

Health Bridge Uganda · Stakeholder discovery

ONE ATTENDEE · COMPLETE LOCALLY · No patient identifiers, credentials or confidential records. No app intake.

Attendee context

Role ☐ Insurer ☐ Hospital administrator ☐ Healthcare provider ☐ Broker. Institution (optional, consented): [____]. Responsibility: [____].

Current systems and process

Policy/eligibility system: [____]. Hospital/clinical/billing system: [____]. Broker/renewal tools: [____]. Current handoffs / manual work: [____].

Pain and baseline

Top three pains and affected steps: 1 [____] 2 [____] 3 [____]. Current turnaround / rejection causes / follow-up effort (approximate, non-identifying): [____].

Approximate volumes — optional

Period [____]. Members / applications [____]. Encounters / claims [____]. Rejections / renewals / service requests [____]. Estimates only; no records or claim identifiers.

Integration and evidence needs

Systems/interfaces available or unknown: [____]. Required data fields and permitted exchanges: [____]. Coding/tariff sources: [____]. Evidence needed before evaluation: [____].

Ownership and operating constraints

Eligibility / evidence / decisions / rejection / renewal owners (roles): [____]. Support hours, downtime/manual fallback, staffing and training constraints: [____].

Privacy, compliance and access

Legal/privacy review owner (role): [____]. Consent/legal basis, retention, storage-location or access constraints to validate: [____]. Independent reviews required: [____]. No regulatory clearance assumed.

Pilot willingness — no commitment

☐ Interested in discussion ☐ Need evidence ☐ Not now. Possible synthetic scope: [____]. Success measures to agree: [____]. Key blockers: [____]. Permission for agreed follow-up: ☐ Yes ☐ No.