from $\pm 62\%$ to $\pm 17\%$. Attribution was rebuilt against a unified marketing→sales→customer-success data model, producing per-channel CAC payback for the first time in the company’s history.

OUTCOMES

Twelve months later

Metric	Baseline	Month +6	Month +12
Founder-attributed revenue	67%	34%	8%

Metric	Baseline	Month +6	Month +12
ARR	\$14.0M	\$17.6M	\$23.4M
Forecast variance (90-day)	±62%	±32%	±17%
Lead response time (median)	11.5 hours	4 minutes	3 minutes
Pipeline conversion (MQL→won)	11%	17%	23%
Outbound-sourced pipeline	0%	22%	38%
CAC payback (months, blended)	Unknown	18	14
Founder commercial hours/week	~28	~12	~4

Series C outcome

The Series C closed at month +14, two months later than originally planned due to broader market timing. The valuation at close was \$190M against an indicative target of \$180M — a higher multiple than the company would have achieved as a founder-dependent asset, driven directly by the diligence team’s ability to verify the revenue engine’s independence of the founder.

The lead investor’s diligence report noted three specific items as material to the valuation outcome: the forecast variance trajectory, the proportion of pipeline attributable to non-founder outbound, and the documented attribution framework. None of these existed at the start of the engagement. All three were standard outputs of the build.

The Series C lead didn’t price a \$14M ARR business with one salesperson. They priced a \$23M ARR business with a four-function commercial engine.

REFLECTION

Why this works in MedTech specifically

Three things make MedTech particularly amenable to the AI-native RevOps build.

First, the buyer is structured. Hospital networks have procurement processes, clinical evaluation committees, IT security reviews, and contracting offices that must all be navigated. AI agents handling outbound research and account context can map an unfamiliar hospital’s decision unit far faster than a human SDR cold-researching from LinkedIn. The contextual depth required to engage a clinical operations director on workflow automation is precisely the depth AI agents can reliably produce when grounded in the right data sources.

Second, the sales cycle is long. Eighteen-month cycles are normal in MedTech. This means forecast variance is structurally hard — deals can shift quarter-on-quarter for reasons unrelated to seller performance. AI-scored forecasting against segment-specific historical patterns outperforms intuition-based forecasting more dramatically in long-cycle segments than in short-cycle ones.

Third, the founder is often a clinician or a clinical-adjacent operator. They are the company's most credible voice in customer conversations. Removing them from the operational sales motion does not mean removing them from customer relationships. It means changing the role they play in those relationships — from primary closer to executive sponsor and clinical credibility anchor. The repositioning is delicate. Forcing it without structural support typically results in failure. Architecting the structural support — specialised roles, AI-augmented coverage, attribution that makes the founder's residual contribution visible — is what allows the repositioning to hold.

About this case study

This case study is illustrative and is based on a real Prévenance engagement. The client is not named in accordance with the confidentiality terms of the engagement. Identifying details — including sector specifics, identifying personnel, and certain financial markers — have been altered to protect client confidentiality. The engagement structure, methodology, timeline, and reported order-of-magnitude outcomes reflect the actual engagement. Named references can be arranged under NDA for qualified prospects during the engagement scoping process.

If this is relevant to a PortCo in your portfolio

Prévenance offers Sales Transformation engagements as 8-week Sprints (architecture and activation) followed by 12-month Retainers (validation and continued optimisation). For organisations not yet ready to commit to a full engagement, the Revenue Diagnostic produces a written assessment and intervention plan within 48 hours.

To discuss: contact@prevenance.ai

To learn more: prevenance.ai

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