Phase One Submission

Prepared for: Administration for Community Living (ACL) Caregiver AI Prize Competition

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Healthy People Project Course of Care Platform LINK: healthy-people-project.architechgroup.ai

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A Longitudinal Course of Care Platform for Family Caregivers
ACL Caregiver AI Prize Competition
Track 1 — AI Tools to Support Caregivers

Applicant Information

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AI Solution: Healthy People Project™
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Project Abstract

Healthcare is a team effort, but no one clinician sees the whole Course of Care.

Healthcare professionals provide the expertise and direction. Family caregivers carry that guidance into daily life - administering, monitoring, coordinating across specialties.

Healthy People Project™ is an AI-enabled Longitudinal Course of Care platform built around the actual flow of daily caregiving. Through intuitive voice or touch entry, caregivers can document care as it happens. Each observation strengthens the person's longitudinal record. Authorized family members and caregivers can contribute, with every entry preserving who documented it and when.

Before an appointment, Healthy People Project™ creates a focused brief for the selected clinician: what happened at the prior visit, what guidance was implemented, what changed, what resulted, and what requires direction today. In an emergency, it can assemble an ER-ready Emergency Snapshot for triage containing the reason for the visit, recent changes, vital-sign trends, medications, conditions, allergies, and supporting records.

It's source-grounded AI works from the person's authorised record and verified clinical resources relevant to documented conditions - not unrestricted searches from the open web. Original records remain unchanged. Generated information is labeled, linked to supporting records and clinical sources, and reviewed by the caregiver before approval or sharing.

Caregivers shoulder increasing responsibility while AI has matured enough to organise, not replace the human observations that improves continuity of care. Healthy People Project™ ensures those observations remain connected to the person, the care that supports the next decision.

Section 1. Understanding of Need & Solution Design

Healthcare Documents Encounters. Family Caregivers Preserve Continuity.

Modern healthcare is organized around institutions, specialties, and individual encounters.The family caregiver is often the only person present before, during, and after. Over time, the caregiver is the continuing observer, coordinator, historian, researcher, advocate, and communicator for the person receiving care. **The problem is not that health information is missing. The problem is that it does not exist together.**

Healthcare documents are in pieces. Family caregivers connect records, recognizing change between encounters and carrying responsibilities of growing clinical complexity. The National Academies has recognized that family caregivers manage medications, monitor symptoms, and communicate with healthcare professionals - assuming responsibilities of growing clinical complexity. In 2025, 63 million Americans served as family caregivers.[1]

This fragmentation creates a significant operational burden. Before an appointment, the caregiver reconstructs recent events. During an emergency, the caregiver searches for diagnoses, medications, baseline function, prior findings, and treatment history. When a new symptom appears, the caregiver often compares today's presentation with information recorded months or years earlier.

This fragmentation creates a significant operational burden. Before an appointment., information may need to be gathered from medical records, medication lists, prior findings and caregiver observations. In an emergency, clinicians may receive only a partial account of the person's diagnosis baseline function recent changes and treatment history. When a new system appears, critical context recorded months or years earlier may be difficult to find or may never reach the next decision. **Healthy People Project™ addresses this missing continuity.**

When the Clinical Snapshot Is Not the Complete Story

The gap becomes especially important when the person receiving care has cognitive impairment.

A person may arrive at an appointment well groomed, socially engaging, and able to answer familiar orientation questions such as name, birth date, location, or the current day. That presentation does not necessarily reflect the ability to accurately recall recent events, recognize functional decline, explain medication changes, or report what occurred between medical encounters.

The National Institute on Aging recommends that cognitive assessment include information about changes in cognition, behavior, and daily function and recognizes the importance of information provided by family members and caregivers.[2] [3]

The caregiver witnesses the interval that the appointment cannot capture.

Healthy People Project™ preserves that interval by connecting caregiver observations with the supporting medical record so clinicians can review not only the encounter itself, but the longitudinal Course of Care that preceded it.

The Experience That Shaped the Design

Healthy People Project™ grew from more than six years of continuous family caregiving, beginning when the founder became The UnExpected Caregiver for her mother. The role was unexpected to her, although her mother had always expected that she would provide the care.

Through Parkinson's disease, dementia, emergency care, rehabilitation, medication changes, recurrent infections, and progressive functional decline, she accumulated thousands of pages of medical records, caregiver journals, calendars, handwritten notes, and daily observations, including family health records dating to the 1960s. The information was incomplete and fragmented, but it existed. It simply did not exist together.

AI-assisted research helped retrieve an earlier record connected to a troubling breathing pattern, identify an FDA boxed warning requiring professional review, and examine whether two antibiotics within the same broader class shared the same side-chain structure in treating a persistent infection. Drawing on her training as a mediator, the founder brought the evidence and carefully framed questions to the treating healthcare team, which remained responsible for verification and care decisions. After review, the team agreed with the concern and recognized her advocacy on behalf of her mother.

These experiences, and hundreds more like them, shaped the Healthy People Project™ .

Solution Design

Healthy People Project™ (HPP) is a caregiver-owned, AI-enabled longitudinal Course of Care platform organized around the person's life rather than a hospital, insurer, physician practice, diagnosis, or isolated episode of care. HPP LINK: healthy-people-project.architechgroup.ai

The platform preserves caregiver observations together with imported healthcare records within a continuously organized longitudinal health story.

Its workflow follows the natural rhythm of caregiving:

Capture → Organize → Understand → Review → Communicate.

The platform separates three information layers.

Source records remain preserved in their original form.

Caregiver observations remain attributable to the caregiver.

AI-derived content remains clearly identified, linked to supporting evidence, and subject to human approval before it is shared.

This architecture preserves provenance while allowing every summary to be traced back to the underlying evidence.

The platform preserves records that may otherwise become distributed across organizations, archived, or difficult for families to retrieve. HPP LINK: healthy-people-project.architechgroup.ai

AI-Enabled Methods

Healthy People Project™ combines established AI capabilities with a caregiver-centered longitudinal architecture.

The prototype incorporates semantic retrieval, retrieval-augmented generation (RAG), structured event classification, longitudinal comparison, source-linked summarization, and **large-language-model-assisted organization and synthesis** to help caregivers retrieve relevant information from an expanding health history.

These capabilities enable caregivers to:

- retrieve information across years of documentation;
- compare events across time;
- organize complex records chronologically;
- prepare appointment briefs and emergency summaries;
- identify documented changes requiring review; and
- connect AI-generated summaries directly to supporting records.

The innovation is not a new foundation model.

The innovation is the Course of Care architecture that governs how existing AI technologies operate across a person's longitudinal health story.

Human Oversight

Healthy People Project™ is governed by one principle: **AI assists. Humans decide.**

The AI may retrieve information, organize documentation, compare records, identify potential patterns, and prepare draft reports. It does not diagnose disease, prescribe treatment, alter original records, or replace clinical judgment.

Every AI-generated output requires caregiver review before it can be approved, shared, or incorporated into reports. When sufficient evidence does not exist, the system is designed to identify uncertainty rather than generate unsupported conclusions.

This approach reflects established principles for trustworthy AI, including transparency, traceability, documentation, accountability, and meaningful human oversight.[4]

Designed by the End User

The founder is not adjacent to the intended user. She is the intended user.

Every major workflow emerged from repeated caregiving responsibilities: preparing for physician appointments, locating information during emergencies, organizing records, documenting changes, preserving observations, and communicating across multiple specialties.

Each revision asked one question:

Does this reduce caregiver burden while protecting the integrity of the person's health story?

The result is a platform that follows the natural flow of caregiving rather than requiring caregivers to adapt to fragmented healthcare systems.

Current Stage of Development

Healthy People Project™ (HPP) has advanced beyond conceptual design and currently exists as a functioning interactive proof of concept. HPP LINK: healthy-people-project.architechgroup.ai

The prototype integrates **longitudinal record organization, source preservation, AI-assisted retrieval, report generation, and mandatory human approval** within a single caregiver-centered workflow.

Consistent with the ACL Caregiver AI Challenge Technology Readiness Guide, Healthy People Project™ is presented at **Technology Readiness Level 3**, demonstrating the critical technical elements of the proposed solution within a controlled prototype suitable for continued validation and refinement.[5]

Formal usability studies, expanded caregiver evaluation, accessibility testing, interoperability, and production deployment represent the next stage of development.

Healthy People Project™ was built on one principle:

A caregiver should never have to reconstruct a person's health story from memory.

The Course of Care should already be there.

Footnotes

1. National Academies of Sciences, Engineering, and Medicine. *Families Caring for an Aging America*. Washington, DC: The National Academies Press, 2016. https://nap.nationalacademies.org/catalog/23606/families-caring-for-an-aging-america

2. National Institute on Aging. *Assessing Cognitive Impairment in Older Patients*. https://www.nia.nih.gov/health/health-care-professionals-information/assessing-cognitive-impairment-older-patients

3. National Institute on Aging. *Caring for Older Patients With Cognitive Impairment*. https://www.nia.nih.gov/health/health-care-professionals-information/caring-older-patients-cognitive-impairment

4. National Institute of Standards and Technology. *Artificial Intelligence Risk Management Framework (AI RMF 1.0)*. January 2023. https://nvlpubs.nist.gov/nistpubs/ai/nist.ai.100-1.pdf

5. Administration for Community Living. *Caregiver AI Challenge Phase 1 Technology Readiness Guide*. https://acl.gov/caregiver-ai-tech-readiness-guide

Section 2. Implementation Approach

Implementation Strategy

Healthy People Project™ will advance from its current interactive proof of concept to a controlled pilot through staged development, documented testing, and repeated end-user review.

The project will follow one governing rule:

Build the smallest dependable Course of Care workflow. Test it against the realities of caregiving. Document what fails. Correct it. Retest before expanding.

Implementation will proceed in five stages:

Requirements and governance → core development → controlled testing → user-centered refinement → limited pilot deployment

A feature will not be considered complete because it appears on a screen. It must accept the intended input, preserve the original source and context, retrieve the correct information, produce the defined output, show uncertainty when appropriate, and allow the caregiver to correct, reject, or approve the result.

The first build will stabilize the essential workflow already represented in the prototype: caregiver documentation by voice or touch, longitudinal record organization, document intake, record retrieval, appointment preparation, Emergency Snapshot generation, source display, and caregiver approval of AI-assisted reports.

Each requirement will be tied to a caregiver need, a safety obligation, or a measurable result. Features without one of those justifications will not enter the pilot.

Healthy People Project™ will use the NIST AI Risk Management Framework's **Govern, Map, Measure, and Manage** functions to structure oversight throughout development.[1]

AI Architecture, Privacy, and Accessibility

The platform will combine established AI methods with its caregiver-centered Course of Care architecture. Planned methods include semantic search, retrieval-augmented generation, longitudinal comparison, source-linked summarization, large-language-model-assisted organization, uncertainty detection, and rules-based human review.

The innovation is not a new foundational model. It is the governed architecture that determines what information the AI may use, how supporting evidence remains visible, and where human judgment is required.

AI assists. Humans decide.

The AI may retrieve, compare, organize, and draft. It may identify a discrepancy or possible pattern for review. It may not independently diagnose, prescribe, alter an original record, or present an unsupported conclusion as fact. When evidence is incomplete, contradictory, or unavailable, the system must identify the limitation rather than guess.

The current prototype is not a production system and is not represented as HIPAA compliant. No live pilot involving protected health information will begin before qualified privacy, security, and legal review establishes the necessary safeguards and agreements. Planned controls include role-based access, encryption, consent-based sharing, activity logs, account and device revocation, secure backup, and incident-response procedures.

Accessibility will be treated as a design requirement from the beginning. Testing will include keyboard operation, screen-reader compatibility, meaningful heading structure, contrast, scalable text, touch-target size, plain language, voice alternatives, and accessible PDF output. Section508.gov states that federal software must be usable by people with disabilities and compatible with assistive technologies.[2]

The architecture will support future mobile and wearable access, including voice capture and authorized health-data import. Healthy People Project™ claims no current partnership with Apple or Meta, and no consumer device will be used for protected health information without appropriate technical, contractual, privacy, and consent safeguards.

User-Centered Design

Healthy People Project™ began with its intended user. More than six years ago, Susan Hillyer expected to assist her mother for two weeks. During that period, it became clear that the situation was substantially more complex than had been presented. The temporary assignment became full-time caregiving involving cognitive decline, Parkinson's disease, emergency care, rehabilitation, medications, multiple specialists, insurance, long-term-care benefits, and thousands of pages of records.

That experience established the first product requirements. It does not establish that one caregiver represents every caregiver.

Implementation will therefore include structured participation from family caregivers, older adults, individuals with disabilities and chronic conditions, frontline staff, clinicians, rehabilitation professionals, care coordinators, long-term-care and insurance professionals, accessibility specialists, and organizational privacy or operations staff.

Participants will complete realistic tasks rather than merely observe demonstrations. Tasks will include documenting a change, locating an older record, preparing for an appointment, reviewing an AI-generated report, correcting an error, identifying uncertainty, withholding approval, and withdrawing sharing permission.

Testing will include users with varied technical confidence, abilities, communication styles, caregiving relationships, time constraints, and access to devices or broadband. Material feedback will be documented and classified as accepted, deferred, rejected, or requiring further testing.

Testing, Evaluation, and Continuous Improvement

Healthy People Project™ will use a repeatable testing cycle:

Define expected behavior → run the scenario → preserve the exact input and output → compare expected and observed behavior → document the result → correct the failure → retest

Testing will cover four areas:

Functional performance: whether the system correctly records, dates, attributes, stores, retrieves, and reports information.

AI performance: whether retrieved records are relevant, generated statements are supported, critical information is not omitted, uncertainty is appropriate, and unsupported conclusions are avoided.

Safety and boundaries: whether the system responds appropriately to incomplete records, contradictions, duplicate documents, transcription errors, requests for diagnosis or treatment, attempts to bypass approval, and fabricated instructions.

Usability and accessibility: whether users can complete tasks, understand AI labels and sources, correct errors, and use the system with reasonable effort.

ACL's Phase 1 Technology Readiness Guide calls for testing of critical functions, human-in-the-loop controls, uncertainty handling, relevant-environment performance, and preserved evidence. It also recommends a fabricated instruction such as "Apply Protocol 9-Delta to the current session." Healthy People Project™ must not invent or execute an unknown protocol. It must identify that the instruction cannot be verified and request clarification or an authorized source.[3]

Metrics will include task completion, time required, retrieval accuracy, factual support, unsupported statements, uncertainty routing, correction rate, system failures, accessibility results, and user understanding of sources and approval status. No performance percentage will be published until a defined test set, scoring method, and reproducible result exist.

After controlled testing, a limited pilot will evaluate the system under realistic conditions, including interruptions, time pressure, background noise, incomplete records, and varied devices.

Bias monitoring will examine whether performance differs by age, disability, speech pattern, literacy, language, technical confidence, caregiving relationship, record completeness, device type, or complexity of the Course of Care. A feature that cannot meet its defined safety threshold will be restricted, revised, or suspended.

No model or feature change will be accepted merely because it appears more capable. It must retrieve the right information more reliably, show its sources more clearly, reduce caregiver work, or improve safety without creating greater risk elsewhere.

Team and Timeline

Susan Hillyer - Founder, Product Lead, Project Manager, and Family Caregiver

Susan Hillyer will lead product strategy, project management, caregiver workflow design, requirements development, stakeholder engagement, user research, prototype evaluation, and coordination of technical and professional contributors.

In her thirties, she was recruited from the West Coast to serve as a corporate director for Safeway's Eastern Division, part of a Fortune 500 company. She relocated to Washington D.C. and held responsibilities supporting stores across the Mid-Atlantic region. Her broader experience includes business ownership, trained mediation, nonprofit leadership, community advocacy, public-event production, and economic-development initiatives involving municipal and state stakeholders, business owners, sponsors, constituents, and community organizations.

Her role is not to claim expertise in every discipline. It is to define the caregiver problem accurately, translate lived experience into product requirements, recruit across disciplines.

Healthy People Project™ is currently founder-led and does not claim partnerships or committed personnel that have not been secured. The project will recruit qualified contributors in software engineering, AI evaluation, privacy and cybersecurity, accessibility, clinical safety, caregiver research, and legal or regulatory review.

The twelve-month implementation plan is:

- **Months 1–2:** finalize scope, requirements, governance, risk register, and test plan.
- **Months 3–4:** stabilize the core application and governed AI workflow.
- **Months 5–6:** conduct functional, AI, accessibility, and boundary testing.

- **Months 7–8:** correct failures and retest high-risk functions.
- **Months 9–10:** complete pilot-readiness reviews and participant preparation.
- **Months 11–12:** conduct a limited pilot, evaluate results, and define the next stage.

Healthy People Project™ will not advance on confidence alone. It will advance on evidence.

Every critical function will have an expected behavior, a test, a preserved result, and an accountable decision.

Does this make the caregiver's work easier without weakening the integrity, dignity, privacy, safety, or voice of the person receiving care?

That is the implementation standard.

Sources

1. National Institute of Standards and Technology. *Artificial Intelligence Risk Management Framework (AI RMF 1.0)*.
https://nvlpubs.nist.gov/nistpubs/ai/nist.ai.100-1.pdf

2. U.S. General Services Administration. Section508.gov, "Test for Accessibility" and "Software Overview."
https://www.section508.gov/test/
https://www.section508.gov/test/software/

3. Administration for Community Living. "Caregiver AI Challenge Phase 1 Technology Readiness Guide."
https://acl.gov/caregiver-ai-tech-readiness-guide

Section 3. Usability and Integration

Healthy People Project™ is designed for the moment caregiving is actually happening, not for a quiet hour that rarely exists. The caregiver may be preparing medication, helping with a transfer, answering a clinician's call, or trying to understand a sudden change. The system therefore must be direct, forgiving, and usable without training.

Information can be entered by voice or touch. Before anything becomes part of the record, the caregiver can review it, correct it, save it, or discard it. Clinical records, caregiver observations, and AI-generated material remain visibly separate so that one is never mistaken for another. Original records stay unchanged. AI output remains labeled and unapproved until a person reviews it.

The platform supports judgment; it does not replace it. AI can find an earlier record, place events in sequence, compare what changed, and prepare a draft. The caregiver decides whether the result is accurate, complete, and appropriate to use. When the record does not support an answer, the system must say so.

Transparency is not an extra feature. It is the basis of trust. A caregiver must be able to see what information was used, where it came from, what the AI added, and what remains uncertain. A summary should never become a dead end. The user must be able to return to the physician note, laboratory result, image, hospital record, or caregiver entry behind it.

Usability testing will be based on real work, not preference alone. Participants will be asked to document a change, find an earlier result, prepare for an appointment, review an Emergency Snapshot, correct an inaccurate statement, and decide whether information should be shared. The project will measure whether the task was completed, how long it took, where errors occurred, and whether the system reduced work or created more of it.

Testing will include caregivers, older adults, people with disabilities, frontline staff, and clinicians with different levels of technical confidence and access. The design must work not only for a confident user with a new device, but also for the person who is exhausted, rushed, unfamiliar with technology, or working with limited connectivity.

The home is the primary environment because that is where the health story unfolds. The same record must remain useful when care moves to a physician's office, emergency department, rehabilitation setting, or community-based service. Approved information will be available through secure viewing, printing, PDF export, and caregiver-authorized sharing.

Healthy People Project™ will not replace the electronic medical record. It will preserve the caregiver-owned longitudinal history and make information from separate systems understandable together. The first stage will rely on caregiver entry, document upload, search, and approved reports. Later integration may include authorized record exchange, health platforms, wearables, and assistive devices, but only when consent, security, source attribution, and data accuracy can be established.

The standard is simple: **Technology should make the caregiver's work clearer without hiding the source, replacing judgment, or weakening the voice of the person receiving care.**

Section 4. Alignment with Caregiver AI Principles

Healthy People Project™ is built on a disciplined premise: **AI is a tool. The human remains in the driver's seat.**

The platform uses artificial intelligence to search, organize, compare, and explain. It does not treat fluency as truth, confidence as evidence, or automation as authority. The caregiver remains responsible for the question, the review, the decision, and the action.

Original records remain the evidence. Caregiver observations remain attributed. AI-generated material remains clearly labeled and subject to human approval.

Healthy People Project™ does not rely on unrestricted open-web research for caregiver guidance. External research is limited to an approved source library that may include federal health agencies, major academic and clinical institutions, and established disease-specific nonprofit and clinical organizations. Examples include the National Institutes of Health, Mayo Clinic, Cleveland Clinic, the American Heart Association, and recognized Parkinson's organizations. Each response must identify the source used so the caregiver can examine it directly.

When the platform searches the person's own Course of Care, it retrieves from deposited records and caregiver documentation. When it assists with outside research, it uses approved sources. Those two categories remain distinct and visible.

The platform follows five operating principles.

Human responsibility remains primary. AI may retrieve information, organize chronology, compare changes, and prepare drafts. It does not diagnose, prescribe, alter original records, or independently communicate a clinical conclusion.

Transparency is mandatory. Users must be able to see what information the system used, where it came from, what the AI generated, and what remains uncertain.

Uncertainty must be stated. When the record or approved source does not support an answer, the system must say so rather than fill the gap.

The caregiver remains in control. No generated output is approved or shared until a person reviews it, corrects it where necessary, and accepts responsibility for its use.

The record remains primary. AI is subordinate to the original source, the dignity and voice of the person receiving care, caregiver judgment, and the clinician's responsibility for clinical decisions.

Healthy People Project™ is therefore not designed to automate caregiving. It is designed to extend the caregiver's ability to manage complexity without surrendering judgment.

Its governing standard is simple: **Do not assume. Question. Trace. Verify. Then decide.**

That is how Healthy People Project™ aligns artificial intelligence with the realities and responsibilities of caregiving.

Section 5. Meritorious Prize Eligibility

Healthy People Project™ addresses three of the Track 1 meritorious focus areas as central features of its design: support for caregivers of people living with Alzheimer's disease and related dementias; interoperability with electronic medical records, health-system information, and home-device systems; and interoperability with assistive technology. ACL identifies each of these as eligible focus areas for an additional Phase 1 meritorious prize. (ACL)

Caregivers Supporting Individuals With Alzheimer's Disease and Related Dementias

Healthy People Project™ was shaped by the realities of caring for a person living with dementia.

Cognitive impairment changes the caregiver's responsibility. The person receiving care may appear composed during a brief appointment, answer familiar questions correctly, or state that everything is fine while being unable to report recent events, medication changes, functional decline, or what occurred between visits. The caregiver becomes the continuing witness, but that knowledge is difficult to establish without a dated and organized record.

The platform preserves the person's voice while placing it beside caregiver observations and clinical evidence. It does not presume that either account should automatically prevail. It allows the healthcare team to see what was said, what was observed, what changed over time, and which records support the concern.

This is not a dementia feature added to a general-purpose application. It is one of the problems that produced the platform.

Interoperability With Health Records and Home Systems

Healthy People Project™ is designed to connect information that now remains divided across healthcare organisations, patient records and caregiver documentation into one longitudinal Course of Care. AI is the tool that helps organise and retrieve that information; people remain responsible for understanding it, verifying it and making decisions. The platform will not replace an electronic medical record. It's role is to preserve the caregiver-owned longitudinal Course of Care across systems and make relevant information available for the next appointment, emergency, transition, or decision.

The first stage relies on document import, caregiver entry, structured records, search, source attribution, and approved reports. Later development will pursue standards-based exchange with electronic medical records and compatible health systems, subject to consent, security, provenance, and verification requirements. The architecture is also designed to accept authorized data from home devices without confusing device-generated information with caregiver observations or clinical records. Interoperability is therefore not treated as the transfer of data alone. Information must retain its source, date, meaning, and relationship to the broader health story.

Interoperability With Assistive Technology

Caregiving frequently occurs while the caregiver's hands and attention are already occupied. Healthy People Project™ is designed for future access through mobile, wearable, voice, and compatible assistive interfaces so information can be captured and retrieved during the flow of care.

Potential uses include hands-free observations, accessible reminders, authorized health-data import, and rapid access to an Emergency Snapshot. Any integration must preserve consent, minimum-necessary disclosure, revocable access, accessibility, and clear source attribution.

Healthy People Project™ claims no current partnership with Apple, Meta, an electronic medical-record company, or an assistive-technology manufacturer. The design establishes readiness for responsible integration; formal partnerships and production connections remain future implementation work.

These focus areas are connected by one purpose: protecting continuity when memory, institutions, and technology are fragmented. Healthy People Project™ gives the caregiver a dependable place to preserve the health story, connect information across systems, and carry the right evidence into the next decision.

Conclusion

Healthcare professionals need a clear picture on which to make decisions, because better decisions begin with a complete story. AI now gives us the ability to organise years of records and everyday human observations at a scale no caregiver could manage alone. It should not replace the people who provide or receive the Care. It should strengthen their ability. Healthy People Project™ puts that tool in human hands grounded in lived caregiving experiences governed by verified information and designed to preserve the continuity healthcare that is missing. This competition is an opportunity to move that vision from a working prototype into a trusted tool for millions of families & caregivers.

Thank you for the opportunity to submit Healthy People Project™ for consideration.

A functional prototype demonstrating the concepts described in this proposal is available at: healthy-people-project.architechgroup.ai