


Evaluating the Sustainable Competitive Advantage of the Saudi e-Healthcare System: An Empirical Study [Letter]

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Dear editor

We are writing to express our appreciation for the article “Evaluating the Sustainable Competitive Advantage of the Saudi e-Healthcare System: An Empirical Study” by Al-Anezi.¹ What strikes us most about this study is its comprehensive approach to identifying key factors that contribute to the system’s competitiveness, such as user experience and AI adoption. These elements are crucial in today’s healthcare landscape, where technology plays an increasingly central role.

The paper’s focus on user experience and continuous innovation is well placed, but it leaves some areas under-explored. The issues of data security and interoperability, while acknowledged, lack concrete, actionable solutions. It strikes us that in the rapidly evolving field of e-healthcare, such concerns demand more than mere identification—they require urgent steps toward resolution. What remains to be addressed are specific strategies, such as implementing advanced encryption methods or leveraging blockchain technology, that could bridge these gaps and bring about the much-needed improvements.

One possible way forward could be the adoption of a comprehensive data-sharing framework that emphasizes both interoperability and security. Blockchain, for instance, has the potential to not only secure patient records but also ensure smooth integration across healthcare systems.² A standardized data exchange model could thus enhance the competitive edge of the Saudi e-healthcare system.

In the context of healthcare policy, the study also raises questions about how sustainable competitive advantage is nurtured over time. While the authors rightly highlight the importance of technological infrastructure, we wonder if there is room to explore the role of government initiatives in shaping the long-term success of digital health systems. Government policy can often be the driver of integration across public and private healthcare providers, ensuring that innovations are scalable and beneficial to a wider population.³ This could be an area of interest for further research, particularly with the rapid developments happening under Saudi Vision 2030.⁴

The study’s focus on Saudi Arabia prompts further reflection: can these findings be applied beyond the country’s borders? The question remains whether similar factors can contribute to competitive advantage in other healthcare contexts, particularly in regions with varying infrastructures. Exploring these possibilities could offer significant value, especially for developing nations where digital healthcare is still emerging. Cultural and logistical challenges also invite further examination, as they might influence the successful application of such systems elsewhere.

The section on AI adoption sparks curiosity about its real-world impact on patient care. One wonders if greater integration with other digital health tools could result in a more resilient, cohesive system. The strides made by the Saudi e-healthcare system in these areas offer an intriguing case study for future exploration.

The article undoubtedly advances the conversation on e-healthcare, yet there is room for further inquiry into practical solutions and broader applications. We look forward to seeing future research that takes these critical discussions forward and expands on the foundation laid by this important study.

Disclosure

All authors report no other conflict of interest in this communication.

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