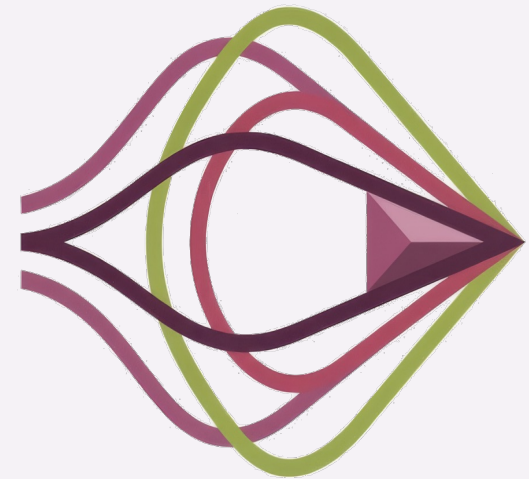


# ClinClaw

*The governed AI control plane that lives inside your  
**Microsoft Teams** and runs on your own **Azure tenant**.*



PREPARED BY

Ernest Pedapati, MD, CTO  
David Hutten, CEO

REFERENCE

MCP-AI pattern · arXiv 2512.05365

THE PROBLEM

Two kingdoms. Billions spent. *Neither* will ever connect them intelligently.

KINGDOM I · CLINICAL DATA

Epic

Charts, orders, results, documentation, decades of investment in the clinical record.

NO  
INTELLIGENT  
BRIDGE

KINGDOM II · EVERYTHING ELSE

Microsoft

Identity, messaging, documents, workflows, the operational fabric of the health system.

80%+

of administrative work is still manual, fragmented, and context-switched. Ambient scribes solved documentation. The other 80% remains untouched.

TOOLS VS. INFRASTRUCTURE

Ambient scribes solved *documentation*. They cannot govern what comes next.

### Chart-level copilots

*Ambient scribes, chart copilots, encounter assistants. Built to finish a note.*

They **operate on one chart at a time**, then forget.

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Produce an artifact per encounter. **No memory** of the patient.

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Control sits with the **vendor**, not the institution.

### A governed control plane

*Persistent, institutional, population-aware, sovereign. Built for what comes next.*

It **remembers the patient**, across clinicians and time.

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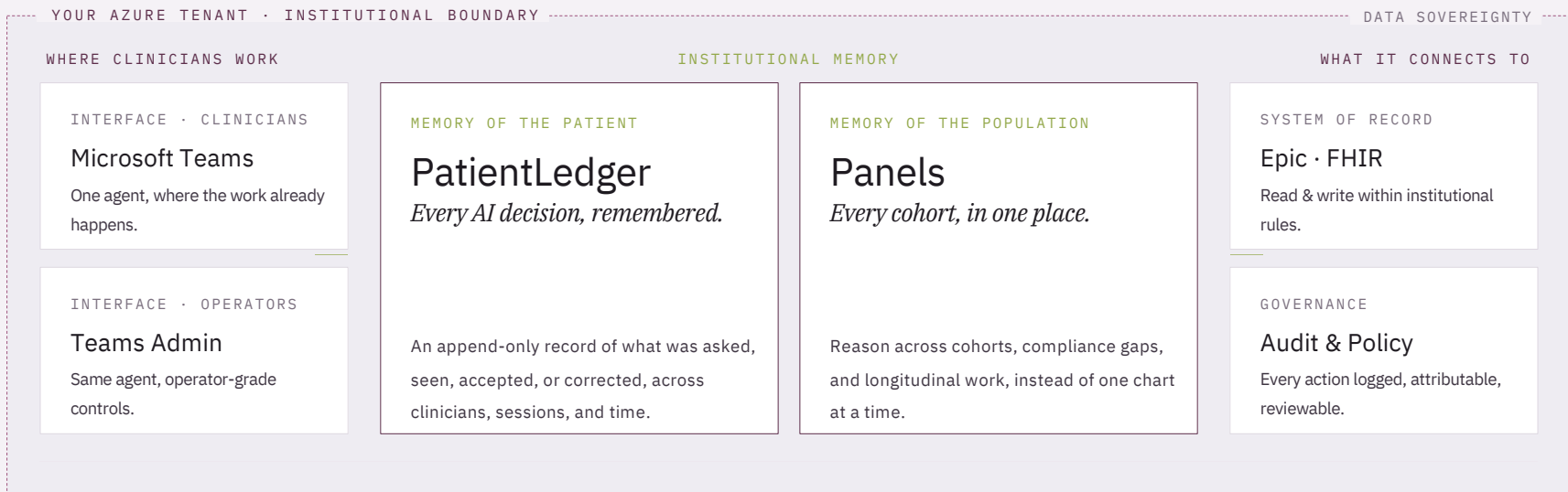
A **population primitive** for cohorts, compliance, and longitudinal work.

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Audit, policy, and identity **owned by you**, inside your tenant.

THE SOLUTION

One agent. Two primitives. *Incumbents cannot copy* without a rebuild.



*Our memory, inside your tenant, accessed through your existing tools.*

THE MOAT

# Two primitives. Each one requires *rebuilding from scratch* to copy.

MEMORY OF THE PATIENT

## PatientLedger

*Every AI decision on this patient, remembered.*

Who asked, what the model saw, what it accepted, what it corrected, **written once, never rewritten.**

A PATIENT'S TIMELINE, IN PRACTICE

09:12	Prior-auth drafted · oncology regimen	MD · RP
09:14	Protocol checked · ASCO 2025 guideline	RN · SN
09:16	<b>Decision accepted · rationale logged</b>	MD · EP
09:18	Patient letter revised · v2	MD · EP
09:23	Ambient scribe note ingested	DAX

MEMORY OF THE POPULATION

## Panels

*Every cohort, reasoned about in one place.*

Every overdue A1C, every oncology prior auth, every regulatory gap, **as one living cohort.** Not one chart at a time.

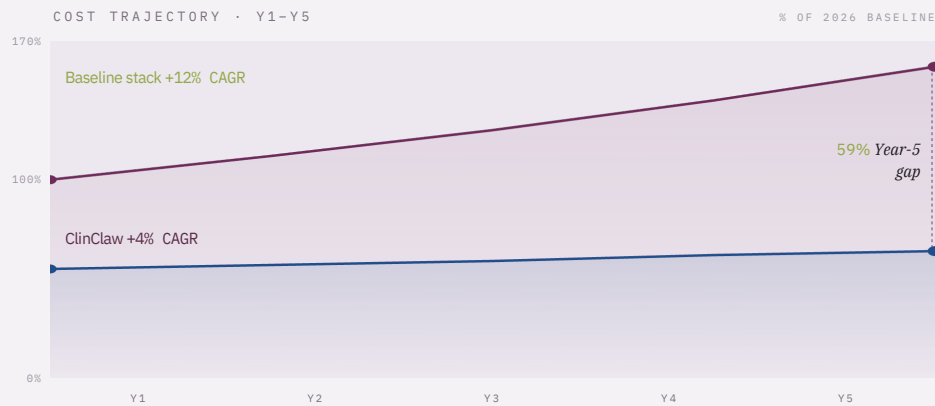
A SERVICE-LINE PANEL · PLUM = NEEDS ATTENTION



*Epic has the data. Microsoft has the workflow. We have the memory of what's been done with them.*

## THE COST CASE

# Structural advantage. Not just *a discount*.



### WHY THE MATH IS DIFFERENT

- 01 **You own the *compute*.**  
Runs on your Azure tenant. No GPU resale margin, no per-encounter surcharge. Vendor pricing structurally capped at **software CPI (-4%)**.
- 02 **Control plane, *not another tool*.**  
Reasons over the outputs of ambient scribes and point tools. **Not every encounter**. Compute load scales with decisions, not volume.
- 03 **One surface, *replacing many*.**  
Displaces or compresses **3-4 point solutions** - prior auth, CDS, panels, analytics. Immediate **-45% lower** starting footprint.

*Baseline clinical-AI spend grows faster than revenue. ClinClaw grows slower than revenue. The slope is the story.*

THE MODEL

# One agent. One license. You *already own* the infrastructure.

CORE

One annual enterprise license.

Includes the control plane and every integration that ships with it. **All workflows run on these at license rate.**

Microsoft Teams · Microsoft Graph  
Epic FHIR R4 · read & write  
Ambient-scribe ingestion · generic  
PatientLedger · Panels  
Audit & Policy

USER TIERS

Clinical · MDs, APPs, residents, pharmacists

Operational · scheduling, rev cycle, compliance, admin

PILOT → PAID

90 days. *\$0.*

Full functionality. All integrations enabled. Full support. **Converts to annual license at pilot close.** Procurement-friendly, no second sale.

AZURE ECONOMICS

Compute, *at cost.*

Azure is billed directly to your tenant. We sell **software and support. No compute margin.** Pure software pricing, ~4% annual CPI.

RATE

Full rate

RATE

50% of clinical

CUSTOM WORK

Year 1 · *founding partner*

Institution-specific integrations (Workday, Kronos, internal APIs, bespoke workflows) **Not a partner SOW. What's scoped into the pilot comes the shared library.**

Year 2+ standard terms

Your engineers build against our API, no cost  
Certified implementation partner, partner SOW  
Our team, fixed-scope SOW at published rates

WHY NOW · WHY US

# Currently deployed. Built by a physician who *lives the pain.*

## PROOF

Deployed and *live at CCHMC* in under 20 hours.

Stood up inside an academic medical center, **not a staged demo**. PatientLedger and Panels are in daily clinical and operational use today.

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**LIVE** · DEPARTMENTAL · SINCE 2025

## FOUNDER

A physician who *lives the pain.*

**Ernest Pedapati, MD**, practicing daily. Built ClinClaw because he lives the administrative weight every clinical day.

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**PRACTICE** · PSYCHIATRY · NEUROLOGY

## ARCHITECTURE

Published pattern. *FHIR-native.*

Open architecture published as a preprint ( **arXiv 2512.05365** ), standards-based and deliberately designed to keep the locus of control **inside the health system**, not the vendor.

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**OPEN STANDARD** · MCP-AI · FHIR R4

*Not a pitch. A system currently deployed, built by someone who still rounds.*

THE ASK

We are not selling software. We are looking for *1–2 brand-name* health systems to run a departmental pilot.

PARTNERS

1–2

Brand-name health systems, ready to pilot.

DURATION

90 days

Departmental pilot, on your own infrastructure.

USERS

5–20

Clinicians and operators across one service line.

TENANT

Yours

Azure tenant · existing BAAs · your identity.

IN RETURN

*First-mover input on the roadmap, and the chance to help shape, and co-own, the standard for institutional AI.*

CONTACT

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