CreateOS

Healthcare · Vertical playbook

Orchestrating the clinical, operational and human realities of healthcare delivery

How to reduce administrative load and rework while clinicians stay in control of every sign-off.

What this guide covers

The argument in one page

Healthcare delivery runs under sustained throughput pressure. Prior authorizations must be assembled and submitted, documentation completed and coded, records reconciled across fragmented systems. When that work falls behind, care slows and rework consumes clinician time that cannot be recovered.

Black-box AI cannot pass a clinician's sign-off bar. A model that drafts a prior-auth pack without showing its reasoning, and without linking each value to a source record in the EHR or order system, gives a clinician no defensible basis to sign.

CreateOS runs AI as a coordination layer over deterministic tools. The model coordinates and drafts. EHR and order systems do the actual work against authoritative records. Every output is cited to source, the clinician reviews, validates, and signs, and every action is written to an immutable audit log.

This is an execution and governance layer, not a clinical decision system. It deploys in cloud, VPC, or on-prem, so HIPAA and sovereignty obligations never force a trade-off between AI capability and data control.

Deterministic execution

EHR and order systems do the work, not the model.

Cited and auditable

Every output traces back to source.

Sovereign

Runs in cloud, VPC, or on-prem.

01

Built for a signature that carries weight

Healthcare delivery sits where most software misreads the room: complex, deeply interconnected administrative work, data spread across fragmented systems, and every consequential output carrying a credentialed clinician's signature.

AI that cannot show its work is a liability here. A model output without a traceable chain of reasoning leaves the clinician two bad options: accept it on faith, or re-derive it from scratch.

This guide is for healthcare operations and clinical leaders weighing whether AI can reduce administrative load without adding risk. It can, under one condition: AI coordinates over the EHR and order systems, never a black box. The clinician is the decision authority at every sign-off.

> A healthcare decision a model cannot explain is a decision a clinician cannot sign.
>
> CreateOS keeps the clinician in the loop and the reasoning on the record.

CreateOS positioning

02

Three pressures, three failure modes

Reducing administrative load is not one problem. Solve only one of these and the other two still bite.

Technical

Fragmented systems

A patient's picture spans an EHR, a separate order system, a payer portal and an imaging archive. Reconciling it manually is slow and error-prone, and care-pathway error tolerance is near zero.

Business

Administrative load

Documentation rework, prior-auth resubmissions and coding corrections consume clinician and staff hours. A pack missing documentation triggers a denial, and each cycle adds days to reimbursement.

Human

Trust and cognitive load

Clinicians already work under high cognitive load and will not adopt AI whose output they cannot verify. Accountability cannot be delegated to a model, and onboarding new staff adds drag.

03

The deterministic core executes. AI only coordinates.

↩ Reject loops back to draft

1

AI coordinates & drafts

Prior-auth pack, documentation, reconciliation.

2

EHR & order systems execute

Query and validate authoritative data.

3

Output cited & traceable

Every value links to its source record.

4

Clinician validates

Review gate. Reject sends it back.

5

Clinician sign-off

Credentialed accountability, named.

Audit log Immutable record of every action, satisfying HIPAA audit requirements without manual documentation.

04

Review a proposal, do not assemble one

Intake & records reconciliation

Cross-referencing patient history across EHR, referral and prior-visit records becomes a drafted reconciliation in minutes. The clinician validates; the mechanical search-and-compare is gone.

Prior-authorization packs

Drafted and checked for consistency and payer-criteria alignment before review. Inconsistencies that would trigger a denial are caught at drafting. The pack is complete at first submission.

Documentation & coding validation

Run against source records, not memory. Each coding discrepancy arrives cited to the clinical record that contradicts it, so the clinician reviews a finding with its source attached.

05

Each pillar answers a challenge

1

Answers Technical

Orchestrate, do not replace

EHR and order systems stay the authoritative record. CreateOS sends each task to the right tool and assembles results into a proposal. Coordination speed, no new source of error.

2

Answers Business

Govern every action

Every tool call logged, every proposal tied to its source records, every review decision recorded. Structural, not process discipline. It cannot be bypassed.

3

Answers Human

Keep the clinician in control

The clinician is the decision authority at every sign-off. The AI does the mechanical assembly, never the clinical decision. New clinicians learn from a complete audit trail.

06

Value before overhead

1

Orchestration mindset

Connects to the EHR and order systems already in use. Only the coordination layer is new.

2

Human-in-the-loop

Review and sign-off are the point, not overhead. Clinician time goes to judgment.

3

Sovereignty

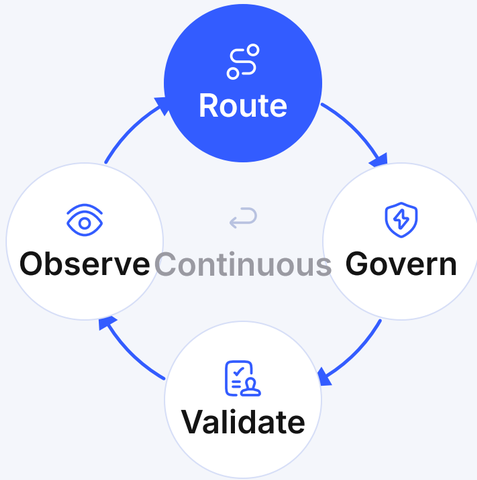
Deploys in cloud, VPC, or on-prem to match HIPAA and PHI boundaries.

4

Observability

Every action and rejection is logged, becoming data that improves the workflow.

The operating loop



Cloud VPC On-prem

07

One skeleton, four workflows

Intake & records reconciliation
Across EHR, referral and visit records.

Prior-authorization pack
EHR data, codes and docs, payer-aligned.

Documentation & coding
Clinical record vs coded encounter.

Care-pathway QA
Contraindications, allergies, formulary.

Worked example · Intake & records reconciliation

AI drafts reconciliation
Intake vs prior EHR records.

›

EHR & orders execute
Queries on patient data.

›

Discrepancies cited
Each flagged to its source.

›

Clinician validates & signs
Review gate, accountability.

›

Audit log
Every decision recorded.

08

Five guarantees, structural by design

Deterministic execution

Every value from the EHR and order systems, never the model alone.

Every output cited

Every value traces to its source record in the system.

Clinician sign-off

A human review gate before billing or care, named and timestamped.

Complete audit trail

Every action logged. Immutable, automatic, HIPAA-ready.

Cloud, VPC, or on-prem

Deployment matches PHI requirements, no capability penalty.

An execution and governance layer, not a clinical decision system. The clinician makes the clinical decision.

Ready to see it in your environment?

The unified AI execution layer for the enterprise.

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Illustrative architecture.