

Compliance-To-Competitive Advantage Framework: A Digital Transformation Strategy for Hospitals Based on Regulatory Compliance, Operational Efficiency, and Service Value

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Abstract

Hospital digital transformation is often narrowly understood as an administrative obligation to comply with regulations, particularly the implementation of Electronic Medical Records and the integration of national health data. However, when managed as an organizational strategy, digital transformation can be a crucial instrument for improving operational efficiency, strengthening service quality, and building a hospital's competitive advantage. This article aims to develop a conceptual framework for hospital digital transformation based on regulations, operational efficiency, and service value through a narrative literature review approach. The literature was analyzed thematically by combining the perspectives of strategic management, digital transformation, electronic medical records, Indonesian health regulations, the resource-based view, and dynamic capabilities. The study results indicate that hospital digital transformation should not stop at regulatory compliance but should be directed at business process integration, data utilization for decision-making, strengthening the organization's digital capabilities, and creating value for patients and stakeholders. This article proposes the Compliance-to-Competitive Advantage Framework, a step-by-step model that links digital regulatory pressures with the development of digital capabilities, operational efficiency, service value, and competitive advantage. This framework can serve as a practical guide for hospital management in designing a digital transformation that not only fulfills obligations but also generates strategic value.

INTRODUCTION

Digital transformation has become a key strategic issue in modern hospital management. This change is driven not only by advances in information technology, but also by increasing demands for service quality, operational efficiency, patient safety, data accountability, and the need for health system integration. In a global context, the World Health Organization (2021) emphasizes that digital health initiatives need to be guided by a robust strategy that integrates financial, organizational, human, and technological resources to support the health and well-being of the broader population.

In the Indonesian context, digital transformation in hospitals is under increasing regulatory pressure. Minister of Health Regulation Number 24 of 2022 concerning Medical

Records requires healthcare facilities to maintain electronic medical records and regulates aspects of interoperability, security, storage, processing, and transfer of health data. The regulation emphasizes that electronic medical record systems must have compatibility and/or interoperability capabilities, and that electronic medical records must be connected to a health data interoperability and integration service platform managed by the Ministry of Health (Ministry of Health, 2022a).

This regulatory strengthening is increasingly relevant with the existence of SATUSEHAT as a platform connecting various health information systems through the standardization and integration of Electronic Medical Records. SATUSEHAT uses the HL7 FHIR health data exchange standard and aims to integrate data between health information systems (Ministry of Health of the Republic of Indonesia, 2024). Furthermore, Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 also place health information systems, health technology, health service facilities, financing, and guidance and supervision as crucial components in strengthening the national health system (Republic of Indonesia, 2023, 2024).

However, a strategic issue that arises is that many hospitals still view digital transformation as merely an administrative obligation or an information technology project. Digital implementation is often perceived as simply procuring applications, migrating paper documents to electronic ones, or meeting regulatory requirements (Akanbi, 2023; Thekkootte, 2022). This perspective is too narrow. Digital transformation should not stop at compliance; it should be a strategy to improve work processes, accelerate services, reduce waste, enhance data quality, strengthen decision-making, and create greater value for patients (Szedmák et al., 2026; Yaqub & Alsabban, 2023).

Digital transformation literature suggests that digitalization is not simply the use of technology, but rather an organizational change that impacts processes, structures, work culture, and value creation (Vial, 2019; Verhoef et al., 2021). In the healthcare sector, digital transformation relates to the use of technologies such as electronic medical records, telemedicine, hospital management information systems, data interoperability, cloud computing, big data analytics, and artificial intelligence to improve services and organizational performance (Agarwal et al., 2010; Stoumpos et al., 2023).

From a strategic management perspective, digital transformation can be understood as the process of building organizational capabilities (Hsiao, 2024; Leso et al., 2024). Digital technology will only yield excellence if the hospital is able to integrate it with business processes, human resources, organizational culture, governance, and service strategy (Vial, 2021). The resource-based view explains that competitive advantage can be achieved when an organization possesses resources that are valuable, rare, difficult to imitate, and difficult to substitute. Meanwhile, dynamic capabilities emphasize an organization's ability to sense change, seize opportunities, and reconfigure resources in a rapidly changing environment.

The urgency of this research lies in the fact that many hospitals risk falling into a compliance trap, where they meet regulatory minimums but fail to leverage digitalization as a strategic tool for improvement. Research has shown that clinician burnout costs hospitals an average of USD 5.2 million per year, with administrative overload and fragmented digital systems being leading causes. In Indonesia, this pressure is compounded by BPJS compliance risk, healthcare staff shortages, and data protection obligations. This situation necessitates a

new conceptual framework that can guide hospital management in navigating this complex landscape.

The novelty of this article is the proposal of the Compliance-to-Competitive Advantage Framework, which provides a step-by-step model for hospitals to transform digital regulatory pressures into opportunities for building competitive advantage. The framework integrates elements from institutional theory, resource-based view, and dynamic capabilities, offering a strategic roadmap that connects regulatory compliance, digital process integration, operational efficiency, service value, and ultimately, competitive advantage. Unlike previous research which may focus on individual aspects of digital transformation, this framework offers a comprehensive and integrated approach tailored to the Indonesian healthcare context.

Based on this background, this article aims to develop a conceptual framework for the Compliance-to-Competitive Advantage Framework, a model for hospital digital transformation strategies that connects regulatory compliance, operational efficiency, digital capabilities, service value, and competitive advantage. The article's primary contribution is to offer a strategic perspective that digital health regulations are not merely a compliance burden but can be a starting point for hospitals to build more efficient, adaptive, valuable, and competitive service systems.

METHOD

This article used a narrative literature review approach to develop a conceptual synthesis of hospital digital transformation as a management strategy. The narrative review approach was chosen because the topic under study is multidisciplinary, encompassing healthcare regulation, strategic management, healthcare information systems, operational efficiency, and competitive advantage. In management and business research, literature reviews can be used as a research method to develop conceptual understanding, identify patterns in the literature, and develop new theoretical frameworks (Snyder, 2019).

The literature used in this article was purposively selected based on its relevance to five main themes: digital transformation in healthcare, implementation of electronic medical records, Indonesian digital healthcare regulations, hospital operational efficiency, and theories of competitive advantage and organizational capability. Sources include international and national journal articles, official WHO documents, Indonesian regulatory documents, and relevant classical strategic management theories.

Literature inclusion criteria included articles or documents discussing digital transformation, digital health, electronic health records, hospital digital transformation, operational efficiency, service value, competitive advantage, resource-based view, dynamic capabilities, and Indonesian digital health regulations. Newer empirical literature and reviews were prioritized, particularly publications from the last five years. Classic theories such as the resource-based view, dynamic capabilities, institutional theory, and value chain were retained as they serve as conceptual foundations for strategic management.

Non-journal documents were used to a limited extent if they were official documents of governments or international organizations, such as the WHO, the Ministry of Health, the Supreme Audit Agency (BPK), and national regulations. The analysis was conducted thematically by grouping the literature into six themes: first, digital transformation as a strategic issue for hospitals; second, regulatory pressure through RME and SATUSEHAT; third,

digitalization and operational efficiency; fourth, digital capabilities as a source of competitive advantage; fifth, service value as a bridge between efficiency and competitiveness; and sixth, development of the Compliance-to-Competitive Advantage Framework conceptual model.

RESULTS AND DISCUSSIONS

Digital Transformation as a Strategic Issue for Hospitals

Hospital digital transformation cannot be reduced to administrative computerization. Digitization in hospitals encompasses changes in how organizations manage data, workflows, clinical communication, inter-unit coordination, patient relationships, and managerial decision-making. Therefore, digital transformation is a strategic issue because it touches the core of hospital operations: how services are designed, delivered, measured, evaluated, and improved.

Conceptually, digital transformation is understood as a process of organizational change triggered by the use of digital technology and resulting in significant changes in value creation, organizational structure, and business processes (Vial, 2019). Verhoef et al. (2021) differentiate digital transformation from digitization and digitalization. Digitization focuses on converting analog data to digital, digitalization focuses on the use of technology to improve business processes, while digital transformation encompasses broader changes in business models, organizational capabilities, and value creation.

In the hospital context, these changes can take various forms, such as integrating patient registration with electronic medical records, using management dashboards, integrating pharmacy with drug inventory, integrating laboratory and radiology with clinical systems, digitizing claims, and using data to monitor service performance. These changes affect not only the IT unit but also doctors, nurses, medical records, pharmacy, laboratory, finance, quality management, and hospital leadership.

Hospitals are complex organizations. They encompass clinical, administrative, financial, logistical, human resources, quality, patient safety, and external relationships with regulators and payers. This complexity means that digital transformation in hospitals cannot be successful if viewed solely as an application installation project. Digital transformation must be managed as a strategic change involving governance, leadership, work culture, healthcare worker training, process improvement, and performance monitoring.

A study of hospital digital transformation models shows that the dimensions of digital transformation encompass not only technology, but also governance and management, people, strategy, information technology capabilities, data interoperability, data analytics, and the patient dimension (Baihaqy & Subriadi, 2025). These findings emphasize that hospitals need more than just digital applications; they must build organizational systems capable of leveraging technology to create value.

Within a strategic management framework, digital transformation can serve as a mechanism for achieving two forms of excellence. First, efficiency-based excellence, namely the hospital's ability to provide services with faster processes, more controlled costs, and reduced waste. Second, differentiation-based excellence, namely the hospital's ability to create a better, more responsive, more transparent, and more reliable service experience for patients. Thus, digital transformation is not just a technological issue, but also a competitive strategy issue.

RME Regulation, SATUSEHAT, and the Pressure of Organizational Change

Digital healthcare regulations in Indonesia have created significant pressure for change for hospitals. Minister of Health Regulation No. 24 of 2022 concerning Medical Records is a significant milestone, shifting the position of electronic medical records from a managerial option to a regulatory obligation. This regulation mandates that healthcare facilities must maintain electronic medical records, establish standard operating procedures, ensure data security and confidentiality, implement digital storage, maintain data backups, and ensure interoperability with the Ministry of Health's health data integration platform (Ministry of Health, 2022a).

In addition to RME, SATUSEHAT expands the direction of digital transformation from the hospital level to a national health ecosystem. SATUSEHAT functions as a bridge between various health information systems through data standardization and integration. The Ministry of Health explains that SATUSEHAT is a platform connecting health information systems through standardization and integration of RME, and utilizes the global health integration standard HL7 FHIR (Ministry of Health, 2024).

This regulatory pressure can be interpreted through the perspective of institutional theory. DiMaggio and Powell (1983) explain that organizations often experience institutional pressures that drive them to adapt their structures and practices to gain legitimacy. In the hospital context, RME and SATUSEHAT regulations create coercive pressure that encourages hospitals to adopt digital systems. However, adoption due to regulatory pressure alone does not automatically yield strategic benefits. Hospitals can be administratively compliant but remain inefficient if digital systems are not integrated into work processes and decision-making.

Herein lies the key strategic issue. Hospitals that view regulations as a burden tend to pursue digital transformation in a minimalistic manner: purchasing applications, entering data, and meeting requirements. Conversely, hospitals that view regulations as a catalyst for change will use RME and SATUSEHAT obligations as a gateway to improve service flows, simplify administrative processes, strengthen quality control, and build management data that can be used for strategic decisions.

The Ministry of Health also emphasized that digital transformation in healthcare should shift the focus from reporting to officials to serving the public. The 2024 Health Digital Transformation Strategy Blueprint is aimed at strengthening healthcare services through digitalization, standardization, and system integration in healthcare facilities (Ministry of Health, 2021). Therefore, hospital digital transformation should be viewed as a service agenda and organizational strategy, not simply an information technology agenda.

Digitalization and Efficiency of Hospital Operations

Operational efficiency is one of the most compelling reasons why digital transformation must be managed strategically. Hospitals face increasing cost pressures, including service costs, claims, limited human resources, administrative burdens, and the need for investment in technology and medical equipment. In such situations, digitalization can be instrumental in reducing process waste and increasing organizational productivity.

At the operational level, digitalization can improve efficiency through several mechanisms. First, digitalization reduces duplication of data input. In manual or unintegrated systems, patient data often has to be recorded repeatedly at the registration, polyclinic, pharmacy, laboratory, cashier, and medical records levels. This increases work time, increases

the risk of errors, and slows down service delivery. An integrated EMR allows patient data to be used across units more consistently.

Second, digitalization accelerates service flows. Electronic queuing systems, integrated registration with polyclinics, integrated electronic prescriptions with pharmacies, and integrated laboratory and radiology results with medical records can reduce waiting times and improve coordination between units. Third, digitalization improves data quality for decision-making. Data previously scattered in manual documents can be processed into performance indicators such as waiting times, number of visits, bed utilization, length of stay, pending claims, drug inventory, and unit productivity.

Fourth, digitalization can improve the claims process and hospital revenue. In a claims-based financing system, complete clinical and administrative documentation is crucial for smooth verification. A good EMR can support complete documentation, consistent diagnoses and treatments, and integration with coding and billing processes. Fifth, digitalization can improve cost control by monitoring the use of medications, consumables, supporting examinations, and resource utilization.

Menachemi and Collum (2011) explain that EHRs can provide clinical, organizational, and social benefits, including improved quality of care, reduced medical errors, operational efficiency, and support for research and population health. However, these benefits don't emerge automatically. Poorly designed digital systems can actually create additional workloads, such as double entry, user-unfriendly application interfaces, network disruptions, incomplete data, or healthcare worker resistance.

Therefore, operational efficiency will only be achieved if digitalization is accompanied by a redesign of work processes. Hospitals must boldly re-evaluate the flow of registration, clinical documentation, supporting examination requests, prescriptions, pharmacy, billing, claims, and reporting. Therefore, effective digital transformation must move from digitizing documents to redesigning operations. This means that hospitals cannot simply convert paper to screens. Hospitals must use technology to simplify processes, clarify responsibilities, reduce non-value-added activities, and ensure that the resulting data is truly used for management decision-making.

Digital Capability as a Source of Competitive Advantage

A hospital's competitive advantage doesn't stem from application ownership alone. Many hospitals can purchase similar SIMRS or EMR applications, but the results differ because the organizations' ability to utilize technology varies. This difference lies in digital capability, namely the hospital's ability to manage technology, data, people, processes, and strategy in an integrated manner.

The resource-based perspective explains that organizational resources can be the basis for competitive advantage if they are valuable, rare, difficult to imitate, and difficult to substitute. In the hospital context, digital applications are generally easy to purchase and imitate. However, the capability to integrate applications with clinical processes, work culture, data governance, analytical capabilities, and patient-centeredness is much more difficult to imitate. Therefore, competitive advantage does not come from technology as a physical asset, but from the organization's ability to use technology strategically.

The dynamic capabilities perspective strengthens this argument. Teece (2007) stated that organizations need the capabilities of sensing, seizing, and reconfiguring. In the context of

hospital digital transformation, sensing means the ability to read regulatory changes, patient needs, technology trends, operational issues, and financial pressures. Seizing means the ability to make digital investment decisions, select implementation priorities, build teams, and allocate resources. Reconfiguring means the ability to reorganize work processes, organizational structures, coordination patterns, and service culture to align with new digital systems.

Hospital digital capability can be divided into five main components. First, digital governance capability, namely the ability to establish direction, policies, responsibility structures, and standards for the use of digital technology. Second, interoperability capability, namely the ability to integrate data between units, between applications, and with external platforms such as SATUSEHAT. Third, data analytics capability, namely the ability to transform operational data into managerial information for decision-making. Fourth, change management capability, namely the ability to manage resistance, train human resources, and ensure technology adoption by users. Fifth, patient value capability, namely the ability to use technology to improve the experience and value of services for patients.

Hospitals with strong digital capabilities can gain an advantage through two channels. The first is cost efficiency, which is the ability to provide services with lower processing costs, reduced waste, shorter wait times, and higher productivity. The second is service differentiation, which is the ability to create services that are more accessible, faster, more transparent, more coordinated, and more trusted by patients.

Thus, digital transformation must be viewed as an investment in capabilities, not simply a technology investment. Hospitals that simply purchase systems without building digital capabilities will be trapped in administrative compliance issues. Conversely, hospitals that build digital capabilities will be able to transform regulations into strategic momentum to improve efficiency and create value for their services.

Proposed Model: Compliance-to-Competitive Advantage Framework

Based on a literature synthesis, this article proposes the Compliance-to-Competitive Advantage Framework as a conceptual framework for hospital digital transformation. This model explains that hospital digital transformation ideally progresses through five strategic stages: regulatory compliance, digital process integration, data-driven operational efficiency, service value creation, and competitive advantage.

The first stage is regulatory compliance. At this stage, hospitals fulfill regulatory obligations related to RME, data security, interoperability, data storage, access rights, backup systems, and integration with national health platforms. This stage is crucial because it forms the foundation for legitimacy and risk control. Hospitals that fail to comply with regulations potentially face legal, administrative, accreditation, and reputational issues. However, compliance should not be the ultimate goal. Compliance should be understood as the starting point for building digital governance.

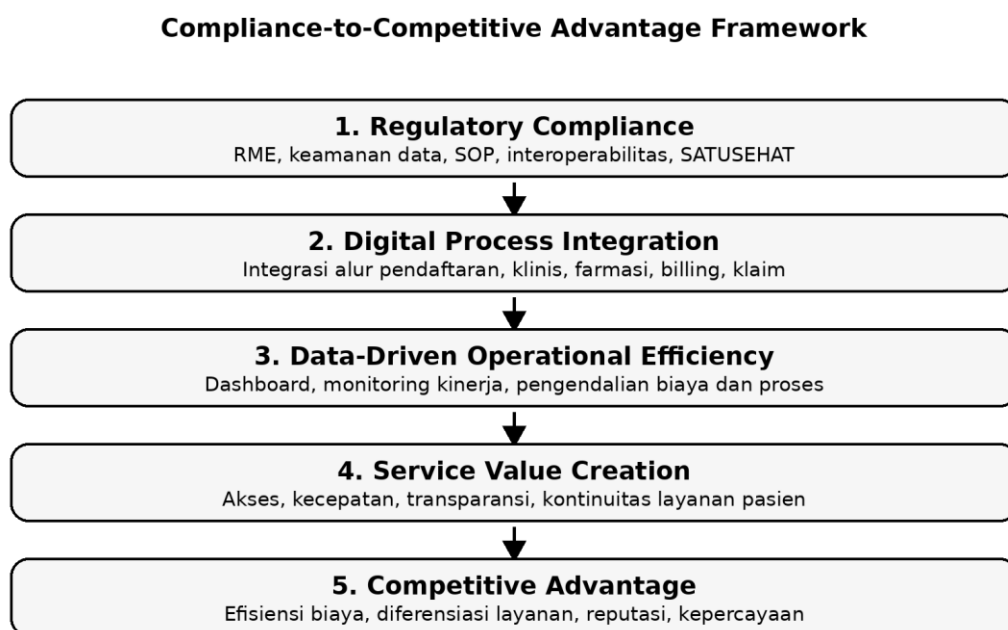
The second stage is digital process integration. At this stage, hospitals not only have digital applications but also begin to integrate them into their service workflows. Registration, outpatient clinics, emergency departments, inpatient care, pharmacy, laboratory, radiology, billing, claims, medical records, and reporting must be designed as interconnected processes. Process integration is crucial because many digitalization failures occur due to applications running independently. Unintegrated systems create double entry, data inconsistencies, information delays, and user frustration.

The third stage is data-driven operational efficiency. Once digital processes are integrated, hospitals must use data to measure and improve performance. Digital data should not remain as electronic archives. It must be processed into information that can be used in management meetings, quality evaluations, cost control, human resource planning, medical device planning, inventory control, and service improvement.

The fourth stage is service value creation. Operational efficiency must translate into service value for patients. A more efficient hospital isn't necessarily more valuable if the efficiency is only perceived by management but doesn't impact the patient experience. Therefore, digital transformation must be directed at service value, such as ease of access, speed of service, clarity of information, continuity of care, data security, process transparency, and patient trust.

The fifth stage is competitive advantage. At this stage, digital transformation has created a competitive advantage for hospitals. This advantage can take the form of cost efficiency, speed of service, quality documentation, a reputation as a modern hospital, strong regulatory compliance, a better patient experience, and management's ability to make quick decisions. In public hospitals, competitive advantage can include increased public trust, improved service performance, increased accreditation readiness, and an improved position within the hospital's referral network. In private hospitals, competitive advantage can impact patient loyalty, cost efficiency, service differentiation, and market competitiveness.

Figure 1. Conceptual Flow of the Compliance-to-Competitive Advantage Framework



Source: Developed by the authors.

A summary of the stages, strategic focus, key activities, outputs, and performance indicators in the Compliance-to-Competitive Advantage Framework is presented in Table 1. This table is intended as a practical tool for hospital management to translate digital transformation from regulatory compliance to a measurable strategic agenda.

Table 1. Compliance-to-Competitive Advantage Framework

Stage	Strategic Focus	Main Activities	Output	Performance Indicators
Regulatory Compliance	Digital regulatory compliance	Implementation of RME, SOP, access rights, data backup, security, and SATUSEHAT integration	Foundations of digital governance	Completeness of RME, compliance with access rights, integration status, data quality audit
Digital Process Integration	Integration of service processes	Integration of registration, clinical, pharmacy, laboratory, radiology, billing, claims, and reporting	Cross-unit digital workflows	Reduced double entry, speed of flow, data consistency
Data-Driven Operational Efficiency	Data-driven efficiency	Management dashboard, monitoring waiting time, claims, stock, utilization, and productivity	Data-driven management decisions	Waiting time, pending claims, out of stock, BOR/ALOS, equipment utilization
Service Value Creation	Patient service value	Online registration, queue information, results access, data continuity, and transparent services	Better patient experience	Patient satisfaction, complaints, loyalty, speed of service
Competitive Advantage	Organizational excellence	Service differentiation, cost efficiency, reputation, accreditation readiness, referral network	Competitiveness and confidence increase	Visit growth, reputation, cost efficiency, quality performance

Source: Developed by the authors.

Managerial Implications for Hospitals

The Compliance-to-Competitive Advantage Framework model has several managerial implications. First, hospital leaders need to shift their perspective on digitalization. Digital transformation should not be viewed solely as an IT installation issue, but rather as a strategic agenda for directors and top management. Without leadership support, digitalization can easily become a technical project that doesn't change organizational behavior.

Second, hospitals need to establish clear digital governance. This governance structure includes a digital transformation team structure and the division of roles between management, the medical committee, healthcare personnel, medical records, IT, finance, pharmacy, and the quality unit. Governance should also encompass data security policies, access rights, data input standards, electronic medical record quality audits, and periodic evaluation mechanisms.

Third, hospitals need to redesign their business processes before and during digital implementation. A common mistake in digitalization is moving poor manual processes into digital applications. If manual processes are cumbersome, the digital result will simply be electronic bureaucracy. Therefore, hospitals need to map workflows, identify waste, simplify steps, and ensure digital systems support better processes.

Fourth, hospitals need to utilize data as a management tool. The RME and SIMRS should produce dashboards that are used routinely in management meetings. Monitored data includes not only the number of visits, but also waiting times, pending claims, completeness of documentation, unit utilization, out-of-stock levels, human resource productivity, equipment utilization, and quality indicators. In this way, digitalization becomes a strategic control tool.

Fifth, hospitals need to pay attention to the internal user experience. Healthcare workers are the primary users of digital systems. If a system is difficult to use, slow, inconsistent with clinical workflows, or increases documentation burdens, resistance will increase. Training, mentoring, interface improvements, and user feedback mechanisms are critical to a successful digital transformation.

Sixth, hospitals must link digital transformation to the value of patient care. Patients won't care whether a hospital uses advanced systems if wait times remain long, information is unclear, pharmacies are slow, or test results are difficult to access. Therefore, indicators of digital transformation success must encompass the patient experience, not just the status of application implementation.

Seventh, hospitals need to develop a digital roadmap in stages. Not all hospitals have extensive resources for digital transformation all at once. Smaller or regional hospitals can start with the most impactful priorities, such as registration and RME integration, pharmacy process improvements, claims completeness, wait time dashboards, and SATUSEHAT integration. A staged approach is more realistic than pursuing an ideal system that fails to implement.

CONCLUSION

Hospital digital transformation should not be understood solely as a regulatory obligation or an information technology project. Regulations such as Minister of Health Regulation No. 24 of 2022, the integration of SATUSEHAT, Law No. 17 of 2023, and Government Regulation No. 28 of 2024 do create compliance pressures for hospitals. However, this pressure can become a strategic momentum if hospitals are able to transform compliance into an organizational capability. This article proposes the Compliance-to-Competitive Advantage Framework as a conceptual model to explain how hospital digital transformation can move from regulatory compliance to competitive advantage. This model consists of five stages: regulatory compliance, digital process integration, data-driven operational efficiency, service value creation, and competitive advantage. These five stages demonstrate that the strategic benefits of digitalization will only emerge if hospitals are able to integrate technology with work processes, governance, human resources, data, and service value orientation. The main implication of this article is that hospitals need to manage digital transformation as a strategic management agenda. Compliance with RME and SATUSEHAT is the initial foundation, but the ultimate goal is to create services that are more efficient, more valuable to patients, more adaptable to change, and more competitive in the healthcare ecosystem. Future research could empirically test this framework through hospital case studies, digital readiness surveys, or analysis of the relationship between digital capabilities, operational efficiency, service value, and hospital competitive advantage.

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