HealthIQ AI v5

Functional & Technical Design Document

1. Vision & USP

World's most advanced personalised biomarker analytics platform.

- **Mission**: Transform routine blood results into a deep, interconnected health intelligence journey grounded in clinical science, enriched by AI, delivered through an elite UX.
- Unique Selling Proposition (USP):
 - Every biomarker fully explained in biological and systemic context
 - o Canonical-only downstream enforcement no leaks of raw/non-canonical names
 - Network-based interpretation through clusters and composite signatures
 - o Narrative, visual, and interactive insights far beyond "PDF-like" reports
 - o Clinically credible, evidence-based thresholds with confidence intervals

2. Functional Scope

User Workflow

1. Data Ingestion

- o Upload PDF, CSV, or manual entry of blood results
- o Complete structured lifestyle questionnaire
- Metadata: age, sex, demographics

2. Canonical Normalisation

- o Map non-canonical names to canonical IDs via BiomarkerAliasResolver
- Derived values auto-calculated (TG:HDL, HOMA-IR, etc.)

3. Scoring & Cluster Analysis

- o Each biomarker scored against evidence-based ranges
- Cluster engines detect patterns (e.g. Silent Inflammation Load)
- o Composite signatures evaluated (e.g. Longevity Resilience Index)

4. Insight Generation

- o Insight orchestrator aggregates biomarker + cluster outputs
- o Gemini/Narrative AI produces personalised explanation
- Recommendations surfaced with evidence and confidence levels

5. Frontend Experience

- o Real-time progress pipeline (Upload → Normalise → Score → Cluster → Insights)
- o Interactive biomarker cards, cluster radar, trend charts
- o Narrative cards with trust indicators, confidence, and lineage
- Exportable reports and provider/family sharing

3. Technical Architecture

Backend (Python, FastAPI)

- Data Models: Pydantic immutable models (BiomarkerValue, BiomarkerPanel, UserContext)
- **Context Layer**: AnalysisContext with strict validation (frozen objects)
- Canonical Enforcement: _assert_canonical_only() at orchestrator boundary
- Scoring Engine:
 - o Evidence-based thresholds (with ranges + confidence intervals)
 - o Derived ratios and composite signatures

Insight Engine:

- BaseInsight contract → per-domain insights (Metabolic Age, Heart, Detox, Inflammation)
- CompositeSignature layer for multi-biomarker USP patterns
- Narrative AI: Structured JSON → Gemini prompt → personalised summary
- Database: Supabase (Postgres) for user data, biomarker refs, signatures
- APIs: FastAPI with OpenAPI docs, <200ms target response

Frontend (Next.js + React + Tailwind + TypeScript)

• Component Domains:

o Analysis/ → pipeline progress, real-time normalisation visual

- Visualization/ → interactive panels, cluster radar, trends
- Narrative/ → insight cards, recommendations, progress tracking
- o Collaboration/ → shareable reports, provider/family views
- State Management: React Query + Zustand
- Mobile-First UX: progressive disclosure, offline caching, accessibility config
- Visualisation:
 - o react-gauge-chart for biomarker dials
 - o D3.js/Chart.js for radar + trend graphs
 - Cross-correlation heatmaps

Cross-Cutting Services

- Notifications (email, in-app)
- Storage (Supabase buckets for uploads)
- Logging/Monitoring (Prometheus/Grafana)
- Security (JWT auth, RBAC for providers)

4. Sprint Roadmap

Sprint 0: Foundation Setup

- Repo setup (backend/, frontend/, docs/)
- CI/CD pipeline (tests + lint)
- Supabase/DB schema migration
- Dev tools: Cursor, Pre-commit hooks, mypy, pytest baseline

Sprint 1: Technical Foundation

- Implement canonical-only context architecture (as per Claude's doc)
- Replace legacy contexts with AnalysisContext
- 95%+ coverage on context pipeline
- Load + performance baseline established

Sprint 2: Clinical Depth

- Audit and update biomarker thresholds with evidence refs
- Add 15–20 advanced biomarkers (hormones, advanced lipids, micronutrients)
- Implement 3 new health domains (Hormonal Health, Micronutrients, Cardiovascular)
- Clinical advisory board recruited

Sprint 3: UX Excellence

- Build frontend progress pipeline, biomarker cards, cluster radar
- API standardisation with error handling
- Mobile optimisation and progressive loading
- Launch personalised recommendation engine (frontend)

Sprint 4: Intelligence Differentiation

- Implement composite signatures (Longevity, Fatigue, Silent Inflammation, Metabolic Instability, Detox)
- Build correlation engine + predictive analytics
- Deploy unique Health Intelligence Score
- Integrate AI Health Coach (Gemini-powered)

5. USP Integration: Why This Architecture Wins

- Canonical Boundary Enforcement: Prevents the technical debt problems of v4
- Cluster & Signature Layer: Encodes HealthIQ Al's unique systemic interpretation
- Immutable Contexts: Reliable, type-safe foundation (no silent state bugs)
- Narrative Layer: Gemini only interprets structured canonical outputs → no hallucinations
- Elite UX: Progress transparency + interactive exploration builds user trust and engagement
- Clinical Credibility: Evidence-backed thresholds + advisory board oversight

6. Success Criteria

- Technical:
 - o 99.9% uptime
 - o <200ms API response

95% test coverage

• Clinical:

- 75+ biomarkers
- o 12+ health domains
- Advisory board + published validation

• UX:

- o 80% user return within 30 days
- 4.5/5 satisfaction
- o 25% trial → paid conversion

Market:

- o Top 3 awareness in health insights
- o 100k active users in 12 months

This document is standalone — it links your tech stack directly to your USP (clusters + composite signatures as the moat). It tells devs what to build (pipeline, canonical boundary, clusters, UX), how to build (Pydantic models, Next.js state, Supabase), and when to build (Sprint roadmap).

Would you like me to now package this into a polished PDF functional + technical design spec so you can circulate it with the team as an official blueprint?