

THE EVOLUTION OF MEDICAL INFORMATION MANAGEMENT: PAST, PRESENT, AND FUTURE PERSPECTIVES

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Abstract:

Medical Information Management (MIM) oversees the collection, storage, retrieval, and utilization of healthcare data. Historically, MIM relied on manual record-keeping, which shifted to standardized forms in the early 20th century. The digital revolution in the late 20th century introduced Electronic Health Records (EHRs), streamlining data sharing and storage. As EHRs proliferated, interoperability became vital, leading to Health Information Exchanges. However, digital records also posed challenges in data security, prompting regulations like HIPAA. Presently, the integration of AI and big data in MIM offers diagnostic support and personalizes patient care. Future projections suggest global health data integration, but with this come ethical dilemmas, especially concerning AI's role in healthcare. This evolution from rudimentary records to sophisticated, interconnected systems exemplifies technological advancement in healthcare, emphasizing the balance between innovation and ethical considerations.

Keywords: MIM, Electronic Health Records, Interoperability, Data Security, AI in Healthcare, Big Data, Ethical Considerations.

INTRODUCTION:

The intertwined narrative of healthcare and technology has for centuries been an evolving testament to humanity's endeavor to ensure a longer, healthier life for all. Central to this narrative, acting as its backbone, is Medical Information Management (MIM)¹. It encompasses the principles, practices, and tools by which healthcare information is efficiently collected, stored, analyzed, and shared across diverse platforms and between various stakeholders. Its objective is straightforward yet profoundly complex: to ensure that the right medical information is available at the right time, to the right person, in the most effective and secure manner.

Historically, the realm of MIM was confined to parchment papers, inked pens, and physical ledger books. These ancient systems, although pioneering for their time, had their limitations. Records were prone to physical wear and tear, loss, or damage from external factors like water or fire². Moreover, transferring such records over distances was not just cumbersome but sometimes virtually impossible. The challenges weren't only logistical; standardizing terminologies or ensuring uniform record-keeping practices was an arduous task, resulting in inconsistencies.

With the dawn of the digital age, MIM witnessed what could only be described as a renaissance³. The transformation from paper to pixels opened doors to a myriad of possibilities. Electronic Health Records (EHRs) emerged as game-changers, making patient data storage more organized, retrieval swift, and sharing seamless⁴. But with this digital boon came its unique set of challenges: data security, interoperability, and maintaining patient privacy. The balancing act between accessibility and privacy became a focal point, leading to legislations such as the Health Insurance Portability and Accountability Act (HIPAA) in the U.S.⁵.

Now, as we navigate the 21st century, the horizon of MIM is expanding even further. Technologies like Artificial Intelligence, Machine Learning, and Big Data promise to redefine our understanding and application of medical data⁶. We're not just talking about efficient storage or seamless sharing anymore; the narrative is shifting towards predictive analytics, personalized patient care, and global data ecosystems.

The aim of this article is to comprehensively explore the evolution of Medical Information Management (MIM) through its various phases, assessing the technological advancements, challenges, and solutions that have shaped its trajectory. We will delve into the intricate balance between innovation and the practical needs of the healthcare landscape.

However, with grander visions come intricate challenges. As MIM integrates more advanced technologies, questions arise: How will AI-driven decisions impact patient care? What are the ethical implications of such integrations? And how do we ensure global data harmony without compromising individual privacy? This article embarks on a journey through the annals of MIM, shedding light on its evolution and the challenges and opportunities it presents.

2- The Past: Paper-Based Systems and First Insights

Historically, healthcare relied on paper-based systems, where patient records, diagnoses, and treatments were manually documented. These tangible archives, though limited in scope and efficiency, laid the foundation for today's digital health revolution. Their inherent challenges, such as data loss and limited accessibility, sparked the initial innovations that have since propelled the medical information management evolution.

2.1 Historical Background:

Medical Information Management (MIM) in its earliest incarnations was as ancient as the practice of medicine itself⁷. Before the digital age, before even the spread of widespread literacy and standardized documentation, medical practitioners needed ways to keep track of their observations, treatments, and patients' responses.

Ancient civilizations such as the Egyptians, Greeks, and Chinese maintained some form of medical records, albeit primarily for scholarly or educational purposes⁸. Manuscripts and scrolls served as repositories of medical wisdom, where physicians would detail unusual cases, effective remedies, and surgical techniques. These records, written on materials like papyrus, bamboo slips, or parchment, were precursors to the more structured patient logs and journals that would emerge in subsequent centuries.

By the Renaissance period, as medicine became more systematic and the patient-doctor relationship evolved, so did the need for more organized record-keeping. Medical diaries and patient logs became more commonplace, particularly in larger cities with bustling practices⁹. These were mostly narrative accounts, detailing symptoms, treatments administered, and occasionally, the outcomes.

However, the true transformation began in the 19th century, as the medical field underwent rapid advancements. The burgeoning of hospitals and clinics, coupled with the growth of urban centers, necessitated a shift from individual, narrative records to more standardized forms. This era marked the beginning of structured medical documentation, with ledger books and index card systems becoming standard in many institutions¹⁰.

In tandem with this, the late 19th and early 20th centuries heralded the birth of disease classification. The inception of the International Classification of Diseases (ICD) system revolutionized how ailments were recorded and understood, bringing in a newfound uniformity in medical data.

These paper-based systems, for all their advancements, were not without their challenges. They were prone to wear and tear, difficult to transport and share, and required physical space for storage. Moreover, the fragmentation of records across various places meant that a comprehensive view of a patient's history was hard to achieve, leading sometimes to inefficient or even inaccurate medical care¹⁰.

This historical backdrop sets the stage for understanding the urgency and the necessity behind the shift to digital records, but it also serves as a testament to the continuous journey of MIM, always evolving to serve the needs of its time.

2.2 Advancements

During the era dominated by paper-based medical systems, several groundbreaking advancements were ushered in that not only defined the period but also laid the groundwork for future innovations in Medical Information Management (MIM)¹¹. One of the defining shifts was the transition to structured medical documentation. As healthcare evolved, there arose a clear need to move beyond the traditional, narrative-based record-keeping¹². By the late 19th century, medical institutions widely adopted standardized forms. This change meant data could now be collected uniformly, allowing for easier referencing, comparison, and analysis, which in turn led to more consistent patient care.

Parallel to this was the development of the International Classification of Diseases (ICD) in the early 20th century. This system transformed the way diseases were recorded and studied. For the first time, there existed a globally accepted method to categorize and code ailments, enabling systematic approaches to epidemiology, research, and billing. Urbanization and the subsequent rise in healthcare facilities highlighted the importance of centralized record keeping¹³. Large hospitals and clinics began to allocate dedicated spaces or entire departments to oversee and store patient records, marking the inception of the contemporary medical records department.

With the ever-growing volume of records, there was a pressing demand for efficient management techniques. Innovations like alphabetical or numerical filing, cross-referencing methods, and color-coding emerged, revolutionizing the speed and accuracy of record retrieval. Accompanying this was the initiation of unique patient identification methods. The introduction of unique alphanumeric codes or patient numbers ensured that data was correctly matched to individuals, drastically reducing potential errors¹⁴.

Lastly, the era witnessed a newfound emphasis on the importance of expertise in record management. Formal training programs and courses began to sprout, catering to those involved in medical record management. This surge in professional development signified the dawn of health information management as a respected discipline, leading to the formation of dedicated associations and guilds.

In essence, the advancements of this era not only refined the existing practices of MIM but also underscored the discipline's evolving significance, priming it for the technological leaps that the future held.

3- The Present: Digital Revolution and Interconnectedness

Today's healthcare is characterized by a digital metamorphosis, with electronic health records replacing paper. This shift offers unprecedented data accessibility, integration, and real-time analysis. However, as systems become interconnected globally, challenges like data security and interoperability emerge. Still, this digital era paves the way for enhanced patient care, streamlined operations, and global health collaboration.

3.1 The Birth of Electronic Health Records (EHRs):

The latter half of the 20th century marked a transformative period for Medical Information Management (MIM) as technology began to permeate every facet of our lives¹⁵. The healthcare sector was no exception. The limitations and inefficiencies of paper-based systems, compounded by the need for more agile and accessible healthcare information, fueled the push towards digitization.

Enter the Electronic Health Records (EHRs). More than just a digital version of a patient's medical history, EHRs offered a holistic, integrated system where health information could be created, managed, and consulted by authorized clinicians and staff across different healthcare organizations¹⁶. The transition from paper to EHRs wasn't just about convenience; it was a paradigm shift in how healthcare was delivered and managed.

Several elements marked this revolution:

- **Real-time Access:** One of EHRs' primary advantages is the capability to provide real-time, patient-centered records, making information available instantly and securely to authorized users¹⁷.
- **Comprehensive Data:** Unlike traditional records, EHRs encapsulate a patient's full medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, and laboratory results.

- **Interoperability:** Modern EHRs are designed to share information across different health care settings, from laboratories and specialists to hospital facilities and even across borders. This feature is essential for coordinated, efficient, and safe patient care.
- **Decision Support:** Advanced EHRs integrate decision support systems to assist healthcare providers in making more informed choices¹⁸. This includes drug interaction checks, symptom analysis, and predictive health insights.
- **Remote Access and Telemedicine:** As technology evolved, EHRs adapted. Providers can now access patient records from virtually anywhere, facilitating telemedicine and enhancing healthcare accessibility.
- **Security and Privacy:** Digital records introduced new challenges regarding data security and patient privacy. EHRs, therefore, are equipped with stringent encryption and security measures to protect sensitive patient data.
- **Patient Empowerment:** Modern systems often come with patient portals that allow individuals to access their health information, schedule appointments, communicate with providers, and take a more proactive role in their health management.

The birth of EHRs marked the convergence of medical practice with information technology, propelling the healthcare industry into an era of unprecedented interconnectedness and efficiency¹⁹. However, like every transformative movement, it brought with it a new set of challenges – from technological barriers and high implementation costs to concerns about data privacy and the risk of digital breaches. Nonetheless, the emergence of EHRs undeniably marked a pivotal moment in the history of MIM, reshaping how care is delivered and experienced in the contemporary world.

3.2 Interoperability:

In the modern era of healthcare, the term 'interoperability' has assumed significant importance. At its core, interoperability represents the fluid communication and synergy between diverse healthcare systems and applications. But beyond the technicalities, it's about enabling health systems to synergistically utilize shared data to enhance patient outcomes²⁰. Interoperability offers the potential for a holistic approach to care. When health records from different facilities are accessible universally, physicians have a broader perspective, ensuring timely and informed decisions, especially crucial in emergency scenarios or for patients with intricate health narratives.

Efficiency is another hallmark of interoperable systems. Streamlined communication reduces redundancy, curbing unnecessary tests and interventions. This not only saves costs but also ensures that patients receive timely care, minimizing hospital stays and enhancing the overall patient experience. Patients today often engage with an array of healthcare professionals — from their local GP to specialists in tertiary centers. For them, interoperability translates to a smoother healthcare journey. No longer do they need to undergo repetitive diagnostic tests, or endlessly repeat their medical history. Their data, securely stored and accessible, does the talking.

On a broader scale, interoperability champions data-driven public health strategies²¹. With an integrated view of health data, it becomes feasible to identify trends, measure the impact of health interventions, and tailor policies to real-world needs. Such an approach is crucial in addressing large scale health challenges, from chronic disease management to pandemic responses. The push towards interoperability has also fostered a move towards standardization. Protocols like Health Level Seven International (HL7) and Fast Healthcare Interoperability Resources (FHIR) are ensuring a common language in electronic health data communication²². This standardization is foundational for global health collaborations and research.

Speaking of research, the easy accessibility of integrated datasets is a boon. With rich and diverse data at their fingertips, researchers can drive forward medical innovation at an unprecedented pace, bringing hope for newer treatments and interventions. The quest for interoperability is laden with challenges. From integrating legacy systems to addressing concerns of data privacy, from navigating regulatory mazes to ensuring stakeholder alignment, the journey is multifaceted. In the unfolding narrative of modern healthcare, interoperability is not just a chapter but a recurring theme. Its complete realization holds the key to a future where healthcare is not just about treatment but about holistic well-being, underpinned by data-driven insights and seamless interconnectivity.

3.3 Data Security and Privacy:

As the healthcare sector rapidly digitalized, ushering in the era of Electronic Health Records (EHRs) and broad interoperability, the imperatives of data security and privacy took center stage. The shift from physical to digital fundamentally altered the landscape of potential threats and challenges, making the safeguarding of sensitive health information not just a technological concern, but an ethical and legal one too²³.

In the age of digital interconnectedness, a patient's health data doesn't remain within the confines of a single institution. It travels — from a primary care doctor to a specialist, from a local clinic to a cloud-based server, from one country's health system to another's for patients seeking international care. While this fluidity of information has undeniable benefits, it also introduces a myriad of vulnerabilities.

Cyberattacks, unauthorized access, accidental breaches, and even internal threats have all been documented in healthcare settings²⁴. The implications of such breaches are manifold: from financial consequences for the affected institutions to the potential misuse of personal health information, and not to mention the erosion of trust between patients and healthcare

providers. Regulations have been put in place globally to address these concerns. For instance, the Health Insurance Portability and Accountability Act (HIPAA) in the U.S. sets stringent standards for protecting sensitive patient data. Similarly, the General Data Protection Regulation (GDPR) in the European Union champions data protection and privacy rights for all individuals within the EU²⁵.

Technologically, there's a constant evolution in security measures. End-to-end encryption, multi-factor authentication, regular security audits, intrusion detection systems, and stringent access controls are but a few of the methods employed to protect health data. Additionally, there's a growing emphasis on educating healthcare staff about the importance of data security and best practices, recognizing that human error or oversight can be as significant a vulnerability as any technical flaw²⁶. The balance is delicate. On one side is the need for seamless access to medical data to ensure the best patient care. On the other, is the absolute imperative to protect and secure that data. This equilibrium requires not just technological solutions but a shift in mindset. Healthcare institutions must view data security and privacy not as ancillary concerns but as integral to the very essence of healthcare in the digital age²⁷.

In essence, as the lines between healthcare and information technology blur, the commitment to safeguarding the sanctity of personal health information becomes paramount. It's not just about defending against external threats, but about upholding the trust and confidence that patients place in the healthcare system.

4- The Future: AI, Big Data, and Beyond

The fusion of AI and Big Data is reshaping healthcare, promising personalized treatments, proactive disease prevention, and streamlined operations. As imaging, drug discovery, and patient engagement evolve, challenges like data privacy and algorithmic bias arise. Balancing technological advancements with ethical considerations will define future healthcare trajectories.

4.1 AI and Machine Learning:

As we venture deeper into the 21st century, healthcare stands at the crossroads of technological innovation and human well-being. Central to this transformation is the burgeoning realm of Artificial Intelligence (AI) and Machine Learning (ML), which promise to revolutionize medicine in ways previously considered the stuff of science fiction²⁸.

AI and ML are not just about algorithms or computer power; they represent an entirely new framework for understanding and acting on health data. Here's a glimpse into the potential of these technologies in reshaping healthcare:

- **Personalized Medicine:** AI systems can analyze complex biochemical interactions. Combined with genomics, AI brings us closer to tailored treatments and drugs, which are highly effective for an individual's specific genetic makeup²⁹.
- **Disease Prediction and Prevention:** By analyzing vast datasets, ML models can predict disease outbreaks, patient admissions, or potential health deterioration. This proactive approach could dramatically shift the focus from disease treatment to prevention.
- **Enhanced Imaging:** AI-enhanced imaging techniques provide a higher degree of precision, detecting abnormalities often missed by the human eye³⁰. This is particularly evident in radiology, where AI algorithms detect tumors, fractures, or anomalies in imaging scans with remarkable accuracy.
- **Drug Discovery and Development:** The drug development process, known for its high costs and lengthy timelines, can be expedited with the aid of AI. Machine learning models can predict how different compounds can interact, significantly reducing the trial-and-error phase in drug research³¹.
- **Optimized Clinical Workflows:** Administrative tasks can be streamlined using AI. For instance, voice-to-text transcriptions can assist doctors with note-taking, and predictive algorithms can optimize patient scheduling and hospital bed allocation.
- **Enhancing Patient Engagement:** Chatbots and AI-driven apps can guide patients, answer their queries, and even provide mental health support, ensuring continuous patient engagement outside the traditional healthcare setting³².
- **Ethical and Responsible AI:** As AI integrates deeper into healthcare, there will be an increased focus on ethical considerations. Ensuring the algorithms are unbiased, transparent, and respect patient privacy will become paramount.

However, the integration of AI and ML in healthcare is not without challenges. Concerns about data privacy, the potential for algorithmic bias, the need for robust validation studies, and the possible dehumanization of care are all valid. There's also the crucial element of ensuring healthcare professionals understand and trust the AI tools they use.

In summary, while AI and ML herald a future of unprecedented advancements in healthcare, a careful, ethical, and holistic approach will be essential. The objective remains clear: leveraging technology to enhance human health, without compromising the human touch that lies at the heart of medicine.

4.2 Big Data

In the modern healthcare landscape, Big Data is emerging as a transformative force, aggregating disparate patient information sources into comprehensive insights. Unlike the past, where data was confined to specific healthcare settings, the present sees an integration of data, painting a more complete picture of global health¹⁰. By diving deep into vast

datasets, healthcare providers can anticipate patient requirements, effectively predict disease outbreaks, and gauge the potential of hospital readmissions. This not only allows a proactive stance in patient care but also directs attention to critical intervention areas.

At a broader level, Big Data offers insights into overall population health, identifying communities at heightened risk and tailoring interventions accordingly³³. Furthermore, it serves as a goldmine for clinical research, enabling scientists to spot patterns across diverse patient data, expediting new treatment methodologies. Operational efficiency is another significant benefit. With the capability to pinpoint systemic inefficiencies, healthcare can optimize resources, reduce unnecessary costs, and enhance patient care quality. As wearable health technology and the Internet of Things (IoT) continue to surge, the influx of real-time health data further enriches the Big Data pool³⁴.

However, this vast accumulation of data brings forth challenges in security and governance. Protecting patient privacy, ensuring data accuracy, and complying with international regulations become central concerns. Moreover, the sheer volume and diversity of data necessitate collaborations spanning healthcare professionals, data experts, and IT specialists. In conclusion, while Big Data's potential in healthcare is vast and enticing, it's accompanied by significant challenges. As we stand on the brink of a data-driven healthcare revolution, the focus must remain clear: optimize health outcomes while safeguarding the sanctity of individual data.

4.3 Global Data Integration:

The conceptualization of a globally integrated health data system encapsulates the zenith of Big Data's potential. In an increasingly interconnected world, the aspiration isn't just to gather vast amounts of data, but to harmoniously integrate health data across nations, cultures, and healthcare systems.

At its core, global data integration offers a unified perspective on health trends, disease patterns, and best practices, transcending geopolitical boundaries. Such integration holds numerous possibilities³⁵:

- **Holistic Disease Surveillance:** Global integration allows for real-time tracking of disease outbreaks, offering a quicker response to pandemics or epidemics. Diseases don't recognize borders, and a cohesive data system can help global health organizations anticipate and counter threats efficiently.
- **Benchmarks and Best Practices:** By comparing health outcomes across countries, it becomes feasible to identify and propagate best practices, leading to optimized patient care worldwide.
- **Collaborative Research:** With a globally integrated dataset, research isn't limited by regional specificities. This fosters international collaboration, bringing diverse minds together to tackle global health challenges.
- **Health Equity:** Recognizing discrepancies in health outcomes across nations can guide resource allocation, ensuring that health interventions reach those most in need.
- **Personalized Medicine on a Global Scale:** Patients seeking medical care internationally can benefit from a unified data system. Their health records would be universally accessible, enabling seamless care continuity regardless of geography.
- **Addressing Global Health Challenges:** Challenges like malnutrition, mental health, or chronic diseases can be better understood and addressed through a holistic, global lens, enabling tailored strategies across different regions.

However, the vision of global data integration isn't without hurdles. Foremost is the challenge of standardization. Health data formats, terminologies, and practices vary considerably across nations³⁶. Then there's the aspect of data governance, privacy, and security. Not all nations share the same regulations or ethical considerations concerning data sharing and protection. Language barriers, technological disparities, and political considerations further complicate the picture.

In essence, global data integration represents the pinnacle of what Big Data can achieve in healthcare: a world where health insights aren't limited by borders, and the collective knowledge of humanity works in unison to advance global well-being. Achieving this requires not just technological innovation but collaboration, understanding, and shared vision across nations and cultures.

4.4 Ethical Considerations:

Amidst the technological surge in healthcare, brought on by advancements in AI and Big Data, lies a deeply complex layer of ethical considerations³⁷. As we shape a future where algorithms may diagnose diseases and where vast data reservoirs influence treatment choices, there's an imperative to navigate this landscape with caution, integrity, and a commitment to preserving the human touch in medicine.

Several pivotal ethical concerns arise:

- **Privacy and Consent:** As healthcare systems accumulate more data, ensuring patient privacy becomes paramount. Do patients fully understand and consent to how their data is used, especially in machine learning models or global databases?
- **Bias and Fairness:** Algorithms developed using skewed datasets can perpetuate or amplify biases. This could lead to discriminatory practices, where certain demographics receive inferior care based on biased algorithmic recommendations.

- **Transparency and Accountability:** There's a pressing need for AI models to be transparent. If an algorithm recommends a particular treatment, healthcare providers and patients alike should understand the 'why' behind it. Moreover, in cases of misdiagnoses or errors, there should be clear channels of accountability³⁸.
- **Dehumanization of Care:** The risk of over-reliance on technology is real. There's a danger that the traditional doctor-patient relationship, grounded in empathy and human connection, could be overshadowed by algorithmic interactions.
- **Economic and Job Implications:** AI could reshape the job landscape in healthcare, potentially rendering certain roles redundant while creating others. This shift requires careful management to ensure job transitions are smooth and that there isn't an economic disparity in the sector.
- **Global Data Equity:** As data becomes a pivotal resource in healthcare, ensuring that all regions and countries can access and benefit from global datasets is crucial³⁹. This brings up questions of data colonization, where wealthier nations could disproportionately benefit from global health data at the expense of poorer regions.
- **Over-reliance and Trust:** Placing undue trust in algorithms without critical evaluation can be perilous. It's essential to strike a balance between technological recommendations and human expertise.

Addressing these ethical concerns requires a multi-faceted approach. Regulatory bodies need to frame guidelines that ensure the responsible development and deployment of AI in healthcare⁴⁰. Healthcare professionals should be trained not just in the use of AI tools but also in understanding their ethical implications. Furthermore, patient education and advocacy are vital to ensure that individual rights and interests are always at the forefront.

In summation, while AI and Big Data offer transformative potential for healthcare, they also introduce profound ethical complexities. Navigating the future requires not just technological prowess but a deep-rooted commitment to ethical integrity, ensuring that humanity remains at the heart of healthcare evolution.

5- Conclusion:

The trajectory of healthcare, influenced profoundly by AI, Big Data, and technological advancements, is on a transformative path, shaping a future where precision, efficiency, and individualized care become the hallmarks of medical practice. From paper-based systems to the cusp of a global, interconnected health data network, our journey has been both remarkable and challenging. As we harness the power of algorithms and vast datasets, the essence of medicine—its human core—remains unchanged. Our ethical responsibility, in this age of digital medicine, is to ensure that every stride we take, be it through an AI model or global data collaboration, accentuates human values, patient rights, and holistic well-being. Bias, privacy concerns, and the potential for dehumanization are real challenges. However, they also represent opportunities—opportunities to redefine, innovate, and build a healthcare system where technology and humanity coalesce harmoniously.

In this unfolding era, the ultimate goal remains unwavering: leveraging the might of technology to enrich, enhance, and elevate the human experience of healthcare. As we look to the horizon, it's a vision of global collaboration, ethical integrity, and relentless pursuit of betterment that will guide our way. The future beckons with promise, but it's upon us to shape it with care, compassion, and conscientious action.

References:

- [1]. Mouton Dorey C. Rethinking the ethical approach to health information management through narration: pertinence of Ricœur's 'little ethics'. *Med Health Care Philos.* 2016 Dec;19(4):531-543. doi: 10.1007/s11019-016-9713-6. PMID: 27324151; PMCID: PMC5088219.
- [2]. Stults-Kolehmainen MA, Sinha R. The effects of stress on physical activity and exercise. *Sports Med.* 2014 Jan;44(1):81-121. doi: 10.1007/s40279-013-0090-5. PMID: 24030837; PMCID: PMC3894304.
- [3]. Chén OY, Roberts B. Personalized Health Care and Public Health in the Digital Age. *Front Digit Health.* 2021 Mar 30;3:595704. doi: 10.3389/fdgth.2021.595704. PMID: 34713084; PMCID: PMC8521939.
- [4]. Evans RS. Electronic Health Records: Then, Now, and in the Future. *Yearb Med Inform.* 2016 May 20;Suppl 1(Suppl 1):S48-61. doi: 10.15265/IYS-2016-s006. PMID: 27199197; PMCID: PMC5171496.
- [5]. Institute of Medicine (US) Committee on Health Research and the Privacy of Health Information: The HIPAA Privacy Rule; Nass SJ, Levit LA, Gostin LO, editors. *Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research.* Washington (DC): National Academies Press (US); 2009. 4, HIPAA, the Privacy Rule, and Its Application to Health Research. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK9573/>
- [6]. Yang YC, Islam SU, Noor A, Khan S, Afsar W, Nazir S. Influential Usage of Big Data and Artificial Intelligence in Healthcare. *Comput Math Methods Med.* 2021 Sep 6;2021:5812499. doi: 10.1155/2021/5812499. PMID: 34527076; PMCID: PMC8437645.
- [7]. Sherifi D, Ndanga M, Hunt TT, Srinivasan S. THE SYMBIOTIC RELATIONSHIP BETWEEN HEALTH INFORMATION MANAGEMENT AND HEALTH INFORMATICS: OPPORTUNITIES FOR GROWTH AND COLLABORATION. *Perspect Health Inf Manag.* 2021 Oct 1;18(4):1c. PMID: 34975352; PMCID: PMC8649705.
- [8]. Lorkowski J, Pokorski M. Medical Records: A Historical Narrative. *Biomedicines.* 2022 Oct 17;10(10):2594. doi: 10.3390/biomedicines10102594. PMID: 36289856; PMCID: PMC9599146.

- [9]. Andermann A; CLEAR Collaboration. Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ*. 2016 Dec 6;188(17-18):E474-E483. doi: 10.1503/cmaj.160177. Epub 2016 Aug 8. PMID: 27503870; PMCID: PMC5135524.
- [10]. Kruk ME, Gage AD, Arseneault C, Jordan K, Leslie HH, Roder-DeWan S, Adeyi O, Barker P, Daelmans B, Doubova SV, English M, García-Elorrio E, Guanais F, Gureje O, Hirschhorn LR, Jiang L, Kelley E, Lemango ET, Liljestrand J, Malata A, Marchant T, Matsoso MP, Meara JG, Mohanan M, Ndiaye Y, Norheim OF, Reddy KS, Rowe AK, Salomon JA, Thapa G, Twum-Danso NAY, Pate M. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018 Nov;6(11):e1196-e1252. doi: 10.1016/S2214-109X(18)30386-3.
- [11]. AlSadrah SA. Electronic medical records and health care promotion in Saudi Arabia. *Saudi Med J*. 2020 Jun;41(6):583-589. doi: 10.15537/smj.2020.6.25115. PMID: 32518923; PMCID: PMC7502938.
- [12]. Evans RS. Electronic Health Records: Then, Now, and in the Future. *Yearb Med Inform*. 2016 May 20;Suppl 1(Suppl 1):S48-61. doi: 10.15265/YYS-2016-s006. PMID: 27199197; PMCID: PMC5171496.
- [13]. Katoue MG, Cerda AA, García LY, Jakovljevic M. Healthcare system development in the Middle East and North Africa region: Challenges, endeavors and prospective opportunities. *Front Public Health*. 2022 Dec 22;10:1045739. doi: 10.3389/fpubh.2022.1045739. PMID: 36620278; PMCID: PMC9815436.
- [14]. Alreja G, Setia N, Nichols J, Pantanowitz L. Reducing patient identification errors related to glucose point-of-care testing. *J Pathol Inform*. 2011;2:22. doi: 10.4103/2153-3539.80718. Epub 2011 May 11. PMID: 21633490; PMCID: PMC3097526.
- [15]. Johnson KB, Neuss MJ, Detmer DE. Electronic health records and clinician burnout: A story of three eras. *J Am Med Inform Assoc*. 2021 Apr 23;28(5):967-973. doi: 10.1093/jamia/ocaa274. PMID: 33367815; PMCID: PMC8068425.
- [16]. Li E, Clarke J, Ashrafian H, Darzi A, Neves AL. The Impact of Electronic Health Record Interoperability on Safety and Quality of Care in High-Income Countries: Systematic Review. *J Med Internet Res*. 2022 Sep 15;24(9):e38144. doi: 10.2196/38144. PMID: 36107486; PMCID: PMC9523524.
- [17]. PrognoCIS HER, The Pros and Cons of Electronic Health Records. April 21st, 2022. <https://prognocis.com/pros-and-cons-of-ehr/>
- [18]. Patterson BW, Pulia MS, Ravi S, Hoonakker PLT, Schoofs Hundt A, Wiegmann D, Wirkus EJ, Johnson S, Carayon P. Scope and Influence of Electronic Health Record-Integrated Clinical Decision Support in the Emergency Department: A Systematic Review. *Ann Emerg Med*. 2019 Aug;74(2):285-296. doi: 10.1016/j.annemergmed.2018.10.034. Epub 2019 Jan 3.
- [19]. Ratwani R. Electronic Health Records and Improved Patient Care: Opportunities for Applied Psychology. *Curr Dir Psychol Sci*. 2017 Aug;26(4):359-365. doi: 10.1177/0963721417700691. PMID: 28808359; PMCID: PMC5553914.
- [20]. Institute of Medicine (US) Roundtable on Value & Science-Driven Health Care. *Clinical Data as the Basic Staple of Health Learning: Creating and Protecting a Public Good: Workshop Summary*. Washington (DC): National Academies Press (US); 2010. Summary. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK54290/>
- [21]. Dixon BE, Vreeman DJ, Grannis SJ. The long road to semantic interoperability in support of public health: experiences from two states. *J Biomed Inform*. 2014 Jun;49:3-8. doi: 10.1016/j.jbi.2014.03.011. Epub 2014 Mar 25. PMID: 24680985; PMCID: PMC4083703.
- [22]. Andrew Burak, FHIR Healthcare: Empowering Interoperability in the Digital Age. May 22, 2023. <https://relevant.software/blog/fhir-healthcare-empowering-interoperability-in-the-digital-age/>
- [23]. Ozair FF, Jamshed N, Sharma A, Aggarwal P. Ethical issues in electronic health records: A general overview. *Perspect Clin Res*. 2015 Apr-Jun;6(2):73-6. doi: 10.4103/2229-3485.153997. PMID: 25878950; PMCID: PMC4394583.
- [24]. Seh AH, Zarour M, Alenezi M, Sarkar AK, Agrawal A, Kumar R, Khan RA. Healthcare Data Breaches: Insights and Implications. *Healthcare (Basel)*. 2020 May 13;8(2):133. doi: 10.3390/healthcare8020133. PMID: 32414183; PMCID: PMC7349636.
- [25]. Sean Baird, GDPR matchup: The Health Insurance Portability and Accountability Act, May 17, 2017. <https://iapp.org/news/a/gdpr-match-up-the-health-insurance-portability-and-accountability-act/>
- [26]. Mohd Javaid, Abid Haleem, Ravi Pratap Singh, Rajiv Suman, Towards insighting cybersecurity for healthcare domains: A comprehensive review of recent practices and trends, *Cyber Security and Applications*, Volume 1, 2023, 100016, ISSN 2772-9184, <https://doi.org/10.1016/j.csa.2023.100016>
- [27]. National Research Council (US) Committee on Maintaining Privacy and Security in Health Care Applications of the National Information Infrastructure. *For the Record Protecting Electronic Health Information*. Washington (DC): National Academies Press (US); 1997. 3, Privacy and Security Concerns Regarding Electronic Health Information. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK233428/>
- [28]. Digital Mahbub. From Science Fiction to Reality: How Tech Turns?. SEPTEMBER 6, 2023. <https://digitalmahbub.com/science-fiction-to-reality/>
- [29]. Quazi S. Artificial intelligence and machine learning in precision and genomic medicine. *Med Oncol*. 2022 Jun 15;39(8):120. doi: 10.1007/s12032-022-01711-1. PMID: 35704152; PMCID: PMC9198206.
- [30]. ONIX. How AI-Powered Medical Imaging is Transforming Healthcare. *AI/ML, Healthcare & Life Sciences*, <https://www.onixnet.com/blog/how-ai-powered-medical-imaging-is-transforming-healthcare/>
- [31]. Vamathevan J, Clark D, Czodrowski P, Dunham I, Ferran E, Lee G, Li B, Madabhushi A, Shah P, Spitzer M, Zhao S. Applications of machine learning in drug discovery and development. *Nat Rev Drug Discov*. 2019 Jun;18(6):463-477. doi: 10.1038/s41573-019-0024-5. PMID: 30976107; PMCID: PMC6552674.

- [32]. Growth99. The Role Of AI Chatbots In Functional Medicine. <https://growth99.com/the-role-of-ai-chatbots-in-functional-medicine/>
- [33]. Pastorino R, De Vito C, Migliara G, Glocker K, Binenbaum I, Ricciardi W, Boccia S. Benefits and challenges of Big Data in healthcare: an overview of the European initiatives. *Eur J Public Health*. 2019 Oct 1;29(Supplement_3):23-27. doi: 10.1093/eurpub/ckz168. PMID: 31738444; PMCID: PMC6859509.
- [34]. Bohr A, Memarzadeh K. The rise of artificial intelligence in healthcare applications. *Artificial Intelligence in Healthcare*. 2020:25–60. doi: 10.1016/B978-0-12-818438-7.00002-2. Epub 2020 Jun 26. PMCID: PMC7325854.
- [35]. Harrison M. A Global Perspective: Reframing the History of Health, Medicine, and Disease. *Bull Hist Med*. 2015 Winter;89(4):639-89. doi: 10.1353/bhm.2015.0116. PMID: 26725408; PMCID: PMC4898657.
- [36]. Payne TH, Lovis C, Gutteridge C, Pagliari C, Natarajan S, Yong C, Zhao LP. Status of health information exchange: a comparison of six countries. *J Glob Health*. 2019 Dec;9(2):0204279. doi: 10.7189/jogh.09.020427. PMID: 31673351; PMCID: PMC6815656.
- [37]. Davenport T, Kalakota R. The potential for artificial intelligence in healthcare. *Future Healthc J*. 2019 Jun;6(2):94-98. doi: 10.7861/futurehosp.6-2-94. PMID: 31363513; PMCID: PMC6616181.
- [38]. Hall KK, Shoemaker-Hunt S, Hoffman L, et al. Making Healthcare Safer III: A Critical Analysis of Existing and Emerging Patient Safety Practices [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2020 Mar. 1, Diagnostic Errors. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK555525/>
- [39]. Batko K, Ślęzak A. The use of Big Data Analytics in healthcare. *J Big Data*. 2022;9(1):3. doi: 10.1186/s40537-021-00553-4. Epub 2022 Jan 6. PMID: 35013701; PMCID: PMC8733917.
- [40]. Reddy S, Allan S, Coghlan S, Cooper P. A governance model for the application of AI in health care. *J Am Med Inform Assoc*. 2020 Mar 1;27(3):491-497. doi: 10.1093/jamia/ocz192. PMID: 31682262; PMCID: PMC7647243.