This article focuses on understanding digitalization in healthcare, including, the digitalization of information and adopting appropriate parameters for further development. To build a more holistic view of digital health transformation, there is a great need for research on the management implications of digitalization by different stakeholders. Finally, the development of telemedicine, the further enhancement of digital security and the strengthening of technological information systems will contribute to the universal acceptance of the digital health transformation by all involved.


This paper summarized the existing research on the practice of Patient-centered care (PCC) in the MENA region and uses this analysis to consider the key elements of a PCC definition based on MENA cultural contexts. It suggested that the concept of PCC is practiced and supported to a limited extent in the MENA region, and that the implementation of PCC might be impacted by the cultural contexts of the region. This review highlights the importance of establishing patient-centered care definitions that clearly incorporate cultural practices in the MENA region.


The key elements of Patient centered care principles identified in the studies included:

- Treating patients as an individual
  - having empathy towards their conditions, advocating on their behalf and providing care with flexibility to meet patients’ needs, incorporating patients’ expectations and preferences
- Attentiveness to patient needs
  - including physical, religious, and social needs
- Health professionals’ competency and expertise
  - protecting patients from harm, reducing hospitalization and costs of care, complying with patients’ rights, effective communication, and empowerment of patients through providing education.
The Primary Care Transformation Executive (PCTE) Fellowship at A.T. Still University School of Osteopathic Medicine in Arizona, USA, seeks to address these barriers by providing professional development and support to primary care providers interested in leading change in the nation’s health centers. Quantitative and qualitative evaluation of the program was accomplished through surveys and semi-structured interviews throughout the fellowship. Overall, the program has advanced the work of building robust primary care systems at community health centers to address the social determinants of health for underserved and marginalized communities in targeted areas across the US.


The questions used to guide the Strength, Weakness, Opportunity, and Threat (SWOT) analysis performed yearly for the duration of the PCTE fellowship:

**STRENGTHS**
- List strengths about the program that enhanced knowledge, skills and attitudes.
- What makes the program stand out from other programs?
- What would others say the program strengths are?

**WEAKNESSES**
- List program deficiencies or limitations in ability to develop necessary knowledge, skills and attitudes.
- What needs to be improved?
- What would others say the program weaknesses are?

**OPPORTUNITIES**
- Are there opportunities to meet goals that aren’t being taken advantage of?
- Are there any gaps in A.T. Still University and community health centers as organizational needs that you might help fill with the PCTE programs strengths?
- What challenges in our education and health care industries might serve as opportunities for the program?
- Are there opportunities we have not previously considered due to lack of team member skills or experience?
- Are there networking opportunities we should engage in?

**THREATS**
- Are there important tasks, projects, people or other obstacles that we avoid due to existing weaknesses?
- Are any of our weaknesses a threat?
- What is the stability and longevity of our program in its current form?
- Are we content with our stability or potential longevity?
- How can we eliminate or fix any observed threats?