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Analysis Of Challenges And Implementation Of Digital Health Policy Transformation: A Literature Review

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Abstract

The acceleration of global health digitalization offers significant potential to improve public care quality; however, its practical execution frequently encounters multidimensional barriers and threatens to widen the digital health divide. Objective: This study aims to comprehensively evaluate the policy typologies, service modalities, contemporary challenges, and real-world implications of international digital health implementations. Method: Utilizing a Systematic Literature Review (SLR) design aligned with PRISMA 2020 guidelines, literature searches were performed across PubMed, ScienceDirect, and Google Scholar databases for articles published between 2022 and 2026. Applying rigorous selection via the PICOS framework, 8 core articles were retrieved for extraction using thematic analysis. Results: The synthesis reveals that macro-level policies successfully diversified digital services into administrative (e-prescription), remote clinical care (Remote Patient Monitoring), and preventive governance (Digital Proximity Tracing). Instrumentally, e-health effectively reduces operational costs, enhances clinical quality, and bridges access gaps for marginalized groups, such as coastal and migrant populations. Nevertheless, the transition is severely hindered by fragmented data interoperability, insufficient digital literacy among professionals, ethical issues concerning AI algorithmic biases, and policy blindness toward technological determinism, which drives social exclusion. Conclusion: Integrating social determinants into digital health architecture is vital for establishing an equitable public health ecosystem. Policymakers must devise equity-centered regulations and system standardization, while medical institutions are urged to adopt structured literacy training to minimize internal resistance.

Keywords: Challenges; Implementation; Digital Transformation; Digital Health Policy.

INTRODUCTION

In the era of global digital transformation, the public sector is required to adopt information technology as a core strategy to improve service quality (Fitra, 2025). In the healthcare sector, the implementation of digital health policies has been proven to enhance equity and the overall responsiveness of healthcare systems. The World Health Organization (WHO) conceptualizes digital health as the use of digital, mobile, and wireless technologies to support the achievement of health objectives, ranging from data collection to clinical management. In practice, this phenomenon encompasses the implementation of electronic medical records, telemedicine, big data, artificial intelligence (AI), and the Internet of Things (IoT) (Suprapto, 2026). The integration of these components is expected to expand service accessibility, reduce operational costs, and strengthen data-driven clinical decision-making. Nevertheless, the success of this transition requires comprehensive regulations, stringent ethical standards, sustainable financing mechanisms, and enhanced healthcare workforce competencies to ensure system sustainability (World Health Organization, 2021).

The implementation of digital transformation in the healthcare sector faces multidimensional challenges. Internal organizational barriers generally include limited technological infrastructure, low levels of digital literacy among human resources, cultural resistance, and vulnerabilities in patient data security (Purwadhi et al, 2025). At the macro level, these challenges are further complicated by epidemiological transitions, inequalities in access, and global dynamics such as climate change and high population mobility (Suprapto, 2026). Therefore, the acceleration of technologies such as artificial intelligence (AI) requires clear and adaptive regulatory frameworks to mitigate the risks of personal data breaches, system interoperability failures, and cyber threats. Without robust governance, the digital divide may widen even further (Suprapto, 2026). On the other hand, digitalization has an

instrumental impact on the effectiveness of public health programs through the utilization of big data for disease pattern analysis, outbreak prediction, and the identification of priority interventions. The urgency and effectiveness of digital tools such as telemedicine and contact-tracing applications were empirically demonstrated in maintaining the continuity of healthcare services during the pandemic period (Firdaus et al, 2025).

In various developed countries, digital health has been implemented through diverse approaches. For instance, the United States has successfully integrated Electronic Health Records (EHR) systems and telehealth services (Fonda et al., 2024), while South Korea has focused on strengthening its national health information system and expanding the use of telemedicine. Similarly, the United Kingdom, through the NHS Digital program, has integrated digital services into its national healthcare system (Lee et al., 2022), in line with Singapore's efforts to develop a comprehensive and integrated digital health platform. In contrast, technology adoption in developing countries continues to face fundamental challenges related to limited infrastructure and regulatory readiness. Key obstacles frequently include data security concerns, the digital divide, and resistance to organizational cultural change (Jiwa et al., 2026). Based on this global landscape, the present study aims to provide an in-depth analysis of the types of policies, forms of services, contemporary challenges, and the implementation of digital health.

The primary focus of this research is to examine the transformation of digital health policies and their global implementation, including the challenges and tangible impacts they generate. Employing a post-positivist paradigm within the fields of public health and health policy, this study adopts an evidence-based approach through a systematic review method. The post-positivist paradigm is applied due to its relevance in extracting scientific patterns, testing the consistency of findings across the literature, and formulating limited generalizations. This approach is crucial for evaluating how digital regulations and innovations influence the quality and accessibility of healthcare services at both national and international levels.

RESEARCH METHODS

This study employed the Systematic Literature Review (SLR) method, a structured, comprehensive, and transparent literature review approach to identify, evaluate, and synthesize scientific evidence related to digital health policy transformation. The research protocol was developed in accordance with the 2020 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). The PRISMA process encompasses four crucial stages: (1) identification (searching and collecting relevant publications); (2) screening (screening based on title, abstract, and keywords); (3) eligibility (full-text evaluation based on inclusion criteria); and (4) inclusion (determining the final articles for analysis).

The literature search was conducted through three major databases: PubMed, ScienceDirect, and Google Scholar, limiting publications to the last five years (2022–2026) to ensure data recency. The inclusion and exclusion criteria for data sources were strictly defined using the PICOS (Population, Intervention, Comparison, Outcome, Study Design) framework. The obtained data were then analyzed using thematic analysis, focusing on policy trends, successes, implementation challenges, and impacts. Based on the search and eligibility screening results, eight scientific articles met all inclusion criteria and were ready to be synthesized in the discussion, as shown in Table 1 below:

Table 1. Article Inclusion Criteria

PICOS Element	Criteria
Population (P)	Digital health policies at the national, regional, or global level
Intervention (I)	Implementation, reform, or transformation of policies related to digital health services (telemedicine, e-health, m-health)
Comparison (C)	Comparisons across countries, time periods, or policy strategies
Outcome (O)	Barriers to implementation and/or the impact of policies on service access, quality, and efficiency

RESULTS AND DISCUSSION

The literature review conducted to analyze the challenges and implementation of digital health policy transformation included eight relevant articles from various databases published in the last five years. Based on the four themes explored: policy, forms of digital services, challenges, and implementation/impact, the findings are summarized and presented systematically in Table 2 below:

Table 2. Literature Review Results

No.	Title, Author(s), and Year	Research Design	Policy Type	Digital Service	Challenges	Implementation/Impact
1	Prioritising Digital Health Technologies in Australian Community Pharmacy: A Delphi Study Identifying Barriers, Enablers, and Policy Implications for Implementation (Hareem et al., 2026), Australia	Mixed Methods (Qualitative–Quantitative)	National Policy: *Digital Health Implementation Roadmap*	**Electronic Prescription (e-Prescription):** A digital system for prescribing and dispensing medications.	Financial constraints, interoperability issues among digital systems, and gaps in workforce digital literacy.	Promotes more consistent and effective use of digital pharmacy services.
2	Health Equity in the Digital Age: Exploring Health Policy and Inclusive Digital Care (Coetzer et al, 2025), Netherlands	Qualitative	National Policy	**Digital Care:** Digital-based healthcare services.	Policy blindness to digital inequalities, technological determinism, and risks of social exclusion.	Policy implementation is directed toward developing a more inclusive digital health system by considering social factors and digital determinants of health.
3	Digital Transformation of Public	Qualitative	National-Level Policy	**Digital Proximity Tracing:**	Technology access disparities,	Focuses on shifting from communicable

	Health for Noncommunicable Diseases: Narrative Viewpoint of Challenges and Opportunities (Neto & Wyl, 2024), Europe			Bluetooth-based tracing services.	low digital literacy, economic and geographic barriers, and potential AI bias.	disease management (e.g., COVID-19) toward noncommunicable disease (NCD) prevention through the integration of Artificial Intelligence (AI).
4	The Role of Digital Transformation in Addressing Health Inequalities in Coastal Communities: Barriers and Enablers (Asthana & Prime, 2023), United Kingdom	Qualitative	National Health Service (NHS) and Regional Digital Health Transformation Policy	**Digital Health Technologies (DHTs):** Preventive digital health technologies supporting disease prevention, early diagnosis, and home-based self-care.	Variations in digital maturity, digital divide, and high local disease burden.	Improves the effectiveness of preventive services, healthcare quality, and cost efficiency, particularly in coastal regions of England.
5	Informing Nursing Policy: An Exploration of Digital Health Research by Nurses in England (Connor, Cave, & Philips, 2024), United Kingdom	Qualitative	National Policy: Nursing Research and Evidence-Based Practice Policy	**Web/Online Health Services** and **Telehealth**	Disciplinary and geographical representation gaps, limited research resources, and scarcity of digital nursing data.	Enhances evidence-based nursing practice, patient care quality, and nurses' competencies in digital health technologies.
6	Government Digital Transformation and the Utilization of Basic Public Health Services by China's	Quantitative	National Policy: Government Digital Transformation (GDT) Policy	**Basic Public Health Services (BPHS):** Essential public health services.	Systemic challenges related to migrant populations.	Digital policies improve access to healthcare services and reduce health disparities among migrants.

	Migrant Population (Jia, 2024), China					
7	The Next Frontier of Remote Patient Monitoring: Hospital at Home (Whitehead & Conley, 2024), United States	Qualitative	Regional Policy: Acute Care and Reimbursement Policy Modification	**Remote Patient Monitoring (RPM):** Remote patient monitoring ; **Hospital at Home (HaH):** Home-based hospital care model.	Limitations in RPM implementation and the need for further policy and technological development.	RPM policies improve patient safety, cost efficiency, and the quality of remote healthcare services.
8	Defining the Role of Digital Public Health in the Evolving Digital Health Landscape: Policy and Practice Implications in Canada (Iyamu, Mckee, Haag, & Gilbert, 2024), Canada	Qualitative	National Policy: Digital Public Health (DPH) Strategic Policy	**Digital Public Health (DPH):** Digital public health service infrastructure.	Dominance of clinical services, insufficient focus on digital public health, and limited workforce competencies.	Digital health policies improve public service quality, health equity, and the utilization of digital technologies.

Policy

Based on the analysis of the eight journal articles, the literature review indicates that digital health transformation is driven by policies at both national and regional levels. National policies include Australia's *Digital Health Implementation Roadmap*, China's *Government Digital Transformation (GDT)* initiative, and Canada's *Digital Public Health Strategies*. At the regional level, policies focus on specific areas, such as coastal digital transformation in the United Kingdom and the *Acute Care and Reimbursement Policy* model modification in the United States. These policies are designed to establish standardized digital procedures and ensure service inclusivity for the broader population. Collectively, they aim to create a framework that supports inclusive and sustainable digitalization.

Digital health policies have evolved from merely facilitating technology adoption to becoming instruments for promoting health equity. A notable example is China’s GDT policy (Jia, 2024), which employs a comprehensive top-down approach and has demonstrated high effectiveness in reaching migrant populations. This contrasts with the United Kingdom’s approach (Asthana & Prime, 2023), which is more localized and focused on coastal communities to address specific disease burdens. This finding aligns with the study by (Song et al., 2025), which argues that successful digital policies must integrate the social determinants of health to avoid widening inequalities. Furthermore, (Fonda et al.,

2024) reported that the implementation of digital health across European countries is also guided by national-level policies targeting communities, healthcare services, and care delivery systems. This comparison highlights that while national policies provide an overarching framework, regional policies ensure that services remain relevant to local needs.

Digital Services

Based on the analysis of the eight journal articles, the literature review reveals that digital health services can be categorized into three primary functions. First, administrative and pharmaceutical services include electronic prescriptions (*e-prescriptions*) aimed at improving the efficiency of medication distribution, as implemented in Australia. Second, remote clinical services encompass *Remote Patient Monitoring* (RPM) and *Hospital at Home* programs for acute home-based care in the United States, as well as telehealth and online healthcare services that strengthen the role of nursing professionals in the United Kingdom. Third, public health and preventive services include AI-based *Digital Proximity Tracing* to reduce the burden of non-communicable diseases (NCDs) in Europe, the provision of *Basic Public Health Services* (BPHS) in China, and the development of *Digital Public Health* (DPH) infrastructure in Canada.

The diversification of digital services reflects the adaptation of healthcare systems to different disease burdens. RPM services in the United States (Whitehead & Conley, 2024) emphasize healthcare cost efficiency, whereas preventive services in the United Kingdom (Asthana & Prime, 2023) focus more on early community-based interventions. (Rabbani & Alam, 2025) reported that clinical outcomes delivered through telemedicine are generally comparable to those achieved through face-to-face care and that telemedicine has proven effective in managing chronic diseases and reducing hospitalization rates among heart failure patients. These findings are supported by (Taloyan et al, 2023), who highlighted the use of digital technologies, such as applications and sensor devices, for remotely monitoring patients with chronic diseases by primary healthcare providers. Similarly, (Tan, Sumner, Wang, & Yip, 2024) found that RPM interventions facilitate patient care transitions from hospitals to home settings. These comparisons indicate that digital health services have become increasingly integrated into the routine workflows of healthcare professionals rather than functioning merely as supplementary services.

Challenges

Based on the analysis of the eight journal articles, the challenges identified are cross-sectoral in nature. The first category comprises technical and operational barriers. Financial constraints and weak interoperability among digital systems constitute major obstacles in Australia, while disparities in digital maturity across regions remain a significant issue in the United Kingdom. In Canada, the dominance of traditional clinical services has hindered the optimization of digital public health infrastructure.

The second category concerns human resource capacity gaps. Low levels of digital literacy among healthcare workers have been identified as a critical challenge in Australia, Europe, and Canada. Within the field of nursing research in the United Kingdom, a scarcity of data and disciplinary representation gaps have also been reported.

The third category involves systemic, ethical, and social exclusion challenges. One of the most critical findings emerged from the Netherlands, where a phenomenon described as “policy blindness” toward digital inequalities was identified. This issue is driven by technological determinism and poses a risk of social exclusion. Ethical concerns, such as potential biases in AI algorithms, have also become a significant issue in Europe. Furthermore, systemic barriers continue to affect access among vulnerable populations, including migrant communities in China.

The issues of social exclusion and policy bias identified by (Coetzer et al, 2025) and (Neto & Wyl, 2024) are highly consistent with the warnings raised by (Jenkins et al., n.d.) regarding digital health equity. Their study emphasizes that digital technologies that fail to account for social determinants inherently risk widening the digital health divide. Additionally, technical challenges related to the interoperability of pharmaceutical and nursing data systems identified by (Hareem et al.,

2026) and (Connor et al., 2024) are reinforced by the findings of (Tahsin, Gray, Shaw, & Shachak, 2024), who argued that fragmented data architectures across vendor platforms remain one of the greatest obstacles to achieving a mature digital health ecosystem.

Implementation and Impact

Based on empirical evidence from the global literature, digital transformation has had a substantial impact on strengthening healthcare ecosystems. From an operational perspective, technology adoption has consistently been shown to improve healthcare cost efficiency, optimize quality management processes, and enhance patient safety through precise remote monitoring. Within healthcare professions, digital policies have promoted the development of clinical competencies and encouraged evidence-based practice among nurses and pharmacists.

The most significant impact is observed in the dimension of health equity. When policies are designed with consideration for digital determinants and social factors, technology can effectively bridge geographical and economic barriers. Digital policies have proven effective in reducing service disparities in remote regions, such as coastal areas in the United Kingdom, while also addressing access inequalities among marginalized populations, including migrant communities in China. Consequently, achieving an inclusive future healthcare system requires that digital transformation be supported by adaptive regulations capable of balancing technological advancement with the principles of social equity and human values.

The positive impact of digitalization on improving access among vulnerable populations in China (Jia, 2024) presents an interesting contrast to the comparative findings of (Bouwes, Scherpbier, Hage, Tjalma, & Esther, 2025), who highlighted the risk of exclusion faced by certain groups as a result of healthcare digitalization (*eHealth*). Nevertheless, video-based telemedicine has emerged as an effective remote healthcare solution, successfully reducing geographical distance and transportation barriers without compromising the quality of doctor–patient interactions (Ruggiero et al., 2023).

CONCLUSIONS

Digital health regulations at the macro and regional levels have encouraged the diversification of services into administrative, remote clinical, and preventive functions through instruments such as e-prescription, Remote Patient Monitoring (RPM), and Digital Proximity Tracing. Empirically, this technology integration has been proven to reduce operational costs, improve service quality, and strengthen evidence-based patient safety. When social determinants of health are integrated into policy, digital innovation is considered effective in reducing geographic barriers for marginalized groups such as coastal populations and migrants. However, this transition still faces multidimensional challenges, ranging from poor data interoperability, low digital literacy in the health system, to the ethical risks of artificial intelligence (AI) bias. The phenomenon of "policy blindness" due to technological determinism risks exacerbating the digital health divide. The sustainability of the future health ecosystem absolutely requires robust data governance and adaptive regulations based on the value of human equality.

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