

AI-First Risk and Recovery Orchestration for Medically Complex Neurorehab

A workflow-native clinical AI platform for enterprise neurorehab care coordination

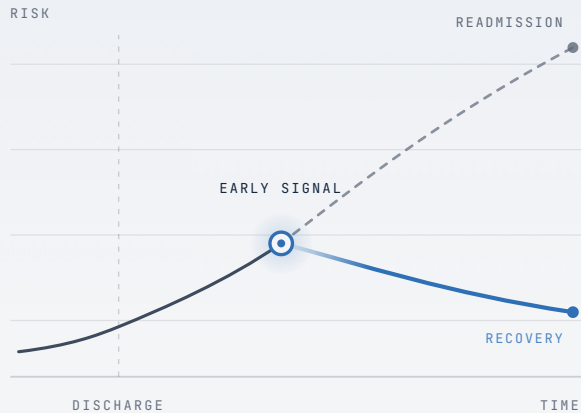


FIG. 1 – RECOVERY RISK AFTER DISCHARGE. DETECTION INSIDE THE INTERVENTION WINDOW BENDS THE TRAJECTORY.

Recovery for medically complex neurorehab patients often breaks down after discharge, when care becomes fragmented, risk rises, and early warning signs are easy to miss. Most existing solutions are reactive, narrow, or built around a single event. They do not help health systems manage recovery across teams, sites, and transitions of care.

This workflow-native AI platform is designed to change that. Its first use case is predicting 30-day readmission risk and early functional decline in medically complex neurorehab patients during transitions of care. Using longitudinal EHR data, rehab assessments, utilization history, therapy patterns, and other routinely captured clinical and operational data, it identifies patients at elevated risk and delivers actionable signals to care teams early enough to intervene.

The value is not just better prediction. It is better coordination.

30-Day READMISSION RISK WINDOW	Enterprise MULTI-SITE REHAB NETWORKS	Clinician-Facing DECISION SUPPORT, NOT AUTONOMY
--	--	---

The platform supports actions such as prioritizing outreach, adjusting therapy intensity, scheduling earlier reassessment, and escalating to clinical review. The target market is large integrated delivery systems, multi-site rehab networks, and health-tech and SaMD companies serving those organizations.

To succeed at scale, the platform must fit the realities of regulated care: fragmented longitudinal data, variable rehab documentation, privacy requirements, and rigorous validation, especially around functional decline. It would launch as clinician-facing decision support, with success tied to prospective validation, subgroup monitoring, and transparent deployment in real clinical workflows.