

Ultra-Low Power Microcontrollers for Portable, Wearable, and Implantable Medical Electronics

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MCU Development

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Outline

- Introduction
- MCUs in Today's Medical Applications
- System Architectures for the Next Generation
- Ultra-Low Voltage Operation
- Medical Embedded Processor System-on-Chip
- Summary and Conclusions

Semiconductors impact

Computing revolution



Computing transformed

1990s

This panel illustrates the computing revolution. At the top, a modern laptop and a tablet are shown. A blue arrow points from these modern devices down to a vintage desktop computer system consisting of a monitor, keyboard, and system unit, labeled '1990s'. The text 'Computing transformed' is positioned between the two images.

Communications revolution



Communications transformed

2000s

This panel illustrates the communications revolution. At the top, three modern mobile phones are shown. A blue arrow points from these modern phones down to a vintage mobile phone with a large antenna and a messy bundle of cables, labeled '2000s'. The text 'Communications transformed' is positioned between the two images.

Healthcare revolution

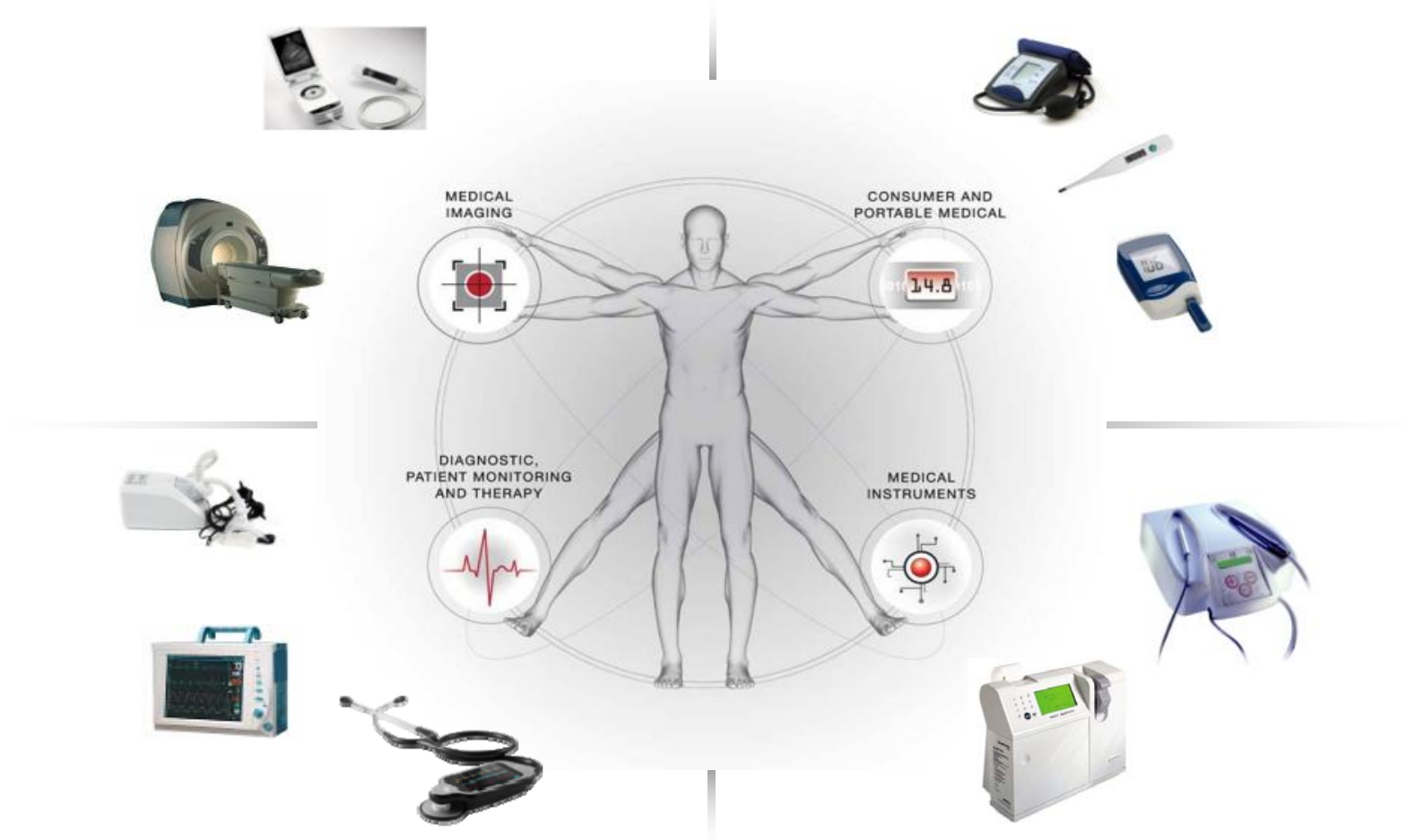


Healthcare transformed

2010s

This panel illustrates the healthcare revolution. At the top, a modern ultrasound machine and a handheld medical device are shown. A blue arrow points from these modern devices down to a vintage, large, and complex ultrasound machine on wheels, labeled '2010s'. The text 'Healthcare transformed' is positioned between the two images.

Applications of Medical Electronics



- Personal healthcare
 - 38% of medical semiconductor revenue in 2007 went into consumer medical devices

Factors Driving Consumer Medical Electronics

- Growing cost of Healthcare:
 - US Healthcare spending to grow from \$2.4 trillion in 2008 to \$3.1 trillion in 2012
 - US Healthcare spending is 16% of GDP
 - China healthcare expenditure increased 277% from 2006 to 2007
- Growth of Aging Populations:
 - US: 37.9M seniors in 2007
 - UK: By 2013 there will be more people over 65 yrs than people under age 16 yrs
 - By 2020, >1 billion people will be 60+ years
- Diet and Lifestyles:
 - Obesity and stress
 - Preventative Health and Wellness Management

Personal Health Devices

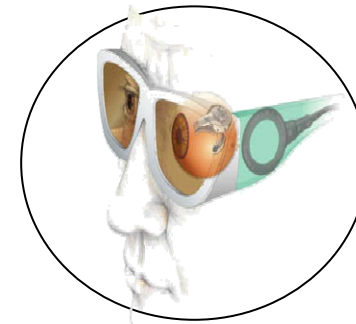
- Ultra-low power consumption is the key
- Battery life determines both form factor and ownership cost
- Reducing size and cost leads to more widespread use
- Microcontrollers (MCUs) provide the right combination of programmability, cost, performance, and power consumption



Portable
Blood glucose meter



Wearable
Heart rate monitor



Implantable
Retinal implant

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Today's Microcontrollers

- Suited for portable and wearable applications
- Families of 16-bit and 32-bit MCUs are available to match memory and performance needs of various medical applications
- Excellent power consumption
 - Active power: 100-200 $\mu\text{A}/\text{MHz}$
 - Standby power: $< 1 \mu\text{A}$

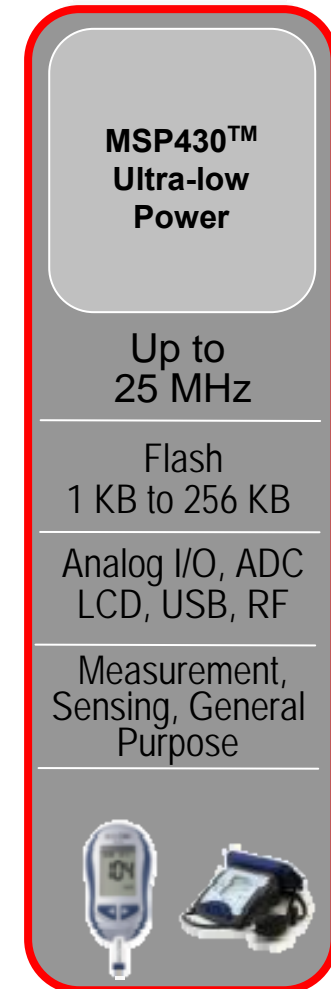
MSP430™
Ultra-low
Power

Up to
25 MHz

Flash
1 KB to 256 KB

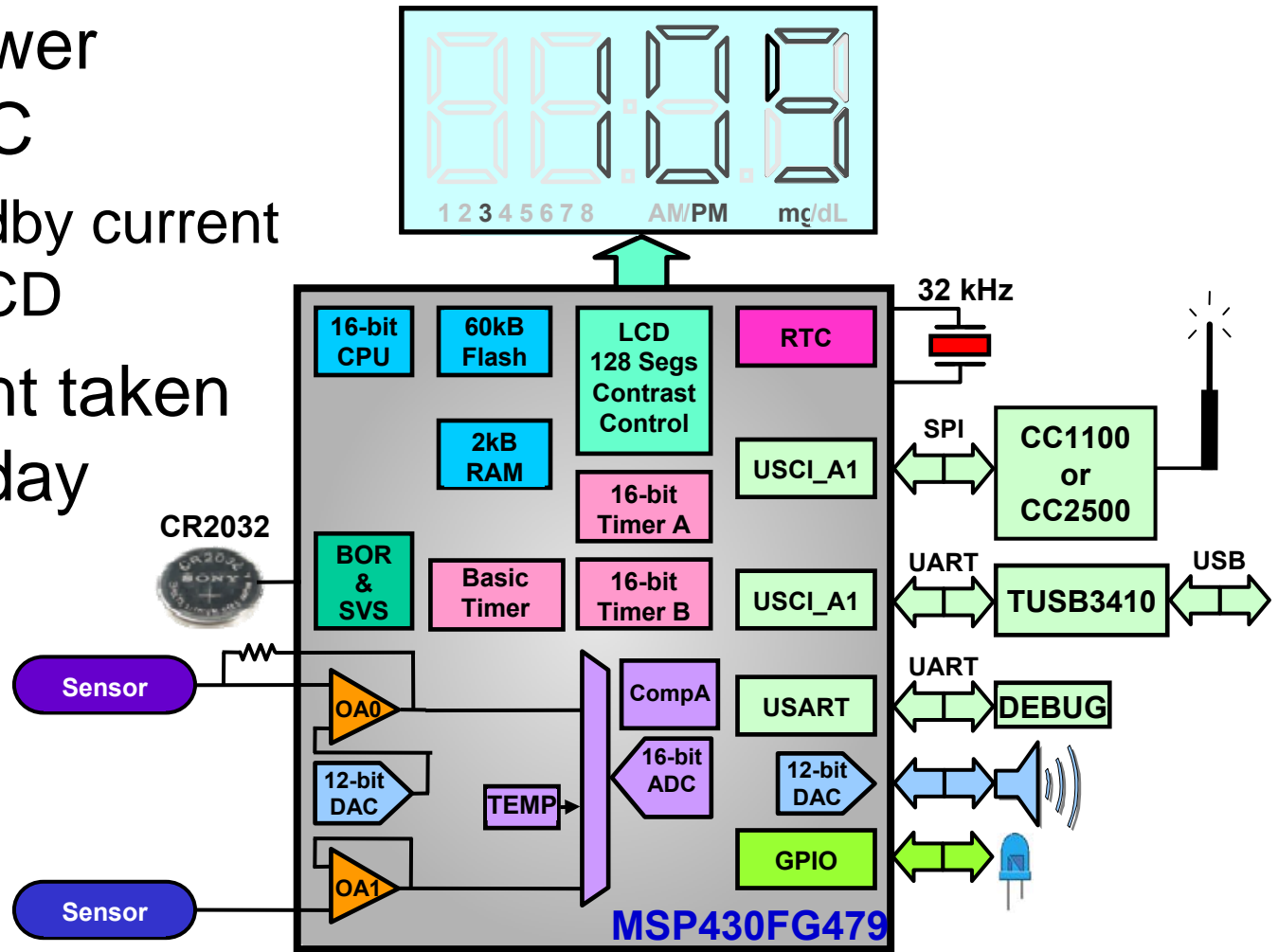
Analog I/O, ADC
LCD, USB, RF

Measurement,
Sensing, General
Purpose



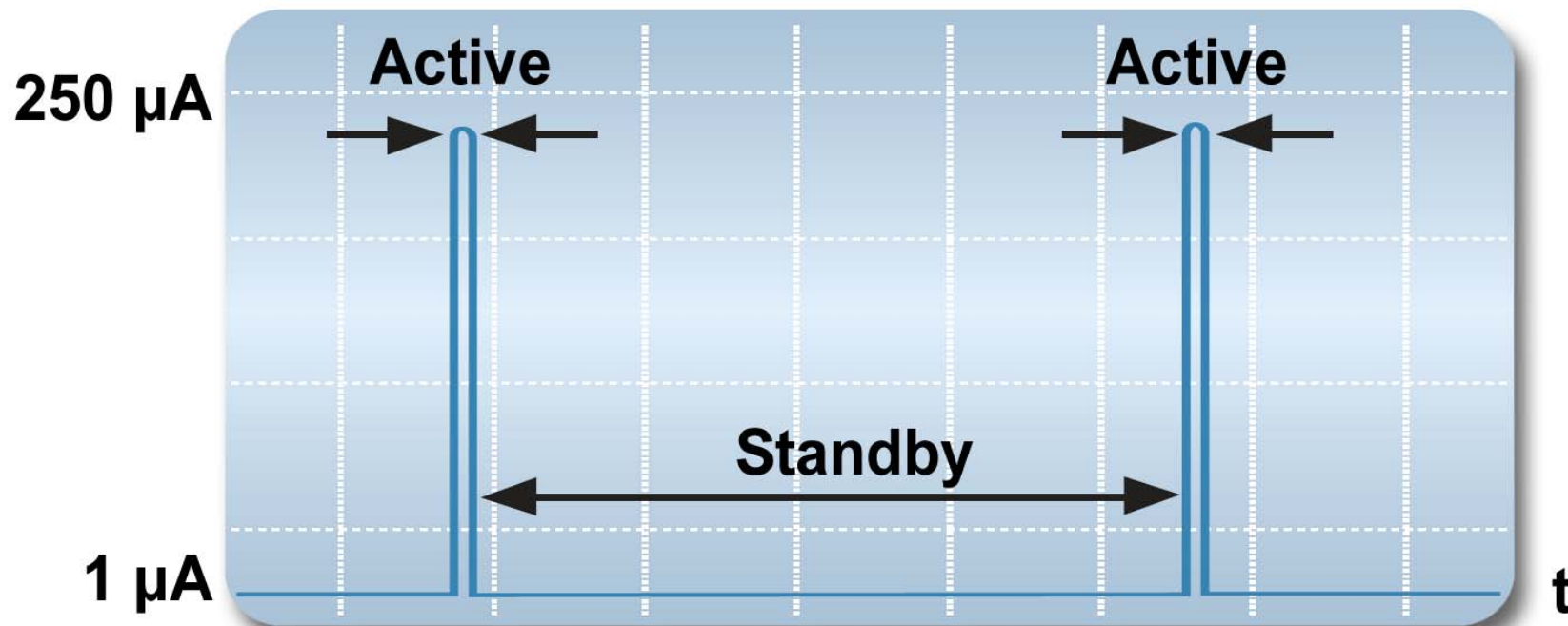
Portable Blood Glucose Meter

- Ultra-low power MSP430 SoC
 - ~2 uA standby current including LCD
- Measurement taken 4-6 times a day



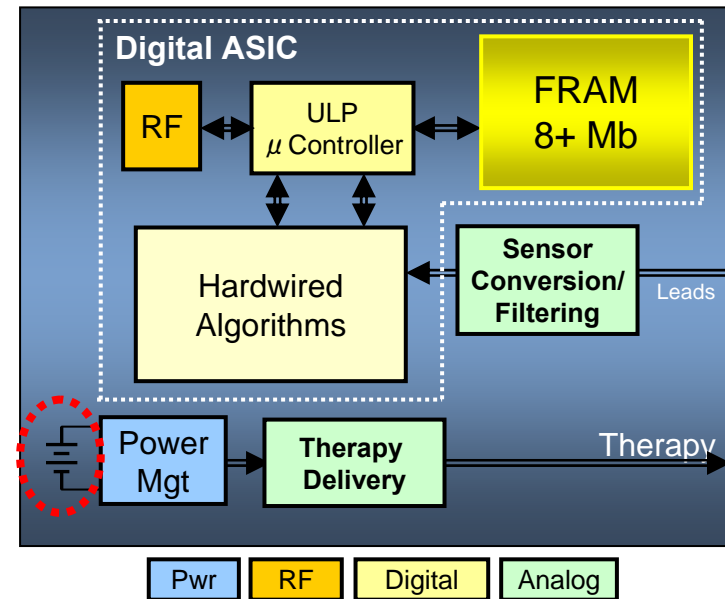
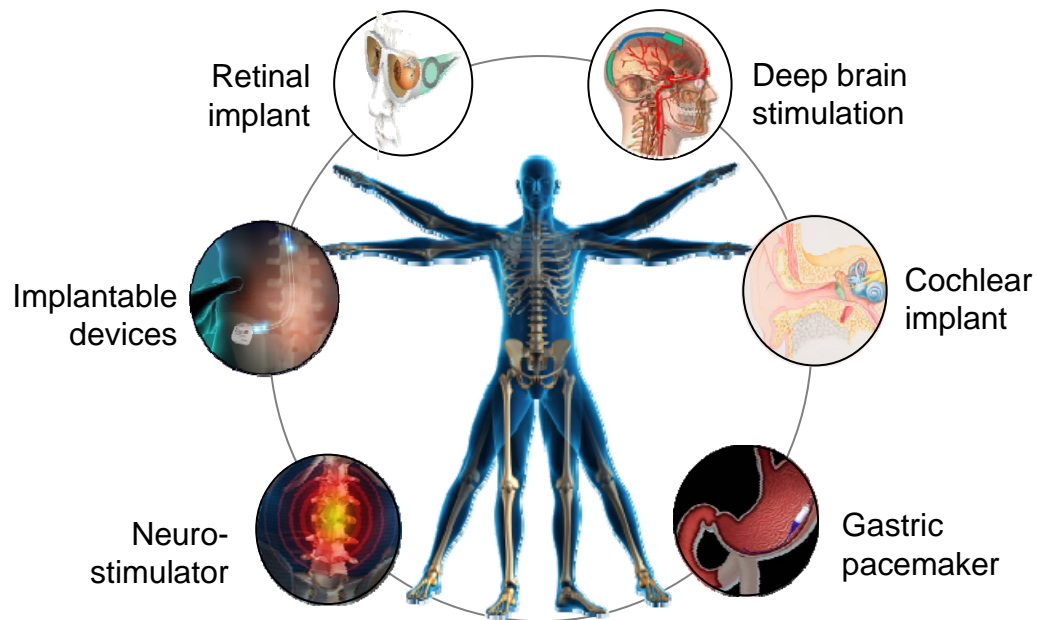
10-year life with 220 mAh coin-cell battery

Activity Profile in Portable Devices



- Extended ultra-low power standby mode
- Minimum active duty cycle
- Interrupt driven performance with quick wake-up

Implantable Medical Devices



- Different activity profile compared to portable
 - MCU is active at all times
- Can we achieve 10-year life with 1Ah battery?
 - 10 μ A average power budget for entire system
 - ~2 μ A average active power budget for digital
- Yes, but requires innovation at all levels of SoC design

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Signal Processing in Medical Applications

- Many medical algorithms routinely employ signal processing operations
 - Finite impulse response (FIR) filtering to remove spurious frequencies from biomedical sensor data
 - Fast Fourier transform (FFT) is employed in epilepsy detection to identify data signatures in specific frequency bins.
- Two options to implement signal processing
 - Software running on MCU core
 - Dedicated hardware

System Architecture Considerations

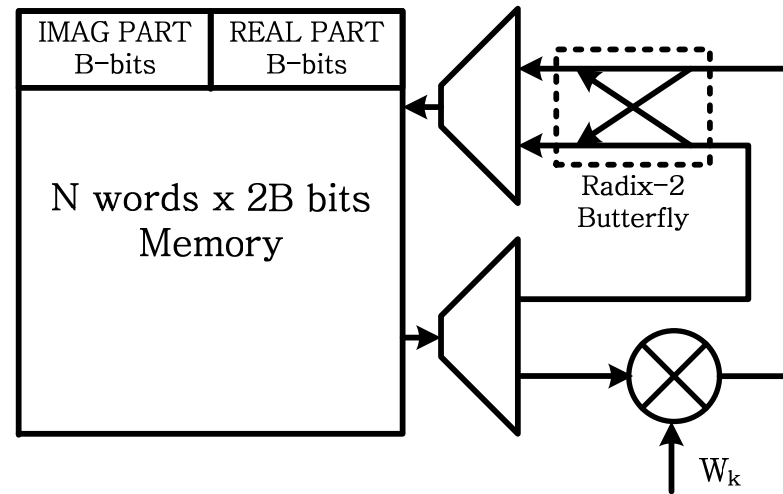
- System architecture needs to incorporate a judicious combination of programmable and hard-wired processing elements
 - Ensures the ability to map different algorithms
 - Depending on the targeted applications, a single hardware accelerator or a suite of accelerators is appropriate.
 - Dedicated hardware can lower power consumption by orders of magnitude

Energy (measured at 1V)			
Operation	MSP430 Software (nJ)	Dedicated Hardware (nJ)	Reduction
32-tap FIR	176.1	1.2	144.4x
512-pt FFT	82147.9	616.1	133.3x
sin(x)	279.4	1.3	215.2x
65-pt Median	114.0	0.8	144.9x

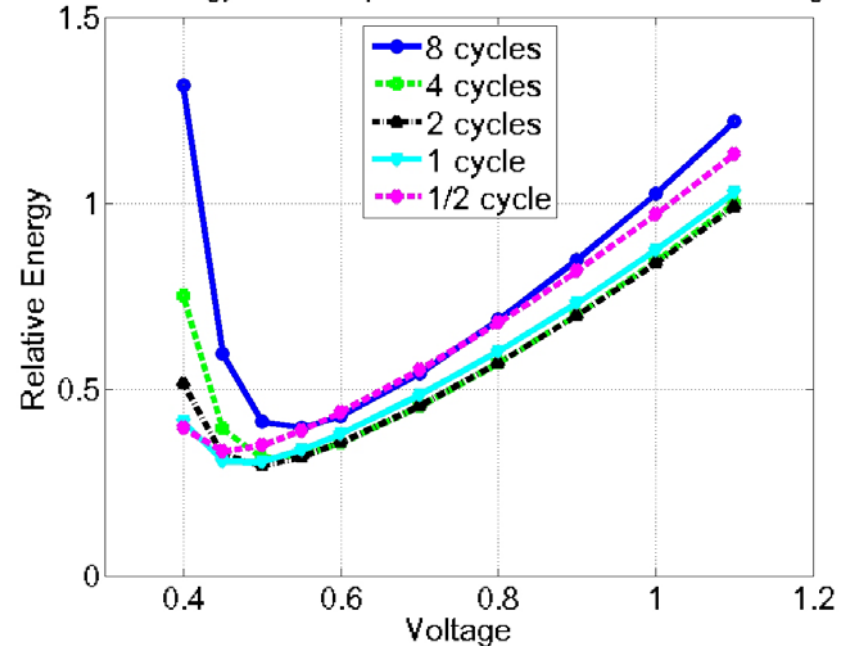
Reference: J. Kwong, ESSCIRC, 2010

Microarchitecture Considerations

- Example: FFT Processor
- How many cycles should one radix-2 FFT butterfly and twiddle factor multiplier take?
 - Proportional increase in memory bandwidth is needed to match the datapath throughput.
- 4-cycle radix-2 butterfly provides the best energy and performance trade-off
 - It requires a single memory access per cycle
 - It is within ~ 3% of 1 cycle butterfly and better than 1/2 cycle butterfly in terms of energy requirement



Total Energy Consumption for 1024 FFT across voltages



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What's Different about Medical Implantable Applications?

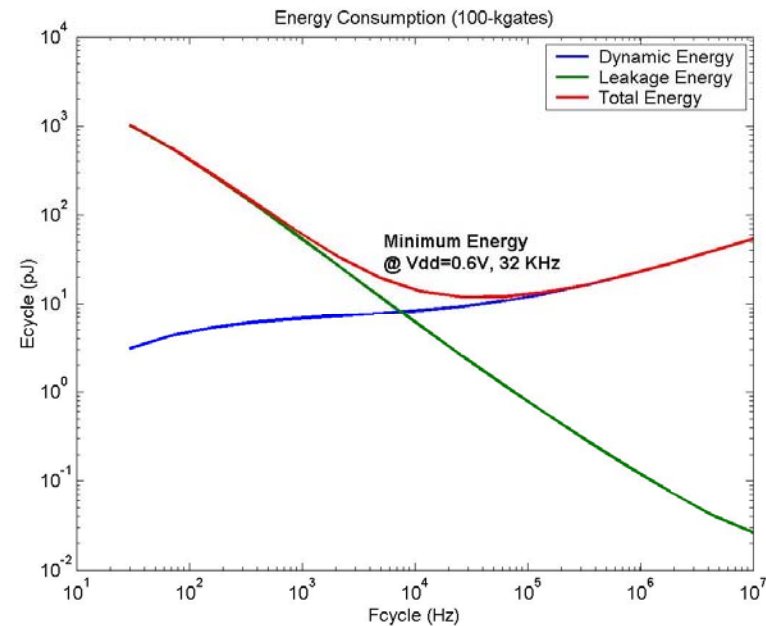
	Networking	Consumer	Implantable	units
Node	65nm	40nm	130nm	
Gates	41,000	15,000	300	K
Memory	32	9	8	Mb
Area	251	40	24	mm ²
Freq	900	400	1	MHz
Dynamic Power	65	2.6	.000002 (2uW)	W
Leakage	10	0.4	0.0000002 (200nW)	W
Temp	125	85	37	C

or 40, if you
have a fever

- 1 MHz processing frequency is sufficient for many applications as biomedical signals tend to have useful information at frequencies less than 1 kHz

Ultra-Low Voltage operation

- ULV: sub- V_t to $2V_t$
- Low-performance applications enable ULV operation
 - System and micro architecture innovations further reduce the peak clock frequency
- Leakage energy increases with reduction in voltage and frequency
- Total energy reaches a minima after which increase in leakage energy is higher than decrease in dynamic energy
- Operate at or above the optimum supply voltage



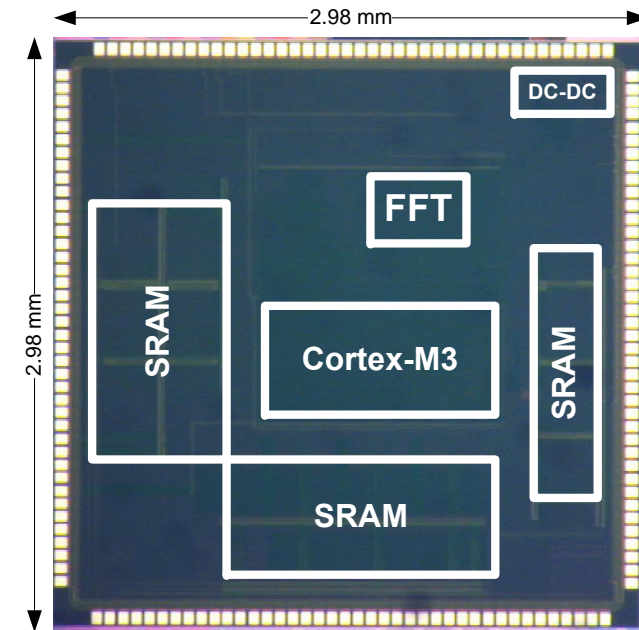
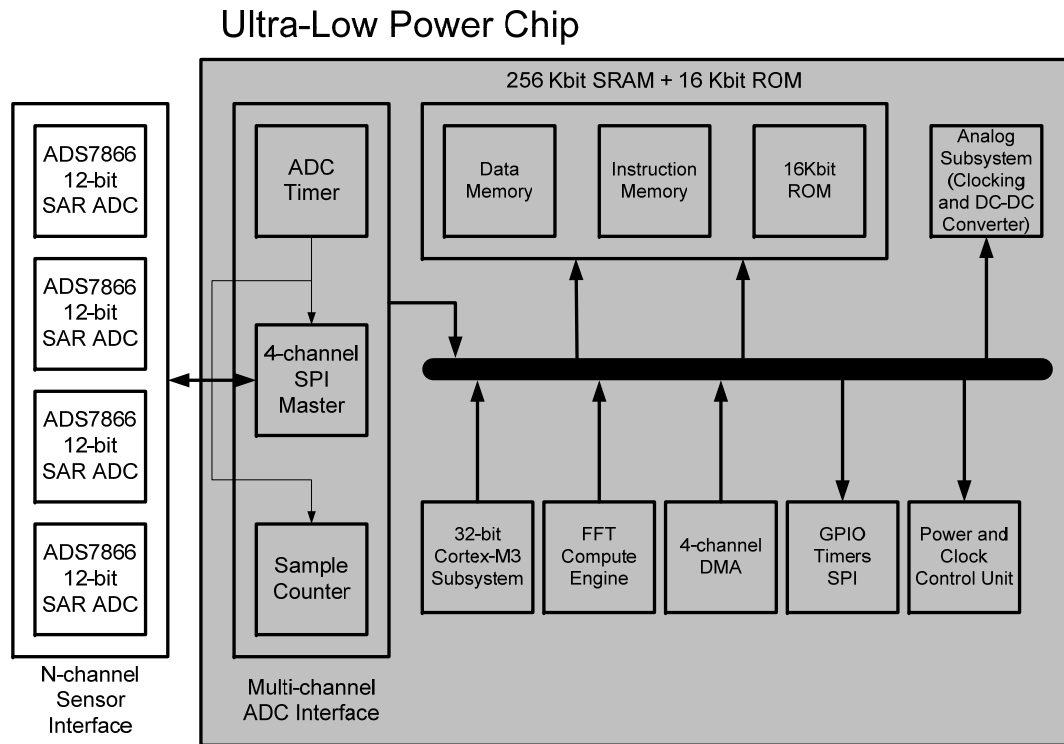
Key Challenges in ULV Operation

- SRAM reliability
 - Random bit failures due to process variation
- Power delivery
 - Efficient power delivery is necessary to ensure full benefit of voltage scaling
- Leakage minimization
 - Minimum achievable energy depends on leakage
- Timing closure
 - Hold violations occur due to increased skew

Outline

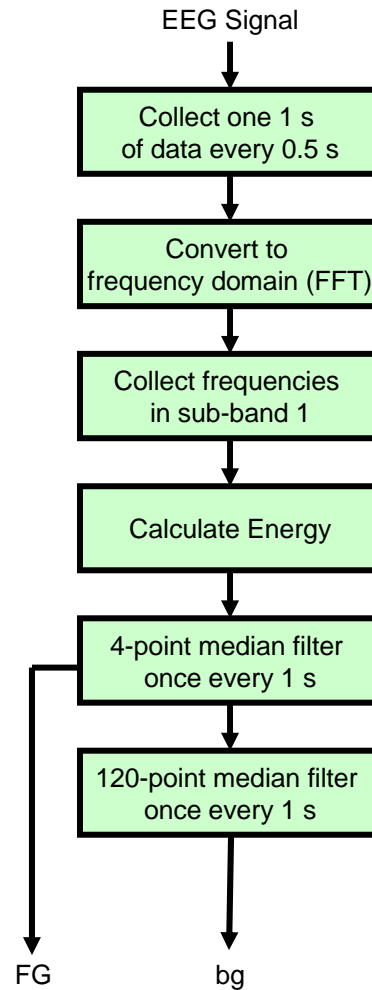
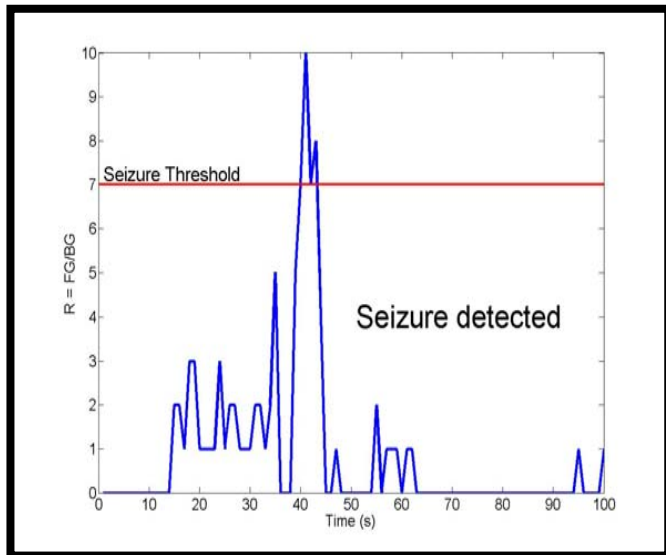
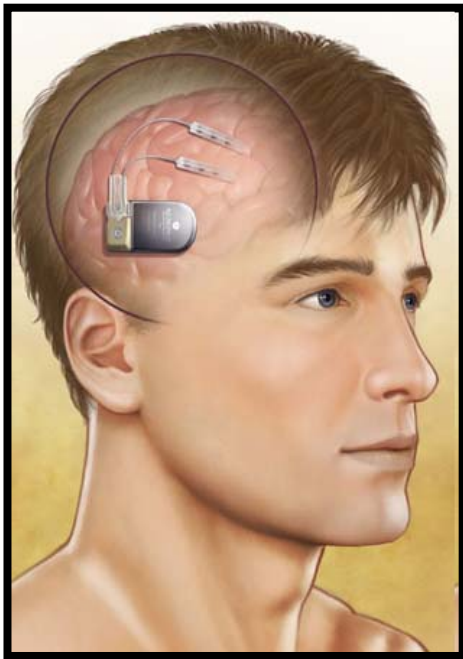
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Embedded Processor Platform



- Key components
 - ARM Cortex-M3 32-bit MCU
 - Fast Fourier transform (FFT) accelerator
 - SRAM
 - DC-DC Converter

Epileptic Seizure Detection



1 μ W per Channel

$$BG = \alpha bg[n] + (1-\alpha) bg[n-1]$$

$$R = FG/BG$$

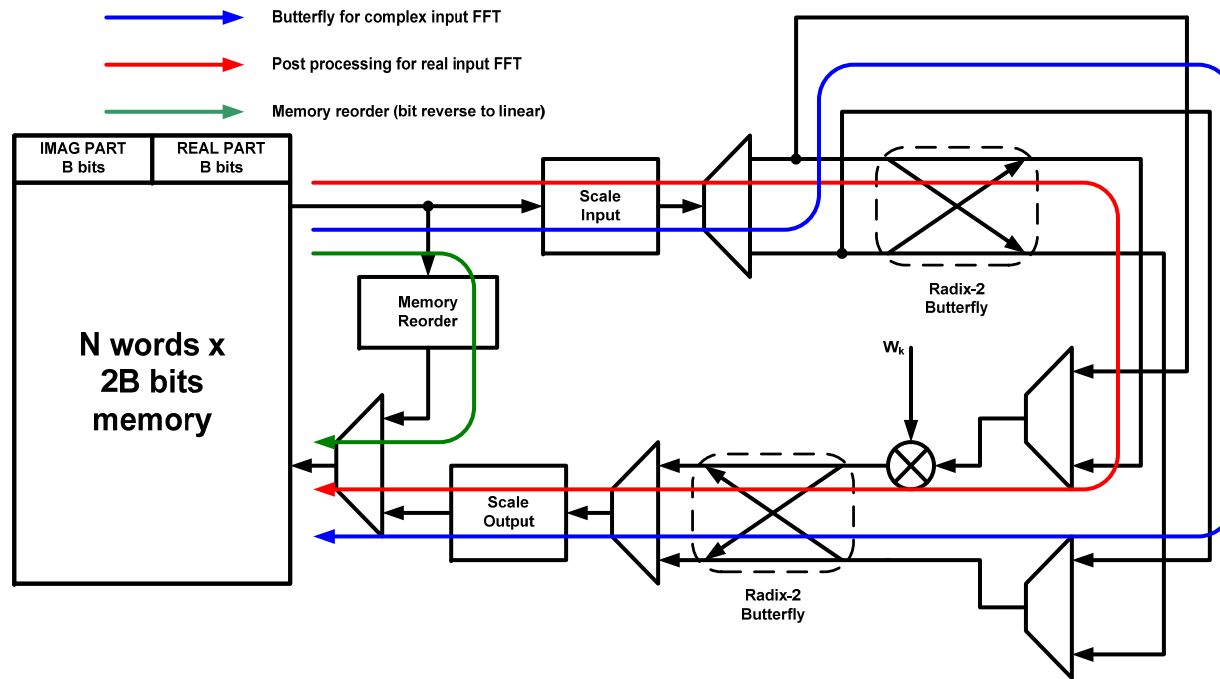
Seizure Detection: $R > THRESHOLD$

Ref: S. Ravindran, et al., ISABEL, 2009

How Did We Achieve 1 μ W?

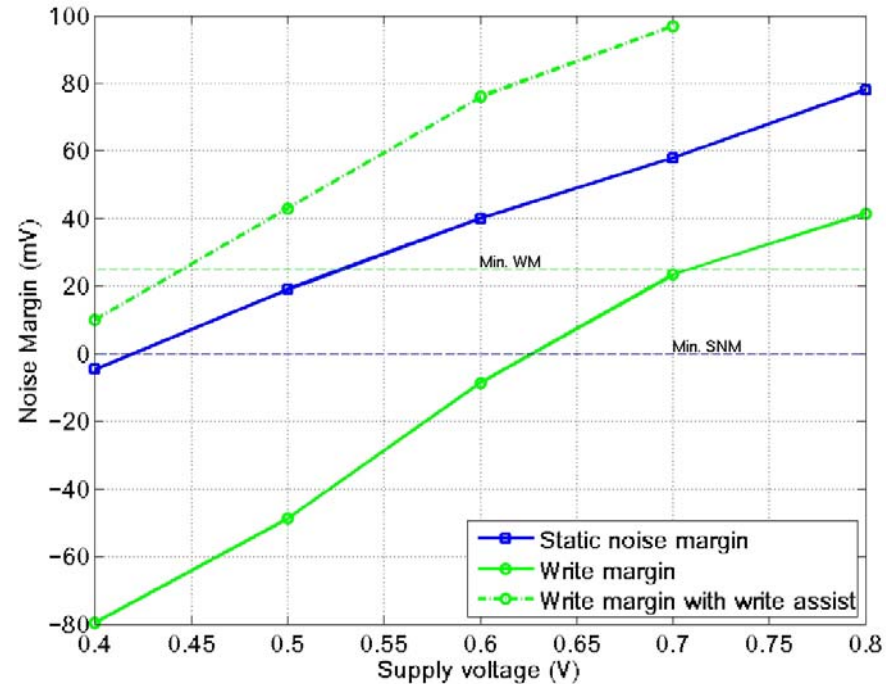
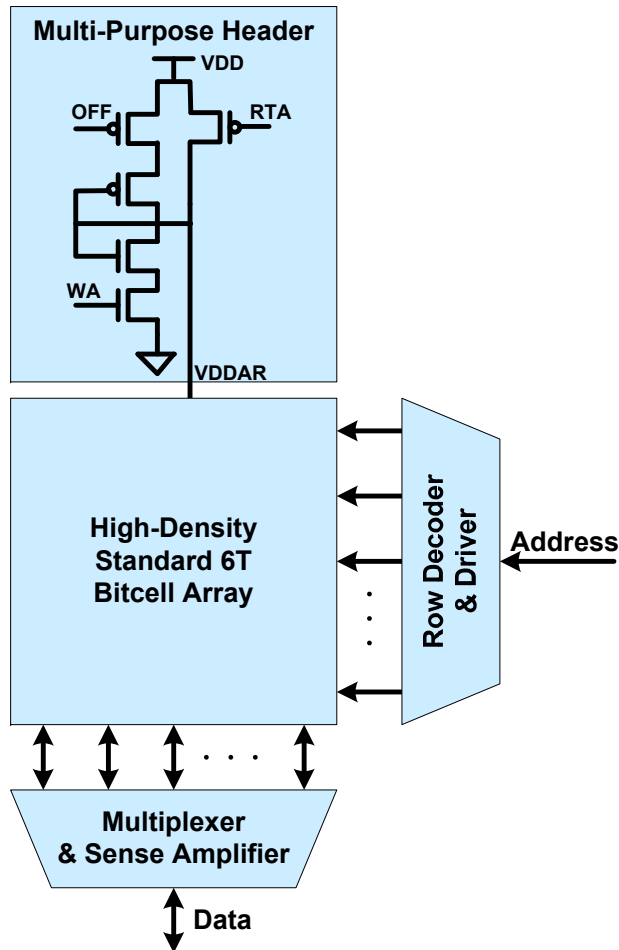
- System Architecture
 - 32-bit CortexM3 based platform
 - 100-nW FFT accelerator
 - Enables ULV operation
- Reliable 0.5-V SRAM
 - By using circuit assist techniques
- 90%-efficient power delivery
 - Self-tuning DC-DC Converter
- Leakage minimization and timing closure
 - By using an ultra-low voltage digital implementation flow

Energy-Optimal FFT Architecture



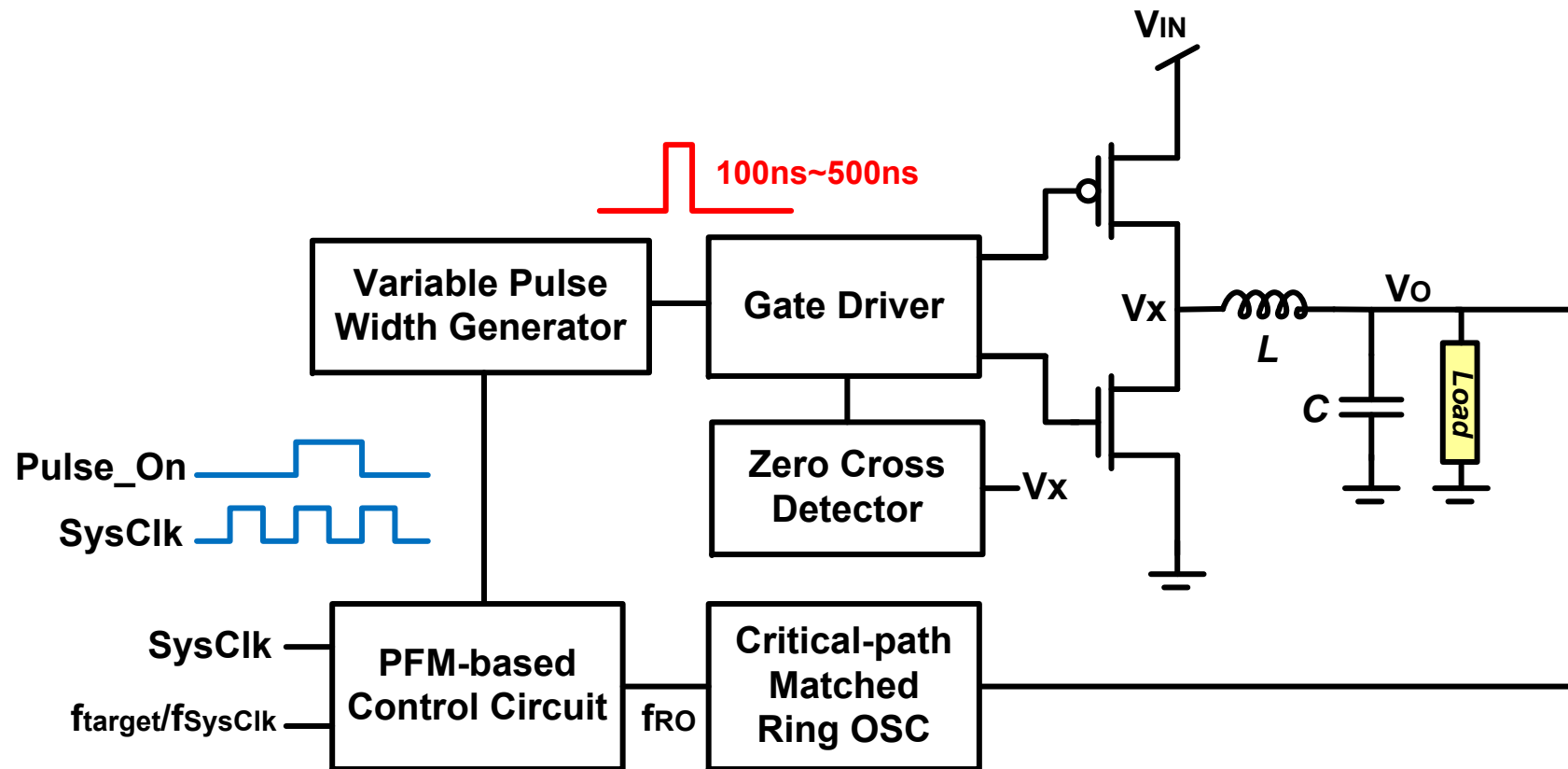
- Block floating point architecture for optimizing data bit widths
- 16-bit data achieve 65 dB SQNR
- 2x reduction in power for real-input FFT
- Energy consumption of 100 nJ for 256-point real FFT

SRAM with Multi-Purpose Header Switch



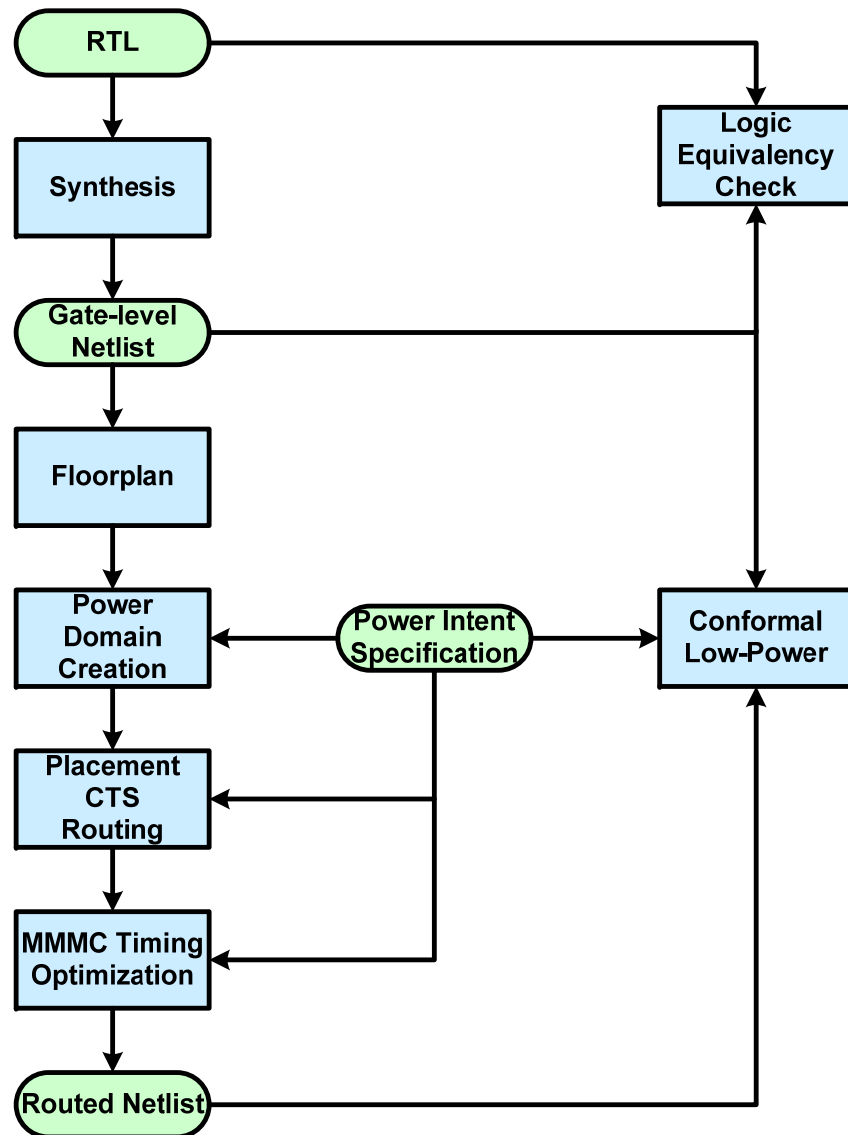
- Power gating, retention-till-access, and write assist features are achieved using header switch.
- 5 nW/kHz active power and 28 fW/bit leakage power

Self-Tuning DC-DC Converter



- Track the PVT variation by ring oscillator
- Regulate voltage by comparing $f_{\text{target}}/f_{\text{SysClk}}$ and $f_{\text{RO}}/f_{\text{SysClk}}$
- Low-power analog and digital control circuit

Ultra-Low Voltage Digital Implementation



- Extensive use of power intent specification
- Power domains for leakage reduction when FFT is not used
- Near minimum-width standard cells in the data path to reduce gate capacitance and leakage

Design Automation Challenges

- Efficient but accurate timing closure at ultra-low voltages. Improvements needed in:
 - Statistical static timing analysis
 - Current source based delay modeling
 - Hold violation fixing
- Clock tree synthesis for ULV designs
- Automation of minimum energy optimization
 - Trade-off between dynamic and leakage energy for total energy minimization while meeting constraints on frequency and area.

Summary and Conclusions

- Microcontrollers play a key role in enabling portable, wearable, and implantable medical electronics. MCUs are a major force behind putting healthcare literally into patients' hands.
- The ultra-low power consumption of MCUs extends the battery life of these personal health devices.
- Further reduction in power consumption in embedded MCU SoCs is possible via novel system architectures and low-voltage operation.
- Such ultra-low power operation is a must in enabling advanced signal processing algorithms for the next generation battery-powered medical devices.
- The innovative medical platform MCU demonstrates the first sub-microwatt EEG seizure detection.