Patient-Driven AI Pilot for Early MS Detection at Kettering Health

Executive Summary

This proposal outlines a patient-driven AI pilot to identify early-stage Multiple Sclerosis (MS) in patients initially diagnosed with mental health conditions. A current Kettering patient – himself an MS patient misclassified for years as a psychiatric case – is volunteering to spearhead this zero-cost, minimal-resource initiative. By leveraging the patient's own MRI data under HIPAA-compliant rights, the project will develop a proof-of-concept AI model to flag early MS lesions in brain scans of patients with mental health diagnoses. This unique collaboration aligns with Kettering Health's innovation legacy (in the spirit of Charles F. Kettering's diagnostic ingenuityen.wikipedia.org) and positions the organization as a pioneer in ethical AI integration in healthcare. The pilot promises no disruption to operations and no new infrastructure, yet offers high upside: improved patient outcomes, national media visibility, academic partnerships, and access to federal research grants.

Opportunity

Identified Gap: Early MS often manifests with cognitive or mood symptoms and can be misdiagnosed as purely mental health issues. In the proponent's case, years of therapy and psychiatric meds followed a misclassification, until MRIs revealed 7 brain lesions consistent with MS. This pilot seizes the opportunity to catch such cases earlier. By applying advanced AI analysis to existing MRI scans of patients with mental health diagnoses, Kettering Health can uncover "hidden" MS cases that clinicians might overlook. Studies suggest up to a third of MS patients experience significant diagnostic delays, sometimes being treated for depression or anxiety instead of the underlying MS (leading to lost time in managing a progressive neurologic illness)en.wikipedia.org. Early identification means earlier treatment, which correlates with better long-term outcomes and reduced disability in MS. For Kettering, this is an opportunity to *do the right thing for patients* and lead a paradigm shift in interdisciplinary care—bridging neurology and mental health through technology.

Patient's Story: The driving force is a Kettering patient who *lived* this gap. As an African American male with MS, he falls into a demographic that statistically faces more aggressive MS progression and worse outcomes if not treated early. He endured misdiagnosis and wants to ensure others don't suffer the same fate. His personal story will not only guide the AI development (using his own MRI and health data as the initial test case) but also humanize the project for stakeholders and the public. It's a compelling narrative: a patient turning his adversity

into an innovative solution for future patients. This kind of human-centered innovation resonates strongly in grant applications and media stories, amplifying the impact of Kettering's leadership.

Market Timing: AI in medical imaging has matured to the point that tools can detect subtle neurological changes that escape human eyes. MS, with its sporadic lesions and unpredictable course, is ripe for AI intervention. There is a narrow window now where *validated AI models* for early MS detection are emerging (e.g. the MindGlide platform and UCL's 2025 MS detection models) – but few hospitals have piloted them in clinical practice. Kettering Health can be among the first movers, gaining experience and recognition before such AI becomes standard. The timing aligns with increasing national attention on health equity (as misdiagnosis often affects minority patients disproportionately) and on patient-driven innovation in healthcare.

Strategic Fit

Alignment with Kettering's Mission: Kettering Health, rooted in the innovative legacy of inventor Charles F. Kettering, has a tradition of embracing new technologies for better care. (Notably, Charles Kettering was *"a pioneer in the application of magnetism to medical diagnostic techniques"*en.wikipedia.org – essentially foreshadowing MRI technology.) This project to apply cutting-edge AI on MRI data is a natural extension of that legacy. It directly supports Kettering's mission of improving lives through advanced healing and care innovation. By focusing on early MS detection in psychiatric patients, the pilot also underscores Kettering's commitment to whole-person care – addressing both mental and physical health in unison.

Reigniting the Innovation Center: In recent years, Kettering's Innovation Center has sought a flagship project to re-establish its prominence. This patient-driven AI pilot could be that flagship. It requires minimal funding yet represents a bold leap in care delivery. The story alone – *patient leads AI breakthrough at hospital* – can rejuvenate internal enthusiasm and external perception of the Innovation Center. It harkens back to the ethos of Kettering's namesake: practical innovation that solves real problems. By championing this project, the Innovation Center positions itself at the intersection of AI, neurology, and mental health, a convergence area that is attracting interest (and funding) across the nation.

Competitive Advantage: Healthcare systems that successfully integrate AI in patient care will lead the next era of medicine. This pilot gives Kettering a competitive edge regionally and nationally. Few, if any, Ohio health networks have a patient-led AI project on their portfolio. Success here could make Kettering Health a benchmark for ethical AI collaboration with patients, differentiating it in the eyes of forward-looking patients, clinicians, and partners. It also opens avenues for partnerships with tech companies and universities (for example, collaborating with institutions like University College London, which is actively researching AI for MS). In essence, the strategic fit is high: the project reinforces Kettering's identity, energizes its innovation agenda, and builds future-ready capabilities.

Pilot Scope

Objective: Develop and validate a Minimum Viable Product (MVP) AI system that can analyze brain MRI scans of patients (initially focusing on those carrying mental health diagnoses) and flag indicators of early-stage Multiple Sclerosis. The MVP will be a proof-of-concept – demonstrating that AI can retrospectively identify MS lesions or suggest an MS diagnosis in cases that were previously labeled as psychiatric.

Scope of Work: The pilot will proceed in phases:

- Phase 1 – Data Aggregation (Patient as Prototype): Leverage the volunteer patient's own MRI scans as the primary dataset. Under HIPAA's patient access rights, the patient already has legal access to his DICOM MRI files, ensuring no institutional barriers to using this data. These scans will be de-identified and loaded into a secure analysis environment. If feasible, and with proper approvals, we may also include a small number of additional de-identified MRI cases from Kettering's archives where patients had long diagnostic odysseys (mental health to MS) – but this is a bonus, not a requirement for Phase 1.

- Phase 2 – AI Model Development: Using existing validated algorithms (e.g., the *MindGlide* AI toolkit known for analyzing neurological patterns in mental health patients, and the latest machine learning models from University College London's 2025 MS research), develop a model tailored to our use-case. This isn't starting from scratch – it's about fine-tuning proven architectures on our specific data. The model will be trained to recognize subtle demyelination patterns, white matter lesions, or other markers that indicate MS at an early stage. For our pilot, the patient's MRI images (and any similarly situated cases) will be labeled based on outcome (MS confirmed vs. not) to teach the model.

- Phase 3 – Validation: Once the model identifies potential MS indicators, we will compare its findings against the actual clinical timeline. For example, does the AI find lesions or anomalies in the patient's earlier MRIs that radiologists overlooked at the time? The patient's subsequent diagnosis of MS provides a ground truth to validate whether the AI could have alerted us years earlier. We will document these findings. While the sample size in the pilot is small, even one successful early detection (even if retrospective) demonstrates value. The output of this phase will be a report and visualization of the AI's detections versus actual clinical detection.

- Phase 4 – Reporting and Next Steps: Prepare an outcomes report for Kettering leadership and potential grant sponsors. Outline how the AI performed, lessons learned, and how this could be expanded in a full study. This phase also involves packaging the story (patient narrative + technical results) for publication or presentation, and drafting the grant proposals (R01/R21) to scale up the study.

Scope Boundaries: Importantly, this pilot does not involve live clinical diagnosis or altering any patient's care based on AI – it is a retrospective data study and thus carries no risk to current

patients. It's essentially a simulation using past data to prove a point. The pilot's aim is to inform future larger-scale projects; it is not yet an official diagnostic tool deployment. By keeping the scope focused and retrospective, we avoid regulatory hurdles during the pilot phase (no FDA clearance needed for a retrospective tool, no IRB complications since the primary data owner is the patient himself).

Data and Tools

Data Source: The core data will be MRI brain scans in DICOM format. The volunteer patient has MRIs from multiple points in time (including scans done at Kettering and possibly outside). He will securely share these under his patient right-of-access. If additional patient cases are included, they will be sourced via Kettering's records with proper de-identification (and likely under a data-only research protocol, which the patient collaborator is certified infile-kxwktpncx51adeszav8cgj). We will also utilize relevant clinical notes to know which scans eventually led to an MS diagnosis, to serve as ground truth labels.

AI Tools: Rather than building an algorithm from the ground up, the pilot will leverage existing AI frameworks validated in research settings:

- *MindGlide:* an AI platform designed to analyze patterns in mental health patient data for hidden neurological signs. MindGlide's algorithms have been tested in identifying neurological disorders that present with psychiatric symptoms. We will use MindGlide's approach as a foundation, adapting its models to focus on MRI imagery. (For instance, MindGlide might help highlight cognitive-emotional correlates in the patient's history that, when combined with MRI data, strengthen the case for MS – a multi-modal AI approach.)

- *UCL's 2025 MS Models:* Researchers at University College London (UCL) have developed advanced machine learning models for early MS detection, aiming for deployment by 2025. These models (likely convolutional neural networks trained on thousands of MS and non-MS MRI scans) can be applied to our data. They come pre-trained on feature patterns of MS lesions, including very small or atypically located lesions often missed by radiologists. By citing UCL's model architecture, we ensure our pilot stands on the shoulders of proven science. We will incorporate elements of their approach (e.g. using transfer learning from the UCL model to our smaller dataset). Early studies from UCL indicate high accuracy in distinguishing MS lesions from normal variationsen.wikipedia.org, which gives confidence in using their model as a starting point.

- *Infrastructure:* All that's needed is a computing environment to run the AI analysis. The patient-volunteer, also a seasoned engineer, can provision a secure cloud instance or use local GPU resources for this work. No hospital IT hardware is required. We will ensure any PHI (protected health information) is stripped out before data enters the AI pipeline (e.g., images will be tagged with codes, not names). The Innovation Center's

oversight will verify compliance with data handling standards.

Validation Tools: To interpret and present results, we will use visualization software (for example, overlaying AI-detected lesion markers on the MRI images). This makes it easy for physicians like neurologists and radiologists at Kettering to review what the AI is “seeing.” Additionally, statistical tools will be used to quantify the findings (e.g., how many lesions the AI found that were not in the original report, etc.).

What Is Needed

The ask from Kettering Health is very limited, focusing mainly on oversight and access:

- Executive Sponsorship: Approval to proceed as an official Innovation Center pilot. This gives the project legitimacy and allows the use of the Kettering name in grant applications. Importantly, executive buy-in will help clear minor hurdles (like getting any needed data releases) quickly.

- Access to Data: Provide the patient-volunteer access to his historical MRI scans if he doesn’t already have them all. Typically, patients can request their records from Medical Records – we ask that Kettering facilitate a speedy collection of all relevant DICOM files and any radiology reports for those scans. If additional de-identified cases are to be included, we would need help identifying a small set of candidate patients (e.g., those flagged by Neurology or Psychiatry where diagnosis changed from mental health to MS). This could be done under a simple data-use agreement or even as a quality improvement review, avoiding a lengthy IRB for the pilot stage.

- Innovation Center Oversight: A point person or advisor from the Innovation team (or a relevant department like Neurology) to periodically check in on the project. This is not a labor-intensive role – mainly to ensure the patient-researcher has guidance and that the work stays aligned with Kettering’s standards. For example, Dr. Dietz or Dr. Menkedick (who have shown interest in tech innovation) could meet monthly for 30 minutes with the project lead. Their clinical insight will help shape how results are interpreted and presented.

- No New Hardware or Software: We do not need Kettering to purchase any software licenses or hardware. All AI development will occur on the patient’s own secured systems or free open-source platforms. If Kettering has a preference (for example, using an Azure or AWS sandbox under Kettering’s account for data security auditing), the patient is flexible and experienced in those environments too. The key is that there’s no burden on Kettering’s IT or budget.

- Legal/Compliance Sign-off: A light review by Kettering’s compliance team to ensure all HIPAA and data use policies are followed. Since the primary data belongs to the patient

and any additional data would be de-identified, risks are low. We would welcome a simple memorandum of understanding that clarifies the hospital is allowing this pilot as a collaboration with a patient, and that all parties will uphold privacy rules. This also ensures that down the road, if publications or media coverage emerge, Kettering is properly acknowledged and protected.

In summary, all that is needed is permission and a bit of support. No funding, no hiring, no new infrastructure. The patient-volunteer will carry out the technical heavy lifting; the hospital provides the environment and encouragement for innovation. It's rare to have a project of such potential require so little from the organization – making this a low-risk, high-reward proposition.

Why Me (Patient Volunteer's Qualifications)

This project is led by a patient who is uniquely qualified at the intersection of technology and healthcare:

- Health Tech Expertise: The volunteer patient is not just a patient; he is a former Chief Technology Officer (CTO) of a health-focused startup and has over a decade of experience in software engineering and data science. In a prior role, he secured $1.6M in federal SBIR grants for a healthtech project by authoring technical proposalsfile-kxwktpncx51adeszav8cgj, demonstrating his grant-writing prowess. He has also served as a Senior Research Engineer at Cincinnati Children's Hospital, contributing to grant-funded biomedical informatics researchfile-kxwktpncx51adeszav8cgj – thus he is familiar with healthcare data, IRB processes, and the culture of medical research.

- AI and Data Science Skills: Currently pursuing a Master's degree in Computer Science with a specialization in Artificial Intelligence at Georgia Tech (graduating 2025)file-kxwktpncx51adeszav8cgj, he is up-to-date with the latest AI techniques. His technical toolkit (per his resume) spans Python, machine learning, cloud computing, and data visualization. Notably, he has hands-on experience building MVPs and data pipelines in complex domainsfile-kxwktpncx51adeszav8cgjfile-kxwktpncx51adeszav8cgj. Developing an AI model for MRI data is squarely within his skill set. Few patients could single-handedly drive a project like this – but this individual has the technical acumen to design algorithms and the engineering discipline to deliver a reliable prototype.

- Personal Motivation and Insight: As a person living with MS after a long diagnostic journey, he brings an invaluable perspective. He understands which early symptoms were dismissed and can guide the AI on what to look for. His passion is evident – this is a deeply personal mission to prevent others from suffering uncertainty and improper treatment. This intrinsic motivation means he will devote the necessary time (outside of any day job or classes) to make this a success. In essence, Kettering gets a full-time

innovator for free, one who won't quit at the first obstacle because the cause is personal.

- Leadership and Communication: Beyond tech skills, the patient volunteer has served in leadership roles (e.g., board member of a non-profitfile-kxwktpncx51adeszav8cgj, team lead positions in industry). He can communicate effectively with both engineers and clinicians, translating technical jargon to medical stakeholders and vice versa. This makes him ideal to operate in the collaborative environment of an innovation pilot, interfacing with Kettering doctors and executives seamlessly. He's also adept at public speaking and could represent Kettering at conferences or media interviews about the project if needed.

In sum, "Why me?" Because it is rare to find a single individual who embodies the *patient's urgency*, the *technologist's capability*, and the *entrepreneur's drive* to secure funding and attention. Kettering Health can be confident that this project lead has the experience to execute the pilot professionally and the passion to ensure its success.

Grant Funding Pathways

One of the most exciting aspects of this pilot is its potential to unlock substantial external funding. By first proving the concept at no cost to Kettering, we position ourselves strongly to apply for state and federal grants to expand the project. The key targets include:

- NIH R01 Grant (NIMH or NINDS): An R01 is the National Institutes of Health's marquee research project grant, often supporting multi-year studies. Our project sits at the crossroads of neurology and mental health, making it eligible for either the National Institute of Mental Health (NIMH) or the National Institute of Neurological Disorders and Stroke (NINDS), or a collaborative initiative between them. We envision applying for an R01 to fund a larger study that follows this pilot – for example, enrolling say 200 patients with mental health diagnoses across multiple centers, and using AI to prospectively identify who develops MS. NIMH would be interested because we are preventing misdiagnosis of psychiatric disorders, and NINDS because we are improving MS diagnosis. A successful pilot (even with N=1 or N=5 patients) gives us preliminary data and the compelling narrative needed for an R01 application. These grants can be in the multi-million dollar range over 3-5 yearsfile-kxwktpncx51adeszav8cgj, potentially bringing significant research capital and prestige to Kettering Health.

- NIH R21 Exploratory Grant (Joint NINDS/NIMH): For shorter-term, high-risk high-reward projects, NIH offers R21 grants. Our idea of using AI to find MS in mental health patients is innovative and a bit paradigm-challenging – a perfect fit for an R21, which explicitly encourages exploratory, novel research. There are even precedents for joint institute R21s when a project overlaps domains. We would aim for an R21 to perhaps conduct a Phase 2 trial of the concept: e.g., implement the AI tool at Kettering and a partner hospital to see how many new diagnoses it flags over 1-2 years. R21s are typically

~$275,000 over two years, which could fund dedicated data scientists or clinicians to support the project (again, none of which Kettering has to pay out of pocket if the grant is won). The pilot results would make for a strong R21 proposal, demonstrating feasibility.

- Other Federal/State Opportunities: Beyond NIH, there are DoD (Department of Defense) medical research grants (the DoD has a Multiple Sclerosis Research Program, given MS's impact on veterans), which often favor projects helping underdiagnosed populations. Similarly, NSF (National Science Foundation) might be interested from the AI research angle (applied AI for social/health benefit). The State of Ohio's health innovation funds or partnerships with academic institutions (Wright-Patterson AFB's research labs, considering Dayton's proximity) are additional avenues. We would explore all of these once the MVP is in hand. It's worth noting that having Kettering's Innovation Center and executives on board for the pilot automatically strengthens any grant application's environment and support section, which reviewers weigh heavily.

- Private Foundation Grants: Organizations like the National MS Society and the Conrad N. Hilton Foundation (which often funds healthcare innovation) could be tapped. The National MS Society, for instance, has grant programs for research in progressive MS and in health disparities; our project touches both (early detection in an African American patient could yield insights on disparities). After demonstrating the concept, we could seek a Society grant or other philanthropic funding to refine the AI or to conduct community outreach (like screening programs in mental health clinics). These often range from $50k to $150k – smaller than NIH, but useful for niche objectives and further proof-of-concept expansion.

Securing one or more of these grants would not only fund the next stage of work but also bring honor and recognition to Kettering Health as a research hub. Importantly, as the grant's Principal Investigator (PI), the patient-volunteer can relieve Kettering staff of extra burden – he can draft proposals, manage submissions, and even administratively handle the grant if awarded (with Kettering's Research office oversight). This means Kettering reaps the rewards without straining its current team. The bottom line: *Invest one patient's volunteer hours now, potentially reap millions in funded research later.* It's an excellent return on investment.

Executive Engagement

For this project to reach its full potential, strategic engagement from key Kettering Health leaders is essential. We propose involving the following executives and physicians, each playing a tailored role:

- Michael Gentry (Executive Sponsor): As a top executive (CEO or similar), Mr. Gentry's visible support will give the pilot clout. We ask him to be the Executive Sponsor, lending his name and voice to the project. This might involve a brief introduction at the kickoff meeting, an email to the organization highlighting the initiative, and periodic interest in

progress. His backing signals that Kettering's leadership is serious about innovation and patient partnership. It also means if any roadblocks occur (data access, prioritization), his office can help clear them. Mr. Gentry's involvement would be largely high-level; for example, he might join the patient-volunteer in a short video or press release if the pilot yields success, showcasing leadership support.

- Eric Crouch (Chief Information Officer): Eric Crouch is envisioned as a key mentor in the project, bringing his extensive expertise in digital transformation and healthcare technology. As the Chief Information Officer (CIO) for Kettering Health, Eric oversees the strategic planning and implementation of information technology initiatives. His deep experience in leveraging technology to improve healthcare delivery will guide the methodology of the project, ensuring alignment with Kettering Health's innovation protocols. With his background in information systems, Eric can advise on navigating institutional processes and integrating new technologies. He could also play a pivotal role in co-chairing the pilot's oversight committee with the patient-volunteer to maintain communication and ensure the project's success. Eric's support and endorsement will be invaluable when presenting results to the broader medical staff or board, as he can articulate how the initiative fits into Kettering's digital transformation and innovation

- Jimmy Phillips (Innovation/Strategy Liaison): Mr. Phillips can serve as the point person from the strategy side (perhaps he leads marketing or strategic development). His role would be to ensure the project aligns with Kettering's strategic messaging and to capture the story for external audiences. He could help craft the narrative for press releases, coordinate any media inquiries, and connect the project with Kettering's marketing team for storytelling. Additionally, if Mr. Phillips oversees Innovation or community relations, he can help network the pilot with any existing corporate partners or ensure it features in Kettering's annual reports. Essentially, he'll help translate the pilot into a strategic asset for the organization's image.

- Dr. Menkedick (Clinical Champion – Neurology): Dr. Menkedick, likely a neurologist or a physician leader familiar with MS, would be the clinical champion of the project. We'd involve him to review the clinical relevance of the AI findings. For example, once the AI analyzes the MRI scans, Dr. Menkedick can provide an expert opinion: "Yes, these spots the AI flagged could indicate demyelination consistent with MS." Having a neurologist validate the results is crucial for credibility. He could also advise on medical nuances – e.g., what clinical info would strengthen the AI's predictions (symptom logs, spinal tap results, etc.). Time commitment is minimal: occasional review sessions and lending his name as a supporter. His presence helps ensure the project remains clinically grounded and that, if expanded, it addresses neurologists' needs.

- Dr. Lakes (Psychiatry and Behavioral Health Liaison): Since the pilot bridges mental health and neurology, Dr. Lakes (likely a leader in Kettering's behavioral health department) would provide perspective on the mental health side. Her role could be to

identify candidate cases (without breaking confidentiality) or to advise on how psychiatric symptoms overlapped with MS in the patient's story. She ensures the project has input from the mental health discipline – for instance, helping to design how we might one day deploy the AI in psychiatric clinics. Also, if any mental health-related grant opportunities or collaborations exist (like NIMH-funded networks), Dr. Lakes could connect us. Engaging her demonstrates we are not siloed in neurology; we are truly multi-disciplinary.

Engaging this roster of leaders is not meant to create a heavy bureaucracy, but rather to secure buy-in and guidance from all relevant corners of the organization. Each person's involvement can be tailored to their expertise and availability. We will schedule a kick-off briefing (likely a one-hour meeting) with all these stakeholders to outline the plan and their roles, and then keep them updated at major milestones (e.g., when initial AI results are in, when preparing the grant proposals, etc.). Their names can also be listed as co-investigators or advisors in grant applications, strengthening our applications' credibility.

This strategic engagement ensures the pilot isn't happening in a vacuum – it's woven into Kettering's fabric. It builds a sense of shared ownership: when success comes, all the above leaders will rightfully share the spotlight, and if challenges arise, we have a built-in support system to troubleshoot and iterate. It also virtually guarantees that, should the pilot demonstrate value, there will be champions at the decision-making table advocating to scale it up within Kettering.

Closing Argument

In closing, this proposal represents a once-in-a-lifetime opportunity for Kettering Health. It's not often that a patient steps forward with not only a problem to solve, but also the expertise and willingness to solve it at no cost. By embracing this pilot, Kettering stands to transform a patient's personal ordeal into a catalyst for innovation that could benefit countless others. The alignment with our institution's values and legacy is perfect – echoing Charles F. Kettering's innovative spirit in the modern era of AI and personalized medicine.

Consider the narrative we are creating together: A health system and a patient-partner developing an AI tool that could have changed that patient's life had it existed earlier, and will change lives going forward. It's a story of hope, resilience, and forward-thinking care. Executing this pilot will reinforce to our community that Kettering Health listens to patients, embraces innovation, and leads with heart and science. It's also a story likely to earn national media attention – the kind of positive spotlight that money can't buy. "*Local Patient Teams Up with Kettering Health to Train AI That Finds What Doctors Miss*" is a headline we can realistically aim for upon success, positioning us as a leader in ethical AI usage.

From a practical standpoint, the risk is minimal. We are not investing capital; we are investing trust and a bit of time. If the pilot, for any reason, falls short, the worst-case scenario is a learning experience and a goodwill effort that still showcases Kettering's willingness to try bold ideas. But if it succeeds, the upside is enormous: earlier MS diagnoses for vulnerable patients, potential new treatment pathways, academic publications, grant revenue, and an invigorated Innovation Center team that sees what's possible when we think outside the box.

This initiative is urgent. MS is a progressive disease – every year of delay in diagnosis is a year of potential neurodegeneration that we can't get back. Our volunteer patient already has seven lesions; had he been diagnosed earlier, perhaps some could have been prevented. He is determined to give back *now*, while he still can – and Kettering Health has a narrow window to partner with him while his health and technical edge are strong. In doing so, we send a powerful message: that Kettering Health not only treats disease but also fosters innovation to *prevent suffering*.

Let us seize this moment. By approving and supporting this patient-driven AI pilot, Kettering Health will light a spark at the Innovation Center that could grow into a guiding flame for the future of patient-centered innovation. We have the chance to lead the nation in how we integrate AI into care, how we engage patients as partners, and how we bridge disciplines to solve medical mysteries. This is "Innovation Why" in action – improving lives through creative technology and compassionate partnership.

Together, we can turn a missed diagnosis into a mission – one that propels Kettering Health to the forefront of the next great leap in healthcare. I urge you to join in this vision and approve the launch of the Early MS Detection AI MVP pilot. The investment is small, the execution is prepared, and the rewards – for our patients, our institution, and society – are profound. Let's make Kettering Health the home of the next breakthrough in MS care, and honor our legacy by building the future, today.