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Integrating Health Informatics into Modern Healthcare Systems: A Comprehensive Review

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Abstract

The multidisciplinary field of health informatics uses IT, data analytics with healthcare expertise to optimize health data management for better care services. Health informatics applications within contemporary healthcare organizations drive streamlined clinical operations while delivering high-quality decisions that boost patient recovery results. A review examines the developmental history and elementary elements and connective approaches of health informatics as well as the accomplishments and difficulties with new developing technologies in this field. Operations and patient care through improvements have become attainable using four critical health informatics components which consist of Electronic Health Records (EHRs), Health Information Exchange (HIE), Clinical Decision Support Systems (CDSS) and telehealth. Successful integration of healthcare systems withstands various obstacles such as technology difficulties as well as staff member opposition and security issues and limited financial means. The achievement of operational excellence demands proper interoperability standards and complete training programs as well as strict adherence to privacy guidelines. Modern healthcare depends on emerging technologies which include Artificial Intelligence (AI), Machine Learning, the Internet of Medical Things (IoMT), block chain, and genomics to transform patient-specific care and predictive healthcare and enhance patient engagement. Real-life healthcare implementations at Kaiser Permanente alongside the NHS along with the enhanced use of telehealth systems since the COVID-19 pandemic show that informatics successfully improves healthcare service quality while enhancing patient access to medical care and system efficiency.

Key words: Health Informatics, Electronic Health Records (EHRs), Clinical Decision Support Systems (CDSS), Security, Emerging Technologies.

Introduction

Health informatics operates as an interdisciplinary discipline which merges information technology with data science and healthcare understanding to enhance health data collection and storage together with retrieval solutions along with maximizing their use for better health outcomes and improved system performance. Health informatics has established itself as a critical necessity



to manage modern clinical administrative functions because healthcare continues to develop in complexity [1].

Health informatics implementation within healthcare worlds represents an important transformation towards data-based technology solutions which replace traditional paper-based healthcare processes. The health industry transition goes beyond digitizing medical records through its deployment of electronic health records (EHRs), clinical decision support instruments, health information exchanges (HIEs) and telehealth platforms in addition to other instruments [2]. The interconnected systems help both patients and clinicians by supporting their work practices while improving healthcare delivery.

Worldwide healthcare needs push organizations to integrate these systems because they deliver enhanced care quality, better safety practices and lower costs combined with transparent health information. The health systems need smarter approaches because health challenges like demographic changes and increasing illnesses and rising healthcare expenditures continue to grow. The study evaluates how health informatics benefits patient care by analyzing its main framework alongside adoption advantages and limitations and strategic advances [3]. This paper examines the complete picture regarding how informatics improves healthcare provision while investigating both integration strategies and digital healthcare evolution trends. This article enhances understanding of methods which enable healthcare providers and policymakers to collaborate with technology developers for creating interconnected patient-centered care systems that boost efficiency [4].

Historical Evolution of Health Informatics

Health informatics experienced fundamental changes during the past decades. Institutions started using computers for healthcare administration basics during the middle part of the 20th century. Medical practitioners from the past recognized that digital systems had the power to enhance clinical decision support and medical documentation maintaining patient records thus enabling future healthcare progress [5].



Medical institutions started creating their first electronic medical records through academic and research institutions across the 1960s and 1970s. The systems faced numerous limitations while implementation costs remained high and targeted hospitals run by the government or serving as large facilities. During the 1980s through 1990s access to health IT improved because of two key technological developments: personal computers joined networked systems [6]. During this time CDSS emerged alongside the development of basic health information exchange systems (HIE).

Modern healthcare experienced a pivotal moment during the 2000s when quality safety along with efficiency gained worldwide prominence. The year 2000 brought forward global government efforts to develop nationwide electronic health record (EHR) adoption strategies. The U.S. used the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 to provide financial rewards which accelerated EHR adoption throughout the country [7].

Health informatics functions as a vital backbone of healthcare facilities through modern healthcare systems which include mobile health apps and artificial intelligence and genomics informatics tools alongside telemedicine. The development of health informatics throughout history has concentrated on establishing connections between health service systems and technological progress [8]. Understanding healthcare advancement through historical development enables us to better view current practices and emphasizes the need to use past experience when resolving modern healthcare system challenges.

Core Components of Health Informatics

The foundation of health informatics consists of related components which work together to gather and manage health information before performing analysis for better clinical results together with more efficient healthcare delivery. Different healthcare systems utilize these core components to fully incorporate informatics technology. Hospital IT systems function as the electronic equivalent to paper medical record systems. The system creates an up-to-date healthcare record accessible to permitted users through secure real-time patient-focused information [9]. An EHR system combines key patient information that consists of medical histories together with diagnoses and medications and treatment plans in addition to dates of immunizations and allergy information and



radiological images and laboratory test results. Medical facilities can access better healthcare coordination together with diminished errors while offering evidence-based clinical decisions through the use of EHR systems [10].

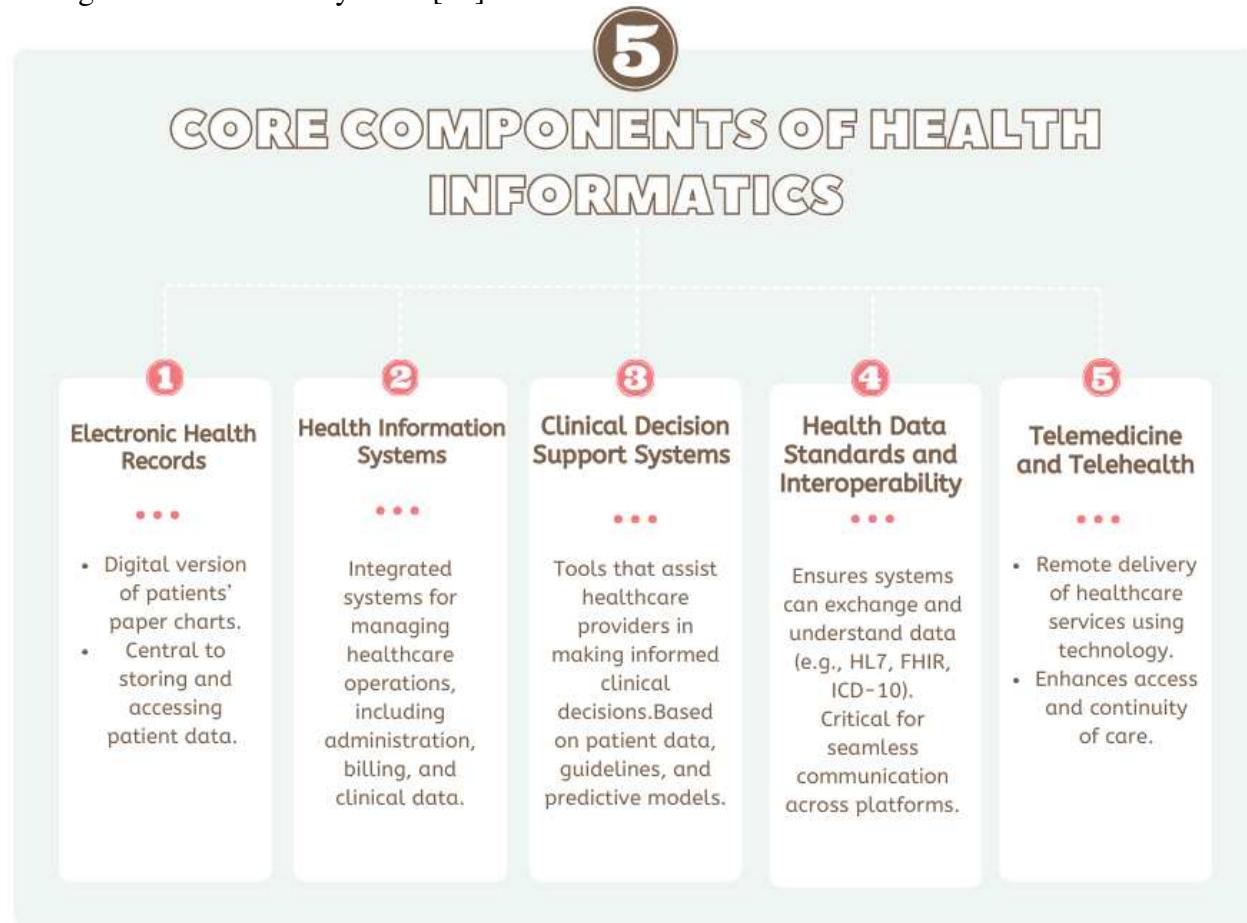


Figure: 1 showing core components of health informatics

HIE functions as a secure method that provides healthcare organizations with a framework for transmitting clinical information between varied healthcare systems. Health Information Exchanges enable the continuity of care mainly through providing access to patient data for cases of patients seeing multiple providers or transitioning between healthcare facilities. Health Information Exchanges achieve high information flow efficiency through test reduction and error prevention which leads to enhanced healthcare system operational competence [11]. CDSS represent sophisticated health IT tools which serve as clinical decision supports for medical



providers to make better practice choices. Health information technology systems use EHR data to send alerts together with diagnostic assistance and evidence-based treatment suggestions and automated reminders to medical staff. CDSS provide better diagnosis results with fewer adverse events and maintain high-quality standardized care [12].

Telehealth delivers remote clinical services through digital tools starting from virtual appointments up to distant monitoring of chronic conditions while mHealth represents mobile healthcare solutions incorporating smartphones and health apps which help patients control their medical status. Telehealth instruments along with mHealth applications offer better healthcare accessibility to people living in remote areas while enabling patients to actively participate in their healthcare management [13]. Trained healthcare professionals conduct data analysis through health informatics which handles large-scale patient data to recognize trends and anticipate results supporting government decisions. Healthcare organizations use techniques including predictive analytics and machine learning and big data analysis for population health management together with early disease detection and resource optimization [14].

The fundamental components in health informatics systems create its operational framework. Healthcare reaches higher levels of patient focus and data-based operations when these components align effectively. The development of these technological systems continues to recast how healthcare providers offer care and improve their patient coordination throughout the entire healthcare environment [15].

Integration Strategies in Healthcare Systems

Health informatics implementation in healthcare systems demands a systemized multi-step process to join technological methods with medical operational paths and institutional targets as well as patient requirements. Proper integration protocols help digital health equipment and medical information systems operate jointly to deliver secure point-of-access data flows between healthcare settings. The report includes essential methods that healthcare institutions employ for integration purposes [16].



Figure: 2 showing four main strategies in healthcare systems

Health IT systems must possess interoperability to exchange shared data properly between different platforms so they can understand the exchanged information accurately. Many healthcare systems achieve platform compatibility through the standardization of Health Level Seven (HL7) and Fast Healthcare Interoperability Resources (FHIR) [17]. Healthcare standards enable a seamless transfer of data between EHR systems and other health facilities such as laboratories and pharmacies in addition to insurance providers ensuring better patient care [18].

Hospital organizations implement different data integration systems. A single repository within the centralized model accepts all data from various systems so organizations can produce complete analytics and reporting systems. The standard protocols of federated models enable real-time system interconnections at primary data locations without requiring complete data transfer from their native sources. Through these data models patients receive unified health information which



creates opportunities for properly informed clinical decisions [19]. Good integration in healthcare depends heavily on digital tools that align well with current clinical work processes. The system requirements encompass ease of use as well as reduced workload for users while providing immediate access to crucial information [20]. Healthcare organizations must provide employee training and continuous support and bring clinicians into the design phase to increase adoption rates and decrease resistance to change. The integration process becomes smoother when IT developers create system customization based on needs from individual departments such as radiology and oncology [21].

Different software applications in healthcare environments require APIs to establish their vital operational connections. Through APIs computer systems establish data exchanges without needing detailed customized coding. The FHIR-based modern API provides real-time multi-system patient data access which enables both medical applications and external services and devices to operate securely with regulatory compliance. All integration procedures need to place patient privacy protection along with data safety at their core [22]. Systems need to fulfill requirements stated by HIPAA (for United States areas) and GDPR (for European Union territories). Healthcare information protection requires implementation of role-based access control together with encryption standards and audit tracking as well as secure authentication to maintain data security throughout the integration process. Effective integration approaches need to preserve a fair alignment of technological advancement with clinical user needs together with regulatory demands. Such approaches when strategically deployed enable better coordination between medical staff while improving data-based clinical choices and organizational operational success [23].

Benefits of Health Informatics Integration

Health informatics integration inside contemporary healthcare setups brings various beneficial effects which improve care quality along with operational efficiency and care accessibility. Digital tools that become standard practice in clinical settings help healthcare organizations achieve



improved patient results and operational workforce capabilities along with better healthcare services [24].

Health informatics integration delivers its deepest advantage through better patient care quality. Healthcare providers access whole patient medical archives including allergy information and medication lists and past treatment histories by using Electronic Health Records (EHRs). Medical errors can be avoided while accurate diagnoses are supported and timely interventions become possible because of this information system integration [25]. Clinical Decision Support Systems (CDSS) help healthcare providers through their evidence-based guidelines while they also supply alerts for possible drug interactions alongside recommendations built for specific patient needs [26].

The integration of healthcare technology provides professionals from diverse specialties and their institutions with stronger communication abilities. Health Information Exchange (HIE) provides different medical providers the opportunity to view and share patient information allowing ongoing patient treatment. Healthcare professionals from specialist and emergency departments can provide updates to primary care doctors which helps prevent both unnecessary testing and superfluous treatments of patients [27]. The automated execution of basic operations including appointment booking and payment handling together with test result distribution produces more efficient organizational processes. Healthcare staff experiences fewer administrative tasks when they use informatics tools because these tools let them provide more patient care. Healthcare organizations leverage predictive analytics to discover vulnerable patient groups and direct resources better which results in cutting down hospital re-admissions and minimizing health service expenses [28].



Impact of Health Informatics Integration: Key Benefits

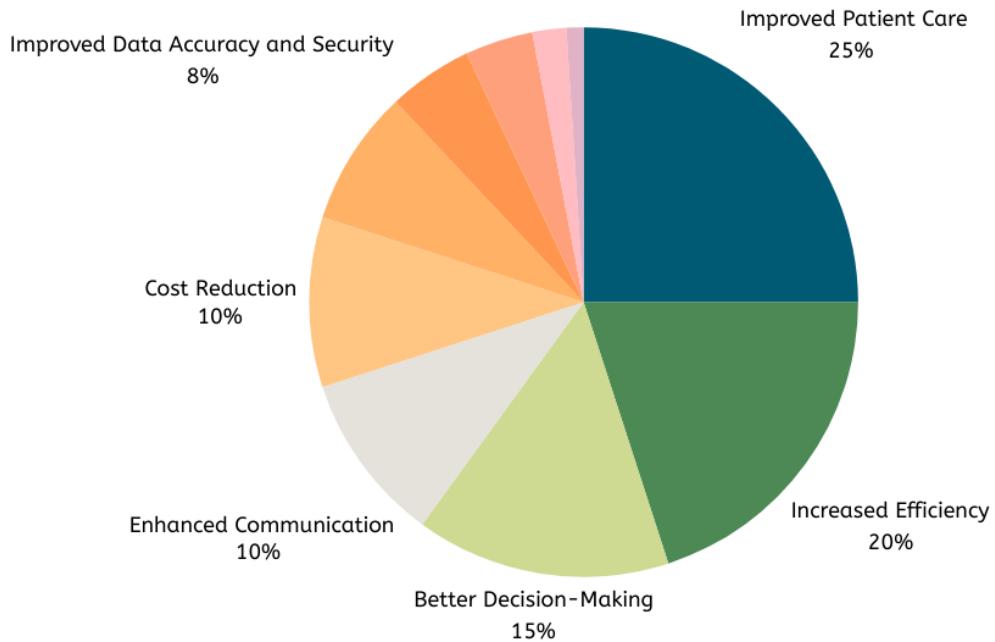


Figure: 3 showing Impact of Health Informatics Integration: Key Benefits

Health informatics integration allows healthcare systems to analyze and obtain useful insights from their large body of data. Health organizations achieve better population health outcomes by using management methods and decision systems based on data to recognize healthcare patterns and measure treatment results and launch prevention initiatives [29]. Healthcare organizations benefit from transitions into patient-centered delivery systems because of this development. Health portals alongside mobile medical applications with telehealth features help patients obtain their medical records while stimulating their involvement in healthcare processes [30]. Such health transparency creates a foundation for healthcare practitioners to develop better trust-based relationships with their patients. Patients who actively participate in their healthcare bring better results to treatment adherence and better follow-up attendance and lead to enhanced lifestyle choices [31].



The implementation of health informatics leads to significant improvements which enhance patient care quality as well as system operation efficiency and medical results. Healthcare systems provide more responsive care with improved connectivity through patient-centered strategic use of technology and data access. Healthcare systems thus deliver high-quality care in the digital-oriented world [32].

Challenges in Integration

The advantages of health informatics integration face numerous complex hurdles which reduce its effectiveness unless appropriate measures are taken to overcome them. Health informatics requires complex solutions because they appear across technical, organizational and regulatory areas yet demand teamwork among healthcare stakeholders to resolve them [33]. Healthcare integration faces its main obstacle from how outdated legacy systems coexist with contemporary digital solutions. Medical facilities in developing areas keep using uncoordinated software applications that do not follow standardized practices [34]. Operational challenges between systems decrease their capacity to work together smoothly which creates isolated data repositories along with information barriers. The transition from aging systems toward new integrated platforms turns out to be both an expensive and dangerous endeavor because data losses or damage pose significant risks during platform migration [35].

Healthcare data that is both digitized and shared through networks causes patient information privacy risks to increase combined with data security breaches. Patients' sensitive health information needs end-to-end security protection through implemented rules that use encryption and access controls and technical standards such as HIPAA in the U.S. and GDPR in the EU. Staff from both patient and institutional sides face severe risks due to breaches when institutions maintain cybersecurity standards alongside data-sharing capabilities [36].

Medical staff usually delay using new technology because they find that the systems interfere with their existing working methods and they believe they are hard to operate. Insufficient training together with minimal user assistance lowers the overall adoption numbers. Effective integration requires combination of change management approaches with systems that are easy to use along



with continuous clinical and staff education programs [37]. Northern Europe and Asia-Pacific face problems due to limited government policies and funding that would support extensive informatics system integration. Providers face difficulties regarding legal matters that involve data rights alongside approval procedures and regulations about exchanging medical information across different borders. Governing bodies and enduring fiscal approaches need to exist as integration initiatives risk getting suspended or collapsing altogether. The successful implementation of health informatics depends highly on resolving these existing barriers to reach its maximum potential [38].

Emerging Trends and Technologies

Health informatics development showcases multiple new trends and technologies which currently transform modern healthcare systems. These technological innovations are advancing personalized predictive health care as well as participatory care through more efficient health services that are accessible to patients. Healthcare system prediction for future changes requires a clear grasp of these developing trends since they will shape digital healthcare evolution [39]. The quick adoption of artificial intelligence with machine learning occurs in healthcare fields because these systems can handle massive sophisticated datasets. These health informatics technologies use predictive analytics, image recognition, natural language processing as well as risk stratification to analyze data [40]. The combination of AI algorithms allows them to discover relationships within patient information which leads to forecasts about disease development alongside treatments suggestions or medical image anomaly detection at a superior accuracy level. The tools enhance decision speed while providing better information based on real-time data to cut down on healthcare staff workload [41].



Emerging Trends in Health Informatics

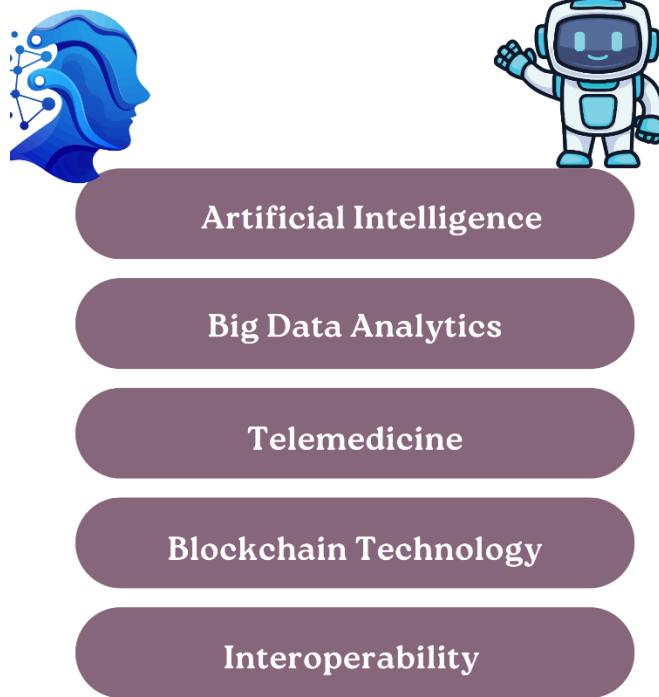


Figure: 4 showing emerging trends in health informatics

IoMT describes the interconnected system of medical technology products which gathers medical data directly from patients to transmit it live for analytical processing. The combination of wearable devices which include fitness trackers together with smart watches and remote monitoring tools offers uninterrupted tracking of vital signs including heart rate blood pressure and glucose levels [42]. Healthcare providers use real-time data integration with EHRs to create individualized care plans with intervention opportunities. IoMT delivers its best benefits to healthcare operations through chronic condition management while assisting older patients who limit their movements to their homes [43].

Health information can be safely kept and shared through the decentralized service of block chain technology. The system provides essential functions for effective data management including data



protection, full visibility and the ability to track data movements which are vital healthcare components [44]. Medical experts investigate block chain applications including patient permission authorization systems together with drug pathway tracking and safe medical record exchanges. The technology currently advances through its initial development toward becoming an effective solution for strengthening digital health systems security and trust [45].

Genomic advancement has created the foundation for personalized or precision medicine by developing treatments that use specific genetic information about patients' DNA. Health informatics helps with genomic data management by uniting such information with clinical documents while creating customized therapeutic solutions. The applied strategy results in superior medical treatments which prove highly beneficial in oncology documentation as well as rare disease research and pharmacogenomics fields [46]. Healthcare institutions are now using cloud-based systems to store and securely distribute their large datasets while granting safe access to these databases. The combination of analytical big data capabilities with cloud services enables healthcare institutions to perform population health administration and disease outbreak forecasting and system performance tracking in real time. Health informatics is undergoing a transformation because emerging technologies make it a strategic force that drives healthcare progress and quality [47].

Case Studies and Real-World Applications

Health informatics implementation in healthcare settings produces significant positive changes which enable better patient treatment and improve operations and database control. Specific health informatics implementation examples demonstrate the operational applications of such solutions throughout different medical facilities and healthcare delivery settings. The medical organization Kaiser Permanente deployed a complete electronic health record system to all its facilities which operate as the biggest healthcare provider in America [48]. Through this integration clinical staff gained immediate access to patient records together with advanced clinical workflows and had access to decision support technology. Through the new system healthcare providers gained better



control of chronic disease treatment while simultaneously minimizing hospital errors and establishing superior communication throughout different departments [49].

Digital health advancements within the NHS took shape through its adoption of thoroughly interconnected information systems for healthcare. Patients can access their health records through the “NHS App” for appointment booking and prescription requests and COVID-19 update access. The application helps patients maintain control of their healthcare needs and minimizes provider administrative workload at the same time [50]. The implementation of telehealth service increased dramatically around the world when the COVID-19 pandemic unfolded. Australia and Canada implemented virtual visit services as they substituted most routine care and mental health services with digital meetings [51]. Health informatics tools helped hospitals schedule appointments while offering digital prescribing capabilities and video conference support and remote patient monitoring functions thus proving that healthcare systems can rapidly change through their existing digital networks [52].

The mSakhi mHealth platform together with similar applications operate in Indian rural areas for frontline health worker support. The tools supply social care information and vaccine monitoring in addition to live data aggregation capabilities. The presented scenario demonstrates how information technology services fill service voids in underprivileged population segments [53]. These cases illustrate multiple international approaches for using health informatics to improve care delivery as well as enhance healthcare access and operational effectiveness.

Conclusion

The integration of health informatics into modern healthcare systems represents a pivotal shift in Modern healthcare systems undergo a fundamental transformation because health informatics has become integrated into their operations. Healthcare technologies established over the years created a fundamental transformation of medical services that produces more efficient treatment models which enhance patient experiences and optimize both medical results and operational workflows.



Health informatics develops through its historical timeline while EHRs, HIEs and CDSSs along with telehealth form the essential components that enable improved decision support and informational interoperability in healthcare. Everyday healthcare practice includes these technologies although barriers such as technical issues as well as data privacy concerns and resistance to change along with financial barriers create challenges. However these challenges do not surpass the benefits derived from their implementation. Enhancements in patient care delivery will occur through proper strategic implementations to address current challenges resulting in better communication and lower errors and customized treatment.

The healthcare field is revolutionizing through emerging technologies that combine Artificial Intelligence (AI) with Machine Learning algorithms as well as the Internet of Medical Things (IoMT) and block chain and genomics applications. Innovation in healthcare technology achieves better clinical choices and produces cost reductions paired with enhanced patient results and better links in medical systems. The implementation of EHR systems by Kaiser Permanente represents practical health informatics use alongside telehealth expansion efforts during COVID-19 and mobile applications serving rural populations which prove the various clinical advantages of healthcare informatics systems.

The illustrated healthcare tools show how technology can connect remote care networks effectively mainly through underserved areas and reveal the global shift to interconnected medical care systems. The forthcoming era will heavily depend on health informatics innovation together with strategic integration because these approaches will solve complex modern healthcare challenges. Clinical collaboration with technology developers and policymakers and patients working together will enable the complete fulfillment of an efficient equitable effective healthcare system.

References

- [1]. Damar M, Yüksel İ, Çetinkol AE, Aydin Ö, Küme T. Advancements and integration: a comprehensive review of health informatics and its diverse subdomains with a focus on technological trends. *Health and Technology*. 2024 Jul; 14(4):635-48.



- [2]. Weiner EE, Trangenstein PA: Informatics solutions for emergency planning and response. *Stud Health Technol Inform.* 2007; 129:1164-8.
- [3]. Rajput S, Sharma PK, Malviya R: Artificial intelligence for emergency medical care. *Health Care Sci.* 2023; 1- 16. 10.1002/hcs2.72
- [4]. Garavand A, Mohseni M, Asadi H, Etemadi M, Moradi-Joo M, Moosavi A. Factors influencing the adoption of health information technologies: a systematic review. *Electron Physician* 2016; 8(08):2713–2718
- [5]. Zanaboni P, Lettieri E. Institutionalizing telemedicine applications: the challenge of legitimizing decision-making. *J Med Internet Res* 2011; 13(03):e72
- [6]. Ventola CL. Mobile devices and apps for health care professionals: uses and benefits. *P&T* 2014; 39(05):356–364
- [7]. Hu PJ, Chau Patrick YK, Sheng Olivia RL, Yan TK. Examining the technology acceptance model using physician acceptance of telemedicine technology. *J Manage Inf Syst* 1999; 16(02): 91–112
- [8]. Han S, Pekka M, Matti S, Markku K. Physicians' acceptance of mobile communication technology: an exploratory study. *IJMC* 2006; 4(02):210–230
- [9]. Hsiao C-H, Tang K-Y. Examining a model of mobile healthcare technology acceptance by the elderly in Taiwan. *J Global Inform Tech Manag* 2015; 18(04):292–311
- [10]. Day M, Demiris G, Oliver DP, Courtney K, Hensel B. Exploring underutilization of videophones in hospice settings. *Telemed J E Health* 2007; 13(01):25–31
- [11]. Chau PY, Jen-Hwa HP. Investigating healthcare professionals' decisions to accept telemedicine technology: an empirical test of competing theories. *Inf Manage* 2002; 39(04):297–311
- [12]. Alhur A: An investigation of nurses' perceptions of the usefulness and easiness of using electronic medical records in Saudi Arabia: a technology acceptance model. *Indones J Inf Syst.* 2023, 5:30-42. 10.24002/ijis.v5i2.6833



- [13]. Shah GH, Newell B, Whitworth RE: Health departments' engagement in emergency preparedness activities: the influence of health informatics capacity. *Int J Health Policy Manag.* 2016, 5:575-82. 10.15171/ijhpm.2016.48
- [14]. Turner AM, Facelli JC, Jaspers M, et al.: Solving interoperability in translational health: perspectives of students from the International Partnership in Health Informatics Education (IPHIE) 2016 master class. *Appl Clin Inform.* 2017, 8:651-9. 10.4338/ACI-2017-01-CR-0012
- [15]. Lehne M, Sass J, Essenwanger A, Schepers J, Thun S: Why digital medicine depends on interoperability. *NPJ Digit Med.* 2019, 2:79. 10.1038/s41746-019-0158-1
- [16]. Czaplik M, Bergrath S, Rossaint R, et al.: Employment of telemedicine in emergency medicine: clinical requirement analysis, system development and first test results. *Methods Inf Med.* 2014, 53:99-107. 10.3414/ME13-01-0022
- [17]. Witkowska-Zimny M, Nieradko-Iwanicka B: Telemedicine in emergency medicine in the COVID-19 pandemic-experiences and prospects-a narrative review. *Int J Environ Res Public Health.* 2022, 19:10.3390/ijerph19138216
- [18]. Barthell EN, Coonan K, Finnell J, Pollock D, Cochrane D: Disparate systems, disparate data: integration, interfaces, and standards in emergency medicine information technology. *Acad Emerg Med.* 2004, 11:1142- 8. 10.1197/j.aem.2004.08.008
- [19]. Coonan KM: Medical informatics standards applicable to emergency department information systems: making sense of the jumble. *Acad Emerg Med.* 2004, 11:1198-205. 10.1197/j.aem.2004.08.023
- [20]. Gupta P, Agrawal D, Chhabra J, Dhir PK. IoT based smart healthcare kit. In: 2016 International Conference on Computational Techniques in Information and Communication Technologies. New Delhi, India: IEEE; 2016. p. 237-242. Available from: doi: 10.1109/ICCTICT.2016.7514585
- [21]. Yin H, Akmandor AO, Mosenia A, Jha NK. Smart healthcare. Foundations and Trends® in Electronic Design Automation. 2018; 12(4): 401-466



- [22]. Hijazi S, Page A, Kantarci B, Soyata T. Machine learning in cardiac health monitoring and decision support. *Computer*. 2016; 49(11): 38-48.
- [23]. Wang W, Li J, Wang L, Zhao W. The Internet of things for resident health information service platform research. In: IET International Conference on Communication Technology and Application (ICCTA 2011). Beijing, China: IEEE; 2011. p. 631-635. Available from: doi: 10.1049/cp.2011.0745.
- [24]. Zhu H, Wu CK, Koo CH, Tsang YT, Liu Y, Chi HR, et al. Smart healthcare in the era of internet-of-things. *IEEE Consumer Electronics Magazine*. 2019; 8(5): 26-30.
- [25]. Shaikh Y, Parvati VK, Biradar SR. Survey of smart healthcare systems using Internet of Things (IoT): (Invited Paper). In: 2018 International Conference on Communication, Computing and Internet of Things (IC3IoT). Chennai, India: IEEE; 2018. p. 508-513. Available from: doi: 10.1109/IC3IoT.2018.8668128.
- [26]. Mohanty SP, Choppali U, Kougianos E. Everything you wanted to know about smart cities: The Internet of things is the backbone. *IEEE Consumer Electronics Magazine*. 2016; 5(3): 60-70.
- [27]. Ullah K, Shah MA, Zhang S. Effective ways to use Internet of Things in the field of medical and smart health care. In: 2016 International Conference on Intelligent Systems Engineering (ICISE). Islamabad, Pakistan: IEEE; 2016. p. 372-379. Available from: doi: 10.1109/INTELSE.2016.7475151.
- [28]. Yarbrough AK, Smith TB. Technology acceptance among physicians: a new take on TAM. *Med Care Res Rev* 2007; 64(06): 650–672
- [29]. Nadri H, Rahimi B, Lotfnezhad Afshar H, Samadbeik M, Garavand A. Factor's affecting acceptance of hospital information systems based on extended technology acceptance model: a case study in three paraclinical departments. *Appl Clin Inform* 2018; 9(02): 238–247
- [30]. Holden RJ, Karsh BT. The technology acceptance model: its past and its future in health care. *J Biomed Inform* 2010; 43(01):159–172



- [31]. Hale JL, Householder BJ, Greene KL. The theory of reasoned action. In: Dillard JP, Pfau M, Eds. *The Persuasion Handbook: Developments in Theory and Practice*. CA: SAGE Publications; 2002
- [32]. Legris P, John I, Pierre C. Why do people use information technology? A critical review of the technology acceptance model. *Inf Manage* 2003; 40(03):191–204
- [33]. Davis FD, Bagozzi RP, Warshaw PR. User acceptance of computer technology: a comparison of two theoretical models. *Manage Sci* 1989; 35(08):982–1003
- [34]. Lee Y, Kozar KA, Rt LK. The technology acceptance model: past, present, and future. *Comm Assoc Inform Syst* 2003; 12(01):50
- [35]. Venkatesh V, Davis FD. A theoretical extension of the technology acceptance model: Four longitudinal field studies. *Manage Sci* 2000;46(02):186–204 29 Sharp JH. Development, extension, and application: a review of the technology acceptance model. *Director* 2006; 5:7
- [36]. Hsiao CH, Chyan Y. The intellectual development of the technology acceptance model: a co-citation analysis. *Int J Inf Manage* 2011; 31(02):128–136
- [37]. Hoyt RE, Yoshihashi A, Bailey NJ. Health informatics: practical guide for healthcare and information technology professionals. *Informatics Education*; 2014:533
- [38]. Turban E, David K, Jae L, Dennis V. *Electronic Commerce: A Managerial Perspective* 2002. Prentice Hall; 2002. ISBN 0 13 (975285):4
- [39]. Gagnon M-P, Desmarais M, Labrecque M, et al. Systematic review of factors influencing the adoption of information and communication technologies by healthcare professionals. *J Med Syst* 2012; 36(01):241–277
- [40]. Strudwick G. Predicting nurses' use of healthcare technology using the technology acceptance model: an integrative review. *Comput Inform Nurs* 2015; 33(05):189–198, quiz E1
- [41]. Ahlan AR, Isma'eel AB. An overview of patient acceptance of health information technology in developing countries: a review and conceptual model. *Int J Inform Syst Project Management* 2015; 3(01):29–48



- [42]. Gattu R, Teshome G, Lichenstein R: Telemedicine applications for the pediatric emergency medicine: a review of the current literature. *Pediatr Emerg Care.* 2016, 32:123-30. 10.1097/PEC.0000000000000712
- [43]. Chen AY, Lu TY, Ma MH, and Sun WZ: Demand forecast using data analytics for the preallocation of ambulances. *IEEE J Biomed Health Inform.* 2016, 20:1178-87. 10.1109/JBHI.2015.2443799
- [44]. Exploring clinical care processes using visual and data analytics: challenges and opportunities. (2014). Accessed: June 6, 2024: <https://poloclub.github.io/polochau/papers/14-kddExploringClinicalCarekumar.pdf>
- [45]. Razzak MI, Imran M, Xu G: Big data analytics for preventive medicine. *Neural Comput Appl.* 2020, 32:4417- 51. 10.1007/s00521-019-04095-y
- [46]. Antonio C, Zota RD, Tinica G: Big data in home healthcare: a new frontier in personalized medicine. Medical emergency services and prediction of hypertension risks. *Int J Healthc Manag.* 2018, 12:241-49. 10.1080/20479700.2018.1548158
- [47]. Khan S, Banday SA, Alam M. Big data for treatment planning: Pathways and possibilities for smart healthcare systems. *Current Medical Imaging.* 2023; 19(1): 19-26
- [48]. Bader A, Ghazzai H, Kadri A, Alouini MS. Front-end intelligence for large-scale application-oriented internet-ofthings. *IEEE Access.* 2016; 4: 3257-3272
- [49]. Irshad RR, Alattab AA, Alsaiari OA, Sohail SS, Aziz A, Madsen DØ, et al. An optimization-linked intelligent security algorithm for smart healthcare organizations. *Healthcare.* 2023; 11(4): 580.
- [50]. Istepanian RS, Hu S, Philip NY, Sungoor A. The potential of Internet of m-health Things “m-IoT” for non-invasive glucose level sensing. In: 2011 annual international conference of the IEEE engineering in medicine and biology society. Boston, MA, USA: IEEE; 2011. p. 5264-5266. Available from: doi: 10.1109/IEMBS.2011.6091302.
- [51]. Solanas A, Patsakis C, Conti M, Vlachos IS, Ramos V, Falcone F, et al. Smart health: A context-aware health paradigm within smart cities. *IEEE Communications Magazine.* 2014; 52(8): 74-81.



- [52]. Xu B, Da XL, Cai H, Xie C, Hu J, Bu F. Ubiquitous data accessing method in IoT-based information system for emergency medical services. *IEEE Transactions on Industrial Informatics*. 2014; 10(2): 1578-1586.
- [53]. Laney D. 3D data management: Controlling data volume, velocity and variety. *META Group Research Note*. 2001; 6(70): 1.