EXECUTIVE BRIEF

Your scribe finished the note. Align eCare finishes the work.

Physician-controlled administrative execution and assurance for Canadian healthcare.

Product in development | Founder: Karolyn Law | New Brunswick, Canada

The problem is the work between decisions and completion

Forms, returned referrals, pharmacy clarifications, document routing and billing review can remain open even after the visit note is complete. CFIB and CMA report 42.7 million annual physician administrative hours, including 19.8 million classified as unnecessary, using 2025 survey data. Those are industry estimates, not Align eCare outcomes.

The proposed approach

Prepare the work a visit creates. Bring supporting evidence into view. Flag missing or conflicting information. Present the exact artifact to the responsible clinician. Route approved items through appropriate channels and track returned or unfinished work.

Workflow	Target design
Forms and disability	Source-supported preparation with practitioner review.
Referrals and follow-up	Complete packets, routing status and returned-work ownership.
eRx + eAttest	Verification and prescriber authorization before transmission.
Billing evidence	Suggestions linked to documented service and applicable rules.
Patient handoff	Approved instructions, responsibilities and next steps.

EXECUTION, AUTHORITY & VALIDATION

Verify first. Attest once. Transmit securely.

eAttest: the proposed prescription protocol

Assemble → validate → flag → prepare → authorize → transmit → record. The prescriber reviews the final artifact and retains clinical authority. Identity, biometric-backed approval, medication knowledge sources and transport channels require implementation and validation.

Trust is a deployment requirement

• Patient and clinic information will never be used to train AI models: founder policy commitment, requiring vendor and technical enforcement.

• PIPEDA-aligned design, Canadian data sovereignty and FHIR-informed interoperability: requirements to verify, not certifications.

• No live EMR, pharmacy, portal, CRA or device integration is asserted.

A focused route to evidence

Begin with a clinic discovery conversation and one agreed workflow. Establish its baseline, scope, access, responsibilities and measures. Report physician and staff effort, rework, approval and unresolved tasks. Validate actual outcomes before making time, capacity or revenue claims.

Connect with Align eCare

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Source: CFIB and CMA, Losing Doctors to Desk Work, January 2026 (2025 survey). Read the source report.