Recalla

Illustrative Use Scenarios

Fictional examples showing how Recalla may support cognitive monitoring conversations.

Document status: Public resource / technical preview. This document describes Recalla as a prototype-stage cognitive monitoring concept using voice-first cognitive biomarker signals. It does not present clinical validation or diagnostic claims.

Important Note

These are fictional use scenarios, not real case studies. They do not represent real patients, clinical outcomes, or validated product results. They are provided to explain possible workflows and responsible-use boundaries.

Scenario 1: Family Caregiver Monitoring Subtle Change

A daughter notices that her father occasionally repeats questions and seems less consistent in recalling recent events. He is not in crisis and has not received a new diagnosis. The family wants a structured way to observe changes between routine appointments.

- The father completes short voice check-ins several times per week.
- Recalla summarizes speech, language, memory, and engagement trend signals.
- The caregiver sees whether changes are isolated or persistent over time.
- If a meaningful change is flagged, the family can decide whether to discuss it with a clinician.

Safety boundary: Recalla does not tell the family that dementia is present. It supports a care conversation and encourages appropriate human review.

Scenario 2: Memory Clinic Between-Visit Context

A clinic wants additional context between formal assessments, especially for patients whose families report fluctuating symptoms. The clinician remains responsible for diagnosis and treatment decisions.

- A consent-first check-in workflow is used between scheduled visits.
- The clinician receives a concise trend summary before follow-up.
- The report highlights longitudinal changes without diagnostic language.
- The clinician uses the information only as one contextual input.

Safety boundary: The CARE Score is not a replacement for cognitive screening, neuropsychological testing, medical history, or clinical judgement.

Scenario 3: Eldercare Team Communication

An eldercare team wants a more consistent record of how residents engage in brief check-ins. The goal is communication support, not diagnosis.

- Staff review completion, engagement, and interaction consistency patterns.
- The system highlights trend changes that may merit a human conversation.
- Reports are used to support care-team communication and family updates.
- Any clinical concern is referred to qualified professionals.

Safety boundary: Care staff should not use Recalla alone to make medical, medication, or eligibility decisions.

Scenario 4: Future Healthcare Platform Integration

A telehealth or care-management platform wants to add a cognitive trend layer to support remote monitoring workflows. Recalla could provide structured outputs through a future API after validation and governance requirements are addressed.

- Voice check-ins are captured with consent through the partner workflow.
- The CARE Engine generates structured biomarker-family summaries.
- Reports are routed to appropriate caregiver or clinician review workflows.
- Platform use requires privacy, security, integration, and validation review.

Safety boundary: Platform integrations should not convert monitoring outputs into diagnostic claims or automated clinical decisions without appropriate validation and oversight.

Common Value Across Scenarios

Need	How Recalla May Help	Boundary
Between-visit visibility	Adds structured longitudinal trend context.	Does not replace formal assessment.
Caregiver uncertainty	Turns observations into a consistent monitoring record.	Does not diagnose.
Clinician context	Summarizes repeated check-ins before review.	Requires qualified interpretation.
Platform scalability	Creates a future cognitive biomarker infrastructure layer.	Requires validation and governance.

References and Background Sources

1. World Health Organization. Dementia fact sheet. https://www.who.int/news-room/fact-sheets/detail/dementia

2. Alzheimer's Disease International. Dementia statistics. https://www.alzint.org/about/dementia-facts-figures/dementia-statistics/
3. FDA-NIH Biomarker Working Group. BEST Resource: Harmonizing Biomarker Terminology. https://www.fda.gov/media/99221/download