EVERBETTER × PAATH

EverBetter Me, in production.

A Solid-native, agent-augmented EMR platform, deployed at Paath.

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Solid Community Demo Day · 10-minute talk

Year One

AGENDA

Ten minutes, six things.

01 **Who we are**

AI-native EHR + PHR. Year one in the Solid community.

02 **Meet Paath**

Functional medicine clinic group, live client.

03 **The problem**

Lab data, consent, and the patient's record of self.

04 **Live demo**

Scan, install, sign up, watch it land in a Pod.

05 **Stack & lessons**

What we built, what we learned the hard way.

06 **Roadmap**

Where Year Two takes this.

WHO WE ARE

EverBetter in one sentence.

We are building an AI-native, multi-tenant EHR + PHR on a Solid stack. The patient owns the record; the record moves with the patient. The clinic delegates authority to people and AI agents. Every access is documented.

DECENTRALIZED

Pod-resident data

The patient's record lives in their Pod. Not in our database. Vendor-neutral by construction.

PORTABLE

Owned by the patient

Pod-bound. The record moves across providers, payers, and time.

TRUSTED

Delegated authority

Clinics and doctors delegate scope to people and AI agents. Every action audited. Consent at runtime.

Less than twelve months in the Solid community. One client live. Two more on deck.

THE CLIENT

Paath: real answers, a clear path.

Functional medicine clinic group

Direct-to-consumer through paath.us, with an affiliated practitioner network.

LabCorp partnership

Nation's largest reference lab. 50–70+ biomarkers per panel.

Three lab tiers

Ignite, Elevate, Thrive. Standalone or concierge with live consult.

Personalized roadmap

Functional Health Report. Nutrition framework. Supplement protocol.

Mobile app, live

AI-powered insights and notifications. In the App Store today.

MOBILE

EverBetter Me

Patient mobile app. Pod access and portability with a dedicated AI agent. Goal: improve compliance.

DESKTOP

EverBetter Pro

Clinician desktop. AI insights and automation that drive efficiency.

THE PROBLEM

Functional medicine, fragmented infrastructure.

Paath generates rich, longitudinal biology per patient. The data lives everywhere except where the patient can use it.

Lab results trapped in LabCorp accounts

Per-test PDFs. No portable, structured, patient-owned record.

Roadmaps locked in static reports

Functional Health Report is a deliverable, not a queryable artifact.

Supplement protocols generated by hand

Practitioner-authored, not derived from a structured biomarker model.

No auditable consent log

Patient consent is inferred from purchase, not enforced at runtime.

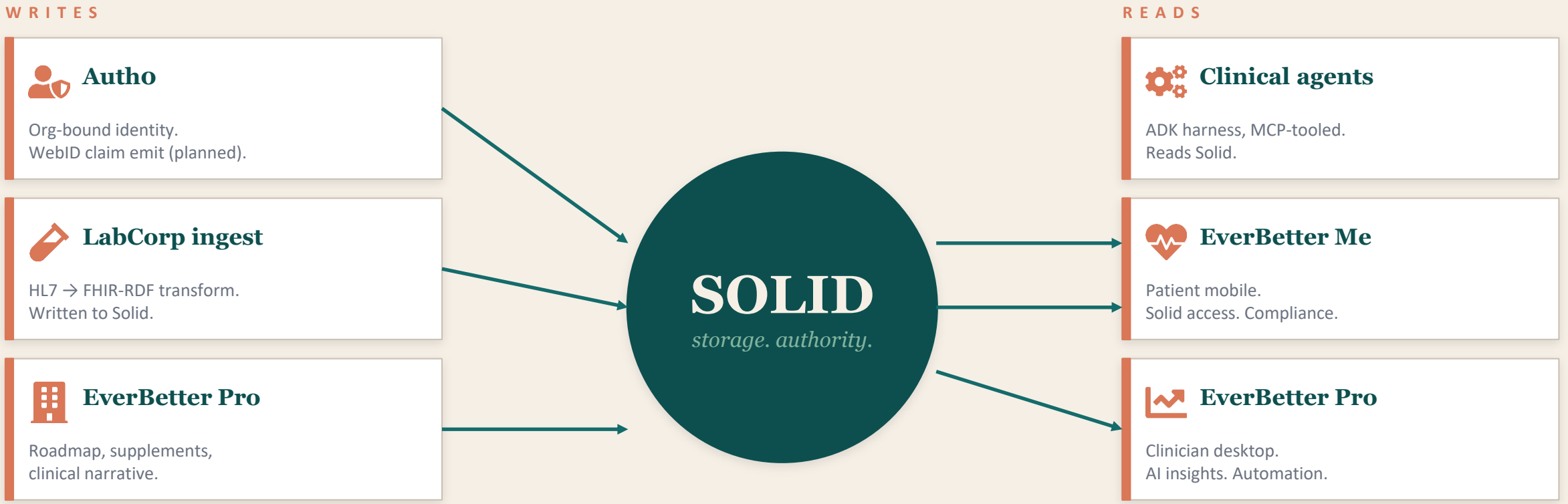
Compliance breaks without care plan visibility

Patients cannot see, query, or interact with their own plan. Without that loop, the protocol fails before it begins.

No portable record. No decentralized control. No audited trust.

ARCHITECTURE

Solid at the center. Agents at the edge.



Decentralized by design · Portable by default · Trusted by audit

MCP · A2A · NATS · per-element consent at runtime

LIVE DEMO

Scan, install, sign up.

App Store · Paath EBM

Try it with us, right now.

Scan the code. Install the Paath app. Follow along on your own device while I run the same flow on screen.

1. **Scan & install**

   App Store. Paath EBM by EverBetter.

2. **Sign up**

   Auth0-backed. Org-bound to the Paath tenant.

3. **Pod provisioned**

   WebID minted. The patient now owns the record.

4. **Watch the write**

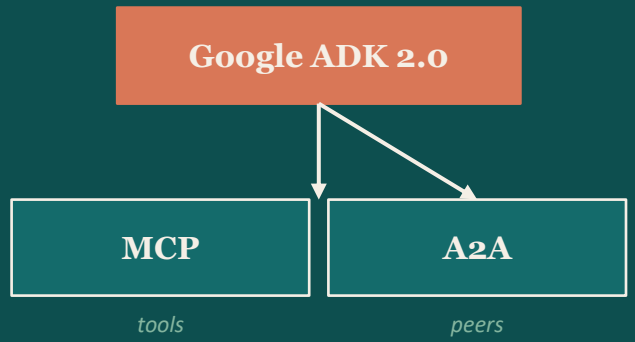
   Profile lands in FHIR-RDF on the Pod, live. Portable. Audited. Theirs.

What is actually running.

Identity	Auth0 → Solid IdP (Redis-bridged session, org_id-bound)
Data plane	Solid Pod, FHIR-RDF, SPARQL
Agent harness	Google ADK 2.0. Native MCP and A2A bindings.
Tool protocol	Model Context Protocol (MCP)
Inter-agent	A2A protocol
Messaging	NATS, for fault isolation across concerns
Tenancy	Multi-tenant by design. Maxwell and Paath in production.
Mobile	Native iOS / Android. App Store and Google Play, live.

AGENT STACK

ADK speaks MCP and A2A natively.



Evaluated LangGraph. Held ADK.

ADK ships first-class bindings for both protocols. The graph-workflow gap is a timing problem, not an architectural one.

LESSONS

Year one in the Solid community.

01

Solid is production-viable.

With a session bridge to enterprise IdP, Pods hold up under real clinical load.

02

The hard part is not Pods.

It is the Auth0 → WebID handshake. Redis bridges the gap today; Auth0 native emit is the fix.

03

RDF carries bias. We have not solved it.

We ingest Apple HealthKit and Google Fit today, written to Pod as static structures. Forming RDF from HL7-flavored payloads introduces classification bias under investigation. Domain-to-graph alignment is the next pass.

04

Patients don't care; doctors do because of liability.

The physician owns the malpractice exposure when AI acts in clinical workflow. Pods now let them delegate consent with explicit scope and a full audit trail.

05

Consent is a runtime concern.

Document-level consent does not survive contact with agents. Per-element enforcement is required.

ROADMAP & CLOSE

The road to trust.

NOW	NEXT	THEN	HORIZON
Paath onboarding	**Fine-grained delegation**	**AI delegated authority**	**Decentralized clinical trials**
Tenant live. Mobile app in store. FHIR-RDF ingest stable.	Per-element consent on Pod-resident graphs. Runtime-enforced. The 'this agent, this query, this scope' primitive.	Bounded delegation to agents. Patient and clinician set policy; agents act within it. Audit trail on the Pod.	H.O.P.E. as proof point. Trial data stays Pod-resident. Sponsors query, never extract.

Doctors deliver healthcare. *We document healthcare.*

Bringing trust back to healthcare.

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App Store