

ClinCognition

# ClinClaw

## Value Proposition

One governed agent for the rest of clinical admin.

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<b>Status</b>	Ready for partners

## The Opportunity

Abridge proved that physician administrative burden is a fundable, multi-billion dollar category. Their valuation reached \$5.3 billion in 2025, validating the market. But documentation is roughly 20% of the admin burden your people carry. Prior authorizations, patient outreach, scheduling, revenue cycle analysis, regulatory reporting, and inbox triage are still manual, still fragmented, and still spread across five to ten systems.

The burden hits two personas, not one. Clinicians spend 88% of their time on non-clinical tasks. Operational staff (schedulers, rev cycle analysts, compliance teams) carry the same weight with different workflows. No single product addresses both. The annual cost of administrative complexity across U.S. health systems exceeds \$4.6 billion.

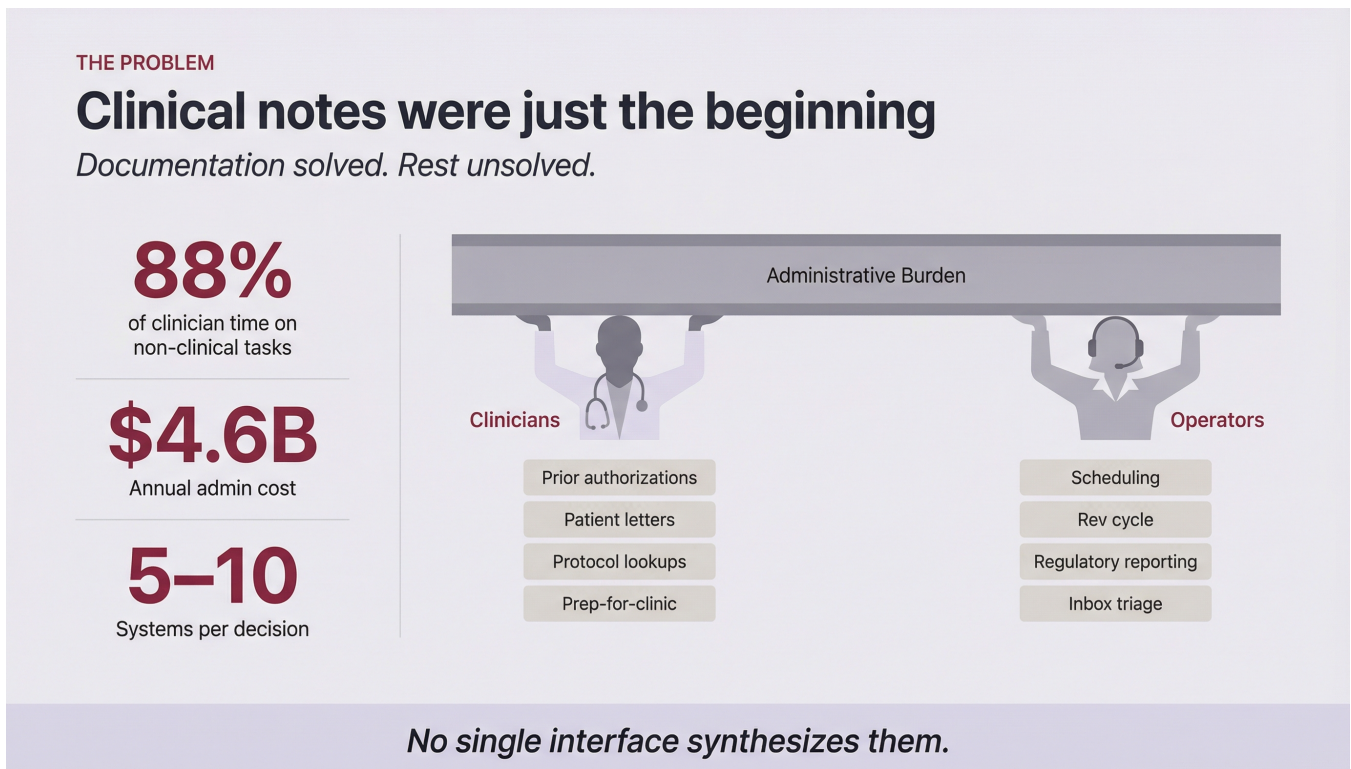


Figure 1. The administrative burden falls on two personas. Documentation AI solved one slice. The rest remains fragmented.

## What ClinClaw Is

ClinClaw is a governed AI agent that lives inside Microsoft Teams. It connects Epic, Microsoft 365, and institutional knowledge into workflows that serve both clinicians and operational users. It is not a chatbot. It can pull a patient's FHIR record, cross-reference it with payer prior authorization requirements, draft the submission, and file it, all from a Teams message.

Open-source AI coding agents have demonstrated what is possible when you give a model the ability to reason, plan, and execute multi-step tasks. ClinClaw takes that philosophy and rebuilds it for the enterprise: C# and .NET, governed execution, auditable outputs, and integration with the systems hospitals actually use. AI capabilities are powered by state-of-the-art models provided through Microsoft Azure AI Foundry. The execution framework runs complex, multi-step tasks inside safe, isolated containers so that no workflow can interfere with another or access resources beyond its scope.

For operational teams, the same architecture applies. A revenue cycle analyst can ask "What is our denial rate trend for cardiology this quarter?" and get a synthesized answer with citations pulled from rev cycle data and institutional documents.

## THE SOLUTION

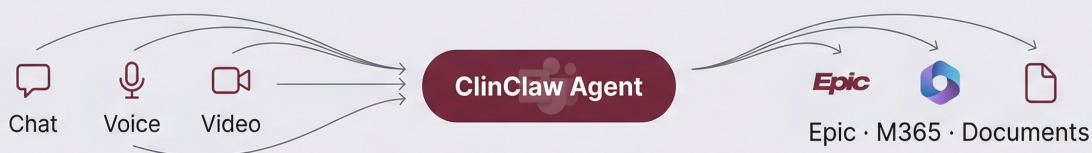
# One governed agent for the rest of admin

### CLINICAL USERS

- Prior auth submission
- Epic patient context
- Protocol compliance
- Governed document retrieval

### OPERATIONAL USERS

- Calendar and inbox intelligence
- Revenue cycle synthesis
- Regulatory readiness
- Durable job execution



**Your people don't learn a new app. They just message their agent.**

Figure 2. One agent serves both clinical and operational users through chat, voice, or video in Microsoft Teams.

## What It Does

For Clinicians	For Operators
Prior authorization submission	Calendar and inbox intelligence
Epic patient context in Teams	Revenue cycle synthesis
Protocol compliance lookups	Regulatory readiness
Governed document retrieval	Durable job execution

Providers interact through chat, voice, or video. They do not learn a new app. They message their agent in the tool they already use every day.

## The Integration Gap

Microsoft builds horizontal productivity tools. Epic builds outward from the EHR. Neither was built at the integration layer between them.

THE INTEGRATION GAP

# Why not Microsoft? Why not Epic?

	Microsoft	Epic	ClinClaw
Starting point	✗ Productivity suite	✗ EHR	✓ Integration layer
Clinical data	✗ None natively	✗ Deep but siloed	✓ FHIR-connected
M365 / Teams	✗ No clinical context	✗ No integration	✓ Full Graph integration
Documents	✗ Generic Copilot	✗ Not their focus	✓ Governed, source-grounded
Workflows	✗ Generic automation	✗ EHR-only triggers	✓ Clinical workflows
Your data	✗ Their cloud	✗ Their ecosystem	✓ Your tenant, your control

● Incumbent platform ● ClinClaw ● Strength ● Limitation

**Only ClinClaw connects both**

Figure 3. ClinClaw occupies the integration layer that neither Microsoft nor Epic was built to address.

	Microsoft	Epic	ClinClaw
Clinical data	None natively	Deep but siloed	FHIR-connected
M365 / Teams	Owns it, no clinical context	Does not integrate	Full Graph integration
Documents	Generic Copilot	Not their focus	Governed, source-grounded
Workflows	Power Automate (generic)	EHR-only triggers	Durable clinical workflows
Your data	Their cloud	Their ecosystem	Your tenant, your control

Microsoft will not build FHIR integrations with clinical governance. Copilot writes emails; it cannot synthesize a prior auth from a patient chart. Epic is expanding, but from a closed system. They do not touch your M365 calendar, your SharePoint documents, or your Teams workflows. ClinClaw sits in the gap and connects both.

## Your Infrastructure. Your Control.

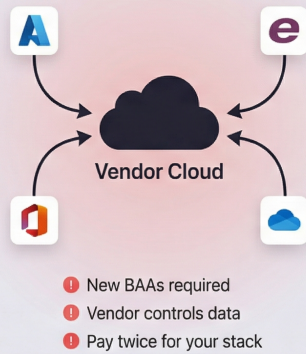
Every other AI vendor asks you to send data to their cloud. ClinClaw deploys as Docker containers on a VM you provision inside your Azure tenant. Your IT team controls the host. Your data never leaves your tenant. We ship the container images. You own everything else.

DATA OWNERSHIP

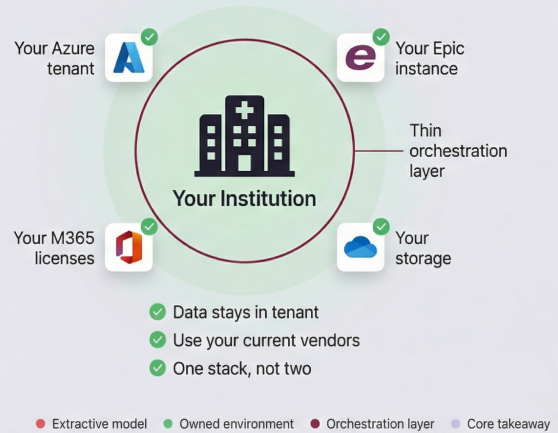
# Stop Rebuying Your Azure Stack

*Runs on infrastructure you own*

## TYPICAL AI VENDOR



## CLINCLAW MODEL



**Activate the stack you own**

Figure 4. ClinClaw runs on infrastructure you already own. No vendor cloud. No new BAAs. One stack, not two.

Typical AI Vendor	ClinClaw
Data copied to vendor cloud	Data stays in your Azure tenant
New BAAs required	No new BAAs needed
Vendor controls your data	Your IT team controls the host
You pay twice for your own Azure stack	Runs on infrastructure you already own

This is not just a cost argument. It is a governance argument. Your CISO does not need to evaluate a new cloud. Your compliance team does not need a new BAA. Your procurement team does not need to negotiate data residency. One stack, not two.

## Partnership

ClinClaw was built at Cincinnati Children's by a team led by a physician-engineer who is board-certified in four specialties. ClinClaw is ready for partner sites. What we need now is clinical validation at a second site and a strategic relationship that opens doors.

### What We Bring

- Working product with Epic FHIR, Microsoft Graph, and RAGFlow integration
- Peer-reviewed architecture
- Team: Ernest Pedapati MD, CTO and Physician-Engineer Founder; Craig Erickson MD, CMO; David Hutten, CEO

### What We Are Looking For

- Pilot partner: 5 to 20 users, one department, 90 days
- Strategic investment opportunity via your venture fund
- Co-development input on use cases that matter to your system

## Roadmap

Milestone	Timeline
Pilot launch at partner site	Q2 2026
HIPAA / HITRUST certification	Q3 2026
Multi-site expansion	Q4 2026
Series A	2027

We are not asking you to buy software. We are asking you to help shape what clinical AI should look like. The bet is not on any single use case. The bet is that the system that connects all of them wins.