Adoption of Digital Health Care - A Reality in Future

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Abstract— **Life expectancy is increasing, technologies are improving, and medications are spreading at breakneck speed. Benefits, as well as challenges and uncertainties, are evident. The evolution of healthcare is, first and foremost, the evolution of a mindset: health should be viewed as a social and economic investment, a growth driver that generates a circular well-being among those who provide technological equipment (companies), those who use it in emergencies and routine care (hospitals and the medical profession), and those who benefit from it (the general public) (the patients). Only human and economic costs can be used as a starting point: healthcare is only viable if business strategies that improve service quality do not inflate costs to the point where they are no longer available.**

The technological innovation, more specifically the digital revolution, is deeply changing the way healthcare processes are managed, promoting cooperation of several healthcare players. Healthcare processes strongly rely on both information and knowledge (Lenz et al., 2012; Lenz & Reichert, 2007). Therefore, information management could play an important role and a performing technology supporting processes becomes crucial. At the same time, healthcare organizations, more than others, have to face with growing complexity of care, reducing resources, and increased regulative frameworks. Healthcare providers are trying to increase quality and, at the same time, to reduce costs in order to maximize value. Care for a medical condition often embraces multiple expertise and several interventions. Value for the patient is created by providers' combined efforts over the full cycle of care (Porter, 2010).

Brilliant wearable contraptions, sensor-based knowledge gadgets, and shrewd well-being applications can all assist with this. Sensor-based shrewd wearable gadgets, for instance, have been utilized to screen physiological boundaries expected for COVID-19 identification. 64 Remote patient observing has consequently been utilized in an assortment of utilization fields, including cardiovascular checking, blood oxygen immersion checking, temperature checking, breath checking, rest checking, and movement levels observing. Patients can be advised when their physiological changes become concerning, staying away from clinic affirmations generally speaking. For distant clinical consultations, virtual facilities plan advanced correspondence between medical care specialists and patients via phone, a video connect, or other online stages. Virtual facilities can assist with lessening the spread of profoundly infectious sicknesses, patient holding up times, and further develop medical care by diminishing direct understanding contact.

Index Terms: **Digital healthcare, Adoption, Customer experience, Access.**

1.INTRODUCTION

Expectancy of life is increasing, technology is improving, and medications are spreading at breakneck speed. Benefits, as well as challenges and uncertainties, are evident. The evolution of healthcare is, first and foremost, the evolution of a mindset: health should be viewed as a social and economic investment, a growth driver that generates a circular well-being among those who provide technological equipment (companies), those who use it in emergencies and routine care (hospitals and the medical profession), and those who benefit from it (the general public) (the patients). Only human and economic costs can be used as a starting point: healthcare is only viable if business strategies that improve service quality do not inflate costs to the point where they are no longer available.(Christensen et al., 2010; Health, 2008) There is a consensus among practitioners, policy-makers and researchers that current systems of healthcare are not sustainable. The increasing average age and chronic disease, combined with rising expectations, have caused an increasing of costs. Many experts assert that reforms are needed and that healthcare system could be more efficient and effective with a larger employ of digital technologies allowing share information beyond organizational boundaries (Such technologies, however, have been difficult to implement, but 2 they can support transformations in the way care is provided. However, this implies a deep

understanding of how these technologies could change healthcare industry. Currently, studies about the topic have mostly focused on the way work routines and business models are changing, in particular, on disruptions to traditional workflows that reflect provider-centric models of care.(Currie & Finnegan, 2011; Ford et al., 2017; Westbrook & Braithwaite, 2010)

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1.1Digital Health Care

A development in digital innovation from customary to shrewd medical care is projected to change medical care frameworks all over the planet. Savvy medical care utilizes computerized innovations to make it simpler to peruse wellbeing data, associate individuals, assets, and associations, and shrewdly handle and answer wellbeing related needs. Patients, medical services experts, associations, and controllers are totally connected together in the shrewd medical care framework. Artifical Intelligence (AI), the Internet of things (IoT), fog processing, cloud computing, blockchain, sensors, 5G innovation, and the Internet of Medical things (IoMT) are instances of emanant advances that are as yet developing. These advances are basic to the improvement of the medical care idea, which is an arising creative idea. The medical services framework, similar to the car business, has gone through ages, from medical care to shrewd medical services, with insurgencies in an assortment of supporting ventures. For instance, because of an absence of advanced innovations, numerous medical services associations utilized paper-based frameworks from 1970 to 1990. Patients and medical services experts physically catch wellbeing information and clinical solutions on paper during the period of medical care 1.0, which incorporates counsel, testing, and finding.

For a long time, this idea has been broadly utilized in healthcare. Patients' records, then again, were helpless against mileage over the long haul, putting patient security and secrecy at risk. Medical services otherwise called e-Health, was embraced somewhere in the range of 1991 and 2005 to offer better protection and security of well-being records while additionally improving support and versatility. Digital innovation upset different medical services frameworks by expanding information catch, availability, and sharing productivity. An authoritative target of medical consideration is to give patient driven clinical consideration organizations through splendid thought, related care, and redid medicine. Notably, medical benefits supporting ventures have embraced industry as of now progressing toward industry. Such disruption continues to rethink how today's computerised super-advanced firms grow commercial operations and increase effectiveness across the value chain.

Medical care delivery, like assembly, is at the start of a paradigm shift to usher in the new era of medical services. This is an exciting time in many ways, including astute infection prevention and discovery, virtual consideration, astute wellness across the board, amazing watching, direction, and clinical research. Regulatory compliance is especially difficult for new digital health devices. As a result, many healthcare systems, particularly in poor countries, rely significantly on paper-based methods to collect, process, and preserve health information. As a result, many healthcare systems, particularly in developing countries, rely significantly on paper-based methods to collect, process, and preserve health data. Despite significant progress in smart and connected healthcare, further research concepts, distribution, and technologies are necessary to unbundle new possibilities and move into health care.

1.2 Customer's experience

As in-person care resumes, providers, payers and consumers can seize the opportunity to maintain the momentum created by forced Adoption and address the pre-crisis issues that have previously inhibited digital health Adoption. For instance, working to increase trust in virtual services as they incorporate new tools into their business and care models, addressing security and privacy concerns—which are especially important as non-medical players assume bigger roles in healthcare—and increasing access to technology for all consumers. Building tough and powerful medical services frameworks requires multi-mix of different arising advancements to give unavoidable and customized care, patient-focused care, savvy infection location and forecast, and distant patient observing.Far off tolerant checking and following is a technique for giving medical services to patients through different media transmission channels and advanced well-being innovations from a good ways. Brilliant wearable contraptions, sensor-based knowledge gadgets, and shrewd well-being applications can all assist with this. Sensor-based shrewd wearable gadgets, for instance, have been utilized to screen physiological boundaries expected for COVID-19 identification. 64 Remote patient observing has consequently been utilized in an assortment of utilization fields, including cardiovascular checking, blood oxygen immersion checking, temperature checking, breath checking, rest checking, and movement levels observing. Patients can be advised when their physiological changes become concerning, staying away from clinic affirmations generally speaking. For distant clinical consultations, virtual facilities plan advanced correspondence between medical care specialists and patients via phone, a video connect, or other online stages. Virtual facilities can assist with lessening the spread of profoundly infectious sicknesses, patient holding up times, and further develop medical care by diminishing direct understanding contact.

1.3 Globalization in Healthcare Industry

The concept of a global health care industry is a recent phenomenon, and while the modern healthcare industry is becoming more global by the day, because health care has always been considered a local industry, specific to individual countries, the practices and development of healthcare as an industry vary across countries. Each country's health business has its own history and evolutionary cycle. Now, the trend toward globalization of the healthcare business is being driven by the globalization of the auxiliary healthcare industries, recent technical breakthroughs, and standardization of many elements of the industry.Tele-medicine is the utilization of data and broadcast communications innovation to analyze and treat patients. Tele-medicine has various innovation tool stash that can give state of the art medical care administration conveyance arrangements. Tele-medicine offers an assortment of administrations, including tele-consultation, tele-monitoring, tele-ability, tele-dermatology, tele-radiology, tele-cardiology, tele-oncology, and tele-psychiatry. Tele-rehabilitation is a post-conclusion or post-affirmation administration gave to patients who need restoration as a component of their treatment or generally health.It is difficult to misjudge the significance of legitimate preparation and guidance for those engaged with this new kind of intercession, and innovation based treatments for more seasoned clients should be available, reasonable, and easy to utilize.

Tele-medicine has been utilized to treat an assortment of transmittable and non-transferable infections, lighten unfortunate medical care, and diminish the tension on medical care facilities.Technological, hierarchical, lawful and administrative, human,

monetary, and social elements have all been perceived as key obstacles to the effective sending of tele-medicine in experimental examinations. In many immature countries, the misfortune may be expected to infrastructural advancement and money, and, most fundamentally, numerous patients don't approach PCs or Internet associations with use tele-medicine administrations. Notwithstanding, contemporary tele-medicine programs need emotive parts for observing patients' close to home states.

1.4 Problem Statement

Today One of the most important requirements for a successful healthcare is people adoption to the digital healthcare. Because everyone's needs and goals are distinct, health seekers are looking for a personalized healthcare experience. To achieve their goals, health seekers must see a variety of doctors, focus on periodic care, and assess their present health state on a frequent basis.

The need of the hour is for healthcare to be provided in a continuous manner. The current healthcare system is transaction in nature and is not equipped to manage the individual requirements and goals of health seekers.

1.5 Need of The Study

The study is mainly conducted to know about the adoption and experiences of consumers in digital health technology and what changes are consumers expecting in future digital healthcare.

2. LITERATURE REVIEW

2.1 ADOPTION (Digital healthcare)

Adoption deals with the user of digital healthcare platforms as a consumer rather than as a patient for many reasons. First, not all users of digital healthcare platforms are patients, as some of them may simply ask about general health information such as diet, exercise, sleeping patterns, or similar information(Kim & Park, 2012). digital healthcare can be assigned to the wider economic category. In "An apple a day – how the platform economy impacts value creation in the healthcare market", the authors confirm that the healthcare industry has been slow to adopt new technologies and practice(Gleiss et al., 2021)

Another crucial reason for the difficulties in clinical process management seems to derive from lack of communication and understanding between managers and clinicians, who often tend to concentrate on individual patient care at the expense of general health care services and performance of health systems in which they operate(Lega et al., 2013). Telemonitoring allows healthcare organizations to monitor the therapies of their patients and to activate services in case of health emergency, through the constant monitoring of health conditions. Moreover, it can provide other services such as assistance, information and communications services, which drive the Adoption of multi-agent systems for the realization of telemonitoring applications(Bergenti et al., 2016).At the same time, healthcare organizations, more than others, have to face with growing complexity of care, reducing resources, and increased regulative frameworks. Healthcare providers are trying to increase quality and, at the same time, to reduce costs in order to maximize value(Helfert, 2009).

2.2 TECHNOLOGY (Digital healthcare)

Digital technologies in health care may be classified depending on the patient requirements they address: diagnosis, prevention, treatment, adherence, lifestyle, and patient engagement(Herrmann Maximilian and Boehme, 2018).Technological innovation plays a vital part in the advancement of healthcare procedures. If healthcare practitioners must rely on paper, communicating information might be challenging, with serious and negative implications for the proper management of crucial patient health information. In contrast, the healthcare business may be able to communicate clinical information and diagnostic results with colleagues in the same building or across the country or continent in real time(Omachonu & Einspruch, 2010). Digital platforms create value in two fundamental ways. First, by facilitating transactions and second, by offering technological building blocks that are used to complement to develop new products and services(Cennamo, 2021).

Behavior change through wearable: the interplay between self-leadership and IT-based leadership" points to physical inactivity as a global public health problem that poses health risks to individuals and imposes financial burdens on already strained

healthcare systems(Lehrer et al., 2021). Digital health can be defined as "an improvement in the way healthcare provision is conceived and delivered by healthcare providers through the use of information and communication technologies to monitor and improve the well-being and health of patients and to empower patients in the management of their health and that of their families"(Iyawa et al., 2016).Internet - based innovations are one example of how technology could advance healthcare, changing the way people exchange health information, and the healthcare solutions are changing with the diffusion of Internet technologies(Tzeng et al., 2008). Healthcare companies and organizations invest in information technology in order to enhance services performance, in terms of costs reduction or care quality improvement(Froehle & Roth, 2007). The technological innovation, more specifically the digital revolution, is deeply changing the way healthcare processes are managed, promoting cooperation of several healthcare players. Healthcare processes strongly rely on both information and knowledge(Lenz & Reichert, 2007).

2.3 EXPERIENCE (Digital healthcare)

According to Oudshoorn, new forms of digitally-mediated care do not simply liberate the patient from the clinic but may actually be experienced as bringing the clinic into the home in ways that may be disrupting or invading patients' everyday lives (Oudshoorn, 2011).Patients utilizing care services should have the opportunity to leverage their personal care preferences, previous care experiences (whether positive or negative), desired interactions, and preferred means of interaction. Based on these patient resources, a care provider can better understand the following: how to listen to patients' voice, how to encourage patients' participation in treatment, and how to create interactions for value co-creation. These potential solutions can help create better care services and customize value through addressing patient experiences(Berthon & John, 2006).

3. RESEARCH METHOLODOGY

A research methodology is an explanation of how a certain part of the research is conducted. It specifies the methods or procedures for obtaining and analyzing data related to a given research topic. As a result, research technique refers to how a researcher plans their study in such a manner that they may achieve valid and accurate data while also meeting their research objectives.

3.1 RESEARCH DESIGN:

The type of research method adopted in this study is Descriptive research. Descriptive study is the research type that is used to characterize a population's characteristics. It collects data which is used to answer a variety of what, when, and how inquiries about a certain population or group.

3.2 SOURCES OF DATA

Primary data, the source of data which is been used to collect in this study and the sample size is 350. The sample size is a concept that is widely used in statistics and market research, and it is unavoidable when surveying a big group of respondents. It has to do with how large-scale research is carried out.

3.4 SAMPLING TECHNIQUE
PROBABILITY SAMPLING

Probability sampling is described as a sampling technique in which the researcher selects samples from a larger population using a method based on probability theory. As the name implies, simple random sampling is a completely random way of picking the sample and every sample has equal opportunity to get selected. This sampling approach is as simple as assigning numbers to persons (sample) and then selecting at random from those numbers using an automated mechanism. Finally, the numbers that are picked represent the members of the sample.

3.5 TOOLS FOR DATA COLLECTION

A survey Questionnaire was created and data was collected in Google forms
3.6 HYPOTHESES
Hypothesis to be tested at 5% level of significance,
(i) H_0:There is no significant relationship between Work experience and Adoption.(Digital Healthcare)
(ii) H_0:There is no significant relationship between Marital status and Adoption (Digital healthcare)
(iii) H_0: There is no significant association between Annual salary and Adoption (Digital healthcare)

3.7 RESEARCH FRAMEWORK
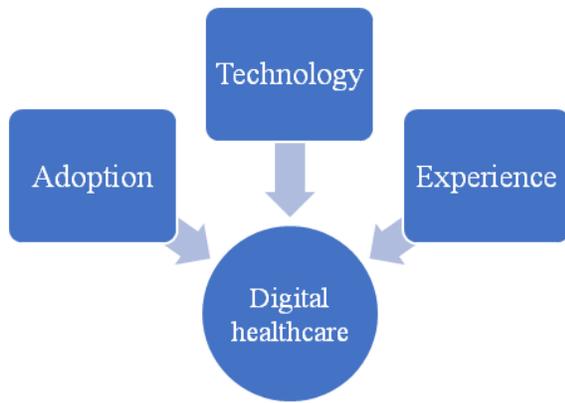
4.1 DATA ANALYSIS
DEMOGRAPHICS

S. No.	Details	Respondents	Percentage
1.	Gender	Male	52%
		Female	48%
2.	Educational qualification	PG	28%
		UG	62%
		Others	10%
4.	Marital status	Married	36%
		Single	64%
5.	No. of dependents	1	40%
		2	30%
		3	30%
6.	Annual income	> 5L	17%
		1 - 5 L	61%
		< 1- 5L	22%

4.2 ADOPTION

S. No.	Details	Response - Descriptive analysis
1.	Overall health status	34.57% respondents conveys their health status is GOOD, 34.57% states their health status is VERY GOOD,20% conveys that their health status is EXCELLENT, 10of respondents conveys their health status is FAIR and 1.71% conveys their Heath status is POOR.
2.	Plans to improve their health	80.29% respondents says they want to improve their overall health in next six months, 11.14% respondents says Not sure in improving their health,and 8.57% respondents says they don't have any plans to improve their overall health in next 6 months.
3.	Acquiring	78.6% of respondents acquired

	health information from	majority of health information from the Internet, 48.3% from Newspapers and Magazines, 44.9% from Friends and Family,40.6% from Televison, 18.9% from Books and 11.7% from Communities
4.	Need of using websites/apps for health	59.4% respondents use apps/websites to Stay healthy,53.7% use track their diet and calories,47.7% to track their exercise, 36% to know about chronic illness,16.9% each to know when to take tests and prescriptions respectively.
5.	Proximity to nearest healthcare	54% less than 1 KM 34% between 1-2 KM 12% above 2 KM
6.	About health insurance	58% Yes 42% No

4.2.TECHNOLOGY

S. No.	Technology	Response - Descriptive analysis
1.	Usage of digital healthcare	40.29% use digital healthcare often, 24.57% uses monthly or less,13.43% less than, 12.29% very often and 9.43% not used at all.
2.	Factors which inspire you to use digital healthcare	37.43% respondents said if there is convenient access either physical or virtual would motivate them to manage their health and 31.43% wants Trusted healthcare professionals who wants to manage their wellness, 18.86% wants reliable and secured digital tools to manage their health data.
3.	Virtual interactions	53.14% respondents prefers In-person interactions with medical experts and 46.66% respondents Prefer virtual interactions with medical professionals.
4.	Healthcare professional services which people are interested	61.7% respondents wants Health and Wellness advisors from healthcare professional services, 42% prefers Diagnosis for illnesses, diseases, and disorders,36.9% prefers Appointments with medical specialists for chronic conditions
5.	Interested healthcare types	66.86% wants virtual care from traditional medical care providers,15.14% from tech companies,7.71% from medical startups.
6.	Limitations for using chat-bots etc	45.43% respondents have concerns about privacy and datasecurity which stalls them

		from using chat bots, 25.71% respondents says they don't trust the effectiveness of the service, 12.29% prefers their current providers and 16.57% has not heard of any.

4.3 EXPERIENCE

S. No.	Experience	Response - Descriptive analysis
1.	Digital tools which respondents managed	72.3% respondents used Mobile phone/applications to manage their health, 55.7% used virtual consultation with medical provider,35.4% used Social media and online support communities/resources, 29.1% used wearable technology, 21.7% Electronic health records, 17.1% Chat bots/Voice-enabled technology, 7.4% used Digital therapeutics.
2.	Reasons to adopt to digital health technologies	36.9% respondents will use digital technology for health if they have better confidence in data security and privacy, 28.6% if they could receive better information about their health ,22.6% respondents says if they had better quality devices/software apps.
3.	Interested in future technologies	46% respondents wants their health technologies to measure fitness/health improvement goals, 25.7% respondents wants to receive reminders when to take their medicines, 24.3% of respondents was to monitor health issues
4.	Overall clinical experience	55.59% respondents rate their overall experience was satisfied,16.62% respondents rate their experience was Highly satisfied,22.06% said their overall experience was neutral and 4.30% was dissatisfied and 1.4% respondents rated their overall digital health experience was highly dissatisfied.
5.	Factors important for good experience	71.4% of respondents wants A medical provider who listens, understands their needs and provides emotional support, 43.1% wants A medical provider who uses digital technologies to optimize their experience, 51.1% wants A medical provider who explains their condition and treatment clearly, 28.6% wants Well-coordinated care and communications between

		medical providers and their personnel, 34.3% wants Affordability of healthcare services I've received to overall have a good experience with a medical provide.
6.	Reasons for bad experience	31.71% said the digital health technology used was unsatisfactory, 21.14% said the visit was not efficient,16.57% said the medical advice was not helpful.
7.	Effects of bad experience	30.% of respondents were stressed/upset by the bad digital healthcare experience, 29.14% says the negative healthcare experience didn't affect them, 11.14% was less likely to seek medical care next time and 13.71% didn't keep up with the treatment.

5. DATA ANALYSIS

5.1 t test - Relationship between work experience and adoption access trust (digital healthcare)

Hypothesis 1

H0:There is no significant relationship between Work experience and Adoption(Digital healthcare)

H1: There is significant relationship between Work experience and Adoption(Digital healthcare)

SOURCE		MEAN	STD. DEVIATION	F	SIGNIFIC ANCE
ADO PTIO N	Below 1 year	2.9107	1.49204	4.503	0.004[***]
	Below 2 years	2.3662	1.39632		
	Below 3 years	2.2115	1.44625		
	Above 3 years	2.3304	1.39373		
	Total	2.5057	1.45564		

It is Evident from the above table that the significance values for work experience and adoption is 0.004, which is below 0.05, thus H1cannot be rejected. There is a significant relationship between the work experience to digital healthcare.

5.2 ANOVA - Relationship between marital status and adoption (digital healthcare)

Hypothesis 2

H0: There is no significant relationship between Marital status and Adoption(Digital healthcare)

H1:There is significant relationship between Marital status and Adoption(Digital healthcare)

S.NO	SOURCE		STD. DEVIATION	F	SIGNIFICANCE
1	ADOPTION	Single	1.49612	2.065	0.152
		Married	1.38922		

It is Evident from the table, significance value for Adoption is greater than 0.05, thus H0 cannot be rejected. There is no significant relationship between the work marital status and Adoption (digital healthcare), that shows both married and ubmarried equally willing to adopt digital healthcare.

5.3Chi-square - Association between Annual income and adoption (digital healthcare)

Hypothesis 3

H0: There is no significant association between Annual salary and Adoption (Digital healthcare)

H1:There is significant association between Annual salary and Adoption (Digital healthcare)

SOURCE	VALUE	P-VALUE
Pearson Chi-Square	41.967[a]	.000[***]
Likelihood Ratio	38.904	.001
Linear-by-Linear Association	5.288	.021
N of Valid Cases	350	

It is Evident from the table, that the probability value is lesser than 0.05 and the association is significant, thus H1 cannot be rejected. There is a significant association between Annual salary and Adoption (Digital healthcare)

6. FINDINGS

Respondents are willing to improve their overall health in the next 6 months. Consumers can find genuine tips to improve their overall health. Adopting new, healthier behavior may prevent you from significant health concerns such as obesity and diabetes. New habits, such as healthy eating and frequent physical activity, may also help you control your weight and have more energy. If you persist with these modifications for a long, they may become a part of your regular routine. The Internet has changed the way people share and access information. Getting information is now easier than before. With the development of advanced search engines, social networks and increased convenience through devices such as smartphones and tablets or laptops, users today access information at almost any time of the day. According to the survey, 78 percent of consumers acquire Internet for health and medical information.

A healthy lifestyle entails more than just eating well and exercising regularly. Obtaining adequate rest, taking care of your body and mind, and keeping track of things like prescriptions and doctor's visits are all crucial aspects of remaining healthy. A app or website can help you keep track of everything. As a result, 60% of respondents require healthy living apps to be healthy, and 54% require diet and calorie tracking.%54%Travel time is less of a barrier in the choosing of a hospital for healthcare/hospitals at normal distances; yet, it remains an essential element in the selection of a hospital, especially for emergency department visits that do not require a physician recommendation or appointment. There is a good number of responses: 54% say healthcare is less than 1km away, 34% say it is between 1-2km, and only 12% say it is more than 2km away. The usage of a hospital for one service significantly increases the chance of using the same hospital for other services.

We live in a time where the number of health problems is rising fast. A big health emergency can eat a huge hole in a person's wallet and, most likely, exceed the amount of savings. In such a case, the need of health insurance is unavoidable. From the survey it is founded that,58% of respondents do not have health insurance. There is a growing need to be financially responsible for such occurrences as early as necessary. People's banking, travel, and shopping habits are changing as a result of technological advancements. However, it has a big impact in the healthcare industry too. From the survey 40% respondents said they often use digital healthcare. Instead of in-person medical appointments, consumers have been actively seeking digital healthcare and other digital solutions. Doctors have also been advised to provide more virtual services.

Consumers look to physicians and other healthcare practitioners for inspiration, which can help preserve the crisis-era momentum. Consumers would be motivated to take a more active part in maintaining their health if they had "trusted healthcare experts," according to 32% of those polled. Convenient access to these specialists (online or in person) was rated as the most motivating feature by consumers 37.1%.As measures to prevent the spread of COVID-19 severely reduced face-to-face interactions with doctors and other care providers, virtual healthcare

services became a need for almost 61.4% of responses from the survey This historic shift provides healthcare providers and payers with a once-in-a-lifetime opportunity to permanently shift the default care model for many medical needs to virtual services: switching from compelled to voluntary digital health uptake. The reaction to COVID-19 has relied heavily on technology. Chat-bots, for example, have become a popular tool to manage demand for information about symptoms, treatments, and appointments. However, 45.1% of respondents rated "concerns about my privacy or data security" as the top barrier to using chat-bots, computers, or digital gadgets for their health queries and treatment at the time of our original research.

Respondents are interested in a wide range of virtual health services. People are willing to access a wide variety of health services when and when they need them, without suffering financial difficulties. It includes the entire range of vital health services, from health promotion to prevention, treatment, rehabilitation, and medical care. When given the option, some younger generations choose virtual care to in-person care. Many healthcare customers would pick virtual for basic care and even speciality care if given the choice. 62% of Respondents said They would "certainly" or "probably" take health and wellness advice from, 42% has responded for diagnoses for illnesses, diseases, and disorders. While a bigger percentage of healthcare customers (67%) are eager to accept virtual healthcare services from their traditional provider, 15.1% are also willing to receive virtual care from technology or social media companies such as Google and Microsoft.

Nearly half of the healthcare consumers responded feel that a negative digital visit with a healthcare provider destroys the overall experience with that provider and that a positive digital contact has a significant impact on the patient experience. More over a quarter believe digital healthcare can properly predict their health. A negative digital encounter with a provider, according to 48% of customers who have a primary care physician, undermines the overall experience with the provider.When asked which factors were most important in creating a positive experience with a healthcare provider, people ranked as the most important factor, with "a provider who listens, understands the patient's needs, and provides emotional support" (71.4%) ,secondly "a medical provider who clearly explains the patient's condition and treatment" (59.1%) The third most important part of a great experience is A medical provider who uses digital technologies to optimise their health. Having a medical physician who demonstrates empathy is far more essential than having a good, clean workplace, and nearly twice as important as having lovely and helpful employees. The transition to digital health needs a push from medical experts. Increasing the number of doctors who support digital health might have a significant influence on its continuing acceptance. Hospitals and clinicians have a high level of trust in keeping digital healthcare information safe, Building patient confidence in information security begins with trust in providers, who are most trusted to manage personal digital health-related information appropriately. The government takes the second place, while healthcare insurance companies have a far lower level of trust.

7. SUGGESTIONS

- It is suggested that Doctors, Integrate digital health technologies into current clinical practice
- It is suggested, Prioritizing data security and patient engagement to boost overall digital adoption trust and experience.
- It is suggested ,Emotional support from their healthcare provider(clear explanations of diseases and treatments while listening, recognizing needs, and offering emotional support) combined with well-coordinated care will make people elevate the experience to digital health
- It is suggested that to improve digital health technologies for a satisfactory adoption and experience.
- It is suggested, Healthcare leaders can start with people and use digital technology to make patient experience easier, more coordinated, responsive, and, ultimately, more effective.
- It is suggested, Assuring that any investments in digital solutions are real proof, backed by the medical community, and monitored closely to show real-world benefit.

8 CONCLUSION

The results we saw in our report revealed that the path to better healthcare experiences involves close collaboration between healthcare players across the ecosystem to meet people's expectations, high quality and digital technologies that increase service efficiency and treatment effectiveness, and medical providers who offer emotional support and empathy. The pandemic has advanced the implementation of digital healthcare significantly. Despite current limitations, digital health has a bright future. This is a historic opportunity to determine the future of healthcare. We think that this should begin with the person, and that healthcare service should be tailored to their specific need. In parallel, providers should collaborate to develop Data security and trust in digital technologies and non-traditional providers by open communication, demonstrating that each individual retains control over their own experience. The moment for next-generation healthcare is now.

REFERENCES

[1] Barsky, E., & Purdon, M. (2006). Introducing Web 2.0: social networking and social bookmarking for health librarians. Journal of the Canadian Health Libraries Association/Journal de l'Association Des Bibliothèques de La Santé Du Canada, 27(3), 65–67.

[2] Bergenti, F., & Poggi, A. (2009). Multi-agent systems for e-health: Recent projects and initiatives. 10Th Int. Workshop on Objects and Agents.

[3] Bergenti, F., Poggi, A., & Tomaiuolo, M. (2016). Multi-agent systems for e-health and telemedicine. In Encyclopedia of e-Health and Telemedicine (pp. 688–699). IGI Global.

[4] Berthon, P., & John, J. (2006). From entities to interfaces. The Service-Dominant Logic of Marketing: Dialog, Debate and Directions, 196–207.

[5] Blasimme, A., Fadda, M., Schneider, M., & Vayena, E. (2018). Data sharing for precision medicine: policy lessons and future directions. Health Affairs, 37(5), 702–709.

[6] Cennamo, C. (2021). Competing in digital markets: A platform-based perspective. Academy of Management Perspectives, 35(2), 265–291.

[7] Christensen, C. M., Grossman, J. H., & Hwang, J. (2010). The innovator's prescription. A Disruptive Solution For.

[8] Currie, W. L., & Finnegan, D. J. (2011). The policy-practice nexus of electronic health records adoption in the UK NHS: an institutional analysis. Journal of Enterprise Information Management.

[9] Ford, G., Compton, M., Millett, G., & Tzortzis, A. (2017). The role of digital disruption in healthcare service innovation. In Service business model innovation in healthcare and hospital management (pp. 57–70). Springer.

[10] Froehle, C. M., & Roth, A. V. (2007). A resource-process framework of new service development. Production and Operations Management, 16(2), 169–188.

[11] Gleiss, A., Kohlhagen, M., & Pousttchi, K. (2021). An apple a day–how the platform economy impacts value creation in the healthcare market. Electronic Markets, 31(4), 849–876.

[12] Health, S. of S. for. (2008). High quality care for all: NHS next stage review final report (Vol. 7432). The Stationery Office.

[13] Helfert, M. (2009). Challenges of business processes management in healthcare: Experience in the Irish healthcare sector. Business Process Management Journal.

[14] Herrmann Maximilianand Boehme, P. and M. T. and E. J. P. and K. S. and T. H. (2018). Digital Transformation and Disruption of the Health Care Sector: Internet-Based Observational Study. J Med Internet Res, 20(3), e104. https://doi.org/10.2196/jmir.9498

[15] Iyawa, G. E., Herselman, M., & Botha, A. (2016). Digital health innovation ecosystems: From systematic literature review to conceptual framework. Procedia Computer Science, 100, 244–252.

[16] Kim, J., & Park, H.-A. (2012). Development of a health information technology acceptance model using consumers' health behavior intention. Journal of Medical Internet Research, 14(5), e133.

[17] Länsisalmi, H., Kivimäki, M., Aalto, P., & Ruoranen, R. (2006). Innovation in healthcare: a systematic review of recent research. Nursing Science Quarterly, 19(1), 66–72.

[18] Lega, F., Prenestini, A., & Spurgeon, P. (2013). Is management essential to improving the performance and sustainability of health care systems and organizations? A systematic review and a roadmap for future studies. Value in Health, 16(1), S46–S51.

[19] Lehrer, C., Eseryel, U. Y., Rieder, A., & Jung, R. (2021). Behavior change through wearables: the interplay between self-leadership and IT-based leadership. Electronic Markets, 31(4), 747–764.

[20] Lenz, R., Peleg, M., & Reichert, M. (2012). Healthcare process support: achievements, challenges, current research. International Journal of Knowledge-Based Organizations (IJKBO), 2(4).

[21] Lenz, R., & Reichert, M. (2007). IT support for healthcare processes–premises, challenges, perspectives. Data & Knowledge Engineering, 61(1), 39–58.

[22] Montague, E., Kleiner, B. M., & Winchester, W. W. (2009). Empirical evaluation of the construct trust in medical technology. International Journal of Industrial Ergonomics, 39(4), 628–634.

[23] Omachonu, V. K., & Einspruch, N. G. (2010). Innovation in healthcare delivery systems: a conceptual framework. The Innovation Journal: The Public Sector Innovation Journal, 15(1), 1–20.

[24] Oudshoorn, N. (2011). Telecare technologies and the transformation of healthcare. Springer.

[25] Porter, M. E. (2010). What is value in health care. N Engl J Med, 363(26), 2477–2481.

[26] Torous, J., Myrick, K. J., Rauseo-Ricupero, N., & Firth, J. (2020). Digital mental health and COVID-19: using technology today to accelerate the curve on access and quality tomorrow. JMIR Mental Health, 7(3), e18848.

[27] Tzeng, S.-F., Chen, W.-H., & Pai, F.-Y. (2008). Evaluating the business value of RFID: Evidence from five case studies. International Journal of Production Economics, 112(2), 601–613.

[28] Wathen, N., Wyatt, S., & Harris, R. (2008). Mediating health information: The go-betweens in a changing socio-technical landscape. Springer.

[29] Westbrook, J. I., & Braithwaite, J. (2010). Will information and communication technology disrupt the health system and deliver on its promise? Medical Journal of Australia, 193(7), 399–400.