

GOVERNANCE & OVERSIGHT

Governance Before Automation

Buiten.ai operates as a European Clinical Governance Infrastructure. Its foundation is governance — not automation.

The infrastructure is designed for supervised accountability within high-sensitivity healthcare and insurance environments. It does not function autonomously and does not replace institutional decision-makers.

Cross-border healthcare requires structured trust. Structured trust requires explicit governance.

1. Human-in-the-Loop Architecture

All analytical outputs generated within the infrastructure are supervised.

No reimbursement decision, institutional evaluation, or compliance signal is executed automatically without human oversight.

The system produces structured governance signals:

- Alignment indicators
- Variance notifications
- Contextualized complication signals

Final decisions remain within:

- Insurance institutions
- Clinical review boards
- Institutional governance bodies

AI supports review processes — it does not determine outcomes.

2. Oversight Structure

The governance framework operates under multi-layered oversight:

2.1 Academic Oversight

The Indication Matrix and methodological framework are developed and recalibrated by an academic consortium.

Periodic review ensures:

- Clinical validity

- Evidence alignment
 - Threshold updates
 - Risk adjustment recalibration
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2.2 Technical Oversight

The AI signal architecture includes:

- Version-controlled logic updates
- Model change documentation
- Structured release cycles
- Performance monitoring

Silent model changes are not permitted.

2.3 Institutional Oversight

Participating institutions retain:

- Review authority
- Appeal mechanisms
- Signal interpretation rights
- Documentation correction pathways

Governance is collaborative, not unilateral.

3. Explainability & Transparency

The infrastructure applies Explainable AI (XAI) principles.

Each signal includes:

- Trigger parameter
- Reference threshold
- Divergence metric
- Risk-adjustment modifier
- Mapping confidence level

No opaque probability scores are delivered without traceable reasoning.

Transparency is structural — not optional.

4. Bias Monitoring & Fairness Controls

Healthcare governance systems risk penalizing high-complexity centers if contextual risk is ignored.

Buiten.ai integrates structured fairness safeguards:

- Age-weighted baseline modeling
- Comorbidity indexing
- Frailty adjustment
- Case-mix normalization

Complexity is contextualized — not penalized.

Bias monitoring mechanisms periodically evaluate:

- Signal distribution asymmetry
- Specialty-level variance
- Institutional clustering effects

Governance must protect complexity, not suppress it.

5. Regulatory Alignment

The infrastructure is designed in accordance with:

- EU AI Act principles
- GDPR data minimization standards
- Purpose limitation requirements
- Role-based access control

The architecture follows the principle of:

Coordination without concentration.

Data remains purpose-bound and visibility is role-restricted.

6. Data Governance & Access Separation

Operational components are separated by role:

- Clinical referral layer
- Institutional transparency layer
- Insurance review layer

Each layer operates with restricted data access privileges.

Identity data is never cross-border centralized.

Signal logic is auditable.

Cross-domain data aggregation is prevented by architectural design.

7. Governance Philosophy

Buiten.ai is not a regulatory authority.

It does not impose sanctions.

It does not publish rankings.

It does not override clinical autonomy.

It provides:

Structured comparability

Risk-adjusted contextualization

Transparent variance signaling

Governance enhances intelligibility.

It does not enforce uniformity.