Internship Training

At

IIHMR- Delhi

**Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review**

by

**Dr Saima ZubairAhmed Siddique**

Enroll No: PG/20/105

Under the guidance of

**Dr Anandhi Ramachandran**

PGDM

Hospital & Health Management

2020-22



**International Institute of Health Management Research New Delhi**

**Acknowledgement**

My gratitude extends to the **IIHMR – Delhi** for giving me this opportunity to learn and grown. I would like to express Gratitude to my Mentor **Dr. Anandhi Ramachandran** for her treasured support and mentorship which was influential in shaping and critiquing my research. I also thank **Ms. Divya Agrawal** for her constant support and mentorship. I am grateful for my family whose constant love and support keeps me motivated and confident. Finally, I owe my deepest gratitude to Aiman and Inaaya, for their unconditional love and support throughout the internship and every day.



The certificate is awarded to

**Dr Saima ZubairAhmed Siddique**

##### In recognition of having successfully completing her internship in the department of

##### Health IT Management

and has successfully completed his/her Project on

**Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review**

**24/06/22**

IIHMR- Delhi

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.

 **Training & Development Zonal Head Human Resources**



##### TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Saima ZubairAhmed Siddique** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at IIHMR- Delhi from to

The candidate has successfully completed out the study designated to her during the internship and her approach to the study has been scientific and analytical.

The internship is in fulfillment of the course requirements.

Dr. Sumesh Kumar Mentor

Associate Dean, Academic and Student Affairs

IIHMR, New Delhi IIHMR- Delhi



**Certificate of Approval**

The following dissertation titled **“Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review”** at **“IIHMR- Delhi”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted.

It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name Signature



#### **Certificate from Dissertation Advisory Committee**

This is to certify that **Dr Saima ZubairAhmed Siddique,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled “**Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review”** at **“IIHMR- Delhi**” in partial fulfilment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report, or book.

**Dr Anandhi Ramachandran**

Associate professor

IIHMR- Delhi



##### INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,

**NEW DELHI**

##### CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review”** at **“IIHMR- Delhi** and submitted by **Dr Saima ZubairAhmed Siddique** with Enrollment No. **PG/20/105** under the supervision of **Dr Anandhi Ramachandran** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from March 2022 to June 2022 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

**Signature**



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH (IIHMR)**

 **Plot No. 3, Sector 18A, Phase- II, Dwarka, New Delhi- 110075**

 **Ph. +91-11-30418900, www.iihmrdelhi.edu.in**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CERTIFICATE ON PLAGIARISM CHECK**

|  |  |
| --- | --- |
| Name of Student (in block letter) | Dr SAIMA SIDDIQUE |
| Enrolment/Roll No.  | PG/20/105 | **Batch Year** | 2020-2022 |
| Course Specialization (Choose one) | Hospital Management  | Health Management | Healthcare IT  |
| Name of Guide/Supervisor | Dr ANANDHI RAMACHANDRAN |
| Title of the Dissertation/Summer Assignment | Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review |
| Plagiarism detects software used | “**TURNITIN**”  |
| Similar contents acceptable (%) | Up to **15** Percent as per policy |
| Total words and % of similar contents Identified | **9%** |
| Date of validation (DD/MM/YYYY) | 05/09/22 |

**Guide/Supervisor Student** Name: Dr Anandhi Ramachandran Name: Dr Saima Siddique Signature: Signature: 

Report checked by

**Institute Librarian Dean (Academics and Student Affairs)**



**Signature: Signature:**

**Date: Date:**

**Library Seal (Seal )**

**Feedback form**

**Name of the student**: Dr Saima ZubairAhmed Siddique

**Name of the Organization in Which Dissertation Has Been Completed:** IIHMR-Delhi

**Area of Dissertation**: HIT Management

**Objectives achieved**:

**Strengths**:

**Suggestions for improvement:**

Signature

Organization Mentor

Place

Date

**Abstract**

Digital technologies have revolutionized primary health care by providing a plethora of opportunities to improve public health. They have already disrupted education, policy, and practice by creating novel ways of communication, empowerment, and engagement. Primary health care must address key components of digital health like physical infrastructure, deploying appropriate services and applications, developing a competent health workforce, ensuring a sound legal and regulatory environment, as well as improving governance, policy, standardization, and interoperability. Numerous studies have been conducted on how digital technologies in innovations can improve specific aspects of health care, especially primary care, but there is no emphasis on how comprehensive primary care contributes to influencing and sustaining the already implemented technologies. A scoping review was conducted between April 2022-June 2022. Our central theme of the search was what attributes of primary care sustains the digital health innovations? We also investigated the attributes that aid in scalability of these innovations. We used Booth’s five stage process for scoping review. Two phase analysis was used to extract and synthesize data from articles. Descriptive analysis was undertaken to categorize papers according to primary and secondary study, articles addressing sustainability, scalability and innovation. Thematic analysis was done on three main groups: Human factors, organizational factors and technology factors. We concluded that the discourse about the role of primary care in sustaining DIH and innovation is imperative. The findings provide an opportunity for policymakers, leaders, and stakeholders to create an enabling environment for Digital health technologies. Moving forward all policymakers, developers, end-users, funders, and researchers must focus on making the PHCs ready for digital health especially in the wake of Ayushman Bharat Digital Mission implementations being planned at state level. The findings require empirical Validation of our findings in a real-world setting.

18

Methodology.................................................................................................................................

15

Literature review...........................................................................................................................

12

Introduction...................................................................................................................................

**CONTENTS**

Refrences ..................................................................................................................................

Conclusions ..................................................................................................................................

31

Discussion.....................................................................................................................................

27

Table 4 : Thematic analysis

26

Table 3: List of Secondary studies in review

25

Table 2: List of Primary studies in the review

24

Results...........................................................................................................................................

22

Fig 1 Prisma chart .....................................................................................................................

20

Table1:keywords..................................................................................................................

35

37

**Contribution of comprehensive primary care in promoting sustainability scalability and innovation of digital technologies – A scoping review**

**Introduction**

The cornerstone of most health systems is primary care. A Health system with a robust primary health care component produces better and more equitable health outcomes, is more efficient, and can achieve greater user satisfaction compared to weaker ones (1). The ongoing epidemiological and demographic transitions demand more robust and more comprehensive primary care to decrease the inequity in

healthcare delivery2

Digital technologies have revolutionized primary health care by providing many opportunities to improve public health. They have already disrupted education, policy, and practice by creating novel ways of communication, empowerment, and engagement 3. The WHO has proposed eHealth as one of its strategies to support the resolution of health problems. eHealth is presented to provide cost-effective and safe use of ICT in healthcare and its related fields4. Technologies have influenced the delivery and management of health services5 they promise to provide solutions to improve primary care; as a result, digital technologies have become essential resources in primary care, and their adoption and implementation are increasing exponentially6. Covid-19 pandemic has re-emphasized the need for and importance of digital tools and technology in primary care settings. There has been a wide variety of innovations implemented to improve primary care in many countries, ranging from policy initiatives, like capitated reimbursement, to ground-level improvements, like improving access to primary care practices and enhancing the role of nurses in providing comprehensive primary care. Some technological innovations are digital health assistants to assist with administrative tasks, medical chatbots to engage patients more frequently, and electronic health records and telemedicine7.

Primary health care must address critical components of digital health like physical infrastructure, deploying appropriate services and applications, developing a competent health workforce, ensuring a sound legal and regulatory environment, and improving governance, policy, standardization, and interoperability8. When it comes to primary care services, digital health development meets with a particularly complex healthcare system. This situation presents four different challenges. First is an organisational challenge, which means that e-Health implementation must consider the organisation. Second, the burden of inequalities is one of the major problems facing the healthcare system, so it is a social and territorial concern. The third challenge is economical since we need to produce new methods to assess e-Health's sustainability internationally over the long run. Finally, new technical and legal challenges must be overcome9. As part of comprehensive innovation efforts aim to improvement care, technologies and digital health have yet to contribute significantly. This reflects that such technologies have not reached maturity or gained wider acceptance. To encourage technological innovations and adoption, emphasis must be laid on evidence-based research, financial feasibility, good policy frameworks, and the inclusion of stakeholders in the process10.

Health systems are known for the slow and unsuccessful adoption of digital health technologies11. Factors like health conditions, technology, value proposition, adopter system (comprising professional staff, patient, and lay caregivers), more comprehensive context, and interaction and mutual adaptation influence non-adoption and abandonment. Numerous studies have been conducted on how digital technologies in innovations can improve specific aspects of health care, especially primary care. Still, there is no emphasis on how comprehensive primary care influences and sustains the already implemented technologies. We found only one study by Sibthorpe et al from 200512, which has talked about sustainability of primary healthcare innovation, but it was not exclusively related to digital health innovation

 This study aims to identify the role of comprehensive primary care centers in adopting and sustaining health technologies and policies and their potential impacts.

**Research question**:

1. What is role of primary care in sustaining digital health innovation?

2. What factors in primary care influences scalabality and spread of Digital health Technology?

**Literature review:**

Moore, J. E et al. have defined sustainability in the context of five constructs, i.e., “after a defined period”, “continuity”, “individual and organizational behaviour change, evolve or adapt”, and “continuity to produce benefits”13. “Sustainability of innovation in organizations can also be stated as the “point at which new ways of working become the norm and the underlying systems and ways of working become transformed in support” 13. Aarons et al termed it as “continued use of an innovation in practice”. The process through which new working methods, performance enhancements and continuous improvements are maintained for a period appropriate to a given context 14

The health quality Ontario stated that “fewer than 40% of healthcare improvement activities successfully transition from adoption to sustained implementation that spreads to more than one area of an organization.”15

Schlieter et al discussed in detail the factors affecting the scale up of digital health innovations. They identified 36 factors that enables scalability of these innovation i.e., funding, regulatory policies, work culture of organization, social support, usability of technology, quality of information, interoperability, and business models to name a few. They concluded that in order to make the digital interventions sustainable and viable, a culture shift is required, and a great extent to work needs to be done in the area of interoperability which was one of the greatest barriers of scalability of digital health innovations16.

To make the technologies sustainable in long it is essential to test them against solid frameworks. Sustainability assessment forms a complex form of appraisal method for the existing technology. Sustainability assessment can be better understood as “that can help decision makers and policy makers decide what action they should take and should not take in an attempt to make society more sustainable.”17. According to Verheem et al. the primary goal of this assessment is to make sure that interventions make an optimal contribution to sustainable development18.

Despite to numerous frameworks for sustainability assessment Sala et al concluded that there a need for stronger and solid framework as the existing framework were not comprehensive in the context of integrated assessment19.

Digital Health innovation drives major changes in the operations of healthcare organizations. Lehoux et al interviewed health innovators in Canada and Brazil to study the factors to operationalize the inclusives of designing process, and to study what effects the system-level changes by their innovation. They concluded that these innovators work towards engagement with stakeholder at all stages but specifically at early stages, positioning of their innovation in health system, and collaborate with the workforce by improving their capacity and autonomy. Their study provides an empirical validation of Responsible innovation in healthcare-oriented roles and responsibilities of the manager can help sustain these technologies in long run20.

Moucheraud et al studies the factors affecting sustainability of health information system in Southern Africa, namely finance, training, effectiveness, community interactions, integrations and political, economic and cultural characteristic of country. The findings of this study re-emphasized the importance of organizational and environmental factors in the sustainability of technology in healthcare21.

**Methodology**

A scoping review was conducted between April 2022-June 2022. Our central theme of the search was what attributes of primary care sustains the digital health innovations? We also looked into the attributed that aid in scalability of these innovations. We used Booth’s five stage process for scoping review. (1) Searching databases for relevant articles using keywords in Table 1. (2) searching for peer reviewed relevant data (3) searching for relevant bibliographic articles (4) revision and modification for search strategy and method (5) data extraction and analysis.

**Search strategy:**

We started by exploring 4 studies to develop our search strategy. We then search articles with the relevant keywords like sustainability, digital health, primary healthcare, innovation, impact, challenges, and opportunities on 5th April 2022. We identified 740 results from PubMed, Wiley, web of science and google scholar using the above keywords. Titles and abstracts have then screened these articles for relevant articles. Inclusion and exclusion criteria were applied as stated below:

**Inclusion criteria**:

* all the articles discussing policies, human factors, and organizational or environmental factors regarding technology sustainability in healthcare were included.
* Articles from all geographies were included.
* Articles published in English language only
* Full text available
* All articles published in the last five years, i.e., April 2017- April 2022, were included in the study.
* All study designs included

**Exclusion criteria:**

* We did not consider any study published before April 2017.
* All the studies discussing technology were excluded.
* Articles published in language other English
* Full text articles not available
* Articles not discussing sustainability and scalability innovation in healthcare were excluded.

|  |
| --- |
|  **Table 1: Keywords used for search** (Health OR healthcare OR health care OR health system OR primary healthcare OR primary health care OR primary care Centre OR health services OR health services delivery) AND (Sustain OR help OR assist OR encourage OR support OR substantiating OR maintaining OR fostering OR continuing OR backing OR aiding)AND (Scale OR spread OR develop)(Digital Adoption OR Implementation OR factors influencing OR challenges)AND (Innovation OR Innovate OR Innovative OR Novel OR Novel intervention OR Pilot OR Prototype OR Feasibility OR Preliminary OR Creative OR New OR Improved OR Diffusion of innovation OR Organizational innovation OR Technological innovation OR Tech innovation OR Scientific Innovation OR Business Innovation OR Health care reform OR Disruptive innovation OR policy innovation OR novelty OR novel) AND (Digital technology OR electronic technology OR mobile technology OR e-health OR ehealth OR electronic health OR emerging technology OR emergent technology OR emerging digital technology OR emergent digital technology OR m-health OR mhealth OR mobile health)  |

We also downloaded the abstracts of all the 740 articles. We performed text mining through PubMed.mineR package using the keywords- "sustainability-healthcare, sustainability-health, sustainability-eHealth, sustainability-health system, sustainability-digital health." We retrieved nine articles through text mining, which were then used in full-text screening.

At the end we included 9 articles for analysis. we documented the 9 articles by extracting data under following heading:

* Citation
* Objective
* Study design
* Year of publication
* Main factors (Human, technical and organizational)
* outcomes

We also used the discussion section of all the nine articles to perform a word cloud analysis using “word it out” software. Word cloud, also called “Tag cloud, “ prvides a visual representation of the most common words and phrases from our database.

**Data Analysis:**

We used two phase analysis to extract and synthesize data from our articles.

1. Descriptive analysis was undertaken to categorize papers according to primary and secondary study, articles addressing sustainability, scalability and innovation.
2. Thematic analysis was done on three main groups: Human factors, organizational factors and technology factors

|  |  |
| --- | --- |
| **Human Factors** | Factors related to human resources management |
| **Organizational factors** | Factors related to organizational policies, processes, culture etc |
| **Technology factors** | Factor pertaining to technology that aids sustainability in healthcare |

****

**Figure 1: The Prisma chart**

**Results**

To answer our research question, we conducted a comprehensive scoping review, to explore the amount of data available on sustaining and scaling of digital health innovations. We included nine articles in our review out of this 9, 2 where primary studies were secondary studies. The primary study design was exploratory (n=1) and quantitative (n=1). The study designs of secondary articles are case study (n=1), systematic review (n=2), descriptive review (n=2), scoping review (n=1) and mixed method review (n=1).

Of these 9 studies, 8 studies discussed sustainability, 4 discussed scalability, and 7 discussed innovations.

**Descriptive analysis:** we used descriptive study to categorize amd analyse the primary (n=2) and secondary study (n=7). One of the primary studies is exploratory study and the other one is qualitative study. In secondary articles, case study (n=1), systematic review (n=2), descriptive review (n=2), scoping review (n=1), and mixed method review (n=1). The primary studies were based in Vietnam and Canada. The objective of all the studies vary in different areas of work, (table 2 & 3). The outcomes of these study vary from policy, to aseessment frameworks, to exploring factors affecting digital health innovation. The findings of primay study are explained in Table 1. And findings of the secondary study are explained in table 3.

**Table 2: List of the primary studies included in the review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Citation** | **Year/****country** | **objective** | **Study design** | **outcomes** |
| Urquhart, R et al.Feb-21 | Feb-21Canada  |  To identify factors and processes influencing the sustainability of innovations in cancer survivorship care. | qualitative study | (1) management support(2) organisational and system-level priorities; (3) key people and expertise. (4) innovation adaptation (5) stakeholder engagement(6) ongoing education and training. (7) widespread staff and organisational buy-in for the innovation. |
| Dang, T et al.Jun-21 | Jun-21Vietnam | To explore the opportunities, challenges, and necessary conditions for Vietnam in transforming toward a patient-centered care model to produce better health for people and reduce health care costs. | exploratory study | PolicySocialTechnologicaleconomic environmental |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cite** | **Year** | **Objective** | **Study design** | **outcomes** |
| Braithwaite, J. Et alApr-18 | Apr-18 | To describe theoretical frameworks, definitions and measures of sustainability | systematic integrative review | found different deifinitions and frameworks for sustainability and its assessment. |
| Vidal, M et al.Apr-18 | Apr-18Cuba | to present the achievements made and the challenges that come from the application of eHealth in the Cuban context to support universal health. | descriptive review | advanced models of solidarityEducational and information resourcesfor distance educationthe possibilities of organizing virtual scientific events, among others, have contributed to the training of human resources |
| Frost, M. J. Et al.Oct-18 | Oct-18Nost specific | defining stewardship for digital health—and identifying current trends and gaps to address in the future—as a foundational topic in support of the other papers in this issue. | review | Strategic directionpolicies and proceduresRoles and responsibilitieshealth service delivery implications.  |
| Côté-Boileau, É et al.Sep-19 | Sep-19 | study aims to improve understanding of the 3S of healthcare innovations. | scoping review | Across five key areas of focu(1) focus on the why(2) focus on perceived-value and feasibility(3) focus on what people do, rather than what they should be doing(4) focus on creating a dialogue between policy and delivery (5) focus on inclusivity and capacity building |
| Mather, C. A. et alOct-19 | Oct-19 | Paper offers a model for nurses to assess organisational readiness, to transition into digitally capable health professionals and to support sustainable digitally professional healthcare environments. | Mix method research | 4E3P Model:4E: Equipment, electronic access, engagement and education3P: Prepared, Proficient and Professional  |
| Jacob C et al.Feb-20 | Feb-20 | To systematically explore relevant published literature to synthesize the current understanding of the factors impacting clinicians’ adoption of mHealth tools, not only from a technological perspective but also from social and organizational perspectives. | systematic review | **Technological factors:** usefulness, ease of use, design, compatibility, technical issues, content, personalization, and convenience**Social and organizational** factors workflow related, patient-related, policy and regulations, culture or attitude or social influence, monetary factors, evidence base, awareness, and user engagement.  |
| McCool, J et alDec-20 | Dec-20 | on experiences in designing, implementing, and evaluating digital health initiatives within low resource settings to identify lessons learned about factors that can influence successful and sustainable integration of digital health within local health systems.  | case study | 1. designing in partnership with stakeholders2. focusing on equity through design and evaluation3. building capacity, capability and ownership4. evaluation tool to be pragmatic |

**Table 3: Key findings of secondary studies included in the review**

**Thematic analysis:**

All the studies discussed organizational and technological factors, only 8/9 discussed human factors.

**Table 4: Thematic analysis**

|  |  |  |
| --- | --- | --- |
| **Human factors** | **Organizational factors** | **Technological factors** |
| Upskilling workforce | policies & processes | Implementation |
| Ownership | Adaptability | cost  |
| Stakeholder partnership | Work culture | User-friendliness |
| Leadership support | User engagement | workflow integration |
| Job security | Awareness  | Benefits |
| Career development | Service delivery | Technical support |
|  |  | Design Compatibility |

**Human Factors:**

All the articles except one discuss about the role of workforce in sustaining the technology in healthcare. We identified most common factors as upskilling the workforce through continued learning, employee buy-in, leadership, stakeholder management capacity building, ownership, job security and career development. The most important factor that works towards sustaining and supporting the technology is continuous education and training of the workforce thereby improving the quality of the human resource.

Cuban health authorities have taken steps to upskill their workforce through e-learning initiatives, these e-learning platforms are integrated into a portal with a virtual classroom, and they provide various learning and training courses. They also support research, service delivery and education.

To build a digital stewardship training and education of the staff is essential and can lead to a health digital health ecosystem. We also found that roles and responsibilities must be precisely defined during the implementation stage. The single most determinant of failure or success of technology is the acceptance by the professional staff

**Organizational factors**

include Implementation of technologies and assessing it´s sustainability through a well-established framework. Strong policies and procedures to include innovative technologies in the day-to-day routine of the organization. Organizations must ensure creation of a culture of adaptability and change to new technologies. Adequate and appropriate change management is of utmost value. Another factor would be a strategic partnership with stakeholders, and their involvement in all the stages of development, designing and implementation of modern technologies. A highly supportive user engagement and support in all stages of technology implementation before and after is required to sustain the technology in long run. Adoption of innovative technologies causes some changes in the organization, to tackle this change the leadership must develop and promote policies for better alignment within the organization to negate any ill effects of the change40.

**Technological factors:**

Innovative designs for innovative technology solutions must support a wide spectrum of users, both expert and novice, as well as people with different needs and requirements, not only that, but innovations must be functional so as not to create an added burden on the organization's workflow. Organizations must be able to integrate innovative solutions with their existing technological infrastructure22 and organizations must be able to integrate new solutions with their existing technological infrastructure23.

**Discussion**

Our results are categorized as descriptive and thematic analysis. In descriptive analysis we found that there are 2 primary studies and 7 secondary studies including 1 case study, 2 systematic reviews, 2 descriptive studies, 1 scoping review and 1 mixed method review. We also categorized study based on if they covered sustainability, scalability, and innovation. We found that 8 studies covered sustainability, 4 covered scalability and 7 described innovations. Thematic analysis categorized findings into 3 major groups such as human, organizational, and technological factors.

Emilsson et al in their article about sustainable innovation also emphasized that A sustainable innovation needs to have a design that is functional for both healthcare staff and patients. The product should not be too intrusive and should be user-friendly and create a good user experience for users with different needs and requirements22.

Blakey et al The design should support both the contextual expert user and the novice user of the software or technical solution per say. The innovation must also be compatible with the current computer system and other technical solutions used at the primary healthcare center to not add extra frustration and time to interact with it24.

Sibthorpe et al identified the inhibitors of sustainability including lack of practice meetings and teamwork and lack of a business model to support the activity12. On the other hand, good internal fit between the initiative and other activities supported sustainability. Sibthorpe et al (2005) worked on the same lines and found three themes for sustainability of primary care innovations, the importance of social relationships, networks and champions12, the effect of political, financial and societal forces, The motivation and capacity of agents within the system, but these factors were not exclusive to digital innovations.

Fagini et al. emphasized on user friendliness of systems, boosting collaboration among stakeholders, change health management promoting smarter and wider use of tools3. Brewster et al25 &Radhakrishnan et al26 found that Training, promotion, and redefinition of roles were essential for the successful adoption and sustaining of new technologies

The development of capacity and capability is important not only for successful implementation, but also for maintaining and updating digital programmes, expanding them, and extracting data for long-term improvement.

Studies have shown that perceived and real usefulness have a direct impact on adoption and intention to use. Staff are more likely to use a tool when they understand its benefits and find it useful in their daily work and in emergencies. This is sometimes because they are unaware of studies showing effectiveness. Several studies cited layout, interface, and culturally appropriate and patient-centered design as critical factors.

Training is lacking, insufficient, or inadequate27, there is not enough time to learn how to use the new tools28, resources are needed to ensure the sustainability of training programs29, and some of the reasons for this are that technology-only programs do not address workflow changes. Due to lack of integration and interoperability, digital tools have increased workload due to double data entry

Leaders and institutions play an important role in technology adoption30. For the new technologies to be successful, management must change responsibilities31, allocate resources32, and train staff.

DIT success requires a strong organizational infrastructure33. It is important to take into consideration factors such as internet access, equipment, and space and power when considering whether to adopt such innovative technologies 34, 35, 36. The lack of appropriate equipment may hinder mHealth adoption, since clinicians may not use it because of poor infrastructure37,38,39

Privacy and security concerns can prevent adoption of digital health tools due to the large amount of data generated. Even though data privacy and security issues are core of any digital intervention we found only one study discussing it.

We intended to find factors related to primary care centres but none of the study we included exclusively discusses about primary care, these finding can be sued in the context of primary care too.

**Strengths and limitation:**

This study is the first of its kind, we did not find any study focused on this area of work. We used a robust search strategy utilizing digital tools to make a comprehensive review article. We searched and included a both primary and secondary articles. This study will fill the knowledge gap addressing the impacts of primary care on digital innovation and sustainability. The review provides a changed perspective to make digital innovation & adoption sustainable in health care. Although these studies do not discuss primary care per se, these findings can be adapted to the primary care.

One of our biggest limitations is the lack of primary studies, due to which we had to adopt a mixed methodology. Our study could have benefitted from a more systematic review. Also, we included articles from just English language. We included the articles from last 5 years, more articles could have been found if the time was extended beyond 5 years.

**Conclusion**

We believe that the discourse about the role of primary care in sustaining DIH and innovation is needed. We Identified three main themes i.e., human, organizational & technological. The findings provide an opportunity for policymakers, leaders, and stakeholders to create an enabling environment for Digital health technologies. Clinical decision makers in primary care need to support a cultural shift. Moving forward all policymakers, developers, end-users, funders, and researchers must focus on making the PHCs ready for digital health especially in the wake of Ayushman Bharat Digital Mission implementations being planned at state level. Assessment of sustainability of technology must be done. This study could be extended by enhancing Time period, language, and grey literature. The findings require empirical Validation of our findings in a real-world setting

**References**

|  |  |
| --- | --- |
| 1.  | Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q [Internet]. 2005;83(3):457–502. Available from: http://dx.doi.org/10.1111/j.1468-0009.2005.00409.x |
|  |  |
| 2.  | Shi L. The impact of primary care: a focused review. Scientifica (Cairo) [Internet]. 2012 [cited 2022 Aug 18];2012:432892. Available from: http://dx.doi.org/10.6064/2012/432892 |
|  |  |
| 3.  | Meskó B, Drobni Z, Bényei É, Gergely B, Győrffy Z. Digital health is a cultural transformation of traditional healthcare. MHealth [Internet]. 2017 [cited 2022 Aug 18];3:38–38. Available from: http://dx.doi.org/10.21037/mhealth.2017.08.07 |
|  |  |
| 4.  | World Health Organization(WHO). Atlas eHealth country profiles 2015: The use if eHealth in support of universal health coverage, based on the findings of the third Global Survey on e-Health 2015. Genève, Switzerland: World Health Organization; 2016. |
|  |  |
| 5.  | Mitchell M, Kan L. Digital technology and the future of health systems. Health Syst Reform [Internet]. 2019 [cited 2022 Aug 18];5(2):113–20. Available from: https://pubmed.ncbi.nlm.nih.gov/30908111/ |
|  |  |
| 6.  | Realising the full potential of primary health care [Internet]. Oecd.org. [cited 2022 Aug 18]. Available from: https://www.oecd.org/health/health-systems/OECD-Policy-Brief-Primary-Health-Care-May-2019.pdf |
|  |  |
| 7.  | Mcphee E. Digital technologies: shaping the future of primary health care [Internet]. Who.int. [cited 2022 Aug 18]. Available from: https://www.who.int/docs/default-source/primary-health-care-conference/digital-technologies.pdf |
|  |  |
| 8.  | White F. Primary health care and public health: foundations of universal health systems. Med Princ Pract [Internet]. 2015 [cited 2022 Aug 18];24(2):103–16. Available from: http://dx.doi.org/10.1159/000370197 |
|  |  |
| 9.  | Fourneyron E, Wittwer J, Rachid Salmi L, Groupe de recherche Eva TSN. Réalités et défis pour l’organisation du système de santé de premier recours. Med Sci (Paris) [Internet]. 2018 [cited 2022 Aug 18];34(6–7):581–6. Available from: https://www.medecinesciences.org/en/articles/medsci/full\_html/2018/07/msc180115/msc180115.html |
|  |  |
| 10.  | Marty D, Rapp C, McHugo G, Whitley R. Factors influencing consumer Outcome Monitoring in implementation of evidence-based practices: results from the National EBP Implementation Project. Adm Policy Ment Health [Internet]. 2008 [cited 2022 Aug 18];35(3):204–11. Available from: https://www.ncbi.nlm.nih.gov/books/NBK2659/ |
|  |  |
| 11.  | Lennon MR, Bouamrane M-M, Devlin AM, O’Connor S, O’Donnell C, Chetty U, et al. Readiness for delivering digital health at scale: Lessons from a longitudinal qualitative evaluation of a national digital health innovation program in the United Kingdom. J Med Internet Res [Internet]. 2017 [cited 2022 Aug 18];19(2):e42. Available from: http://dx.doi.org/10.2196/jmir.6900 |
|  |  |
| 12.  | Sibthorpe BM, Glasgow NJ, Wells RW. Emergent themes in the sustainability of primary health care innovation. Med J Aust [Internet]. 2005 [cited 2022 Aug 18];183(S10):S77-80. Available from: https://www.mja.com.au/journal/2005/183/10/emergent-themes-sustainability-primary-health-care-innovation |
|  |  |
| 13.  | Moore JE, Mascarenhas A, Bain J, Straus SE. Developing a comprehensive definition of sustainability. Implement Sci [Internet]. 2017;12(1). Available from: http://dx.doi.org/10.1186/s13012-017-0637-1 |
|  |  |
| 14.  | Proctor E, Luke D, Calhoun A, McMillen C, Brownson R, McCrary S, et al. Sustainability of evidence-based healthcare: research agenda, methodological advances, and infrastructure support. Implement Sci [Internet]. 2015;10(1):88. Available from: http://dx.doi.org/10.1186/s13012-015-0274-5 |
|  |  |
| 15.  | Côté-Boileau É, Denis J-L, Callery B, Sabean M. The unpredictable journeys of spreading, sustaining and scaling healthcare innovations: a scoping review. Health Res Policy Syst [Internet]. 2019;17(1):84. Available from: http://dx.doi.org/10.1186/s12961-019-0482-6 |
|  |  |
| 16.  | Schlieter H, Marsch LA, Whitehouse D, Otto L, Londral AR, Teepe GW, et al. Scale-up of digital innovations in health care: Expert commentary on enablers and barriers. J Med Internet Res [Internet]. 2022 [cited 2022 Aug 18];24(3):e24582. Available from: http://dx.doi.org/10.2196/24582 |
|  |  |
| 17.  | Pope J, Annandale D, Morrison-Saunders A. Conceptualising sustainability assessment. Environ Impact Assess Rev [Internet]. 2004;24(6):595–616. Available from: https://www.sciencedirect.com/science/article/pii/S0195925504000447 |
|  |  |
| 18.  | Sala S, Ciuffo B, Nijkamp P. A systemic framework for sustainability assessment. Ecol Econ [Internet]. 2015;119:314–25. Available from: https://www.sciencedirect.com/science/article/pii/S0921800915003821 |
|  |  |
| 19.  | Sala S, Benini L, Mancini L, Pant R. Integrated assessment of environmental impact of Europe in 2010: data sources and extrapolation strategies for calculating normalisation factors. Int J Life Cycle Assess [Internet]. 2015;20(11):1568–85. Available from: http://dx.doi.org/10.1007/s11367-015-0958-8 |
|  |  |
| 20.  | Lehoux P, Hivon M, Williams-Jones B, Urbach D. The worlds and modalities of engagement of design participants: A qualitative case study of three medical innovations. Des Stud [Internet]. 2011;32(4):313–32. Available from: https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.930.5824&rep=rep1&type=pdf |
|  |  |
| 21.  | Moucheraud C, Schwitters A, Boudreaux C, Giles D, Kilmarx PH, Ntolo N, et al. Sustainability of health information systems: a three-country qualitative study in southern Africa. BMC Health Serv Res [Internet]. 2017;17(1):23. Available from: http://dx.doi.org/10.1186/s12913-016-1971-8 |
|  |  |
| 22.  | Fuchs S, Olberg B, Perleth M, Busse R, Panteli D. Testing a new taxonomic model for the assessment of medical devices: Is it plausible and applicable? Insights from HTA reports and interviews with HTA institutions in Europe. Health Policy [Internet]. 2019;123(2):173–81. Available from: http://dx.doi.org/10.1016/j.healthpol.2018.03.004 |
|  |  |
| 23.  | Öberg U, Orre CJ, Isaksson U, Schimmer R, Larsson H, Hörnsten Å. Swedish primary healthcare nurses’ perceptions of using digital E-health services in support of patient self-management. Scand J Caring Sci. 2017;32:961–70. |
|  |  |
| 24.  | Krug S. Revisited: A Common Sense Approach to Web Usability; New Riders. Berkley, CA, USA; 2014. |
|  |  |
| 25.  | Brewster C, Gooderham PN, Mayrhofer W. Human resource management: the promise, the performance, the consequences. J Organ Eff People Perform [Internet]. 2016;3(2):181–90. Available from: http://dx.doi.org/10.1108/joepp-03-2016-0024 |
|  |  |
| 26.  | Mishra P, Shukla B, Sujatha R. Human resource management and the implementation of change. New York: Routledge; 2021. |
|  |  |
| 27.  | Bhatta R, Aryal K, Ellingsen G. Opportunities and challenges of a rural-telemedicine program in Nepal. J Nepal Health Res Counc. 2015;13(30):149–53. |
|  |  |
| 28.  | El Amrani L, Oude Engberink A, Ninot G, Hayot M, Carbonnel F. Connected Health Devices for health care in french general medicine practice: Cross-sectional study. JMIR MHealth UHealth [Internet]. 2017;5(12):e193. Available from: http://dx.doi.org/10.2196/mhealth.7427 |
|  |  |
| 29.  | Puszka S, Dingwall KM, Sweet M, Nagel T. E-mental health innovations for aboriginal and Torres strait islander Australians: A qualitative study of implementation needs in health services. JMIR Ment Health [Internet]. 2016;3(3):e43. Available from: http://dx.doi.org/10.2196/mental.5837 |
|  |  |
| 30.  | Li L, Cotton A. A systematic review of nurses’ perspectives toward the telemedicine intensive care unit: A basis for supporting its future implementation in China? Telemed J E Health [Internet]. 2019;25(5):343–50. Available from: http://dx.doi.org/10.1089/tmj.2018.0006 |
|  |  |
| 31.  | Sadoughi F, Erfannia L, Sancholi M, Salmani F, Sarsarshahi A. Teleradiology in southeast Iran: Evaluating the views of senior executives and radiologists. Health Care Manag (Frederick) [Internet]. 2017;36(3):301–7. Available from: http://dx.doi.org/10.1097/HCM.0000000000000162 |
|  |  |
| 32.  | Kowitlawakul Y. The technology acceptance model: predicting nurses’ intention to use telemedicine technology (eICU). Comput Inform Nurs [Internet]. 2011;29(7):411–8. Available from: http://dx.doi.org/10.1097/NCN.0b013e3181f9dd4a |
|  |  |
| 33.  | Zilliacus E, Meiser B, Lobb E, Dudding TE, Barlow-Stewart K, Tucker K. The virtual consultation: practitioners’ experiences of genetic counseling by videoconferencing in Australia. Telemed J E Health [Internet]. 2010;16(3):350–7. Available from: http://dx.doi.org/10.1089/tmj.2009.0108 |
|  |  |
| 34.  | Cary MP Jr, Spencer M, Carroll A, Hand DH, Amis K, Karan E, et al. Benefits and challenges of delivering Tele-rehabilitation services to rural Veterans. Home Healthc Now [Internet]. 2016;34(8):440–6. Available from: http://dx.doi.org/10.1097/NHH.0000000000000441 |
|  |  |
| 35.  | O’Connor S, Andrews T. Smartphones and mobile applications (apps) in clinical nursing education: A student perspective. Nurse Educ Today [Internet]. 2018;69:172–8. Available from: http://dx.doi.org/10.1016/j.nedt.2018.07.013 |
|  |  |
| 36.  | Ehrler F, Ducloux P, Wu DTY, Lovis C, Blondon K. Acceptance of a mobile application supporting nurses workflow at patient bedside: Results from a pilot study. Stud Health Technol Inform. 2018;247:506–10. |
|  |  |
| 37.  | Mishori R, Anastario M, Naimer K, Varanasi S, Ferdowsian H, Abel D, et al. MJustice: Preliminary development of a mobile app for medical-forensic documentation of sexual violence in low-resource environments and conflict zones. Glob Health Sci Pract [Internet]. 2017;5(1):138–51. Available from: http://dx.doi.org/10.9745/GHSP-D-16-00233 |
|  |  |
| 38.  | Walker L, Clendon J. The case for end-user involvement in design of health technologies. J Telemed Telecare [Internet]. 2016;22(8):443–6. Available from: http://dx.doi.org/10.1177/1357633X16670479 |
|  |  |
| 39.  | Alajlani M, Clarke M. Effect of culture on acceptance of telemedicine in Middle Eastern countries: case study of Jordan and Syria. Telemed J E Health [Internet]. 2013;19(4):305–11. Available from: http://dx.doi.org/10.1089/tmj.2012.0106 |
|  |  |
| 40.  | Dougherty D. Bridging social constraint and social action to design organizations for innovation. Organ stud [Internet]. 2008;29(3):415–34. Available from: http://dx.doi.org/10.1177/0170840607088021 |
|  |  |