Agentic AI in Healthcare 1 September 2025

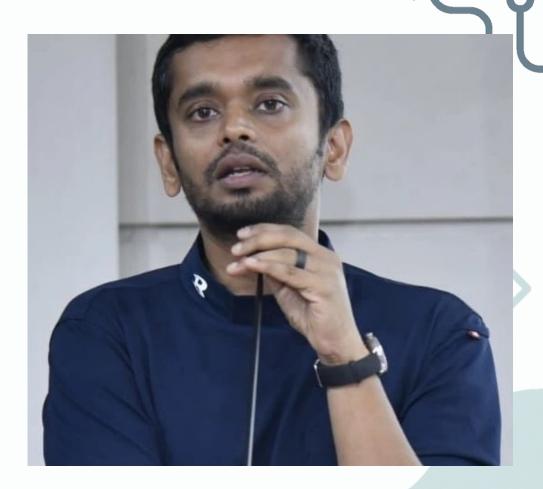
# Enabling Healthcare Operations with Agentic Al- DISHA Overview and Architecture



# Dr Sucheendra K Palaniappan, VP of Data Science & Engineering of SBX Corporation

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He holds a Ph.D. in Computer Science from the National University of Singapore and has primarily worked at the intersection of biomedicine and healthcare, with a focus on translational data science and applied machine learning.









#### **Enabling Healthcare Operations with Agentic AI: DISHA Overview and Architecture**

Setting the <u>direction</u> for the future of Clinical Decision Intelligence (CD<sub>x</sub>)

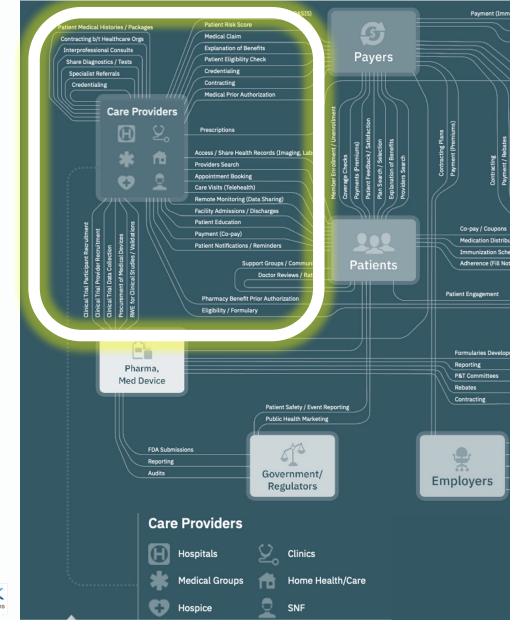
> **SBX Group** Circa 2000 - Present







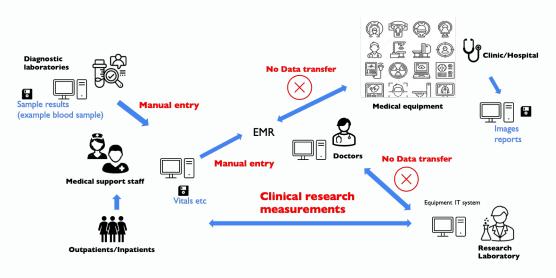






# The Supply Side Bottleneck: Lack of "Agency"





Typical workflow in a small hospital/clinic

- Fragmented workflows and siloed data disrupt coordination between teams and increase administrative burden for clinicians
- Manual processes and legacy IT slow processes, introduce errors, and add to provider workload
- Poor data readiness blocks analytics, AI, and real-time clinical decision support
- Inefficiency erodes margins, limits scalability, and contributes to staff burnout
- Inflexible, non-interoperable systems make modernization costly and frustrate care delivery



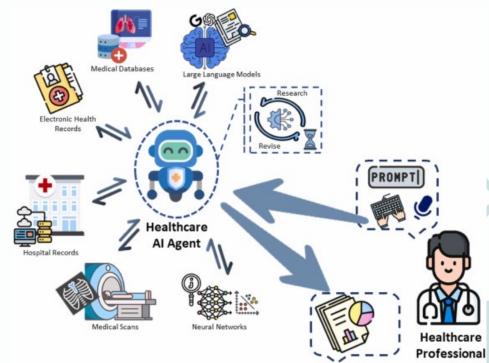
# Overview of Agentic Al Agentic ≠ LLMs

**LLMs** answer on prompt; no tools/state

**Reasoning systems** can plan/Chain of Thought but still passive/reactive

**Agentic systems** plan → act (tools/APIs) → observe → adapt with aspects of Memory, policies, goal-directed outcomes

Agents add structure and orchestration for goaldirected behavior



Karunanayake, Nalan. "Next-generation agentic Al for transforming healthcare." Informatics and Health 2.2 (2025): 73-83.



# Core components of an Agentic Stack



- Planner & policy engine
- Tool executor (connectors to systems Model context protocol)
- Memory/state & caches
- Guardrails (allow-lists, abuse filters)
- Observability (traces, audit), Human-in-loop gates

#### **Standards for Communication**

- •MCP (Model Context Protocol): consistent agent ↔ tool communication
- •A2A (Agent-to-Agent, Google): discovery & messaging across agents/systems



# Some Agentic Frameworks

Category	Framework / Tool	Highlights / Example Use Case
Orchestration Runtimes	LangGraph	Stateful graph programming for long-running, agentic flows with human-in-loop.
	LangChain Agents (ReAct)	Prompt-based agent model; now evolving into LangGraph for production.
Workflow Engine	n8n (Al Agent Node)	Low-code orchestrator; integrates agents ↔ triggers ↔ APIs seamlessly.
Multi-agent Coordination (A2A)	AutoGen	Facilitates multi-agent dialogue, tool use, and supervisor agents.
	CrewAl	Manages role-based agent teams ("crews") for collaborative workflows.
Guardrail Toolkit	NVIDIA NeMo Guardrails	Policy layer to restrict/outbound calls and unsafe LLM generations.









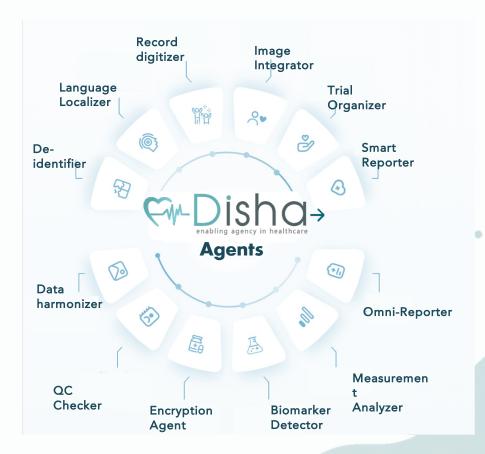
- Safety & Compliance Risks with Unbounded Autonomy
- PHI compliance (Edge vs Cloud), What is shared? where it is shared? how it is shared? With whom it is shared?
- Strong Need for Human Oversight (Human in control)
- Need for plug and play solutions + easy IT integration + minimal setup
- Role scoped solutions



# Building a system of intelligent agents

# <u>Disha Platform</u> powers hospital operations with a <u>system of</u> <u>interoperable, task-specific agents</u>

- Agents automate key tasks and workflows, reducing manual effort and errors
- Seamlessly operate within existing hospital systems-no disruption
- Each agent delivers the 3 Is: Information, Intelligence, and Interface for actionable results





Unlock operational efficiency and smarter care with Disha's intelligent agents.

### Disha Box

Flexible, Secure, and Future-Ready Deployment

#### Deploy Anywhere

- o On-premises, cloud, or as a portable "Disha Box" (edge device)
- Local deployment ensures patient data privacy and regulatory compliance-no data leaves your premises

#### Plug & Play Integration

- o Secure APIs, custom UIs, or hybrid modes
- Designed to be interoperable with diverse devices, and legacy systems

#### Minimal IT Burden

 Pre-configured Device, Minimizes need for specialist IT staff and reduces operational complexity





### Disha Box\* ( comes with agents preinstalled, plug and play)

- 2048-core Ampere GPU, 64GB LPDDR5 RAM, 4TB NVMe SSD, with HDMI, USB, Gigabit Ethernet, and CSI camera ports.
- DISHA Box runs compact LLMs and multimodal models tuned for hospital use—up to 12B parameters—locally on-site.
- Plug-and-play setup with built-in privacy; designed for steady, reliable performance.



\*under development

### Disha Box Flexible, Secure, and Future-Ready Deployment

- o Scalable & Modular
  - Add/remove agents as needs change; supports multisite and multi-department rollouts
- Attach physical sensors seamlessly
  - o Camera, Microphone, Speaker etc
- Role based Provisioning
  - Each box can be provisioned for a specific role ( i.e bed, Nurse, technician etc)
- Future-Ready
  - Built for new protocols, instantly compatible with LLMs and AI tools



#### Disha Box\* ( comes with agents preinstalled, plug and play)

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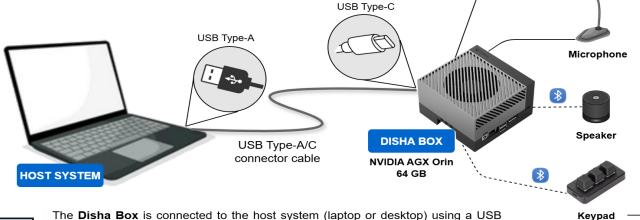
\*under development

# Disha box setup

#### **Host System**

The host system can be any laptop or desktop where the Disha Box is connected using a USB Type-A and/or Type-C connector cable.

User can access the agents using browser only. The box will availble by the domain name <a href="https://disha.local">https://disha.local</a>



#### **NVIDIA AGX Orin 64GB Specification**

**GPU:** NVIDIA Ampere architecture with 2048 NVIDIA CUDA® cores and 64 Tensor Cores

CPU: 12-core Arm Cortex-A78AE v8.2 64-bit CPU

Memory: 64GB LPDDR5 (256-bit interface) with

204.8 GB/s bandwidth

Storage: 64GB eMMC 5.1 + 2TB SSD

The **Disha Box** is connected to the host system (laptop or desktop) using a USB Type-A and/or Type-C connector cable. The accessories are connected via USB or bluetooth.



NO INTERNET CONNECTION REQUIRED



POWERED BY LARGE LANGUAGE MODELS (LLM)

**Document Camera** 

Accessories



PLUG AND PLAY SUPPORT



AGENT-DRIVEN SERVICES



MEETS ALL HIPPA AND MEDICAL GUIDELINES



enabling agency in healthcare

# Model(s) Summary





minicpm-o2.6:8b

gpt-oss:20b

gemma3:12b-it-fp16

Medical Vision medgemma-4b-it

Medical NLP all-MiniLM-L6-v2

**General Vision** 

Speech To Text (STT) MERaLiON-2-10B

whisper-large-v3

Text To Speech (TTS) Kokoro-82N







Agent	Primary Model	Secondary Model	Task Type
Prescription Reader	google/medgemma-4b-it	gemma3:12b-it-fp16	Medical Vision
Discharge Summary	gpt-oss:20b	openbmb/minicpm-o2.6:8b	Medical Vision
Speech To Text (MERaLiON-2- 10B)	MERaLiON/MERaLiON-2-10B		STT
ICDMapper	gemma3:12b-it-fp16	all-MiniLM-L6-v2	Medical NLP
Notes Reader	gemma3:12b-it-fp16		General Vision
Radiology Explainer	google/medgemma-4b-it	gemma3:12b-it-fp16	Medical Vision
Measurement Analyzer	google/medgemma-4b-it	gemma3:12b-it-fp16	Medical Vision
Text To Speech (TTS)	hexgrad/Kokoro-82M		TTS
Speech To Text (STT)	openai/whisper-large-v3		STT
Report of Reports (RoR)	gpt-oss:20b	google/medgemma-4b-it openbmb/minicpm-o2.6:8b	Medical Vision



# Tech Stack



**Frontend** 

React.JS v19.0 RC Middleware

Next.JS v15.0 **Backend** 

Python v3.10 DB / Object Store /
Secret Store

MongoDB v8.0.4

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**Vault** v1.20.0

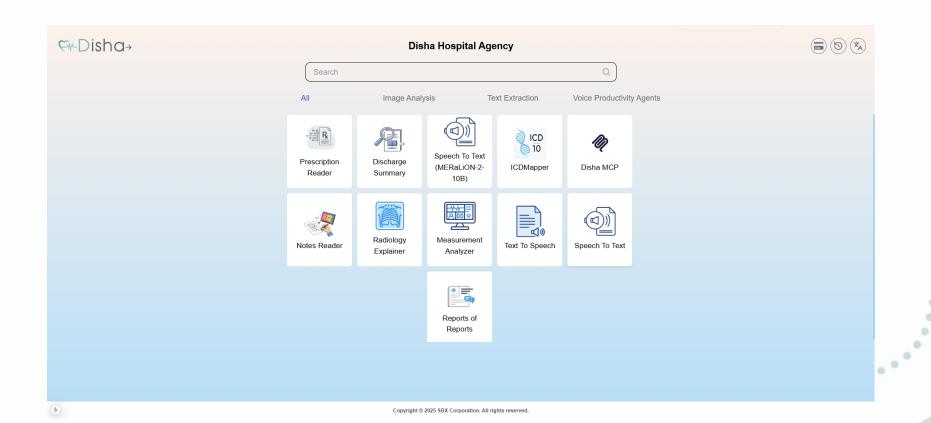
Deployment

Docker Docker Compose

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# The Disha Agency







# Agency Showcase: ROI Reporting & actionable Insights

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- Reports (both in text narrative, tabular quantities and images) are a critical component of hospital operations and clinical practice
- Deliberate Integration: Data and reports need to operate with existing HMS
- Ability to generate actionable insights in a trustable, explainable and interpretable manner is central to healthcare



Rasheed, Khansa, et al. "Explainable, trustworthy, and ethical machine learning for healthcare A survey." Computers in Biology and Medicine (2022): 106043.

LIMS: Laboratory Information Management System HMS: Hospital Management Systems



# ROI Agents showcase













#### Reading, structuring and reporting of clinical notes









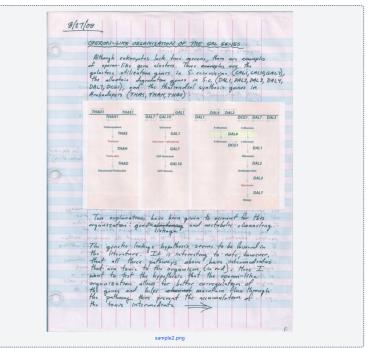














Date: 8/27/08

#### Title: OPERON-LIKE ORGANIZATION OF THE GAL GENES

- Although eukaryotes lack true operons, there are examples of operon-like gene clusters. Three examples are the galactose utilization genes in S. cerevisiae (GAL1, GAL10, GAL7), the allantoin degradation genes in S.c. (DAL1, DAL2, DAL3, DAL4, DAL7, DCG1), and the thaliandiol synthesis genes in Arabadopers (THAS, THAH, THAS)
- . Two explanations have been given to account for this organization; genetic linkage and metabolic channeling.

Text (English) Text (Japanese) Structured (English) Structured (Japanese)

• The genetic linkage hypothesis seems to be favored in the literature. It is interesting to note, however, that all three pathways above have intermediates that are toxic to the organism (in red). Here I want to test the hypothesis that the operon-like organization allows for better co-regulation of the genes and helps channel maintain flux through the pathway thus prevent the accumulation of the toxic intermediate Diagrams:

#### • Title: THAD1 THAS1

- Oxidosqualene
- THAS
- Thallanol • THAH
- Thallandiol
- THAD
- Desaturated Thallandiol
- Title: GAL1 GAL7 GAL10
- Galactose
- GAL1
- Galactose 1-phosphate
- GAL7 UDP-Galactose
- GAL10 UDP-Glucose
- Title: DAL1 DAL4 DAL2 DCG1 DAL7 DAL3
- 5-Allantoin
- DAL4
- 5-Allantoin

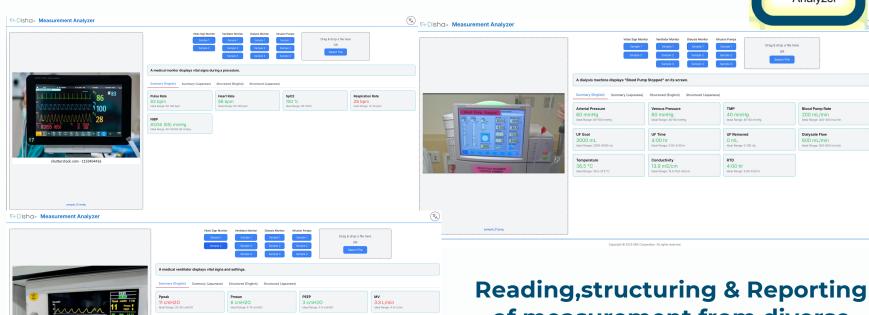


# ROI Agents showcase



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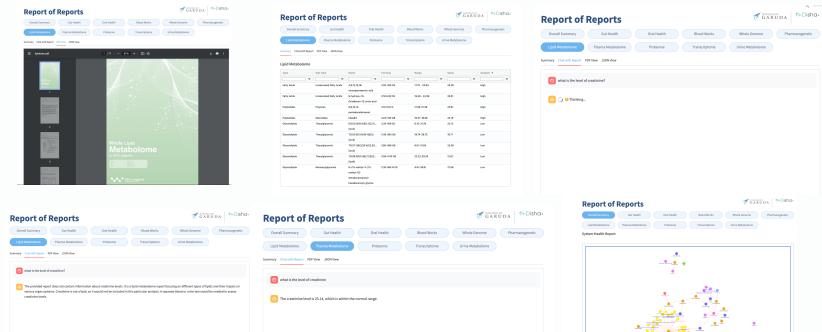
Reading,structuring & Reporting of measurement from diverse devices



# ROI Agents showcase









# **Agency Stories**

Discharge Summary Agent

Prescription Reader Agent

Speech To Text (MERaLiON) | ICDMapper

Report of Reports (RoR) | Text To Speech (TTS)

Measurement Analyzer | EHR (XLS)

Measurement Analyzer | Text To Speech (TTS)

LangGraph workflows





#### **Agentic AI for Clinical Decision Intelligence: The TGWA Case Study**

Setting the <u>direction</u> for the future of Clinical Decision Intelligence (CD<sub>x</sub>)

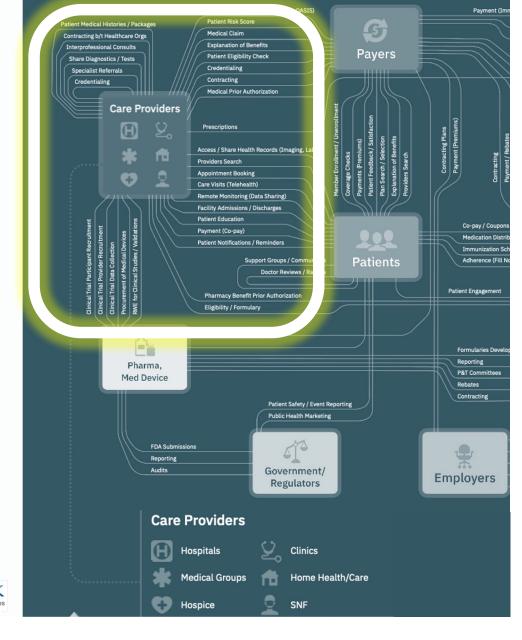
> **SBX Group** Circa 2000 - Present













## Agents in Action – Al Clinic



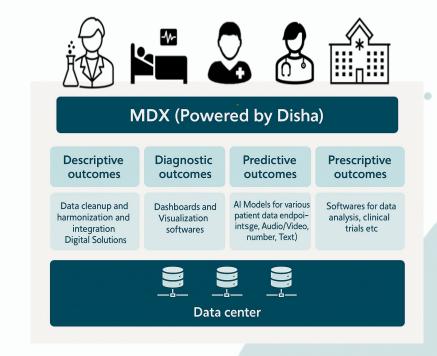
Developed and deployed an Al Clinic with Disha agents to operationalize an Aging and Wellness Clinic in Tokyo, Japan

**1,500** Patients

4 Clinical Trials



**Aging and Wellness focused Clinic in Tokyo** 





### Before that. State of Al

https://www.idgconnect.com/article/3583467/gartner-accelerating-ai-deployments-paths-of-least-resistance.html

#### Today

- >50% of POCs make it to production.
- Average turnaround cycle is 9-10 months

#### Last decade

- -Focused on building POC AI models in research.
- -Putting models to production and operationalizing was an afterthought

#### Near Future

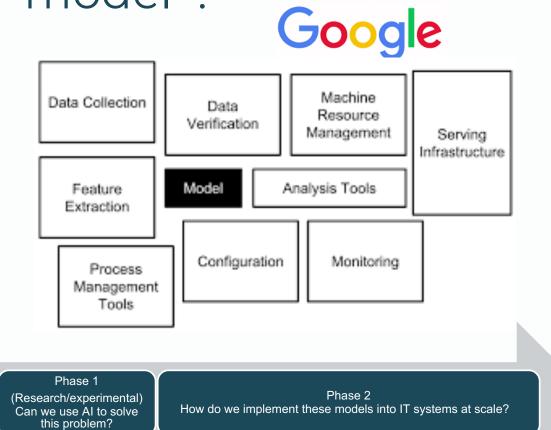
 Large number of organizations (hospitals) will shift focus from piloting to operationalizing Al

"IT leaders responsible for AI are discovering 'AI pilot paradox', where launching pilots is deceptively easy but deploying them into production is notoriously challenging."

Gartner



How much of real world AI "systems" is the AI "model"?

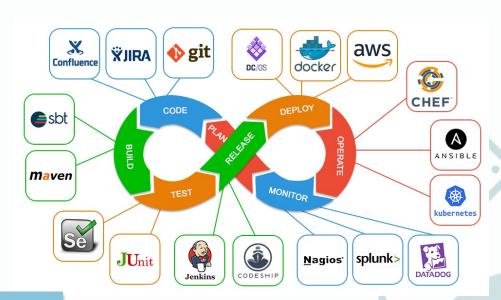




# We are now at the point where software engineering was a (few) decades ago!

#### Devops

- Software Development + IT Operations is a subarea of software engineering
- Scalable software products are built by embracing best Devops practices



**Embracing similar practices for AI?** 

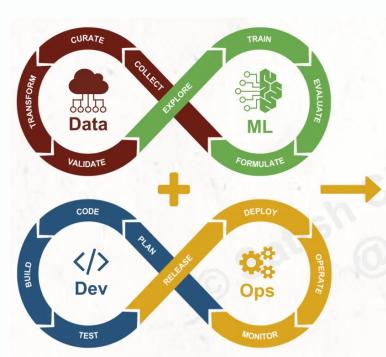
https://medium.com/swlh/how-to-become-an-devops-engineer-in-2020-80b8740d5a52

Rise of MLOps

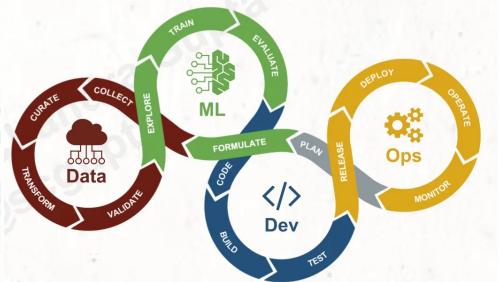


# MLOps

- Data + ML + Dev + Ops = MLOps
- Extending Devops for AI-ML

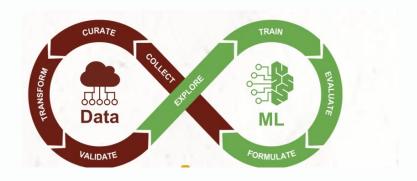


- Model versions tracking
- Monitor data versions and transformations
- Automation: data cleanup, transformation, re-training, optimization and scoring
- Monitor model performance (accuracy and robustness)
- Logging and notifications
- Governance: regulatory compliance
- Governance: reporting





### Data and Model





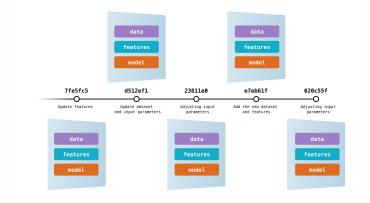


ML Stages	Tasks	
Data Engineering	Data acquiring, validation, and processing	
Model Development	Model training, evaluation, and testing	
Continuous Integration	Build and testing	
Continuous Delivery	Deployment new implementation of a model as a service	
Monitoring	Setting alerts based on pre-defined metrics	

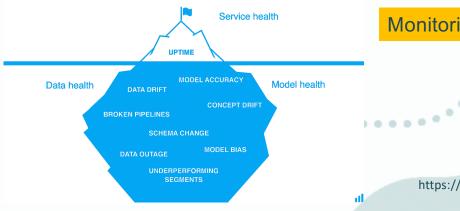


- Assumptions: Data Scientist's decisions and assumptions must be explicit.
- · Randomness: Considering that some machine learning experiments contain pseudorandomness, this needs to be in some kind of control so it can be reproduced. For example,
- . Data: The same data of the experiment must be available.
- . Settings: Repeat and reproduce experiments with the same settings from the original.
- ation: Especially with complex models, different implementations can have different results. This is important to keep in mind when debugging.
- . Environment: It's crucial to have the same runtime configurations among all data scientists.









**Monitoring** 

https://mlops-guide.github.io/

# Al Clinic Case Study – Overview & Impact

#### Before DISHA, The clinic faced challenges common in healthcare operations

- Fragmented data across EMRs and equipment
- Manual data entry and Limited insights

#### MDx Platform

- Centralized data portal that consolidated diverse sources
- · Automated data processing
- Extensible infrastructure to expand new AI models and applications

#### Key Features of the Platform

- In-house compute for seamless processing
- Full Integration of all equipment & data sources
- DISHA agents to clean, harmonize, and analyze data
- MLOps & AlOps in action for continuous optimization
- Al-ready for future applications

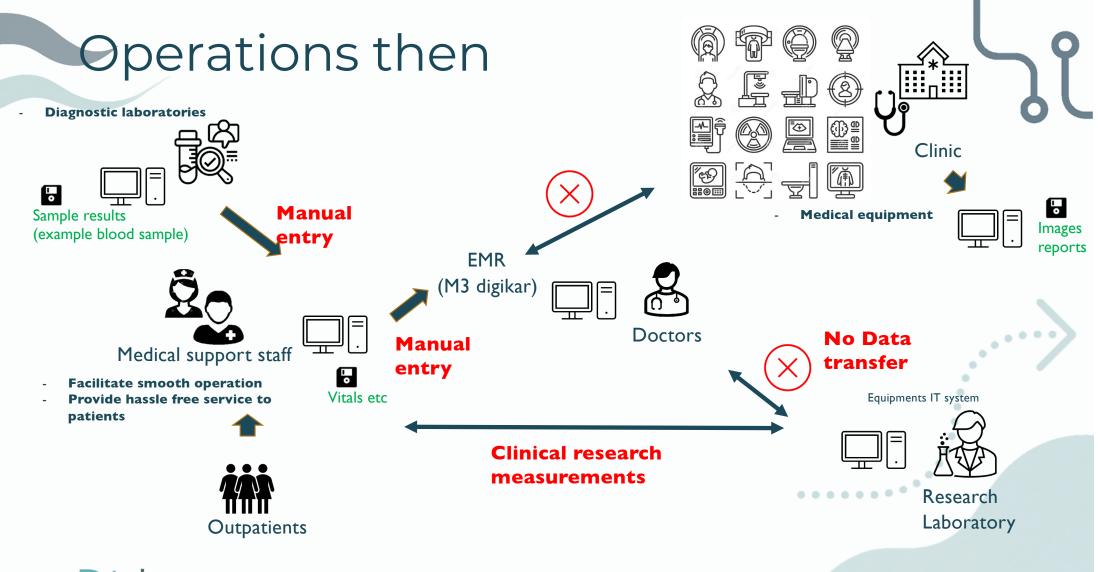
**Intelligent Agents** 

Operationalization(O16n\*)

**Data & Security** 

**Compute & Infrastructure** 







### **MDx Platform**











Improved decision making and outcomes

Descriptive outcomes

Diagnostic outcomes

Predictive outcomes

Prescriptive outcomes

Data cleanup and harmonization and integration Digital Solutions

Dashboards and Visualization softwares

Al Models for various patient data endpoints (Image, Audio/Video, numbers, Text)

Softwares for data analysis, clinical trials etc

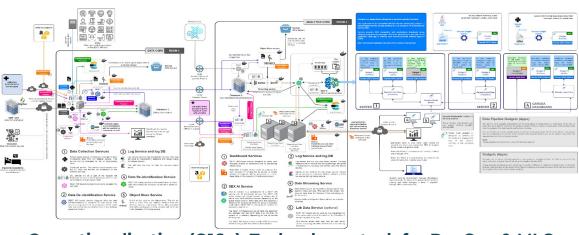






Robust, Secure Infrastructure for

Scalable Al



Operationalization (O16n): Technology stack for DevOps & MLOps

**Intelligent Agents** 

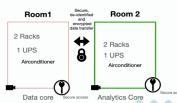
Operationalization(O16n\*)

**Data & Security** 

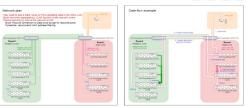
Compute & Infrastructure

✓ Secure, redundant infrastructure ensures compliance, uptime, and data protection





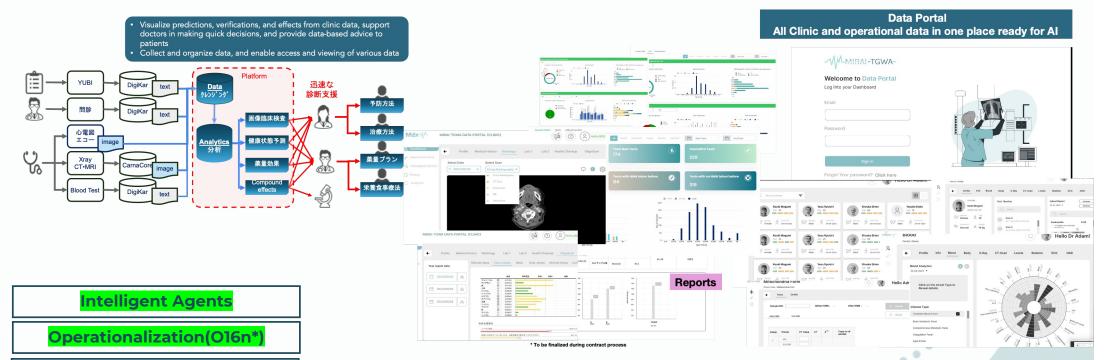
Compute and Infrastructure built ground up





# Al Clinic – Data Flow & Analytics in Action





✓ Unified data enables real-time analytics, evidence-based advice, and automated reporting-all in one portal

**Data & Security** 

Compute & Infrastructure

### Disha Pilots



#### **Lighthouse Projects**

Reaching out to collaborate with hospitals & clinics to develop, deploy and test

Disha Agents

#### **Current Disha Partners**

Hopeful Aging, USA https://hopefulaging.com/

SRM University and Corporate Hospitals, India

Redkar Hospital, India

The University of Osaka, Faculty of medicine, Japan

Graduate School of Medicine, The University of Tokyo

Keio University Hospital, Japan



