

PILOT & ROADMAP

Corridor-Based Governance Validation

Buiten.ai is not launched at continental scale.

It is validated through structured cross-border corridors.

The infrastructure follows a principle:

Pilot before scale.

Evidence before expansion.

1. The Model Corridor

Kayseri - Dordrecht

The first validation corridor connects Kayseri (Türkiye) and Dordrecht (Netherlands).

This corridor reflects an existing organic healthcare flow shaped by:

- Long-standing migration links
- Frequent travel patterns
- Established family networks
- Ongoing cross-border care continuity

The pilot does not create mobility.

It structures an existing pattern.

2. Gatekeeper Continuity Model

Operationalized via buitenarts.com

The corridor preserves Dutch primary care logic.

The process follows:

1. Patient contacts their Dutch family physician
2. GP evaluates necessity of local examination in Kayseri
3. Referral is initiated under GP supervision
4. Encrypted referral token is generated
5. No personal identifiers cross borders
6. Clinical report returns directly to the originating GP system

The architecture enforces:

Data minimization

Purpose limitation

Identity separation

Coordination occurs without concentration.

3. Governance Sandbox Objectives

The corridor functions as a controlled governance validation environment.

It evaluates:

- Indication alignment signal reliability
- Risk-adjusted complication contextualization
- Mapping confidence accuracy
- Claim predictability impact
- Administrative cycle duration

This produces empirical validation before expansion.

4. Institutional Structure

The pilot involves:

- A limited number of Dutch family practices
- A designated clinical partner in Kayseri
- Structured academic oversight
- Pre-alignment training for participating clinicians

Training includes:

- Primary care escalation logic
- Conservative pathway expectations
- Documentation standards
- Complication transparency principles

The objective is alignment — not imposition.

5. Privacy-Preserving Architecture

The pilot enforces:

- No cross-border transmission of name or date of birth
- Tokenized encrypted case reference
- Separation of identity and clinical comparability data
- Role-based access control

No centralized cross-border identity database is created.

6. Measured Validation Metrics

The corridor measures:

- Signal consistency
- Inter-review agreement
- Variance reduction index
- Dispute cycle length
- Institutional feedback

Expansion follows measurable validation.

7. Phase-Based Expansion Strategy

The roadmap follows structured phases:

Phase 1

Corridor validation (NL-TR model)

Phase 2

Matrix recalibration and institutional onboarding

Phase 3

Expanded corridor replication within Europe

Phase 4

Multi-corridor structured governance network

Expansion is modular — not centralized.

8. Toward Structured European Integration

Long-term corridor replication supports:

- Reduced cross-border trust barriers
- Structured threshold comparability
- EHDS-compatible interpretability
- Insurance predictability

Functional comparability enables sustainable patient mobility.

9. What the Pilot Is Not

The corridor is not:

- A healthcare franchise
- A parallel medical network
- A centralized EU data repository
- A care outsourcing model

It is a governance validation sandbox.