

## **NABDH Vision**

The GCC Grade Clinical AI Layer for Outpatient Doctors, Clinics, and Hospitals

### **Why NABDH Exists**

Clinicians in the GCC face heavy documentation workload, fragmented workflows, and complex insurance processes. Arabic capable AI tools are limited and not aligned with GCC clinical practice or regulation.

NABDH exists to become the clinical AI layer for outpatient care in the GCC, reducing documentation time, improving safety, and streamlining insurance workflows for doctors, clinics, and hospitals.

### **What NABDH Is**

NABDH is an Arabic native, GCC grade Clinical AI platform for doctors and clinical staff.

It integrates directly into outpatient workflows to provide:

- AI-assisted documentation
- Clinical summaries and safety checks
- Insurance automation and justification
- Regulatory aligned logging and oversight

It is built for clinicians and staff, not for patients.

### **The Core Problem NABDH Solves**

1. Clinician overload  
Doctors spend a large portion of each visit documenting instead of treating.
2. Documentation and workflow friction  
Notes, summaries, referrals, and insurance documentation are manual and inconsistent.
3. Arabic AI gap  
Existing tools are not optimized for GCC Arabic, clinical structure, or local practice.
4. Insurance process complexity  
Eligibility, pre-auth, and claims require tedious, error-prone documentation that leads to rejections and revenue loss.

NABDH solves this by being the AI assistant inside the clinic workflow focused only on doctors and staff.

## **Why NABDH Wins (Differentiators)**

### **1. Arabic Native Clinical AI Engine**

Built for GCC dialects and Arabic medical language, with structured clinical notes, summaries, red-flag detection, and hallucination protection.

### **2. GCC Aligned Clinical Workflows**

Outpatient workflows, specialties, documentation patterns, and safety rules modeled on DHA/DOH/MOHAP expectations and regional practice.

### **3. Insurance Automation for GCC**

Eligibility support, pre-auth justification, claim draft generation, and rejection risk prediction based on doctor-approved notes and pathways.

### **4. Regulatory Ready Architecture**

UAE data residency, consent, audit logging, AI disclosure, role-based access, and full traceability of AI outputs for pilots and regulatory review.

### **5. Acquisition Ready Design**

Modular architecture, clear interfaces, structured data, and evidence from real pilots make NABDH attractive to EMR vendors, insurers, hospital groups, and digital health platforms.

## **Version 1 Scope (Dec 2025 – May 2026)**

Strictly focused on clinicians and staff. No patient app.

### **1. Doctor / Staff Portal – V1**

- AI consultation recorder (Arabic speech to text)
- Structured SOAP/clinical notes
- Clinical summaries for doctors and records
- Medication & safety checks (drug interactions, red flags)
- Referral & specialty routing support
- Integration hooks for EMR/clinic systems (where applicable)

### **2. Arabic Clinical AI Engine – V1**

- GCC Arabic ASR
- Clinical structuring & summarization
- Red-flag & pathway based safety logic

- Insurance oriented clinical justification generation

### **3. Insurance Automation Module – V1**

- Eligibility support
- Pre-authorization builder (clinical justification draft)
- Claim draft builder (structure + narrative)
- Rejection risk predictor (V1 rules + patterns)

### **4. Compliance & Safety Layer – V1**

- Consent flows for AI usage
- Audit logs for all AI actions and edits
- Red-flag and clinical pathways governance
- AI usage disclosure and safety rules
- UAE data residency and encryption

### **Success by May 2026**

NABDH is considered successful if, by May 2026:

1. Pilot #1 and Pilot #2 are completed in real clinics/hospitals with positive feedback from doctors and management.
2. Doctors achieve 30–50% reduction in documentation time during consultations.
3. Insurance workflows show measurable improvement (fewer rejections, faster approvals, clearer justifications).
4. Clinical governance (via Dr. Ahmed) and regulatory oversight (via regulatory advisor) sign off on safety and compliance.
5. The platform is 70% feature complete and technically stable, ready for scaling.
6. An acquisition ready package (documentation, metrics, architecture, safety model, pilot results) is prepared.
7. 3–5 strategic buyers (EMR vendors, insurers, hospital groups, digital platforms) are in active discussions.

### **Final Vision Line**

NABDH will become the trusted Arabic native clinical AI layer for GCC outpatient care supporting doctors, clinics, and hospitals with safe, fast, and intelligent AI across documentation, safety, and insurance workflows.