Trust & Access - The Mantra of Future Digital Health Care

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Abstract: *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 well-being data, associate individuals, assets, and associations, and shrewdly handle and answer well-being-related needs. Patients, medical services experts, associations, and controllers are connected in the shrewd medical care framework. Artificial Intelligence (AI), the Internet of things (IoT), fog processing, cloud computing, block-chain, sensors, 5G innovation, and the Internet of Medical things (IoMT) are instances of remnant 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 the absence of advanced innovations, numerous medical services associations utilized paper-based frameworks from 1970 to 1990. Patients and medical services experts physically catch well-being 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 were 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 to organizations through splendid thought, related care and redid medicine. Notably, medical benefits supporting ventures have embraced the industry as of now progressing toward industry. Such disruption continues to rethink how today's computerized 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 a 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 wide-open new possibilities and move into health care.*

Keywords: Trust, Digital healthcare, Access

1. Introduction

Home Remedies were far most of the history of human civilization, everything from birth to sickness was treated by professionals in one's own home, hence home has long been the upholder of health care for ancient human people. A home remedy is a therapy that uses spices, vegetables, or other ordinary objects to treat a sickness or illness. The therapeutic characteristics of home remedies may or may not heal or cure the disease or ailment in the issue. Healthcare originated as a reactive, therapeutic practice in which individuals learned the medicinal virtues of plants via trial and error and then passed that information on to others.

A therapeutic knowledge base developed over time by replication of faunal behavior and was passed down through generations. Humans have traditionally kept track of their cures for illness, although illness has not always been fully understood. Medical knowledge in the ancient world was gained via decades of experimentation and experience - a trial-and-error exercise that began to be documented in the second century B.C. Many diverse cultures, including the Persian, Egyptian, Greco-Roman, Indian, and Chinese cultures, studied it in depth afterward. Ancient Pharmacology and Medical Practitioners: Ancient health care practitioners developed ancient pharmacology ideas and practises based on their comprehensive understanding of local flora. One of the earliest and most comprehensive instances is the "Treatise of Medical Diagnosis and Prognoses" from Mesopotamia, which consisted of forty tablets of prescriptions and treatises that defined remedies based on logical observations of the body. Shamans and apothecaries practiced the 'niche occupation' of healing as tribal society specialized in certain cases. Mesopotamian medical practitioners, like many ancient and indigenous peoples, were often shamans who employed charms and spells to heal their patients' ailments, although many civilizations had herbalists who were referred to as "physicians" due to their logical medical knowledge.

Life expediencies are 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 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 increase in costs. Many experts assert that reforms are needed and that the 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 they can support transformations in the way care is provided. However, this implies a deep understanding of how these technologies could change the 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)

The perceived failure of post-war disease eradication and infrastructure development led to recognition that the provision of health care was a limited part of improving social conditions and that services in the non-health sector these were vital to the health and well-being of the population. Sparked interest in primary health care in the 1970s, recognizing that health means much more than the health sector alone can achieve and urged governments to develop national plans for primary health care infrastructure. care services from below. Countries like China and the Soviet Union promoted models that differed from those of the United States and Western medicine. Medical care has been promoted by organizations such as the World Health Organization and the World Health Assembly. The International Conference on Primary Health Care in 1978 was a milestone in the movement. Delegates from more than 130 governments attended the conference.

Well-being information produced by biosensors and savvy wearable gadgets might be gotten to, handled, and dissected from a distance by medical services experts to convey custom-made and connected medical services. By utilizing creating innovation to serve people's particular medical care necessities, brilliant computerized medical services will essentially improve medical care. This is achieved through uniting clinical benefit suppliers, medical services specialists, and patients through the brief trade and show of exact and applicable patient well-being information. Thus, creating advancements in medical services will drive the organization of a more proactive, wordy medical services model, which stands out forcefully from the more receptive worldview of conventional medical services.

The therapeutic revolution shifted the focus of medical study from broad pathology to physiology and disease transmission in the early nineteenth century. During the twentieth century, as research began to focus on individual disorders, this movement was known as the "therapeutic revolution." The therapeutic revolution is often regarded as the point at which medicine began to function effectively. As a result, the medicine's efficacy has grown. Pasteur, the inventor of germ theory, helped to the creation of the first vaccines by unraveling the riddles of numerous illnesses. Bio-medicine sparked a movement toward medical globalization. He disproved the commonly held belief in spontaneous creation and laid the groundwork for contemporary biology and biochemistry, as well as the therapeutic revolution, which enhanced medicine and vaccine research. Diseases such as leprosy, anthrax, TB, plague, and malaria saw significant progress. The therapeutic revolution ushered forth a new understanding of disease and sickness, setting the course for Western biomedicine and igniting the trend toward medical globalization.

The concept of the global healthcare industry is a recent phenomenon, and while the modern healthcare industry is becoming more global by the day because healthcare 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 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.

a) **Statement of Problem**
Today one of the most important requirements for successful healthcare is people's adoption of 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 frequently. The need of the hour is for healthcare to be provided continually. The current healthcare system is transactional and is not equipped to manage the individual requirements and goals of health seekers.

b) **Need for 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. The scope and significance of the study are to learn how consumer experiences were with their digital health and to know about their convenience and trust in using digital technology in health. The results will reveal people's Trust and Access to digital healthcare, and we'll know what consumers expect in the future of digital healthcare, which will help us do futuristic research and analysis.

c) **Objectives of the study**
To understand the digital healthcare experience. To understand how Trust and Access, to digital healthcare experience, are changing the people's view on what makes a great healthcare experience. The study was limited to a period of 6 weeks. The results may be skewed as a result of human behavior.

2. Literature Review

a) **ACCESS (Digital Health care)**
Innovation could be a crucial capability of all healthcare players: patients should have the opportunity to immediately access their clinical information even to transfer them from one healthcare organization to another (Länsisalmi et al.,

2006). e-health requires mobile users, above all when devices are employed to collect, transfer, and elaborate patients' information in real-time. These procedures are particularly important for home patients' remote monitoring or to ensure access to medical information in a mobile and ubiquitous setting (Bergenti & Poggi, 2009).

Social networking services allow users to share information within a network of players linking users and physicians to each other. Substantially, the healthcare system is community orientated, going beyond the boundaries of organizations and including the way knowledge is shared between clinicians, their patients, and other players in the healthcare system (Barsky & Purdon, 2006). Early research in this area explored the challenges faced by different social groups accessing health information and highlighted the resources and competencies that are needed to navigate, evaluate and negotiate different sources and types of knowledge and avoid the reproduction of health inequalities via digital inequalities (Wathen et al., 2008). Torus describes the potential of digital health to increase access to and quality of mental health care by exploring the success of tele-health during the present crisis and how technologies such as apps can soon play larger roles (Torous et al., 2020).

b) **TRUST (Digital Health care)**
Trust, highlights the importance of implementing basic principles of informed consent, data governance and quality, and data security to build public trust and transparency regarding the use of health data (Blasimme et al., 2018). Despite the risk of deception within any trust relationship, it is disputable whether one chooses to trust solely by weighing risks or actively by evaluating alternative options (Montague et al., 2009). Be that as it may, in the case of medical technologies, institutional trust and technical reliability are deeply intertwined. new forms of digitally-mediated care do not simply liberate the patient from the clinic but may 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' voices, 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 by addressing patient experiences (Berthon & John, 2006).

3. Research Methodology

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. The type of research method adopted in this study is Descriptive research.

A descriptive study is the research type that is used to characterize a population's characteristics. It collects data that is used to answer a variety of what, when, and how inquiries about a certain population or group. The source of data which is been used to collect this study is primary data

a) **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. 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. 350 samples were collected for this project report.

b) **Simple Random Sampling**
As the name implies, simple random sampling is a completely random way of picking the sample. 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. A survey Questionnaire was created and data was collected in Google forms.

c) **Hypotheses**
1) H_0: There is no significant relationship between Work experience and Access (Digital Healthcare)
2) H_0: There is no significant relationship between Work experience and Trust (Digital Healthcare)
3) H_0: There is no significant relationship between Marital status and Access (Digital healthcare)
4) H_0: There is no significant association between Annual salary and Access (Digital healthcare)
5) H_0: There is no significant association between Annual salary and Trust (Digital healthcare)

4. Research Framework
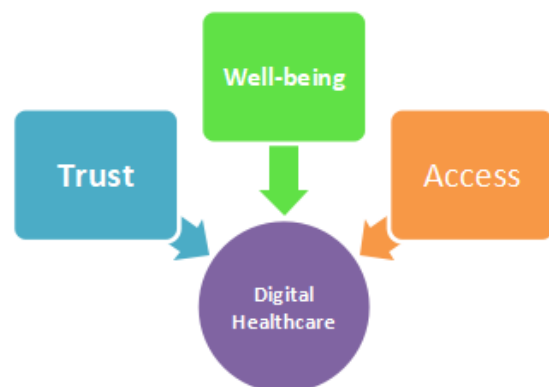
5. Descriptive Statistics

a) Demographics of respondents

S. No	Parameter	Details	Frequency
1.	Age	< 25 Years	180
		26 - 45 Years	155
		> 45 Years	15
2.	Gender	Male	171
		Female	179
3.	Educational qualification	UG	219
		PG	96
		Others	35
4.	Marital status	Married	124
		Single	226
5.	No. of dependents	1	140
		2	177
		> 2	33
6.	Work experience	< 1 Year	112
		1 - 3Year	123
		> 3 Years	115
7.	Annual Income	< 1 L	101
		1 - 5 L	191
		> 5 L	58
8.	Overall health status	Very good	188
		Good	121
		Fair	35
		Poor	06
9.	Have plans to improve health status	Yes	281
		Not sure	39
		No	30
10.	Health insurance	Yes	147
		No	203
11.	Medium of health information (more than one option)	Internet	276
		TV	143
		Family & friends	157
		Community	41
		Print media	235
12.	Access to the nearest health center	< 1 KM	188
		1 - 3 KM	119
		> 3 KM	43

b) Components of Trust

S. No.	Trust statements	Response	Frequency
1.	When you have a negative digital encounter with a healthcare provider, it spoils your overall experience with them.	Strongly Agree	145
		Agree	170
		Neutral	30
		Disagree	2
		Strongly disagree	3
2.	When you have a negative digital encounter with a healthcare provider, it spoils your overall experience with them.	Strongly Agree	105
		Agree	164
		Neutral	35
		Disagree	0
		Strongly disagree	46
3.	To maintain my health, I feel comfortable using a variety of health and wellness services, including digital	Strongly Agree	105
		Agree	146
		Neutral	72
		Disagree	11
		Strongly disagree	16
4.	When I need digital healthcare, it's available always	Strongly Agree	103
		Agree	156
		Neutral	72
		Disagree	11
		Strongly disagree	8
5.	I am confident that digital healthcare can generate accurate forecasts regarding my health	Strongly Agree	94
		Agree	149
		Neutral	86

No.	Statement	Response	Count
		Disagree	13
		Strongly disagree	8
6.	People trust digital healthcare	Yes	298
		No	52
7.	How well did the consultation go	-	-
	I got the prescription I required	Strongly Agree	173
		Agree	117
		Neutral	49
		Disagree	6
		Strongly disagree	5
8.	I was made to feel at ease by the doctor or other healthcare provider.	Strongly Agree	162
		Agree	95
		Neutral	78
		Disagree	12
		Strongly disagree	3
9.	I obtained the information I required.	Strongly Agree	164
		Agree	117
		Neutral	60
		Disagree	8
		Strongly disagree	1
10.	The wait time is less than for a consultation in a clinic.	Strongly Agree	186
		Agree	105
		Neutral	51
		Disagree	7
		Strongly disagree	1
11.	The doctor or other healthcare expert seemed to know a lot more knowledgeable than previous doctors I've seen in person.	Strongly Agree	134
		Agree	105
		Neutral	94
		Disagree	10
		Strongly disagree	7
12.	Healthcare providers play a vital role in managing respondents' information safe	The healthcare providers	160
		My government	129
		Pharmacies	27
		Others	21
		The healthcare insurance companies	13
13.	I trust medical doctors virtually	Strongly trust	246
		Moderately trust	78
		Neutral	21
		Moderately distrust	5
		Strongly distrust	0
14.	I trust, Health and wellness service offered by a healthcare start-up company	Strongly trust	148
		Moderately trust	99
		Neutral	82
		Moderately distrust	12
		Strongly distrust	9
15.	I trust, nurse practitioners	Strongly trust	140
		Moderately trust	103
		Neutral	88
		Moderately distrust	13
		Strongly distrust	6
16.	I trust, health advice from articles and videos shared on social media	Strongly trust	42
		Moderately trust	82
		Neutral	121
		Moderately distrust	50
		Strongly distrust	55
17.	I trust, a health and wellness service offered by a retailer consumer brand	Strongly trust	34
		Moderately trust	94
		Neutral	109
		Moderately distrust	54
		Strongly distrust	59
18.	Diagnoses or treatments determined by a physician supported by an intelligent machine/AI	Moderately trust	162
		Strongly trust	121
		Neutral	57
		Moderately distrust	5
		Strongly distrust	5

c) **One-Way ANOVA, the relationship between Work experience and Access and Trust (digital healthcare)**
Hypothesis
H_0: There is no significant relationship between Work experience and Access and Trust (Digital healthcare)

S. No	Work Experience		Std. Deviation	F	Significance
1.	**Access**	Below 1 year	1.21961	3.420	0.18
		Below 2 years	1.21493		
		Below 3 years	1.05075		
		Above 3 years	1.08171		
		Total	1.16259		
2.	**Trust**	Below 1 year	12.74101	2.717	0.45
		Below 2 years	8.56524		
		Below 3 years	8.96068		
		Above 3 years	7.78947		
		Total	10.01023		

It is evident from the above table that the significance values for Access (0.18), and Trust (0.45) are above 0.05. Thus, H_0 is accepted. There is no significant relationship between work experience to digital healthcare. Also, those Below 1 year of experience have a higher mean of trust in Digital Healthcare.

d) **t-Test relationship between marital status and access, Trust (digital healthcare)**

Hypothesis
H_0: There is no significant relationship between Marital status and Access, Trust (Digital healthcare)

S. No	Marital status		Std. Deviation	F	Significance
1.	Access	Single	1.22560	4.670	0.031
		Married	.99693		
2.	Trust	Single	10.54153	11.214	0.001
		Married	8.38769		

It is evident from the table, that the significance value for Trust (0.001) is lesser than 0.05. So, H_1 is accepted. There is a significant relationship between Marital status and Access and Trust.

e) **Chi-square test - factors affecting Access (digital healthcare)**

Hypothesis
H_0: There is no significant association between Annual salary and Access (Digital healthcare)

Source	Value	P-Value
Pearson Chi-Square	39.145[a]	.079
Likelihood Ratio	41.355	.050
Linear-by-Linear Association	12.878	.000
N of Valid Cases	350	

It is evident from the above table that the p-value is 0.079 which is greater than 0.05. the association fails to reject the null hypothesis and it has been interpenetrated that there is no significant association between Annual salary and Access (Digital healthcare)

f) **Chi-square test - factors affecting Trust (digital healthcare)**

Hypothesis
H_0: There is no significant association between Annual salary and Trust (Digital healthcare)

Source	Value	P-Value
Pearson Chi-Square	194.299[a]	.521
Likelihood Ratio	213.237	.189
Linear-by-Linear Association	6.431	.011
N of Valid Cases	350	

From the above Table, it is Evident that the p-value (0.521) is greater than 0.05. the association fails to reject the null hypothesis and it has been interpreted that there is no significant association between Annual salary and Trust (Digital healthcare)

g) **Correlation between Access and Trust (digital healthcare)**

Pearson Correlation	Access	Trust
Access	1	-
Trust	0.548[**]	1

Correlation is significant at the 0.01 level (2-tailed).**

The above table indicates that there are positive correlations between the various variables. Though the value we inferred that the relationships between variables are low however it shows a significant relationship. So, it's a positive correlation. This suggests that digital healthcare is dependent on access, and trust. The digital healthcare industry is concentrating on expansion, new access, and a new phase to tackle difficulties while emphasizing data security, accessibility, and quantifiable goals. Furthermore, the strongest correlation occurs between access and trust. This element stresses the necessity of access and trust for effective digital healthcare, as well as how digital healthcare is caring for healthcare seekers and overall progress in terms of adopting digital healthcare.

6. Findings

a) **Respondents want virtual care from traditional healthcare providers:**
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. Moreover, a quarter believes digital healthcare can properly predict their health. A negative digital encounter with a provider, according to

47% of customers who have a primary care physician, undermines the overall experience with the provider.

b) People would like to get emotional support almost as much as they would like to receive medical support:

When asked which factors were most important in *creating a positive experience with a healthcare provider, people ranked the most important factor, as "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 optimize 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.*

c) Medical physicians remain to be favored for all types of treatment:

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 second place, while healthcare insurance companies have a far lower level of trust.

d) Younger people preferred virtual care to in-person healthcare:

Youngsters are on track to overtake Big Generation as the most populous generation and their tech-driven lives are propelling a digital healthcare revolution. With rapid access to information and the capacity to engage in retail and finance via mobile devices, consumers' expectations for convenience and transparency are expanding to include healthcare. Healthcare providers have been sluggish to adopt new technology, but they will need to do so rapidly if they are to survive the digital revolution. Stronger data connectivity, flexible and open, secure systems, increased customer participation, and improved price transparency will promote a transition in health care to a focus on health. We are already seeing healthcare companies accelerate their embrace of digital technologies as that future unfolds.

e) Respondents are willing for AI-enabled doctors:

When used by healthcare practitioners, artificial intelligence (AI)-based support systems have the potential to improve the quality of care. When provider adoption is considered, healthcare systems can only profit from quality-enhancing AI. Artificial intelligence can complete any work, no matter how difficult or simple, with better efficiency and speed than humans. Many healthcare practitioners now feel that artificial intelligence is the world's digital revolution. The majority of healthcare encounters are positive, while the unpleasant ones result in a range of outcomes, ranging from increased stress to moving doctors to foregoing treatment. By employing technology to be more efficient or to give helpful information such as pricing transparency, the

healthcare system has a huge chance to create a better consumer experience.

f) The healthcare system's accessibility is reaching high bars:

A new normal in health care is blooming, one that improves health outcomes for a greater number of people. Wishing for a return to the previous healthcare normal is like driving into a long tunnel and hoping for a U-turn that will lead you back to your starting point. The fast advancement of digital technology, along with customer experience benchmarks created by other professions, has made a strong grasp of people's expectations critical to both public and private healthcare delivery. People no longer see healthcare as a one-way, one-size-fits-all transaction, according to the findings. They require a set of conditions that allow everybody to be treated safely, equitably, and with compassion. Nearly 30% of those who had bad experiences were stressed or upset as a result of their experience, and nearly 12% switched providers or treatments or were less likely to seek medical care the next time they needed it. Others choose not to continue with their treatment or never managed to pick up their prescription as a result of their negative experiences. 29.1% indicated the poor experience did not affect them, meaning that almost half of those affected responded to an unsatisfactory healthcare encounter in a way that restricts healthcare efficacy.

g) Respondents are not equally benefiting from digital health

Lower-income families adopted virtual health far less frequently than higher-income households, while younger generations got virtual healthcare more than twice as frequently as senior generations. When they cannot afford healthcare, people of all ages take on activities that may have a harmful influence on their health. Affordability limitations may have an impact on health outcomes. When people cannot afford the medical care or medications they require, they frequently refuse (13%) treatment or medication, or miss an appointment with a medical practitioner (38%). Digital technologies were utilized by 33%, and digital therapies were used by 17%. It is essential to have easy access to healthcare. However, even though two-thirds of respondents said they would switch to a virtual service for faster or more convenient access to care, their existing trust in the usefulness of virtual tools is low. Almost as many people mentioned ineffectiveness as a reason to shun digital gadgets and services as those who listed data privacy and security concerns as the top reason.

7. Suggestions

Although most of the technology is currently in place and ready to use, there is still much space for improvement. Chatbots are one example. Even on easy issues, we have a long way to go before we consider talking to a machine as valuable as talking to a human person. Digital health innovations are intended to reduce time, improve accuracy and efficiency, and merge technology in a vast variety of ways in healthcare. These breakthroughs might bring together medicine and the internet of things, m-Health and IoT, medicine and augmented reality (AR), and blockchain and electronic medical records (EMRs).

The more we understand how our health data is handled, the simpler it is to trust that it is being used appropriately. Respondents must be educated on the significance of health data and understand why sharing personal health data with healthcare experts who require it is important, both for our health and for the health of others. Medication adherence ensures the drug's efficacy and lowers the chance of side effects. There are a variety of methods for remembering pills, but possibly the most useful is downloading apps that deliver daily prescription reminders to your smartphone, tablet, or wearable. These applications let you automate and track your dosages, making it less likely that you'll forget to take a pill.

Virtual consultations give you and your family the gift of good health by connecting you with educated medical specialists who follow ethical norms and provide you with consultation through a virtual consultation. Experienced doctors are guiding for general medicine, chronic and non-chronic diseases, and more serious ailments like cardiology, diabetes, and hypertension from anywhere and at any time, and more than half of respondents strongly agreed that they received the prescriptions and information they needed and that the doctor put them in at ease. The covid-19 pandemic has had a significant impact on how outpatient treatment is given in hospitals and clinics. Healthcare providers turned in-person appointments into Virtual health visits wherever possible. Many respondents, on the other hand, are avoiding visits because they do not want to leave their houses and risk being exposed. Local and state guidelines reducing travel and non-essential services are also impacting both provider and patient behavior. From the survey, it is been founded that more than half of the respondents feel that waiting time for virtual consultations is less than for physical consultations.

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 services 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 through open communication, demonstrating that each individual retains control over their own experience. The moment for next-generation healthcare is now.

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