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Privacy, Policy, and Progress: Reviewing the Regulatory Landscape in Health

Informatics

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Because of health informatics, digital systems can now gather, analyze and trade health information. Nevertheless, using new technologies such as electronic health records, artificial intelligence and telehealth brings up important issues related to data privacy, proper use and being controlled by rules. It reviews basic health informatics principles and studies international rules, like HIPAA and GDPR, pointing out the difficulties in fulfilling these rules and the need for similar regulations. It also deals with ethical issues about consent, who owns data and the bias found in algorithms, as well as rules that ensure both progress and responsibility. AI, block chain and remote monitoring have huge potential, but to avoid problems, strong guidelines should be adopted. The review underlines how adaptive and inclusive governance guarantees progress in health informatics by focusing on patients' rights and technology at the same time.

Key words

Abstract

Health informatics, digital health governance, HIPAA, GDPR, artificial intelligence, telehealth, data security.

Introduction

Health informatics mixes information technology, data science and healthcare to make it simpler to get, store, find and use health information. A variety of applications are part of informatics, for instance, EHRs, decision support systems, mobile apps and this field is helping with the analysis of considerable health data [1]. Due to digitalization in healthcare, health informatics has greatly improved how healthcare is delivered, how patients fare and how evidence is used in medicine.



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Because health informatics is growing quickly, it now faces complex problems in the areas of privacy, security and government regulations. Because healthcare companies depend on digital and cloud tools more often, the amount and importance of their health data have increased a lot in recent years [2]. As a result, we should question the safety of our health data, who decides how it is used and the effectiveness of existing rules in emerging situations. Seeking out confidentiality, integrity and availability in health data is now something basic and must be met for patients' faith, ethics and conformity to laws [3].

Countries around the world have set up special rules to deal with privacy and security issues in health informatics. For instance, in the US, HIPAA, in the EU, GDPR and in Canada, Australia and other countries, similar laws explain what healthcare providers and data processors must do [4]. They are important for marking out rules for data usage, breach notice, patient permission and processing data around different borders. Yet, as new technologies evolve at a swift rate, it is still hard for businesses to keep up with laws in different regions [5].

This review looks at how the regulations for health informatics deal with areas overlapping between privacy, policy and development. It examines the history and current forms of major data protection rules, analyzes matters of ethics and policy and judges how effectively existing measures protect patients' interests as new technology is developed [6]. Also, the authors explain that leveling global policies and uniting efforts are becoming more vital as artificial intelligence, machine learning and telehealth play a bigger role in healthcare. It helps improve understanding of regulation challenges in health informatics by pointing out gaps and inconsistencies and also recommends actions to maintain a balance between using new technologies and caring for data [7].

Major components of Health Informatics

In health informatics, data analysis, technologies and scientific techniques are used to boost the quality, ease and reliability of treatment given to patients. It includes the planning, creating and running of systems and tools necessary to handle healthcare information from the individual to the



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population level [8]. Since health informatics concerns computers, bioengineering, health care and public health, it needs expertise from all four areas.

Health informatics is based on managing and analyzing health information. For instance, this data consists of test results, medicine lists and also unstructured records such as clinical notes or reports from images [9]. EHRs, PHRs and HIEs help collect, save and share information about a patient's health. Thanks to this field, we can not only hold and retrieve data, but also use information analysis to make informed decisions with the help of data analytics, decision support and models to forecast future outcomes [10].

Major components of Health Informatics

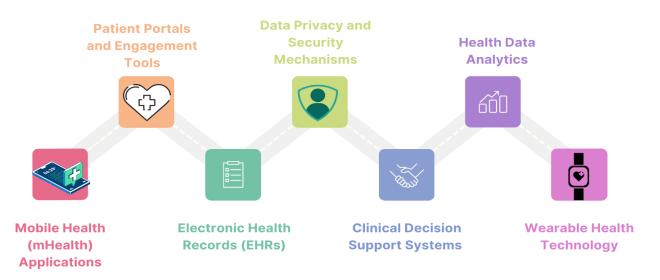


Figure: 1 showing major components of health informatics

Health informatics works in different areas such as administration, clinical services and research. It contributes to planning, billing and managing the resources in a healthcare department. It provides help in diagnosing, preparing treatments and keeping track of patients' health. When it comes to studying, it makes it possible to process large volumes of data used for population health, clinical trials and spotting health trends.



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In the late 20th century, medical data was digitized and used to form databases which slowly led to health informatics gaining momentum. Initially such systems were built for narrow uses and did not interoperate well. But, progress in technology, internet access and cloud storage made a big difference in this field [11]. These days, informatics technology gathers information from various areas such as wearable devices, genetics and social aspects of health, giving a better picture of patient treatment.

Major principles underlie health informatics, for example, standardized data, interoperable systems, user-friendly designs and data privacy. Because of these principles, patients' private data is secure and can still be exchanged via diverse systems and teams of healthcare staff. It is important to understand these main ideas when assessing the interaction between regulations and health informatics [13]. With ongoing improvements in technology, the field should keep up with new chances and struggles, especially in matters of artificial intelligence, personalized medicine and data governance.

Data Privacy for Patients: It's Important in Our Modern Age

Ensuring data privacy is central in health informatics, as it guarantees patient faith, obeys the regulations and ensures proper use of private health details. Health data includes very private details, ranging from a person's background to their previous health care, genetics and habits [14]. Because more healthcare information is being processed through digital tools, more of it can be accessed and understood by both authorized and unauthorized users [15].

Data privacy in health informatics should begin by defining who owns the data, who has access to it and what is required for consent. People using health care services should be informed about how their information is managed, who views it and in which situations. Before collecting or sharing information about patients, healthcare providers are expected to get specific permission in many areas [16]. Actually, there are different consent models that can be tough to implement equally, particularly for emergency medical care and big data analysis.

A number of important laws determine the management of health data privacy across the world. HIPAA which is a law in the US, sets rules for protecting patient information and makes sure



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information is only used in appropriate healthcare areas [17]. Europe's GDPR goes even further by allowing people to access, make changes to and delete their personal information. Several nations have created their own laws, including Canada's Personal Information Protection and Electronic Documents Act and the Data Protection Act from the UK [18].

Basically, data privacy is kept protected by using encryption, role-based control, auditing and anonymization. When studying or surveilling for public health, it's necessary to eliminate anyone's identifying features from data to ensure the study is private yet still gives valid results. Still, anonymity may be hard to achieve, as these data links or machine learning models can potentially reveal who the individuals are [19].



Figure: 2 showing the data strands of health informatics

Since sharing data and analytics based on AI is increasing in healthcare, organizations will have to develop strict policies to ensure privacy. To earn the public's belief in digital health systems, data privacy must be respected and followed [20].

Putting Global Standards into Practice: Facing and Addressing the Challenges Created by Complex Rules

The usage of health information in digital systems needs to be directed by appropriate regulations. They determine the proper methods for managing, storing, accessing and safeguarding personal

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health records. Because of these regulations in health informatics, health technologies are able to operate lawfully and patient privacy, security and rights are safeguarded [21].

In the United States, HIPAA is one of the main regulatory frameworks for health care and it became law in 1996. HIPAA sets guidelines for the protection of personal health data by listing what health information is classed as protected, giving patients access to their records and ensuring that organizations involved take necessary security measures. The Security Rule of HIPAA requires protection of sensitive data by using administrative, physical and technical safeguards.

The data protection rules in the European Union are guided by the GDPR which covers more aspects and is more strictly implemented. Starting in 2018, GDPR oversees the use of personal data, whether it is health-related, for everyone in the EU and anyone using such data [23]. The GDPR includes ensuring people's right to have their personal data removed, giving clear consent to any use of data and carrying out fast notification about breaches. GDPR has had a big impact on global data privacy which has led to changes in many countries.

Similarly, PIPEDA in Canada, The Data Protection Act in the UK and Australia's Privacy Act all outline particular steps for managing health data. Although their details vary, all these laws have common concepts such as using the least amount of data, setting clear purposes, asking for consent and being accountable [24].

Following the rules in a fast-changing digital field is becoming harder and harder. New solutions based on AI, cloud computing and mobile health present additional privacy issues and develop faster than related rules can keep up. Such companies must focus on compliance by using reliable auditing, educating workers and following data management policies [25]. Complying with data protection rules becomes a tougher task when organizations deal with rules that vary from one country to another. Therefore, nations should join forces and make data protection laws the same to manage health systems connected across the globe [26].



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Beyond Laws: Ethical Dilemmas in the Use of Health Data and Digital Tools

As health informatics uses modern technology and data, it deals with various major ethical dilemmas at the same time. In addition, ethical considerations focus on whether technology and data management support important healthcare principles such as people's autonomy, caring for others' wellbeing, not causing harm and justice [27]. Using ethical frameworks in health informatics plays a key role in making sure patient rights, dignity and trust are safeguarded as technology changes quickly.

One of the main ethical issues is respecting patients' freedom to decide and giving them clear information. Because much of today's health data is picked up automatically through phone apps, wearable devices and medical records, patients may not always see all the uses and the consequences of sharing their information [28]. It is important that informed consent involves a clear explanation about using data, collaborating with outside parties and any hazards. It becomes very important when data is used for research, business applications or AI training [29].



Figure: 3 showing ethical considerations in the use of health data



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Another important ethical aspect is giving every student equal opportunity for success. Although technology in healthcare can increase efficiency and make care more suitable for individuals, it is possible that some populations will experience greater inequity since not all have the internet, the required tools or the skills to use them. Besides, the algorithms in clinical decision-making systems could repeat or even increase, the biases learned during training, making it harder or more dangerous for certain groups [30].

People have to deal with ethical issues when it comes to owning and controlling their data. People continue to wonder if patients get to decide what happens with their data and how much influence they have on it. Using health data for profit by tech companies makes some concerned about the exploitation and loss of people's independence in deciding their own healthcare [31]. It is important that health technologies are used in an ethical way by being transparent and accountable. People getting health care and the providers giving it should both be aware of the choices made and who takes charge when something unexpected happens [32].

To handle these problems, various experts from ethics, medicine, technology, policymaking and the patient community must come together. The development of ethical guidelines has to keep up with technological progress to guarantee that the progress in health informatics follows patient-focused care and responsibility [33].

Policy Makers Should Design Proper Guidelines for Digital Improvements in Healthcare

How health informatics systems are created, applied and controlled is shaped mainly by policy and governance rules. Proper governance ensures that digital health technologies work towards public health targets, defend the rights of patients and ensure providers and technology builders are responsible [34]. Since health informatics is playing a larger role in healthcare, developing clear and innovative policies is now more important.

Policies in health informatics set up guidelines, government plans and rules to direct the use of information and technology in health systems. They take care of numerous matters such as privacy with data, the ability to share information, cybersecurity, equal use of digital health resources and



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the need for standardization [35]. Many nations, including the United States and the United Kingdom, have introduced efforts to build health IT structures, encourage use of EHRs and make sure patient records are handled properly.

Governance consists of the methods and organizations that supervise the operational, ethical and legal sides of health informatics on both an organizational and system level. With good governance, digital systems are protected, can talk with each other and are applied in an ethical way. It means clarifying jobs and duties for data management, setting up ways to ensure responsibility and holding everyone to the required rules and guidelines [37]. The system also requires checking policies frequently, assessing risks and involving people who are affected to adjust to new challenges.

Health informatics governance needs to ensure that both advancement and security are present. Supporters of health policy need to guide AI diagnostics and digital healthcare safely, while making sure the public has faith in them. For this reason, regulations must catch up with fast-paced development while sticking to ethical and legal guidelines [38].

In addition, since health data moves across the world, there is a need for countries to cooperate and make sure they use the same standards when protecting data collected. The field of informatics and health policy is shaped by government systems that include everyone, are transparent and adjust to new technology, while keeping public health and human rights at the forefront [39].

Issues of Trends, Risks and the Future in the Digital Health Industry

The fast evolution of health informatics is thanks to new technologies, the rise in available data and people's desire for improved healthcare that puts patients at the center. As new trends arise, they are changing the way health information is gathered, studied and used—this offers great chances and also brings difficult challenges that can only be managed through careful planning and action [40].

One of the most important developments is using AI and ML in clinical decisions, diagnoses and creating models to predict future events. Because of these technologies, researchers can



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immediately analyze large amounts of information, making it simpler to spot diseases, select therapy plans that are just right for a person and make healthcare operations more effective [41]. But using them can raise questions about being biased, clear about their decisions and accountable, mainly when it is difficult to interpret how the AI works.

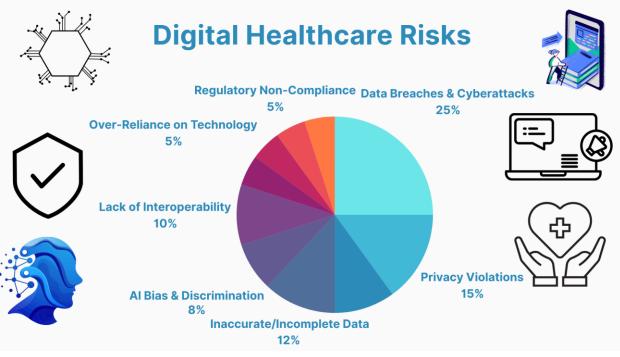


Figure: 4 showing digital healthcare risks

Another big trend that is gaining ground fast is telehealth and remote monitoring, thanks to the COVID-19 pandemic. Because of these tools, people living in underserved regions gain access to medical care and the data collected from a variety of devices and apps must be handled securely and put together on interoperable platforms [42].

It is also being noticed for its ability to protect health data, control patient consent and ensure data accuracy between health care workers. With block chain, health informatics could overcome many important challenges related to trust and security. Even though there has been significant progress, some problems still exist [43]. Because of data fragmentation and systems not being able to interact, information still cannot flow easily between various groups. Serious risks to patients and healthcare companies are created by ransomware attacks on hospitals and data breaches.



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Sometimes, legal and ethical rules are slow to catch up with technology which makes it unclear if people are complying or not [44].

The potential of health informatics can only be achieved by putting effort into developing systems that are welcoming, safe and carefully ethical. They must cooperate with many sectors, update policies quickly and continue putting resources into infrastructure, training employees and involving the public [45].

Conclusion

Health informatics is a key factor in transforming healthcare by introducing methods that provide better care for patients, simplify daily tasks and rely on solid evidence in decisions. Although various digital technologies are useful in many health services, properly managing patient data is a big challenge for healthcare. In this review, we touched on the key points of health informatics and discussed the issues in regulation, ethics and policies that must be handled for its proper growth.

Maintaining privacy is very important in the field of health informatics, since patients often want more control and openness about their health information. Although laws like HIPAA, GDPR and many national laws uphold standards, technology usually grows faster than the process of legislating. Since laws vary in different regions, being compliant with data sharing while working together is a continuous process.

It is also crucial to take into account the ethical questions when handling data. Consent, data ownership, Fairness in algorithms and equal access to digital resources are best addressed through caring about patients' wellbeing and creating solutions that work for all.

It is important for policies and ways of governing to match the needs for innovation and accountability. All levels of government health organizations should work together to plan interoperability, cybersecurity and use AI and block chain. Digital health is growing, so its governance structures ought to center on being clear, versatile and bring together many different stakeholders.



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In the near future, health informatics could bring huge benefits, but only if proper care is taken to ensure progress does not put sensitive information at risk. Digital health should be developed with the teamwork of those in the medical field, policymakers, and specialists in technology and patients who need services. If we only collaborate, health informatics can contribute its full benefits to everyone and keep their rights intact.

References

- Wang M, Xiao D, Liang J, Hu G. Distributed privacy preserving nested compressed sensing for multiclass data collection with identity authentication. Signal Process. 2023; 204:108823. 10.1016/j.sigpro.2022.108823
- [2]. Lewis AE, Weiskopf N, Abrams ZB, Foraker R, Lai AM, Payne PRO, Gupta A. Electronic health record data quality assessment and tools: a systematic review. J Am Med Inform Assoc. 2023 Sep 25; 30(10):1730-1740. doi: 10.1093/jamia/ocad120.
- [3]. Rose C, Chen JH. Learning from the EHR to implement AI in healthcare. NPJ Digit Med. 2024; 7(1):330. Doi: 10.1038/s41746-024-01340-0.
- [4]. Al Meslamani AZ. Gaps in digital health policies: an insight into the current landscape. Journal of medical economics. 2023 Dec 31; 26(1):1266-8.
- [5]. Birnbaum D, Gretsinger K, Antonio MG, Loewen E, Lacroix P. Revisiting public health informatics: patient privacy concerns. International Journal of Health Governance. 2018 May 29; 23(2):149-59.
- [6]. Ognjanović I, Zoulias E, Mantas J. Progress achieved, landmarks, and future concerns in biomedical and health informatics. InHealthcare 2024 Oct 15 (Vol. 12, No. 20, p. 2041). MDPI.
- [7]. Williamson SM, Prybutok V. Balancing privacy and progress: a review of privacy challenges, systemic oversight, and patient perceptions in AI-driven healthcare. Applied Sciences. 2024 Jan 12; 14(2):675.
- [8]. Appari A, Johnson ME. Information security and privacy in healthcare: current state of research. International journal of Internet and enterprise management. 2010 Jan 1; 6(4):279-314.



ISSN: 3078-2724

Volume 2: Issue 1

- [9]. Bhavnani SP, Parakh K, Atreja A, Druz R, Graham GN, Hayek SS, Krumholz HM, Maddox TM, Majmudar MD, Rumsfeld JS, Shah BR. 2017 Roadmap for innovation—ACC health policy statement on healthcare transformation in the era of digital health, big data, and precision health: a report of the American College of Cardiology Task Force on Health Policy Statements and Systems of Care. Journal of the American College of Cardiology. 2017 Nov 28; 70(21):2696-718.
- [10]. Alsadan M, EL METWALLY A, JAMAL A, KHALIFA M, HOUSEH M. Health information technology (HIT) in Arab countries: a systematic review study on HIT progress. Journal of Health Informatics in Developing Countries. 2015 Jun 2; 9(2).
- [11]. McGraw D, Mandl KD. Privacy protections to encourage use of health-relevant digital data in a learning health system. NPJ digital medicine. 2021 Jan 4; 4(1):2.
- [12]. Tang L, Li J, Fantus S. Medical artificial intelligence ethics: a systematic review of empirical studies. Digit Health. 2023; 9:20552076231186064
- [13]. Straw I. The automation of bias in medical artificial intelligence (AI): decoding the past to create a better future. Artif Intell Med. 2020; 110:101965.
- [14]. Bragazzi NL, Khamisy-Farah R, Converti M. Ensuring equitable, inclusive and meaningful gender identity- and sexual orientation-related data collection in the healthcare sector: insights from a critical, pragmatic systematic review of the literature. Int Rev Psychiatry. 2022; 34:282–91.
- [15]. Lin Y, Yu Z. A bibliometric analysis of artifcial intelligence chatbots in educational contexts. Interact Technol Smart Educ. 2023. <u>https://doi.org/10.1108/ITSE-12-2022-0165</u>.
- [16]. Stathakarou N, Nifakos S, Karlgren K, Konstantinidis ST, Bamidis PD, Pattichis CS, Davoody N. Students' perceptions on chatbots' potential and design characteristics in healthcare education. Stud Health Technol Inform. 2020; 272:209–12. https://doi.org/10.3233/SHTI200531
- [17]. Sheikh A, Sood HS, Bates DW. Leveraging health information technology to achieve the "triple aim" of healthcare reform. Journal of the American Medical Informatics Association. 2015 Jul 1; 22(4):849-56.



ISSN: 3078-2724

- [18]. Evans RS. Electronic health records: then, now, and in the future. Yearbook of medical informatics. 2016; 25(S 01):S48-61.
- [19]. Aerts A, Bogdan-Martin D. Leveraging data and AI to deliver on the promise of digital health. International Journal of Medical Informatics. 2021 Jun 1; 150:104456.
- [20]. Tran DM, Thwaites CL, Van Nuil JI, McKnight J, Luu AP, Paton C, Vietnam ICU Translational Applications Laboratory (VITAL). Digital health policy and programs for hospital care in Vietnam: scoping review. Journal of medical Internet research. 2022 Feb 9;24(2):e32392.
- [21]. Nykänen P, Brender J, Talmon J, de Keizer N, Rigby M, Beuscart-Zephir MC, Ammenwerth E. Guideline for good evaluation practice in health informatics (GEP-HI). International journal of medical informatics. 2011 Dec 1; 80(12):815-27.
- [22]. Fadhil, A., & Gabrielli, S. (2017). Addressing challenges in promoting healthy lifestyles: The al-chatbot approach. Proceedings of the 11th EAI International Conference on Pervasive Computing Technologies for Healthcare, 261–265. <u>https://doi.org/10.1145/3154862.3154914</u>
- [23]. Tlili A, Shehata B, Adarkwah MA, Bozkurt A, Hickey DT, Huang R, Agyemang B. What if the devil is my guardian angel: ChatGPT as a case study of using chatbots in education? Smart Learn Environ. 2023; 10(1):15. <u>https://doi.org/10.1186/s40561-023-00237-x</u>.
- [24]. Yang SJH, Ogata H, Matsui T, Chen N-S. Human-centered artifcial intelligence in education: Seeing the invisible through the visible. Comput Educ: Artif Intell. 2021; 2: 100008. <u>https://doi.org/10.1016/j.caeai.2021.100008</u>.
- [25]. Sheikh A, Anderson M, Albala S, Casadei B, Franklin BD, Richards M, Taylor D, Tibble H, Mossialos E. Health information technology and digital innovation for national learning health and care systems. The Lancet Digital Health. 2021 Jun 1;3(6):e383-96.
- [26]. Yasnoff WA, Overhage MJ, Humphreys BL, LaVenture M, Goodman KW, Gatewood L, Ross DA, Reid J, Hammond EW, Dwyer D, Huff SM. A national agenda for public health informatics. Journal of Public Health Management and Practice. 2001 Jan 1;7(6):1-21.



ISSN: 3078-2724

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- [27]. Moulaei K, Moulaei R, Bahaadinbeigy K. Barriers and facilitators of using health information technologies by women: a scoping review. BMC medical informatics and decision making. 2023 Sep 5; 23(1):176.
- [28]. Tuzii J. Healthcare information technology in Italy, critiques and suggestions for European digitalization. Pharmaceuticals Policy and Law. 2018 Oct; 19(3-4):161-76.
- [29]. Leon N, Schneider H, Daviaud E. Applying a framework for assessing the health system challenges to scaling up mHealth in South Africa. BMC medical informatics and decision making. 2012 Dec; 12:1-2.
- [30]. Li, J. P. O., Liu, H., Ting, D. S., Jeon, S., Chan, R. P., Kim, J. E., & Ting, D. S. (2021). Digital technology, tele-medicine and artificial intelligence in ophthalmology: A global perspective. Progress in retinal and eye research, 82, 100900.
- [31]. Correa R, Shaan M, Trivedi H, Patel B, Celi LAG, Gichoya JW, et al. A systematic review of 'fair' AI model development for image classification and prediction. J Med Biol Eng. 2022; 42:816–27.
- [32]. Embi PJ, Payne PR. Clinical research informatics: challenges, opportunities and definition for an emerging domain. Journal of the American Medical Informatics Association. 2009 May 1; 16(3):316-27.
- [33]. Pagoto S, Nebeker C. How scientists can take the lead in establishing ethical practices for social media research. Journal of the American medical informatics association. 2019 Apr; 26(4):311-3.
- [34]. Safran C, Bloomrosen M, Hammond WE, Labkoff S, Markel-Fox S, Tang PC, Detmer DE. Toward a national framework for the secondary use of health data: an American Medical Informatics Association White Paper. Journal of the American Medical Informatics Association. 2007 Jan 1; 14(1):1-9.
- [35]. Khan MM, Shah N, Shaikh N, Thabet A, Belkhair S. Towards secure and trusted AI in healthcare: A systematic review of emerging innovations and ethical challenges. International Journal of Medical Informatics. 2024 Dec 30:105780.



ISSN: 3078-2724

- [36]. Jones SS, Rudin RS, Perry T, Shekelle PG. Health information technology: an updated systematic review with a focus on meaningful use. Annals of internal medicine. 2014 Jan 7; 160(1):48-54.
- [37]. Rothstein MA. The Hippocratic bargain and health information technology. The Journal of Law, Medicine & Ethics. 2010 Mar; 38(1):7-13.
- [38]. Martinez-Martin N, Luo Z, Kaushal A, Adeli E, Haque A, Kelly SS, et al. Ethical issues in using ambient intelligence in health-care settings. Lancet Digit Health. 2021; 3:e115–23.
- [39]. Chen RJ, Wang JJ, Williamson DFK, Chen TY, Lipkova J, Lu MY, et al. Algorithmic fairness in artificial intelligence for medicine and healthcare. Nat Biomed Eng. 2023; 7:719–42
- [40]. Khera P, Ng S, Ogawa S, Sahay R. Measuring Digital Financial Inclusion in Emerging Market and Developing Economies: A New Index. Asian Economic Policy Review. 2022; 17(2):213–30.
- [41]. Zhang W, Zhao S, Wan X, Yao Y. Study on the effect of digital economy on high-quality economic development in China. PLoS ONE. 2021; 16(9): e0257365.
- [42]. Fernández-Portillo A, Almodóvar-González M, Hernández-Mogollón R: Impact of ICT development on economic growth. A study of OECD European union countries. Technology in Society 2020, 63:101420.
- [43]. Müller J. Digital Transformation in Healthcare: Strategies for Effective Health Information Technology (HIT) Implementation. Academic Journal of Science and Technology. 2021 Jun 19; 4(1):1-9.
- [44]. Cusack CM, Hripcsak G, Bloomrosen M, Rosenbloom ST, Weaver CA, Wright A, Vawdrey DK, Walker J, Mamykina L. The future state of clinical data capture and documentation: a report from AMIA's 2011 Policy Meeting. Journal of the American Medical Informatics Association. 2013 Jan 1; 20(1):134-40.
- [45]. Mennella C, Maniscalco U, De Pietro G, Esposito M. Ethical and regulatory challenges of AI technologies in healthcare: A narrative review. Heliyon. 2024 Feb 29; 10(4).