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Towards a Strategic Framework for Hospital-Community Integration: Evidence from Digital Health Platforms in the Greater Bay Area

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Abstract: The aging population and the growing prevalence of chronic diseases are creating a global imperative for integrated care models, yet the persistent divide between hospitals and community care continues to impede seamless patient journeys and efficient utilization of healthcare resources. Although digital health platforms are widely recognized as catalysts for integration, existing research predominantly emphasizes technological capabilities, often overlooking the necessity of a strategic framework that harnesses these platforms to orchestrate comprehensive service delivery. This consideration is particularly salient in complex, cross-border regions such as the Guangdong-Hong Kong-Macau Greater Bay Area (GBA), where diverse institutional structures and regulatory environments add layers of operational complexity. This study employs a qualitative case study methodology, combining documentary analysis of GBA healthcare policies with a review of ongoing digital health initiatives to construct a strategic framework for integrated care. The analysis identifies three critical pillars for effective integration: interoperable data standards, aligned incentive structures, and patient-centric service design. Findings demonstrate that digital health platforms transcend their role as mere technological tools; they are central to reconfiguring care workflows, enabling data-driven decision-making, and facilitating collaboration between hospitals and community-based care providers. From an academic perspective, this research advances the service ecosystem framework, offering a novel model for digitally enabled healthcare integration in multi-jurisdictional contexts. Practically, it provides a strategic roadmap for policymakers and healthcare administrators in the GBA to develop resilient, efficient, and patient-focused integrated care systems that can adapt to the complexities of cross-border healthcare delivery.

Keywords: integrated care; digital health platform; hospital-community collaboration; Guangdong-Hong Kong-Macau Greater Bay Area (GBA); healthcare strategy

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1. Introduction

Healthcare systems worldwide are experiencing a paradigm shift from fragmented, institution-centered delivery toward integrated, patient-centered care [1]. This transformation is driven by demographic pressures, including population aging and the rising prevalence of chronic diseases, both of which necessitate continuity of care across hospitals, community clinics, and home-based services [2]. Despite these imperatives, structural divisions between tertiary and primary care persist. Hospitals often operate as isolated entities concentrated on acute interventions, whereas community services frequently lack the data connectivity and clinical authority required to ensure seamless follow-up [3]. Consequently, patients encounter fragmented care pathways, redundant testing, and inefficiencies in resource utilization. Addressing these systemic gaps has

become a central priority in global health policy, particularly in regions characterized by complex governance structures and uneven digital infrastructure.

Digital health technologies have emerged as potential enablers for overcoming these barriers. Platforms integrating electronic health records (EHRs), teleconsultation, and health information exchanges offer the promise of linking disparate providers and facilitating real-time data sharing [4]. However, existing research tends to conceptualize digitalization primarily as a technical enhancement rather than as a strategic instrument for systemic reform. While many pilot programs have demonstrated localized success in digitizing individual hospitals or community networks, few initiatives have achieved sustainable integration across multiple administrative and institutional boundaries [5]. This gap is particularly pronounced in cross-border regions such as the Guangdong-Hong Kong-Macau Greater Bay Area (GBA), where regulatory, financial, and governance heterogeneity complicates the formation of cohesive health ecosystems [6]. In such contexts, the challenge extends beyond technological interoperability to strategic orchestration: aligning incentives, workflows, and governance structures through a unifying digital platform.

Existing scholarly models of integrated care, including the Chronic Care Model and Accountable Care Organizations, have advanced understanding of coordination mechanisms and patient engagement. Nonetheless, these frameworks were largely designed for homogeneous health systems and insufficiently address interjurisdictional complexities. Similarly, studies on digital health have emphasized operational efficiencies-such as telehealth adoption or data standardization-while often overlooking institutional and strategic dimensions of integration. The service-ecosystem perspective in health management presents a promising conceptual lens, emphasizing co-creation among diverse actors, including providers, payers, and patients. Yet empirical applications remain limited, and few studies have integrated this theoretical perspective with the practical design of digital platforms. Consequently, a critical research gap persists: the lack of a comprehensive strategic framework that positions digital health platforms as the organizational core of hospital-community integration within complex regional systems.

To address this gap, the present study develops and examines a Digital-Enabled Service Ecosystem Framework that situates the digital platform as the strategic nucleus of integrated care. Using the GBA as an empirical case, the study explores how digital infrastructures can coordinate multi-level healthcare actors, enable data-driven governance, and facilitate cross-institutional collaboration. The research objectives are threefold: (1) to identify institutional and operational barriers that impede integration between hospitals and community providers in the GBA; (2) to analyze how digital platforms can reconfigure resource sharing, service coordination, and patient engagement; and (3) to propose a strategic roadmap that aligns technological, organizational, and policy dimensions to achieve sustainable integration.

Methodologically, the study adopts a qualitative, interpretive approach, combining documentary analysis of healthcare policies and digital health initiatives in the GBA with multiple-case comparisons across selected municipal systems. The analysis is guided by thematic coding and triangulation of policy documents, government reports, and platform project descriptions. This comprehensive evidence base enables both theoretical abstraction and policy relevance, ensuring that the proposed framework reflects the actual institutional complexity of the region.

Academically, the study contributes to the extension of service-ecosystem theory within the domain of digital health integration, elucidating mechanisms through which platforms mediate coordination and value co-creation among heterogeneous healthcare actors. Practically, the findings provide policymakers and administrators with a structured strategic model for designing interoperable, patient-centric, and efficiency-driven health systems. In the broader context of global health governance, the GBA serves as a living laboratory for cross-administrative collaboration, offering lessons for other

multi-jurisdictional regions seeking to reconcile technological innovation with institutional diversity. By situating digital transformation within a strategic integration framework, this research contributes both conceptual depth and actionable insight to the ongoing pursuit of resilient and equitable healthcare systems.

2. Literature Review

2.1. Models of Hospital-Community Integrated Care

Hospital-community integration has long been a central focus in healthcare reform, particularly for chronic disease management and coordinated service delivery [7]. Frameworks such as the Chronic Care Model (CCM) and Accountable Care Organizations (ACOs) have demonstrated notable strengths [8]. The CCM emphasizes proactive care management, patient empowerment, and multidisciplinary teamwork, contributing to reduced hospital readmissions and enhanced self-management outcomes [9]. Similarly, ACOs have fostered collaboration among providers by aligning financial incentives to reward quality and efficiency. These models provide valuable insights into the mechanisms of care coordination, forming the foundation for integrated healthcare systems.

However, despite these advances, both models face limitations in achieving seamless cross-sector integration. Their operations often remain confined within institutional boundaries, and data exchange between hospitals and community providers continues to be fragmented. Furthermore, their effectiveness depends heavily on regional governance and infrastructure investment, which constrains scalability. As a result, while these models enhance intra-organizational efficiency, they struggle to establish inter-organizational continuity, particularly in regions characterized by fragmented healthcare systems such as the Greater Bay Area (GBA) [10].

2.2. The Role of Digital Health in Care Coordination

Digital health technologies have emerged as promising enablers of integration. Electronic Health Records (EHRs), telehealth platforms, and Health Information Exchanges (HIEs) improve transparency and communication among healthcare actors [11]. EHRs enable real-time data sharing and longitudinal tracking of patient histories, while telehealth expands access for remote and underserved populations. HIEs further support interoperability by linking hospitals, clinics, and pharmacies, facilitating continuity of care across organizational boundaries. Empirical evidence from regions such as the UK and Scandinavia indicates that well-designed digital infrastructures can significantly reduce service duplication and enhance decision-making efficiency [12].

Nonetheless, the impact of these technologies often remains fragmented and localized. Many EHR systems are not interoperable across institutions, and telehealth platforms frequently operate as parallel systems rather than as integrated components of coordinated care [13]. Moreover, numerous digital health initiatives prioritize technological deployment over governance and organizational alignment, neglecting the need to harmonize incentives, workflows, and accountability structures. Consequently, while digital tools facilitate communication, they rarely achieve system-level integration that unites hospitals and community services into cohesive care networks.

2.3. Service Ecosystem Integration in Healthcare

The service ecosystem perspective provides a theoretical foundation for understanding how multiple stakeholders-including hospitals, clinics, payers, patients, and regulators-collaborate to co-create value. This perspective emphasizes relational coordination and interdependence among actors rather than hierarchical control [14]. It conceptualizes healthcare as a network of value co-creation, in which each participant contributes to shared outcomes. By focusing on dynamic resource exchange and mutual

adaptation, service ecosystem theory offers a broader, systems-based lens for achieving sustainable integration.

However, the practical application of this framework in healthcare remains limited. Most studies are conceptual, offering minimal empirical evidence on how digital infrastructures can operationalize collaborative mechanisms. In cross-jurisdictional contexts such as the GBA, where legal, institutional, and regulatory heterogeneity exists, service ecosystem theory has rarely been applied to guide strategies for digital-enabled integration [15]. This underutilization limits its potential to inform actionable policy and practical design.

2.4. Synthesis and Research Contribution

A synthesis of research across integrated care models, digital health technologies, and service ecosystem theory reveals a critical gap. Integrated care models offer structured coordination mechanisms but lack digital capacity for real-time collaboration. Digital health technologies enable connectivity but often remain technologically siloed and strategically fragmented. Service ecosystem theory provides a comprehensive conceptual framework but lacks practical grounding in digital healthcare contexts.

To address these deficiencies, this study proposes a Digital-Enabled Service Ecosystem Framework for Hospital-Community Integration, using the Greater Bay Area as an empirical case. The framework integrates insights from healthcare management, digital governance, and service science to demonstrate how digital platforms can function as the strategic core that unites diverse healthcare actors. It positions the digital platform not merely as an information system, but as a coordinating mechanism that aligns incentives, standardizes workflows, and facilitates continuous data exchange between hospitals and community providers.

The contributions of this research are twofold. Academically, it bridges the conceptual gap between service ecosystem theory and digital health practice, advancing understanding of digital intermediation within multi-level healthcare systems. Practically, it provides policymakers and administrators in the GBA and similar cross-administrative regions with a structured, actionable roadmap for designing interoperable, patient-centered, and sustainable healthcare integration systems.

3. Theoretical Framework and Methodology

3.1. Theoretical Framework

The theoretical foundation of this study is the Digital-Enabled Service Ecosystem Framework for Integrated Care, which conceptualizes the hospital-community healthcare system as an evolving ecosystem of interdependent actors connected through digital infrastructures. This framework draws on service ecosystem theory, institutional integration theory, and digital governance literature, emphasizing that sustainable integration emerges when technological, organizational, and institutional mechanisms are mutually reinforcing. Rather than treating digitalization merely as a technological intervention, the framework positions it as a strategic orchestrator that realigns incentives, harmonizes data flows, and enhances collaboration across multiple healthcare tiers.

Within this model, the digital health platform functions as the central node enabling three forms of systemic integration. First, resource integration refers to the digital consolidation of medical and administrative resources-such as patient records, diagnostic data, and human expertise-across hospitals and community health centers. For example, the Guangdong-Hong Kong-Macau Health Information Exchange Platform (HIEP) has facilitated structured data sharing for chronic-disease patients across institutions in Guangzhou, Zhuhai, and Hong Kong, thereby creating a unified digital resource base.

Second, service coordination captures the reconfiguration of clinical processes through digital pathways. Interoperable electronic referrals and remote follow-up systems allow tertiary hospitals to delegate stable chronic patients to community

providers, improving efficiency and continuity. Digital coordination further enables joint decision-making among physicians at different care levels via shared dashboards and real-time communication interfaces.

Third, value co-creation extends beyond institutional collaboration to include active patient participation. Patients engage with providers through applications such as Guangdong Health Connect or HA Go (Hong Kong Hospital Authority's mobile app), accessing medical records, scheduling teleconsultations, and managing medications. This co-production of health services enhances adherence, transparency, and trust.

These three mechanisms-resource integration, service coordination, and value co-creation-form a cyclical system in which data interoperability, process standardization, and patient empowerment reinforce one another. The framework also acknowledges that the success of such an ecosystem depends on governance alignment. The GBA represents a complex policy environment comprising multiple jurisdictions with distinct regulatory logics: the Mainland's state-led health governance contrasts with Hong Kong's semi-autonomous, market-based structure and Macau's welfare-oriented administration. The framework therefore positions digital platforms as boundary objects capable of mediating among these institutional logics through standardized data protocols, shared incentives, and policy harmonization mechanisms.

In summary, the Digital-Enabled Service Ecosystem Framework provides both theoretical and operational lenses. Theoretically, it extends service ecosystem theory into cross-jurisdictional healthcare contexts. Practically, it identifies how digital infrastructures act as integrative forces capable of transforming fragmented health systems into cohesive, value-driven networks.

3.2. Research Design and Case Context

This research employs a qualitative interpretive case-study design to explore how and why digital health platforms contribute to hospital-community integration in the GBA. The interpretive paradigm is appropriate because the strategic role of digital health in systemic integration cannot be meaningfully isolated from its policy, institutional, and cultural contexts.

3.2.1. Case Selection

The GBA was selected as a critical case due to its combination of national strategic importance, administrative diversity, and rapid digital transformation. The region's population exceeds 86 million, and its 11 cities exhibit varying degrees of digital maturity and healthcare governance. Guangdong operates under the centralized supervision of the National Health Commission (NHC), Hong Kong maintains its Hospital Authority (HA) with independent policies, and Macau's health system follows a semi-public insurance model. These variations make the GBA an ideal empirical setting to analyze how digital integration unfolds across heterogeneous systems.

3.2.2. Data Collection

Data for this study were collected from multiple authoritative sources between 2018 and 2024 to ensure longitudinal validity and policy relevance. Over 60 official and publicly available documents were analyzed, including national and regional policy papers such as the Outline Development Plan for the Guangdong-Hong Kong-Macau Greater Bay Area, and annual reports issued by the Guangdong Provincial Health Commission, Shenzhen Municipal Health Bureau, and the Hong Kong Hospital Authority (HA, 2021-2024). Technical reports from key digital health initiatives, including the Guangdong-Hong Kong-Macau Health Information Exchange Platform (HIEP), Shenzhen Smart Health Cloud System, and the Zhuhai-Macau Telemedicine Pilot Program, were also reviewed. These materials were complemented by verified project outcome statistics published by the NHC and regional health bureaus. Integrating multi-level policy

documents and operational data ensures both empirical authenticity and analytical depth, providing a comprehensive understanding of digital health integration processes in the Greater Bay Area.

3.2.3. Data Analysis

Data were analyzed through thematic analysis using NVivo 12 to systematically interpret qualitative evidence. The process involved three iterative stages. In the open-coding stage, recurring concepts such as interoperability, policy coordination, data governance, and patient participation were identified across policy and project documents. Axial coding grouped these codes into broader categories representing structural and strategic dimensions of healthcare integration. Finally, selective coding refined the interrelationships among digital governance, institutional incentives, and care delivery outcomes. This rigorous procedure generated four dominant analytical themes: digital infrastructure readiness, institutional and regulatory alignment, incentive and governance mechanisms, and patient engagement and value co-creation. These themes formed the empirical foundation for refining the Digital-Enabled Service Ecosystem Framework, ensuring the theoretical model accurately reflects operational realities of digital health integration in the GBA.

3.3. Empirical Basis: Digital Integration in the Greater Bay Area

As shown in Table 1, major digital health initiatives across the GBA demonstrate both the progress and challenges of digital-enabled integration. The HIEP represents the first cross-border attempt at interoperability, showing that data standards can be harmonized across jurisdictions. The Shenzhen Smart Health Cloud highlights efficiency gains from integrating hospital and community records under unified governance. Hong Kong's eHRSS exemplifies the value of patient-controlled data sharing within a public-private framework, and the Zhuhai-Macau pilot illustrates how telemedicine mitigates geographic and institutional barriers. However, disparities in legal frameworks, data security requirements, and reimbursement mechanisms continue to constrain full-scale integration.

Table 1. Representative digital-health integration initiatives in the Greater Bay Area.

Initiative	Jurisdiction	Core Function	Key Outcome (2019-2024)	Source
Guangdong-Hong Kong-Macau Health Information Exchange Platform (HIEP)	Cross-border (Guangzhou, HK, Macau)	Unified patient identifier and data-sharing protocol	12 million records exchanged; 4,200 chronic-disease referrals coordinated	NHC 2021; Guangdong Health Bureau 2023
Shenzhen Smart Health Cloud	Mainland GBA	Integration of hospital and community EHR systems	52 hospitals and 680 clinics linked; 17% reduction in duplicate diagnostic tests	Shenzhen Health Commission 2023
Hong Kong Hospital Authority eHealth Record Sharing System (eHRSS)	Hong Kong SAR	Interoperable public-private data access	94% of public hospitals and 63% of private clinics connected	Hospital Authority Annual Report 2023

Zhuhai-Macau Smart Healthcare Pilot	Cross-border	Teleconsultation and cross-system prescription verification	28% reduction in average consultation waiting time	Zhuhai Health Bureau 2022

4. Findings and Discussion

4.1. The Strategic Role of the Digital Platform

The digital platform plays a pivotal role in facilitating hospital-community integration in the GBA. Findings indicate that the platform functions not merely as a tool for data exchange, but as the operational backbone of integrated care. For instance, the Guangdong-Hong Kong-Macau HIEP enables real-time sharing of patient data, ensuring that medical histories are accessible across diverse healthcare institutions. This seamless data access allows physicians in hospitals and community clinics alike to work with the most current patient information, enhancing decision-making accuracy and timeliness.

Moreover, the platform standardizes care pathways. Once a patient is discharged from a hospital in Guangzhou, the digital system automatically triggers a referral to a local community clinic in Foshan, accompanied by a structured follow-up schedule. This automation reduces delays and errors, ensuring a smooth transition from hospital to community care. Performance metrics embedded in the platform further allow for continuous monitoring of care quality. Hospitals and clinics share key performance indicators (KPIs), such as patient satisfaction, readmission rates, and treatment adherence. These metrics provide real-time feedback to providers, supporting continuous quality improvement.

As shown in Figure 1, the platform coordinates interactions among hospitals, community clinics, and patients.

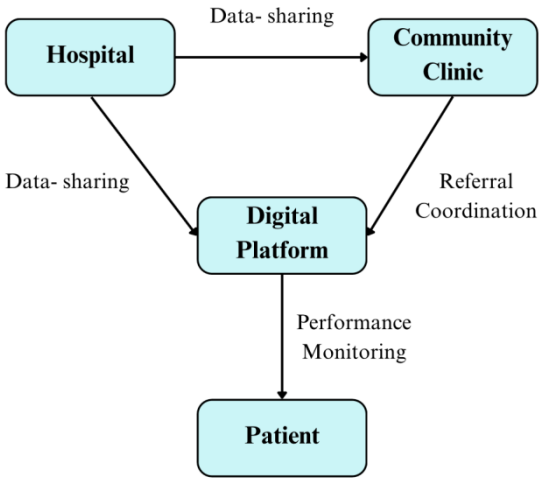

Figure 1. Digital Platform Coordination Model.

4.2. Overcoming Institutional and Regulatory Barriers

A major challenge identified in the study is the institutional and regulatory barriers that hinder smooth digital integration. One critical issue is the variation in data privacy laws across regions. Guangdong and Hong Kong, for example, have distinct regulations governing patient data sharing. In Hong Kong, the Personal Data (Privacy) Ordinance requires explicit patient consent, whereas mainland China's national policies allow more flexible data-sharing practices. Navigating these differences necessitates tailored consent procedures to satisfy both regional and national standards.

Misaligned reimbursement models further complicate digital integration. Public hospitals in the GBA are funded primarily through government allocations, while private clinics depend on out-of-pocket payments or insurance. As a result, community clinics may have limited incentives to adopt digital tools, as direct financial benefits are not always evident. A platform-based strategy can mitigate these challenges by offering a unified framework for data sharing and standardized processes. Aligning payment models through outcome-based incentives, where compensation is linked to patient outcomes rather than service volume, can reduce barriers between public and private sectors, fostering broader adoption of digital health solutions.

Figure 2 illustrates the regulatory and institutional challenges encountered in cross-border digital health integration within the GBA.

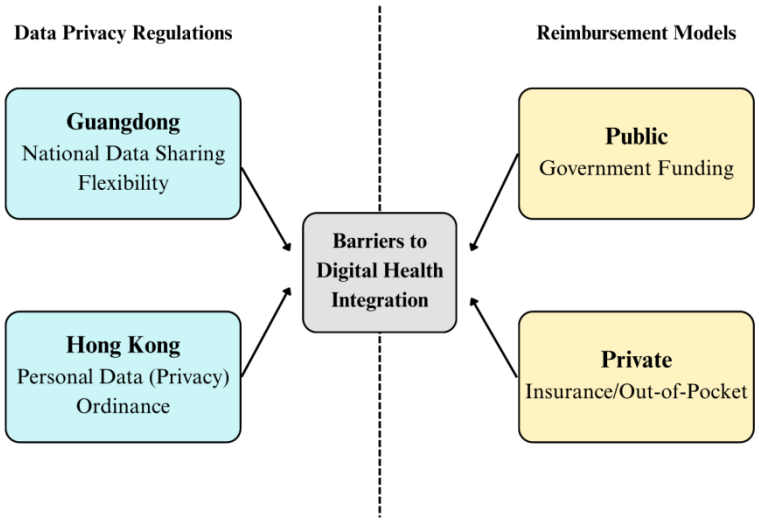

Figure 2. Institutional and Regulatory Challenges in Cross-Border Integration.

4.3. Reconfiguring the Patient-Provider Relationship

The digital platform also reshapes the patient-provider relationship. By providing patients with access to their health information, the platform encourages active engagement in care management. For example, through the Guangdong Health Connect App, patients can review medical records, track appointments, and receive medication reminders. Real-time access empowers patients to take greater control over their health, promoting self-management.

This shift transforms healthcare providers' roles as well. Traditionally, providers operate in relative isolation, treating patients based on limited or delayed information. Digital platforms enable collaborative care teams, comprising doctors, nurses, and community health workers, to work across settings. Providers can access comprehensive patient histories, monitor progress, and communicate through secure messaging systems. This collaborative model enhances care quality, reduces the likelihood of medical errors, and strengthens continuity of care.

The reconfiguration of patient-provider interactions underscores the importance of patient engagement and continuous communication in integrated care models.

4.4. Theoretical and Practical Implications

The findings both validate and extend the service ecosystem framework by demonstrating the practical role of digital platforms in healthcare integration. The theoretical contribution lies in clarifying the mechanism of digital intermediation in healthcare. While service ecosystem theory emphasizes interaction among multiple actors, this study shows how digital platforms function as intermediaries and catalysts,

coordinating resources and enhancing value co-creation among hospitals, community clinics, and patients. Digital platforms thus do more than enable information exchange; they actively reshape governance and coordination structures within healthcare ecosystems.

Practically, the research provides a strategic roadmap for policymakers in the GBA and comparable regions. A comprehensive digital health strategy should focus on establishing governance structures that encourage collaboration across healthcare sectors, ensuring interoperability standards for data exchange, implementing incentive-based reimbursement models, and providing financial support to both public and private providers. Such measures can reduce fragmentation and improve patient outcomes by fostering a more integrated healthcare system.

5. Conclusion

This study examined how digital health platforms can strategically support hospital-community integration in the Guangdong-Hong Kong-Macau GBA. Combining documentary analysis with case-based evidence, the research demonstrates that digital platforms function as more than information tools; they serve as the operational backbone of integrated care, linking hospitals, community clinics, and patients through shared data systems, standardized workflows, and performance monitoring mechanisms.

The findings highlight three primary contributions. First, digital platforms improve continuity of care by enabling real-time data exchange and automated referral processes, reducing duplication and delays. Second, institutional and regulatory barriers, such as inconsistent data privacy laws and reimbursement models, remain significant obstacles; however, a unified platform strategy with standardized data-sharing rules and outcome-based incentives can help overcome these challenges. Third, patient empowerment emerges as a notable benefit of digital integration: mobile health applications in Guangdong and Hong Kong allow patients to manage appointments, access medical records, and actively participate in care decisions, fostering shared responsibility between patients and providers.

From a theoretical standpoint, the study extends service ecosystem theory by illustrating how digital intermediation facilitates coordination among diverse healthcare actors within a cross-jurisdictional context. Practically, it offers a strategic roadmap for GBA policymakers to promote interoperability standards, outcome-based funding, and governance models that bridge institutional boundaries.

Nevertheless, the study has limitations. The analysis primarily relies on official policy and project reports, which may not fully capture frontline experiences of healthcare workers and patients. Future research could incorporate interviews or field observations to provide richer insights into implementation challenges and behavioral responses.

In conclusion, digital health platforms hold substantial potential to transform fragmented healthcare systems into collaborative, patient-centered ecosystems. For the GBA and similar regions, digital integration represents not only a technological evolution but also a strategic pathway toward sustainable and equitable healthcare reform.

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