

#### Agenda:

9:00 AM MT	Registration + Poster Setup	
9:30 AM	Resilient Systems Office Intro	Gina Kost
9:45 AM	PARADIGM Program Overview	Bon Ku
10:00 AM	PARADIGM Agreements	Adrea Robinson
10:15 AM	International Relations	Megan Frisk
10:30AM	BREAK	
10:45 AM	ρατιο	Melissa Antman
11:00 AM	NIH All of Us Program	Chris Lunt
11:15 AM	Hepatitis C Eradication	Francis Collins
11:30 AM	Closing Remarks	Bon Ku
11:35 PM	Lunch + Poster Setup	
12:50 PM	Poster Session (in-person only)	Networking Event
1:00 PM	TA-Specific Breakout Sessions	PARADIGM Team
4:00PM	End	



#### **Questions/Comments? Scan here:**

Or use handouts. Questions not answered today will be addressed on our website.



#### Event Recording & Sharing

Our morning program will be recorded and shared. Afternoon sessions are closed, but information will be made available online.



#### **Poster Session + TA Breakouts**

Teaming and networking is encouraged. Please follow instructions for poster set-up, and join our teaming page here:



Ask a Question:

### What if we could deliver advanced hospital-level care to every rural county in America?

Platform Accelerating Rural Access to Distributed and Integrated Medical Care (PARADIGM) Advanced Research Projects Agency for Health (ARPA-H)

Bon Ku MD, MPP, Program Manager Resilient Systems Office, Mission Office (MO) February 15, 2024

A R P A 🕻

Ask a Question:



Approved for Public Release: Distribution Unlimited

### **The ARPA-H Model**

### **Transforming Health for All**

Dr. Gina Kost Deputy Director, Resilient Systems Office

Ask a Question:

2

### Mission

## Accelerate better health outcomes for everyone.





### **President Biden's Vision**

### "ARPA-H will pursue ideas that break the mold on how we normally support fundamental research and commercial products in this country."

"Ideas so audacious that people say they just might work only if, only if, we could try. Well, we're about to try in a big way."

- President Biden Remarks, March 18, 2022



4

### **ARPA-H Organization** within HHS

- Independent component of HHS within NIH; not an Institute
- ARPA-H Director reports directly to HHS Secretary
- No internal research labs; disease agnostic
- \$2.5B initial appropriation; budget independent from NIH
- Ability to directly reimburse FDA



Approved for Public Release: Distribution Unlimited



Approved for Public Release: Distribution Unlimited

### **Initial Mission Focus Areas**



#### Health Science Futures

### Expanding what's technically possible

Accelerate advances across research areas and remove limitations that stymie progress towards solutions. These tools and platforms apply to a broad range of diseases.



#### Scalable Solutions

#### Reaching everyone quickly

Address health challenges that include geography, distribution, manufacturing, data and information, and economies of scale to create programs that result in impactful, timely, and equitable solutions.



#### **Proactive Health**

### Keeping people from being patients

Preventative programs will create new capabilities to detect and characterize disease risk and promote treatments and behaviors to anticipate threats to Americans' health, whether those are viral, bacterial, chemical, physical, or psychological.



#### **Resilient Systems**

### Building integrated healthcare systems

Create capabilities, business models, and integrations to weather crises such as pandemics, social disruption, climate change, and economic instability. Systems are sustained between crises-from the molecular to the societal-to achieve better health outcomes.

Ask a Question:

### The Program and Program Manager Flywheel





8

### **ARPA-H Model: Program Formation**





### **Program Launch!**

Platform Accelerating Rural Access to Distributed & InteGrated Medical care (PARADIGM)

#### Vision:

**Technology focus areas** 

- 1. TA1: Decentralized Approach to Hospital-Level Care.
- 2. TA2: Care Delivery Platform Integration.
- 3. TA3: Medical Internet of Things (IoT) Platform.
- 4. TA4: Rugged & Miniaturized CT Scanner.
- 5. TA5: Intelligent Task Guidance.

#### How to apply

- Submit abstract and full proposal
- Visit arpa-h.gov for more information about PARADIGM and applying to the PS or email: **PARADIGM@arpa-h.gov**

#### **Important Dates**

- Today! Proposers' Day for interested research teams
- Program solicitation will close on April 26, 2024



### WHAT IF WE COULD DELIVER ADVANCED HOSPITAL-LEVEL CARE TO EVERY RURAL COUNTY IN AMERICA?



### PARADIGM

### <u>Platform Accelerating Rural</u> <u>Access to Distributed &</u> <u>InteGrated Medical care</u>

#### **Resilient Systems Office**

Bon Ku, MD, MPP, Program Manager

Ask a Question:



## **PARADIGM's** mission is to solve rural America's most critical health challenges by revolutionizing access to hospital-level care.



#### **Rural Healthcare Crisis**

- **30%** of rural hospitals at risk of closing<sup>1</sup>
- **~50%** of rural counties lack obstetric care<sup>2</sup>
- 1.7% of eligible patients get lung cancer screening in 6 most underserved states<sup>3</sup>
- 60% of eligible rural residents have no access to screening within 20 miles; 25% have no access within 40 miles<sup>4</sup>

#### Rural health outcomes are worse than urban:

- Lung cancer rate is **30%** higher with **20%** higher mortality<sup>5</sup>
- Cervical and colorectal cancers have **13%** and **16%** higher mortality, respectively<sup>5</sup>
- Maternal mortality **2x** higher<sup>6</sup>
- Acute stroke mortality is **27%** higher<sup>7</sup>
- Acute heart attack mortality is **10%** higher<sup>8</sup>
- Acute heart failure mortality is 15% higher<sup>8</sup>



Approved for Public Release: Distribution Unlimited

Rural hospital closures threaten access. American Hospital Association. 2022; <sup>2</sup>Availability of hospital-based obstetric services in Rural Counties. GAO Report 2022; <sup>3</sup>State variation in low dose CT scanning for lung cancer. J Nat Canc Inst 2021; <u>4Geographic access to lung cancer screening in</u> ral and urban US. J Cancer. 2022. <sup>5</sup>The Case for Rural Cancer Control. J Canc Epi. 2017; <u>Bural–Urban Disparities in Adverse Maternal Outcomes in the United States</u>, Am J Pub Health 2022; <u>7Urban-Rural Inequities in Acute Stroke Care and In-Hospital Mortality</u>, Stroke 2020; <u>8Rural–Urban</u> sparities in Outcomes of Myocardial Infarction. Heart Failure. and Stroke in the United States. J Am Coll Cardiol 2022.

# PARADIGM envisions a multipurpose care delivery platform that acts as a force multiplier for health systems.

13



PARADIGM creates a **multipurpose** and **scalable** platform to deliver advanced care outside the walls of a hospital.



### Rural Healthcare Needs a PARADIGM Shift



PARADIGM creates a **multipurpose** and **scalable** platform to deliver advanced care outside the walls of a hospital.



Approved for Public Release: Distribution Unlimited

14

✓ Solves challenge

X Not solved

Partially addressed

# PARADIGM: A multipurpose, high-tech, advanced care delivery platform

Distributed Care Platform

Advanced

Workforce

**Multiplier** 

Imaging

#### **PARADIGM Solutions**

**TA1: Decentralized Approach to Hospital-Level Care** (field demos demonstrate clinical effectiveness and sustainability)

**TA2: Care Delivery Platform Integration** (creation of the scalable / multifunctional care delivery platform)

**TA3: Medical IoT Platform** (harmonize diverse medical device data with diverse EHR systems)

**TA4: Rugged CT Scanner** (novel CT tech to bring advanced imaging directly into communities)

**TA5: Intelligent Task Guidance** (enable healthcare workers to perform tasks beyond their usual training)



PARADIGM creates a **multipurpose** and **scalable** platform to deliver advanced care outside the walls of a hospital.



### TA1: Decentralized Approach to Hospital-Level Care

A multifunctional clinical platform can increase healthcare access in rural areas



Increase breadth of high-quality care provided outside of a hospital setting by evaluating the ability to directly treat patients using the multifunctional scalable care delivery platform.



### **TA2: Care Delivery Platform**

Build a low-cost, reliable vehicle care delivery platform that can integrate current & future technologies



Approach to Hospital-Level Care



**TA2: Care Delivery** Platform Integration

TA1: Decentralized

TA3: Medical IoT Platform

Scanner

Ask a Question:

TA4: Rugged CT

TA5: Intelligent Task Guidance

A R P A 🚺

**Miniaturized Components** 

Enables inclusion of diverse array of medical devices to provide multifunctional care.

User-centered design incorporated into the entire platform's design to enable efficient and high-quality care

Satellite networking & remote fleet management enables remote engagement w/ clinicians and proactive vehicle maintenance.

EV "skateboard" chassis design provides more efficient use of space.



Develop a multipurpose, scalable platform that can perform a wide range of clinical services outside the walls of a hospital.

### **TA3: Medical IoT\* Platform**

Connect medical devices through a vendor agnostic software platform



Develop a vendor agnostic software platform that enables seamless data ingestion, normalization, and translation between common medical devices and EHRs.



TA5: Intelligent Task

Guidance

### **TA4: Rugged CT Scanner**

Miniaturize, ruggedize and simplify advanced imaging for use in a mobile unit.



TA1: Decentralized Approach to Hospital-Level Care



TA2: Care Delivery **Platform Integration** 



TA3: Medical IoT Platform



TA4: Rugged CT



TA5: Intelligent Task Guidance





#### **Enabling Technologies:**

Carbon nanotube x-ray source Al image algorithms

Build a miniaturized, ruggedized, self-shielded CT scanner by reimagining both the hardware and software design elements of the device technology.





### **TA5: Intelligent Task Guidance**

Upskill healthcare workers to perform tasks beyond their usual training



**TA5: Intelligent** Task Guidance

Level Care

Platform

Scanner



Develop an easy-to-use, interactive, and intelligent task guidance system that provides real-time decision support thus helping to turn a generalist into a just-in-time specialist.



Approved for Public Release: Distribution Unlimited

### **PARADIGM Program Deliverables**

12 multifunctional integrated Care Delivery Platforms deployed across rural America for testing and evaluation



Field testing of dozens of clinical services

Evidence-based clinical effectiveness and financial sustainability data

21

'Plug-and-Play' ready medical device system

Miniaturized FDA approved CT Scanner Real-time intelligence guidance system supporting 7+ tasks

Highest healthcare access

lowest healthcare access



### **Testing & Evaluation for Performers**

#### PARADIGM will yield an integrated care delivery platform and numerous stand-alone technologies



### Why now?



Increased **demand** for distributed care from patients and clinicians signals readiness to engage.

New miniaturization of devices expand possibilities for care delivery in nonhospital settings.

Greater **battery** & satellite technology make it possible efficiently extend care to rural settings.

Widespread shortage of clinicians disrupts ability of health systems to deliver care.

#### **Growing Healthcare** deserts disproportionately im at risk of closing.

pacting rural, minority and Native American populations.

### 33% of rural hospitals

Lack of services contributes to higher mortality in rural areas.





### **Final Guidance**

#### Monitor SAM.gov and Grants.gov

- Any/all changes to the Program Solicitation (PS) will be made via formal amendments and posted online at SAM.gov
- No information discussed at Proposers' Day shall be construed as modifying the terms and conditions of the PS

#### **Conform to all PS Requirements**

- Thoroughly read the PS
- Pay special attention to the eligibility requirements outlined in the PS
- Non-conforming proposals **will not** be evaluated or considered for award



#### **Dates and Deadlines**

- Anticipated Abstract Due Date: February 27, 2024, 4:00 PM EST
- Anticipated Proposal Due Date: April 26, 2024, 2:00 PM EST

#### Questions

 Refer to the PARADIGM FAQ Website (frequently updated!):







Approved for Public Release: Distribution Unlimited

### **Acquisitions Details**

### The Application Process

Adrea Robinson, Agreements Officer Business Innovation Division

> Approved for Public Release Distribution Unlimited

25

Ask a Question:

### **PARADIGM Solicitation/Funding Opportunity Basics**

- Program Solicitations (PS) are a flexible and recognizable method to competitively solicit proposals for R&D
- ARPA-H anticipates meaningful proposals with varying technical/scientific approaches



26

### **PARADIGM Program Solicitation Basics**

### **Award Types**

• Awards will be Other Transactions.

### **Award Timeline**

• Estimate full proposal evaluations to be complete by 28 May. At that point, ARPA-H will begin negotiating award instrument SOWs and T&Cs with selected proposers.

### **Award Funding**

• Funding for the first 18-24 months will be provided at award. Additional funding will be provided as the program progresses.



Approved for Public Release: Distribution Unlimited

### **Award Types - Other Transactions (OT)**

#### **OTs are agreements**

- Mutual assent, expressed by a valid offer and acceptance; adequate consideration; capacity; and legality (i.e., these are contracts, but not FAR procurement contracts.)
- Leverage commercial business practices more so than traditional FAR procurements.

#### Collaborative

• Increased collaboration and partnership, leading to more effective use of resources and knowledge sharing.

#### Flexible

- Many typical contract laws and regulations don't apply (e.g., CICA, FAR, CAS).
- Greater flexibility in project design and implementation.
- May fully negotiate data rights, patents, payment structure, etc.



### **Process Overview**



#### **Abstract Submission**

- OPTIONAL
- Length should not exceed 3 pages (excludes cover page & ROM).
- Abstract should include all sections as specified in the provided template.
- Abstracts will be reviewed, not evaluated.
- All Abstracts to be submitted to solutions.arpa-h.gov



#### **Full Proposal**

- Government will recommend or discourage submission based on abstract review.
- Submitted in eCPS for
- Summary of Proposal & Detailed Proposal Info - no more than 40 pages in length (excludes TDD).



#### **Evaluation and Selection**

- The Government will evaluate each conforming proposal against criteria 1-4.
- Selection for award will be made as outlined in the PS.



### **Evaluation Criteria**

#### **Overall Scientific and Technical Merit**

- Innovative, feasible, achievable, and complete.
- An outcome that achieves the goal can be expected as a result of award
- Risk identification with mitigation strategy.

#### **Proposer's Capabilities and/or Related Experience**

- Team expertise and experience.
- Experience in managing similar efforts.

#### **Potential Contribution and Relevance to the ARPA-H Mission**

- Future application, including unmet needs within biomedicine and to improve health outcomes.
- Potential for interdisciplinary approach.



### Evaluation Criteria (continued)

### Reasonableness/Realism/Funding Availability/Affordability

- Submissions must include the specified spreadsheets
  - Amendment forthcoming to provide both in SAM.gov
- Price Reasonableness
- Cost Realism
- Availability/Affordability
  - May only acquire goods or services that meet needs and are within budgetary constraints.
  - IP considerations.



### **Final Guidance**

#### Monitor SAM.gov and Grants.gov

- Any/all changes to the Program Solicitation (PS) will be made via formal amendments and posted online at <u>SAM.gov</u>
- No information discussed at Proposers' Day shall be construed as modifying the terms and conditions of the PS

#### **Conform to all PS Requirements**

- Thoroughly read the  $\mathsf{PS}$
- Pay special attention to the eligibility requirements outlined in the PS
- Non-conforming proposals <u>will not</u> be evaluated or considered for award



#### **Dates and Deadlines**

- Anticipated Abstract Due Date: February 27, 2024, 4:00 PM EST
- Anticipated Proposal Due Date: April 26, 2024, 2:00 PM EST

#### Questions

 Refer to the PARADIGM FAQ Website (frequently updated!):







### ARPA-H and International Collaboration

Megan Frisk, PhD

**ARPA-H Director of International Affairs** 

Approved for Public Release: Distribution Unlimited

33



## Mission

## Accelerate better health outcomes for everyone.





### **ARPA-H International**



While ARPA-H programs focus on the hardest problems faced in America, health issues exist everywhere and are often the same, regardless of borders.

ARPA-H is looking for innovative solutions all over the world.



Approved for Public Release: Distribution Unlimited
### **International Cooperation**

International research cooperation can bring together the best talent, technology, facilities, and knowledge from around the world to solve the various health challenges identified in ARPA-H programs.





### **Collaboration Can Take Many Forms**



International spoke

Performer or team member

Co-investment or in-kind contribution Transition partner or pathway

38



# **ARPANET-H: Connecting the Health Ecosystem & Powering Communities, Domestic and International**



#### Customer Experience Hub - Dallas, Texas

### Unique capabilities focused on the patient, provider, and community experience for faster and broader adoption of ARPA-H health innovations.

• Example capabilities: co-creation of designs with end-users, community engagement, advanced manufacturing, clinical trials

### Over 400 partners (spokes) and counting...

#### Investor Catalyst Hub - Greater Boston, MA

Collaborations focused on navigating the complexities of the market landscape so innovations can transition from government support to commercial success.

 Example capabilities: investment due diligence, competitive landscape analysis, regulatory pathway, robust business model development

#### Stakeholder and Operations Hub - National Capital Region

Stakeholder engagements with our critical regulatory and legislative partners to support transitioning new health capabilities.

• Example stakeholders: regulatory (FDA), payers (CMS), administration (White House, HHS)



## International FAQs

#### **Does ARPA-H fund international R&D?**

Yes. Our world is interconnected, and the most challenging health problems (probably) cannot be solved by any one country. While ARPA-H prioritizes awards to entities that will conduct funded work and clinical trials in the United States, it is not a requirement.

#### **Can ARPA-H directly fund a foreign entity?**

Yes. Each ISO defines eligibility for non-U.S. persons.

#### Are all foreign entities eligible for ARPA-H funding?

Non-U.S. entities may participate if they comply with necessary nondisclosure agreements, security regulations, export controls, and other relevant governing statutes. In no case will awards be made to entities organized under the laws of a covered foreign country\* or entities suspended or debarred from business with the U.S. Government.

\*defined in the National Security Act of 1947 (50 U.S.C. § 3059)] as Russia, Iran, North Korea, and China.



More at <u>arpa-h.gov</u>

### **Engage with ARPA-H**



#### Submit your Project Idea

Calling for proposals for breakthrough research and technological advancements to improve health outcomes across patient populations, communities, diseases, and health conditions

A R P A 🕻



### Sign up for Newsletter

Keep up to date with the ARPA-H Vitals Biweekly newsletter.





#### **Collaborate with Us**

We want to partner with subnational and foreign governments, community health centers, patients, caregivers, patient advocate groups to ensure we are delivering on our mission

#### international@arpa-h.gov





Melissa Antman, PhD Deputy Director, Project Accelerator Transition Innovation Offic



# **Project Accelerator Transition Innovation Office (PATIO)**

**Our Mission:** PATIO increases the probability that ARPA-H funded health technologies **will reach those Americans** by identifying barriers and providing transition and commercialization services to program managers and performers.

Since ARPA-H will not fund performers in perpetuity, PATIO's services increase the odds that solutions attract private investment and customers-to translate the breakthroughs



# Where might the solution go after ARPA-H? Work backwards: design with the end in mind

Large Established Company	Emerging Company with VC Backing	De Novo Startup	Health Care System
Other Gov Agency	Scaled NGO or Non-Profit	Startup NGO or Non-Profit	Fast Fail & Early Offramps



46

# **Most Common Startup Failures**

Based on the analysis of 101 startup postmortems





PATIO | Our Approach | Organization | Key Services

# **Design Rubric**





48

# **Project Accelerator Transition Innovation Office (PATIO)**

Increase the probability - at each step - that solutions can drive positive health outcomes & "survive in the wild"

#### SERVICES DURING PROGRAM LIFECYCLE





#### **Program Design**

- Identify opportunities and gaps
- Market/IP assessment
- Regulatory assessment

#### Solicitation Development

- Who are possible performers? Innovation Hubs?
- Develop technical areas
- Validate transition potential

#### Early Program Performance

- De-risk for investors
- Design MVPs to drive adoption
- Demystify regulatory process



#### **Mature Projects**

- Safeguard IP
- Help company formation
- Business strategy, legal and marketing services

### Transition and Commercialize

- SBIR/STTR
- Transition partner/thirdparty investment
- Ongoing mentorship
- Access to key customers and investors



# **Our Capabilities**



#### **Technology Transfer and Transition Services (T3X)**

Build transition-ready programs by de-risking solutions from program design through performance; runs agency SBIR/STTR program

Led by Jenica Patterson





#### Health Ecosystem and **Engagements Team (HEET)**

Create meaningful bi-directional communication between ARPA-H and America.



### Led by Amy Lin







#### **ARPANET-H (ANH)**

Connect a fragmented health ecosystem through projects, events, and democratized learning



Led by Dan Bram





PATIO | Our Approach | Organization | Key Services

# Technology, Transfer and Transition Services (T3X)



Build transition-ready programs by derisking solutions from program design through performance.

### **Capabilities**

- **Experts in Residence (XIR) Program** External, recognized transition/commercialization experts identify and solve for blind spots of ARPA-H PMs and programs.
- **Regulatory & Reimbursement Support** Demystify and assist in navigation of these processes. Get involved early to avoid traps.

### Due Diligence / Landscape Analyses

IP analyses, commercialization landscape to understand a particular technology, competitive landscape to understand key players in the arena, etc.

• **Small Business Program** provides funding for small businesses that possess the expertise to use innovative approaches to enable revolutionary advances in science, technology, or systems leading to developments that contribute toward the agency's mission.



### Health Ecosystem Engagement Team (HEET)



Create meaningful bidirectional communic ation between ARPA-H and America

### **Capabilities**

- Ecosystem Activities & Speaking Opportunities Broad, inperson engagements where ARPA-H leaders explain the ARPA-H model and mission and build connections.
- **Network on Demand** A self-service platform for ARPA-H PMs and others to access key external stakeholders + ensure de-duplication of efforts.
- **Design Services** Capture the needs and perspectives of expected agency beneficiaries using design research tools and practices.
- **In-Person Discovery Trips** Targeted, deep dive trips with small groups of ARPA-H technical staff to deepen perspectives.



### **ARPANET-H (ANH)**



Connect a fragmented health ecosystem through projects, events, and democratized learning

### **Capabilities**

- Funding Opportunities/R&D projects Funded projects to accelerate transition.
- **Network Activation** Gather feedback at scale by drawing on the skills and reach of network members.
- **Consortium Events/Network Building Activities** Convene the ARPANET-H network to foster connections and enable information sharing.
- **Program Augmentation (future)** Support maturing ARPA-H efforts. Examples might include independent validation and verification, CROs for pre-clinical, clinical trial support, and manufacturing (facilitating the business relationships).







#### Questions/Comments? Scan here:

Or use handouts. Questions not answered today will be addressed on our website.



#### **Event Recording & Sharing**

Our morning program will be recorded and shared. Afternoon sessions are closed, but information will be made available online.



#### **Poster Session + TA Breakouts**

Teaming and networking is encouraged. Please follow instructions for poster set-up, and join our teaming page here:



### Welcome to PARADIGM Proposers Day!

#### Agenda:

9:00 AM MT	Registration + Poster Setup	
9:30 AM	Resilient Systems Office Intro	Gina Kost
9:45 AM	PARADIGM Program Overview	Bon Ku
10:00 AM	PARADIGM Agreements	Adrea Robinson
10:15 AM	International Relations	Megan Frisk
10:30 AM	BREAK	
10:45 AM	ΡΑΤΙΟ	Melissa Antman
11:00 AM	NIH All of Us Program	Chris Lunt
11:15 AM	Hepatitis C Eradication	Francis Collins
11:30 AM	Closing Remarks	Bon Ku
11:35 PM	Lunch + Poster Setup	
12:50 PM	Poster Session (in-person only)	Networking Event
1:00 PM	TA-Specific Breakout Sessions	PARADIGM Team
4:00PM	End	



# **TA-specific afternoon meetings**

**TA1:** Decentralized Approach to Hospital-**1:00 - 1:25 pm MT**Level Care

**TA2:** Care Delivery Platform Integration**1:35 - 2:00 pm** 

**TA3:** Medical IoT Platform**2:10 - 2:35 pm** 

**TA4:** Ruggedized CT Scanner**2:45 - 3:10 pm** 

**TA5:** Intelligent Task Guidance

3:20 - 3:55 pm





# TA1: Decentralized Approach to Hospital-Level Care

A multifunctional clinical platform can increase healthcare access in rural areas



Increase breadth of high-quality care provided outside of a hospital setting by evaluating the ability to directly treat patients using the multifunctional scalable care delivery platform.



### **TA1 Example Strong Performer**

- Provides direct patient care, across multiple clinical areas/use cases
- Focus on health professional shortage area (HPSA)
- Conduct culturally sensitive community engagement and outreach
- Capable of providing care in a consolidated care delivery platform (CDP), whether part of an existing or new model of care
- Selects hospital-level use cases and services that fundamentally revolutionize the quality and type of care available
- Analyzes and is prepared to demonstrate financial sustainability of providing services in a care delivery platform beyond the duration of the PARADIGM program's support



### **TA1 Milestone/Deliverable Schedule**





98

### **TA1 Key Deliverables**

- 1. Peer-reviewed clinical effectiveness research studies
- 2. Deployment Strategy Report
  - a) Care Delivery Platform Workflow Playbook
  - b) Financial Sustainability Analysis
- 3. Community Viability Plan
- 4. Care Delivery Platform product requirements via ongoing user experience testing



### **TA1 Metrics**



100



# **TA2: Care Delivery Platform**

Build a low-cost, reliable vehicle care delivery platform that can integrate current & future technologies



TA1: Decentralized Approach to Hospital-Level Care



TA2: Care Delivery Platform Integration

TA3: Medical IoT Platform

÷

TA4: Rugged CT Scanner



Ask a Question:

TA5: Intelligent Task Guidance

A R P A 🚺

**Miniaturized Components** Enables inclusion of diverse

array of medical devices to provide multifunctional care.

**User-centered design** incorporated into the entire platform's design to enable efficient and high-quality care

**Satellite networking & remote fleet management** enables remote engagement w/ clinicians and proactive vehicle maintenance.

EV "skateboard" chassis

design provides more efficient use of space.



Develop a multipurpose, scalable vehicle platform that is capable of performing a wide range of clinical services outside the walls of a hospital.

# **Testing & Evaluation for Performers**

#### PARADIGM will yield an integrated care delivery platform and numerous stand-alone technologies



### **TA2 Example Strong Performer**

- Designs and produces a fully operational vehicle care delivery platform (CDP) that
  - Conforms to constraints around licensure requirements, carrying capacity, size/weight/power (SWaP), operating conditions, telecommunications and ADA compliance
- Has a plan to minimize vehicle downtime
- Uses a human-centered design approach, incorporating iterative user experience feedback into the vehicle care delivery platform design



### **TA2 Milestone/Deliverable Schedule**

	1		



105

### **TA2 Metrics**



106



# **TA3: Medical IoT\* Platform**

Connect medical devices through a vendor agnostic software platform



Develop a vendor agnostic software platform that enables seamless data ingestion, normalization, and translation between common medical devices and EHRs.



TA5: Intelligent Task

Guidance

### **TA3 Key Deliverables**

- Proposal that addresses:
  - Device integration
  - Data normalization
  - Data interoperability
  - Data security and privacy
  - Systems thinking applied to safety and data quality
- Software deployed in the mobile care delivery platform environment
- Caching strategy for intermittent internet connectivity
- Shippable open-source version of software
- Commercial transition plan



### **TA3 Milestone/Deliverable Schedule**



### **TA3 Metrics**



111


# **TA4: Rugged CT Scanner**

Miniaturize, ruggedize and simplify advanced imaging for use in a mobile unit.



TA1: Decentralized Approach to Hospital-Level Care

TA2: Care Delivery **Platform Integration** 



TA3: Medical IoT Platform



TA5: Intelligent Task

TA4: Rugged CT

Scanner

Guidance





Carbon nanotube x-ray source Al image algorithms

Build a miniaturized, ruggedized, self-shielded CT scanner by reimagining both the hardware and software design elements of the device technology.



Approved for Public Release: Distribution Unlimited

## **TA4 Milestone/Deliverable Schedule**



### **TA4 Metrics**





# **TA5: Intelligent Task Guidance**

Upskill healthcare workers to perform tasks beyond their usual training



**TA5: Intelligent Task Guidance** 

Level Care

Platform

Scanner



Develop an easy-to-use, interactive, and intelligent task guidance system that provides real-time decision support thus helping to turn a generalist into a just-in-time specialist.



Approved for Public Release: Distribution Unlimited

## **TA5 Example Strong Performer**

- Experienced in a specific clinical service that can be divided into clearly defined subtasks
- Capable of developing intelligent guidance systems that consider
  - Component models leveraging datasets of varying sizes and sources
  - Hardware that guides a user within the care delivery platform (CDP)
  - Assessments that measure the system's impact on task proficiency and user trust
  - Strategies for addressing bandwidth limitations
- Has access to or ability to generate sufficient training datasets



## **TA5 Milestone/Deliverable Schedule**



Approved for Public Release: Distribution Unlimited

### **TA5 Metrics**



