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THE IMPACT OF DIGITAL HEALTH SERVICES ON PRIMARY HEALTHCARE SYSTEM MANAGEMENT IN ISRAEL: HEALTHCARE PROFESSIONALS' PERSPECTIVES ON EFFECTIVENESS, EFFICIENCY, AND EQUITY

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Abstract:
The rapid development of digital health care services has changed the processes for the provision and management of primary health care worldwide. The use of digital communication technologies, such as telephone conversations, patient portals, web-based administration services, and telemedicine, has increased access and efficiency. Nevertheless, the potential effects of those changes on the effectiveness of the services provided, the workload of healthcare professionals, patient safety, and the equity of healthcare services remain issues to be considered. Although there is evidence of the extensive use of new technologies by healthcare providers, few studies have addressed those issues from the viewpoint of healthcare professionals. The purpose of this qualitative study is to examine the influence of digital health care services on the management of the healthcare system in Israeli primary care clinics through the three dimensions of effectiveness, efficiency, and equity. In order to achieve this goal, semi-structured interviews will be held with 30 healthcare professionals who regularly use digital communication technologies in their work, including doctors and administrators. The results demonstrate that digital health services greatly enhance the accessibility of services, administrative efficiency, and communication between patients and healthcare providers. At the same time, the participants of the research also pointed out the presence of many difficulties, such as increased burden of work, inappropriate use of communication channels for consultation purposes, diagnostic ambiguity due to the lack of physical examination and increasing disparity between people who have poor technological skills or access to technology. Participants highlighted that the successful introduction of digital healthcare requires the development of clinical guidelines, training programs and the proper balance between digital and face-to-face consultations. The study makes a valuable contribution to the literature on digital health and represents an integrated assessment of healthcare system performance on the basis of three criteria - effectiveness, efficiency, and equity. The results of the study provide valuable

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recommendations for those who are interested in developing safer, efficient and equitable digital healthcare systems.

Keywords: digital health; primary healthcare; virtual consultations; healthcare management; effectiveness; efficiency; equity; telemedicine

1. Introduction

The introduction of digital technologies into contemporary healthcare systems can be seen as one of the hallmarks of current healthcare, dramatically changing how healthcare services are structured, provided, and assessed. The use of such digital tools as EHRs, telemedicine, patient portals, mobile health apps, and virtual consultations opens new ways for enhancing healthcare accessibility, strengthening communication between healthcare providers and their patients, and improving organizational performance. Therefore, digital health is now recognized as a key factor for healthcare modernization and sustainable health system development (Bukowski *et al.*, 2020; Carini *et al.*, 2021; Nataliia *et al.*, 2021).

One of the sectors most impacted by digital transformation in healthcare is primary healthcare, since it is the first point where a person and a healthcare organization meet. Digital communication tools allow patients to make appointments, get advice from healthcare professionals, renew prescriptions, get access to medical records, and communicate with healthcare specialists without going to clinics or hospitals. Such technologies can help to increase the efficiency of the services provided, minimize unnecessary visits to healthcare centers, and ensure continuity of care, especially in cases when patients suffer from chronic diseases (Carini *et al.*, 2021; Das *et al.*, 2025).

Apart from making the services more accessible, digital health technologies have affected healthcare management through the transformation of organizational work processes and professional roles. Healthcare professionals are increasingly required to incorporate digital communication into their everyday clinical activities while ensuring high levels of patient safety and quality. At the same time, healthcare organizations should develop new organizational forms, managerial practices, and technological tools that would allow for safe and effective deployment of digital services. This has broadened the definition of healthcare system performance and now embraces not only clinical outcomes but also organizational efficiency, service access, patient experiences, and equitable healthcare provision (Bao & Bihn, 2021; Bukowski *et al.*, 2020; Nataliia *et al.*, 2021).

Although there are many strengths that can be derived from digital health care, there are certain clinical and organizational challenges arising due to the rapid development of digital healthcare systems. Virtual consultations may diminish the chances of carrying out a full physical examination, thus leading to uncertainties in diagnoses in certain clinical settings. Moreover, digital communication tools, which are meant for administrative activities, are often used by patients to ask about their

symptoms and obtain medical consultations, hence leading to uncertainties about the duties and responsibilities of the professional and the patient's safety (Ahmed *et al.*, 2024; Das *et al.*, 2025; Naamati-Schneider, 2023).

The next issue is that of healthcare equity. While digital services have increased healthcare accessibility for many people by breaking down the barriers of distance and time, they may at the same time increase the gaps between populations lacking in digital literacy, having insufficient technological capacities, or poor access to the internet. Elderly populations and those socially disadvantaged may be especially hard to engage in using digital healthcare services, making it necessary to assess digital transformation both from the viewpoint of efficiency and equity (Bao & Bihn, 2021; García-Magariño *et al.*, 2019; World Health Organization, 2000).

While the earlier research paid considerable attention to digital technologies, including telemedicine, artificial intelligence, and electronic health records, the existing body of literature has been concerned either with the innovation itself or with patients' satisfaction. Relatively little is known about the impact of digital communication technologies on the operation of primary care facilities from the viewpoint of healthcare professionals. Furthermore, while many existing studies have considered the effectiveness, efficiency, or equity of healthcare individually, very few have attempted to examine them as part of a more complex evaluation framework (Ardic & Dinc, 2025; Nojomi *et al.*, 2025; Smith *et al.*, 2009).

The relevance of filling these gaps becomes especially urgent in light of the highly developed information infrastructure of the Israeli healthcare sector, which features one of the most advanced digital health systems worldwide and utilizes extensive use of EMR, patient portals, and telehealth services (Copelovitz, 2021). Although these innovations brought about many possibilities for advancing the quality of healthcare service delivery, they also gave rise to managerial, professional, and ethical problems that need to be explored empirically from the standpoint of healthcare professionals involved in digital health services delivery.

Therefore, the current research aims to explore the influence of digital health services on the management of the primary healthcare system in Israel based on the views of healthcare professionals working in primary care clinics. In accordance with the research design based on semi-structured interviews, the impact of digital services on three key performance dimensions of the healthcare system will be explored: effectiveness, efficiency, and equity. By considering these dimensions simultaneously in one framework, the study attempts to gain insights into both the advantages and disadvantages of digitalization in primary healthcare.

This study enhances the body of knowledge on the subject area by moving the focus of study from the technology aspect to its application within healthcare management and practice. In addition, the findings generated in this study will provide support for the development of strategies, guidelines, and policies on digital communication that leverage the use of digital health to enhance patient safety and facilitate access to healthcare services.

2. Literature Review

2.1 Digital Health Services in Primary Healthcare

The use of digital technologies has greatly changed the organization and provision of health services, especially in the context of primary healthcare, where communication between patients and healthcare providers is an ongoing process. Despite the definition of digital health as the introduction of information and communication technologies to healthcare services, this definition does not fully reflect the extent of the organizational changes related to digital transformation. Modern literature tends to understand digital health as a multifaceted process which impacts clinical practice, work processes in healthcare organizations, healthcare management, and patient engagement (Kraus *et al.*, 2020; Nataliia *et al.*, 2021; Stoumpos *et al.*, 2023).

Digital services, such as EHR, patient portal, telemedicine, telephone consultations, and online administrative services, have become an inherent part of everyday healthcare services in primary healthcare. Technologies help to communicate, increase continuity of care, eliminate geographical barriers, and give patients more flexibility in using health services (Carini *et al.*, 2021; Das *et al.*, 2025). Additionally, digital communication tools help organizations to optimize appointment scheduling, prescription refills, and follow-ups for chronic conditions.

However, despite these benefits, the findings about the effectiveness of the digital transformation process have been inconsistent. Although a lot of research supports the idea that technologies facilitate better access to healthcare services and increase efficiency in organizations, other studies state that all these advantages are conditional and depend on the level of readiness of the organization, competencies of its employees, infrastructure of technologies and managerial skills (Ahmed *et al.*, 2024; Härkönen *et al.*, 2024; Mauro *et al.*, 2024). Thus, digital transformation should not be regarded as a necessarily positive activity but should be seen as an organizational intervention whose outcomes would depend on its quality.

This issue becomes even more important when talking about the primary care sector, in which healthcare providers have to deal with many patients through physical and digital communication channels. Since, unlike in hospitals, primary healthcare requires constant communication with patients, primary healthcare is much more exposed to both the benefits and downsides of the implementation of digital services.

2.2 Healthcare System Performance: Effectiveness, Efficiency, and Equity

The assessment of the performance of healthcare systems has shifted from an exclusive attention to clinical measures to a multifaceted construct which includes quality of organizations, accessibility, resource use, governance, and patient experience. In international approaches to performance measurement, including those provided by WHO, OECD, and Donabedian's Structure-Process-Outcome model, there is an agreement that the performance of health systems should be measured using different

perspectives at the same time (Donabedian, 1988; World Health Organization, 2000; OECD, 2017; Smith *et al.*, 2009).

From these parameters, effectiveness, efficiency, and equity can be considered as the most common criteria that measure healthcare system effectiveness, especially those of digitally empowered healthcare systems (Smith *et al.*, 2009; World Health Organization, 2000). The criterion of effectiveness denotes the capability of healthcare services to produce desired health outcomes via safe and evidence-based clinical practice. Digital technologies can contribute to achieving the effectiveness of healthcare service delivery through providing better access to clinical data, effective communication between healthcare providers and patients, and clinical decision-making using eHealth records and digital decision support systems (Bukowski *et al.*, 2020). However, some authors warn that mere usage of technologies is not sufficient to ensure improved clinical outcomes, especially when healthcare professionals are undertrained or digital communication is used instead of face-to-face interaction (Shuja, 2025).

Efficiency refers to the ability of the healthcare system to produce high-quality services while ensuring the least possible use of financial, organizational, and human resources. Digital services have been extensively marketed as methods of enhancing efficiency through lessening paperwork, easier documentation, electronic communication, and reduction of unnecessary visits to the clinics (Carini *et al.*, 2021; Nataliia *et al.*, 2021). However, it is clear from the literature that digital technologies, which are improperly managed, can lead to increased paperwork and make management of workflow more complicated (Ahmed *et al.*, 2024). Therefore, efficiency relies not only on digital technologies per se but on proper management and implementation of technology as well.

Equity is the third vital aspect of health care performance and implies equal distribution of health care irrespective of the socioeconomic background, geographic location, or digital capabilities of the people (World Health Organization, 2000). While digital health innovations can help to overcome geographic barriers by making health care accessible remotely, at the same time, they can cause another kind of inequality in the form of the digital divide, where elderly and digitally inexperienced patients face lower access to health care (Bevilacqua *et al.*, 2021; Cassidy, 2021; Naamati-Schneider, 2023; Okumuş *et al.*, 2019). Thus, there is evidence of the positive and negative effects of digital innovation on the inequalities within the health care system. This indicates that the evaluation of digital health care based only on technological aspects is inadequate.

2.3 Organizational and Clinical Challenges of Digital Health Services

While the possibilities for enhancing the quality of care through the use of digital health tools are numerous, accumulating evidence demonstrates that implementation poses many organizational and clinical challenges. In general, research conducted to date has focused more on the technology features of digital health and paid comparatively less attention to the impact these innovations have on daily activities and practices of clinicians and managers (Nataliia *et al.*, 2021; Bao & Bihn, 2021).

The primary challenge related to the organizational aspect is linked to the changes in the duties and responsibilities of clinicians. The increase in the number of portals, e-mail communication, and phone consultations has led to a considerable increase in the amount of work done digitally by physicians and administrative personnel. Even though digital communication makes it easier for patients to contact and access healthcare services, it is also associated with additional administrative burden, workflow disruptions, and cognitive overload of healthcare professionals (Ahmed *et al.*, 2024; Naamati-Schneider, 2023).

There have been some clinical challenges regarding the increasing adoption of remote consultations. Whereas telephone and online consultations work effectively for follow-up visits, chronic illness treatment, and administrative tasks, these methods may not be suitable for assessing new clinical concerns that would involve conducting physical examinations. The lack of clinical examination may lead to increased diagnostic uncertainty and difficulties in decision-making, especially among those who raise new concerns through administrative communication channels. This is likely to pose serious issues regarding patient safety, professionalism, and legal implications (Carini *et al.*, 2021; Das *et al.*, 2025).

Organizational performance is another area where there have been some challenges. Whereas technologies are often cited as tools for enhancing the efficiency of health care delivery, empirical studies show that it is the process of implementation of these technologies, staff preparedness, and organizational management that influence organizational effectiveness more than the use of technologies themselves. Health care organizations without adequate technological infrastructure, professional skills, and support may experience decreased organizational efficiency despite massive investments in digital technologies (Bukowski *et al.*, 2020; Surabhi, 2025; Nataliia *et al.*, 2021).

From an organizational point of view, digital transformation has brought about new challenges to existing ways of measuring healthcare system performance. There are comprehensive performance measurement frameworks put forward by the World Health Organization, Donabedian, and OECD that are useful for assessing healthcare quality, accessibility, and organization performance. However, these performance frameworks are designed without considering the impact of digital transformation in the healthcare sector. They fail to capture important dimensions such as workload in a digital environment, quality of virtual communication, technological competencies, and digital governance that are essential in measuring contemporary healthcare system performance (Donabedian, 1988; OECD, 2017; World Health Organization, 2000; Smith *et al.*, 2009).

2.4 Research Gap and Conceptual Position of the Study

Even though digital health has been identified as an important field of study in the context of healthcare research, there are several lacunae that can be noted in the existing body of literature. First, the majority of the scientific studies highlight the issues of technological development, telemedicine, artificial intelligence, and patient satisfaction; in contrast, little emphasis is paid to the organizational issues faced by healthcare

practitioners at the primary care level. Thus, the effects of digital communication technologies on the process of everyday work, healthcare management, and organizational decision-making in healthcare services are poorly understood by researchers (Ardic & Dinc, 2025; Nojomi *et al.*, 2025).

Second, previous studies often consider effectiveness, efficiency, and equity as separate concepts. Each aspect has been widely discussed, but rarely have scholars managed to analyze all three perspectives within one framework, which would allow them to evaluate the comprehensive organizational impact of digital health services.

Thirdly, most studies have examined patients' experience; thus, the perspectives of physicians, nurses, and administrative staff are not well represented. In doing so, the practical problems that are involved in managing digital communication, balancing virtual and face-to-face interactions, and patient safety in digitalized environments become ignored. Healthcare professionals play a key role in delivering digital services and thus are the best placed to analyze their advantages and disadvantages.

In order to address these gaps, this study investigates the use of digital health services in primary healthcare clinics in Israel from the perspective of the healthcare professionals who make use of digital communication technologies. While other studies have considered only the efficiency of technology, the present study will consider an integrated framework which includes the three aspects of effectiveness, efficiency, and equity of healthcare systems. Therefore, this study aims to examine the implications that digital services have on healthcare management and, at the same time, to identify the challenges posed by the introduction of these services.

3. Materials and Methods

A qualitative research methodology was applied to analyze how digital services and, more specifically, virtual consultations and digital communication tools affect the management of the healthcare systems in Israeli primary care clinics. The use of qualitative methodology was the most suitable choice for the study as it allows for exploring in depth the experience, perception, and interpretation of the healthcare professionals with regards to the implementation of digital health technologies. Taking into consideration the complexity of the organizational process, clinical decision-making, and patient-provider interactions in the digitally enabled healthcare setting, the qualitative methodology provides a thorough understanding of the phenomenon, which cannot be achieved using the quantitative methodology solely.

Semi-structured interviews were used to collect the empirical data. Using semi-structured interviews, it is possible to have open conversations with the respondents, making sure that each interview covers the main issues associated with the aims of the study. The interview guide was developed after a thorough analysis of the recent literature on digital health services, healthcare management, telemedicine, healthcare quality, organizational efficiency, and healthcare equity.

The participants were healthcare professionals operating in Israeli primary care clinics. The participants were made up of physicians and medical secretaries who regularly interact with digital communication technology in their work. Inclusion of both these categories of participants helped in providing different angles for the analysis and management of digital services in primary healthcare facilities.

A purposeful sample design was used to select the participants based on their experience in the use of digital health services. Thirty healthcare professionals were involved in the research. The criteria used in selecting the participants included their experience in the use of different digital communication technologies, such as telehealthcare and web-based health services.

Data collection was done after receiving informed consent from all the subjects. Interviews were done in person or online, depending on the subject's preference and working environment. Subject permission was sought to tape-record all the interviews, which were later transcribed to maintain the accuracy of the data collected.

Thematic analysis was used for the analysis of data. To begin with, the data from interview transcriptions were read several times to gain familiarity with the data. Meaningful statements were coded systematically, and related codes were grouped into wider categories. In an iterative process, themes emerged and were refined to reflect the recurring patterns in the data. The themes that emerged were interpreted in the context of research objectives and dimensions of healthcare systems performance that included effectiveness, efficiency, and equity.

Issues of ethics were adhered to throughout the entire research process. Participation was completely voluntary, and confidentiality was maintained through the deletion of all names from the transcriptions of interviews conducted. All participants were made aware of the purpose of the study and that they were free to terminate their involvement in the study at any stage without penalties. For purposes of increasing the credibility of the findings, transparency was maintained in the analysis of the interview data.

4. Results

Theme 1: Perceived Benefits of Digital Healthcare Services

The majority of participants regarded the digital healthcare services as an essential means of increasing healthcare accessibility and facilitating routine healthcare delivery. In most cases, it was agreed that digital communication made clinic visits less necessary, improved access to healthcare professionals, and hastened the completion of administrative procedures such as prescription renewal and laboratory results analysis. Digital services were also considered convenient for both patients and healthcare providers, especially for non-urgent healthcare purposes.

In particular, one physician stated, *"Telephone consultations save time for both physicians and patients and make healthcare services more accessible*." Another participant

noted, "*Digital services can save time when used appropriately, particularly for routine blood tests, follow-up of chronic patients, and situations where a physical examination is unnecessary*." This means that participants viewed digital healthcare services as a useful mechanism that enhanced accessibility and administrative efficiency without reducing care quality in appropriate situations. This is consistent with the results provided by Carini *et al.* (2021), who concluded that digital health technologies enhance care continuity and improve communication between patients and healthcare providers. In addition, Das *et al.* (2025) observed that digital services increased service accessibility and improved the convenience of healthcare delivery.

Theme 2: Workload, Duplication, and Resource Burden

However, even while recognizing the advantages of digital health care services, respondents continuously pointed out the additional workload involved in using them. It was stated that digital consultations often demanded examining electronic requests, providing clarification on vague information, and communicating with patients all the time. In most cases, virtual consultations led to an in-person meeting, thus duplicating the clinical work instead of lightening it.

It was expressed by one of the respondents in the following way: "*Many digital requests require reviewing unclear information and then inviting the patient for an in-person visit, resulting in duplicate work.*" Another physician mentioned: "*Virtual consultations often end with the patient being invited to the clinic because diagnosis is impossible without a physical examination, creating duplicated work and wasting resources*."

Respondents also noted that an increasing amount of digital communication disturbed the routine work process, added administrative burdens, and caused additional professional stress. These results are in line with the statement of Naamati-Schneider (2023) that digital communication might cause communication overload in healthcare professionals. Likewise, Gjellebæk *et al.* (2020) found that digital transformation might accidentally lead to additional documentation and disturb clinical workflow.

Theme 3: Diagnostic Limitations and Patient Safety Risks

The problem of the limited capabilities of diagnoses made during digital consultations was brought up several times by the participants. Most of the respondents highlighted that physical examination plays a vital role in diagnosing and making clinical decisions. They noted that despite the fact that digital consultations can be used for follow-ups and administrative communications, they do not always have enough capacity to replace a physical examination in many cases.

Thus, one of the physicians noted, "*There is no comparison—the diagnostic process is much safer after a physical examination. Diseases cannot be diagnosed properly over a telephone consultation*." Also, another participant stated that, "*The potential for diagnostic errors is enormous. A physical examination is essential for making an accurate diagnosis*."

It can be concluded that the safety of patients was considered to be the most important factor that defined whether digital consultation was appropriate. It should be noted that such issues were mentioned by Shuja (2025). According to the author, using digital means for communication and examinations without physical ones may reduce diagnostic accuracy. Furthermore, Bukowski *et al.* (2020) stressed the importance of combining digital approaches and clinical decision-making.

Theme 4: Appropriate Scope of Digital Healthcare Services

Another notable result from the interviews was the ability of respondents to distinguish between administrative and clinical uses of digital healthcare services. All interviewees agreed that digital platforms are effective tools for administrative use but are not very suitable for symptom assessment or clinical decision-making that involves physical examination.

As one participant stated, "*Digital services should be limited to administrative requests. Any patient presenting with symptoms should be examined in the clinic*." Another interviewee noted, "*Administrative tasks are appropriate for digital platforms, whereas every clinical symptom requires an in-person examination*."

In addition, the respondents noted that the efficient use of digital healthcare lies in the proper selection of patients and appropriate clinical cases for digital consultation. It corresponds to the findings of Nataliia *et al.* (2021), who stressed the importance of complementing but not replacing the conventional approach to healthcare in using digital technology. Likewise, Stoumpos *et al.* (2023) underlined that digital technologies are most efficient when combined with the traditional approach to healthcare.

Theme 5: Digital Equity and Access Barriers

Several obstacles which hinder access to the digital healthcare system by various stakeholders were revealed during the survey. Older patients, people who lack digital literacy, persons who belong to a lower socio-economic class, and people who come from culturally different backgrounds have been noted to face difficulties in using digital healthcare facilities.

For example, one of the participants said, "*Older adults, people with limited literacy, and individuals with poor digital skills are disadvantaged in using digital healthcare services*." Another participant mentioned, *"Patients with low educational and socioeconomic backgrounds often do not know how to use digital healthcare services and therefore do not benefit from them."*

It was also indicated by the respondents that these problems can increase existing health disparities if digital technologies are implemented without proper mechanisms in place. The results are in line with the study by Bevilacqua *et al.* (2021), according to which the digital divide is one of the most challenging issues for delivering equitable healthcare services. The same issue has been raised by Cassidy (2021), who states that digital literacy plays an important role in the successful implementation of digital health facilities.

Theme 6: Training, Governance, and Organizational Support

The lack of proper professional training, as well as the absence of any standard policies within organizations, was a problem that was expressed by many respondents.

A doctor noted that *"There is no clear organizational policy. Every physician and every clinic works differently,"* while another one indicated, *"I received no training for digital services. I had to learn everything independently while new digital services kept being introduced."*

It is clear from these responses that proper training programs, standard guidelines, and organizational governance are needed to ensure a consistent implementation of digital healthcare services. The identified problem correlates with the statements of Brommeyer *et al.* (2023), who underlined the importance of workforce readiness for any digital transformation. Moreover, Mauro *et al.* (2024) stressed the role of governance in achieving organizational benefits from digital technologies.

Theme 7: Future Directions and Hybrid Healthcare Models

Respondents favoured the incorporation of digital healthcare services in a strategic hybrid approach, which involves virtual and face-to-face interactions. Contrary to replacing face-to-face healthcare services, respondents saw digital healthcare services as supplements, which could mainly facilitate administrative and healthcare activities.

One respondent said, "*Digital healthcare should focus on administrative services, while medical conditions and symptoms should continue to be managed through face-to-face consultations.*" Another stated, "*Digital services should be used for routine administrative tasks, whereas patients with symptoms should be examined in person because digital care cannot replace physical assessment*."

In addition, respondents indicated that improvements in technological infrastructure, development of clear organizational policies, and continuous training should be enhanced to effectively use digital healthcare services. The above suggestions are similar to those offered by Härkönen *et al.* (2024), who recommended that hybrid healthcare systems can offer a perfect equilibrium between innovation and quality healthcare service. Similarly, Van Kessel *et al.* (2023) asserted that the integration of virtual and face-to-face healthcare services is the most sustainable healthcare practice in the future.

5. Discussion

According to the research findings, the majority of respondents favour the implementation of digital healthcare services in a specific hybrid model that would include the combination of digital means of communication and personal consultation. Digital healthcare was considered by the respondents as complementary services that can be used to make healthcare more accessible, efficient, and organized, without undermining its quality. This research finding proves that it is crucial to find a balance between innovative technologies and important human components of clinical work.

It is suggested that digital healthcare services are best applicable for administrative tasks and routine healthcare-related procedures; however, diagnosis, clinical examination, and treatment of complex symptoms should still be based on the direct clinical encounter. This viewpoint suggests concerns about the limitation of digital healthcare in substituting physical examination and the interaction between patients and healthcare professionals. These research results were supported by Härkönen *et al.* (2024), who proved that digital health services could contribute to healthcare; however, their implementation should be very cautious.

The choice of hybrid models presented in this study also conforms to prior studies focusing on the necessity of combining virtual care and traditional models of delivery to build the future of healthcare. According to Van Kessel *et al.* (2023), the successful introduction of sustainable digital healthcare solutions involves appropriate organizational strategies, policies, and the integration of digital tools with the current healthcare structure. Consequently, the recommendations by the participants to maintain face-to-face meetings for clinical examination and utilize digital technologies for additional support can be considered as a pragmatic step towards implementing digital transformation successfully.

The results also confirm the necessity of improving the technological infrastructure and ensuring organizational readiness to enhance the effectiveness of digital healthcare solutions. As Longhini *et al.* (2022) have noted, the successful utilization of digital health technologies is not only about their availability but also involves the skills, confidence and capabilities of healthcare professionals to work with them. In this regard, this result coincides with the findings by Nascimento *et al.* (2023) according to which digital transformation shapes the roles, competencies and work practices of healthcare workers.

The participants' suggestions for continued training and organizational support are further evidence that digital readiness is a critical component in the successful implementation of technology in healthcare. Alotaibi *et al.* (2025) found that factors like training, organizational support, and elimination of implementation barriers have proven effective as facilitators for enhancing digital healthcare competency among healthcare providers. Furthermore, digital health literacy among healthcare providers and patients has proven to be a crucial factor in the accessibility and usefulness of digital health services. Andersson and Gonzalez (2025) argued that enhancing digital health literacy is key to realizing the benefits of digitalization of healthcare.

However, even though there are many benefits provided by digital healthcare technologies, there were some drawbacks identified concerning the limits of the remote evaluation and the correct organization of the system. Moreover, previous research identified such drawbacks as technological issues, workflow changes, and greater workloads faced by healthcare workers when implementing digital healthcare. The research by Akhtar *et al.* (2022) and Ibrahim *et al.* (2022) shows that although the use of digital technologies has the potential to enhance the quality of healthcare delivery, the process must be properly implemented, and the necessary barriers should be addressed.

Additionally, the results obtained show that the introduction of digital health technologies should take into account the impact that it will have on the work of the healthcare professionals and the amount of their tasks. To implement digital health technology successfully, one must make sure that the digital services make the process of providing healthcare easier, rather than adding more responsibilities to the healthcare workers' work.

In summary, this research further supports the body of literature that advocates for digital health care to be seen as a part of healthcare in the modern world, as opposed to a replacement of conventional medicine. The opinions of the subjects interviewed suggest a patient-focused hybrid model where digital technology would help improve administrative work, communication, and coordination of healthcare, while allowing clinical assessment when necessary. Healthcare policy in the future needs to concentrate on improved digital capabilities, digital skills among healthcare providers, and policies to ensure the safety and effectiveness of digital services.

6. Conclusion

As shown by the findings of this study, digital health services have become a significant part of modern primary healthcare management in Israel with considerable prospects for improving accessibility, efficiency, and communication in terms of interaction between patients and healthcare practitioners. Nevertheless, the study revealed that the value of digitalization does not consist in the presence of technological services alone, but in their implementation into the system of care management that ensures safety and effectiveness of medical assistance. Digital services were seen to be extremely useful if used appropriately, mainly for administration tasks, regular follow-ups, chronic diseases, and when physical examination was not clinically needed.

The synthesis of all the core findings shows that digital health care presents opportunities and challenges within the three dimensions discussed in this study: effectiveness, efficiency, and equity. As for effectiveness, the participants recognized the role of digital communication in promoting continuity of care and ensuring better access to health care services, but at the same time mentioned such clinical issues as diagnostic uncertainty, inability to conduct physical examination, and the risks associated with patient safety in case of using digital consultation for complicated clinical cases. When it comes to efficiency, the participants noted the use of digital services as helpful instruments for avoiding unnecessary consultations and simplifying administrative procedures, but at the same time stated that the increase in the volume of digital communications, incomprehensible requests, and the necessity of conducting face-to-face consultations again may lead to increased workload. As for equity, the study has shown that digital health care increases the accessibility of health care services for many patients, but at the same time creates barriers for those who lack digital literacy and access to technologies.

It is also important that, as pointed out by the results of the research, effective implementation of digital healthcare necessitates an appropriate combination of the traditional clinical approach and modern healthcare system, when digitalization serves as a complementary tool to the existing one. According to the participants, successful digitalization will depend on the presence of certain organizational policies and clinical guidelines, as well as the regulation of the use of digitalized communication and training of the healthcare professionals.

This research, although offering many useful insights into the experience of health care professionals, has numerous limitations as well. Qualitative research design and participation of subjects from primary care environments allow for the acquisition of thorough insights into professional experience; however, it may be difficult to generalize the results to other healthcare facilities or other people. Furthermore, the study concentrated mainly on the perspective of health care professionals but ignored such crucial factors as patients' experience, concrete clinical outcomes of the adoption of digital health care or its impact on the organization over time.

Moreover, future research must focus on ways of addressing the inequalities of digitalization, increasing the digital competencies of healthcare professionals, and creating an evidence-based framework for the management of digital communications in primary care. As healthcare institutions continue to develop, the concept of digital transformation should not only be driven by technology but also by clinical safety, efficiency, and equality. In essence, the future of digital healthcare will depend on the creation of integrated systems in which technology plays a role in improving rather than substituting human healthcare.

Conflict of Interest Statement
The author declares no conflicts of interest.

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