

# Hospital Responsibility for The Implementation of Digitalization in The Delivery of Health Services

Noviati Sri Racha<sup>1</sup>, Siti Nurhayati<sup>2</sup>

<sup>1,2</sup>Program Study Magister Hukum Kesehatan, Pascasarjana UNPAB, Indonesia

Email: <sup>1</sup>[noviati\\_sr@yahoo.com](mailto:noviati_sr@yahoo.com), <sup>2</sup>[Sitinurhayati@dosen.pancabudi.ac.id](mailto:Sitinurhayati@dosen.pancabudi.ac.id)

## Abstract

The era of digitalization bring potency big in increase quality service health. However, it can be implemented at home Sick bring up challenge related with accountability, incl patient data security And equality access. This study aim for evaluate accountability House Sick in application digitalization service health, identify obstacles faced, and offer recommendation For enhancement. Use approach descriptive analytics, research Tthis collect data via review literature, interviews with relevant stakeholders, and studies case. Analysis done with method categorize and evaluate information for interesting conclusion about practice accountability in digitalization service health. Findings show that although digitalization offer enhancement efficiency and accessibility service health, still there is lack in mechanism accountability, esp in management and patient data protection. Limitations in policy and existing regulations also influence effectiveness implementation digitalization. This study conclude that there is need urge for strengthen accountability House Sick in application digitalization service health. Required framework work more regulations strong and comprehensive for ensure data security and privacy patient protected. It is recommended that the house Sick develop And apply standard security strict information, as well strengthen cooperation with party authorized for renew and perfect regulations related digitalization service health. Enhancement awareness and training for staff House Sick about importance data security too become key in increase accountability.

**Keywords:** Digitalization Health, Accountability House Ill, Data Security

## 1. INTRODUCTION

Health is a key element for the continuation of human life. Everyone has the right to reliable, quality and economical health services. However, in practice, health services in Indonesia are often faced with various challenges and restrictions, such as the limited availability of health services in isolated areas due to transportation problems, the distance that must be traveled, and the length of the journey. This situation became more critical during the 2019 Corona Virus Disease pandemic. The Covid-19 pandemic that hit various countries, including Indonesia, has triggered significant and widespread changes in the delivery of public services. This disruption, which essentially means radical changes to existing systems and structures of life to become more modern and innovative, results in deep transformation in various aspects. (Kesuma .SI, 2024). Digital transformation has become must for sector health For increase efficiency, accessibility, and quality service to public. In Indonesian context, application technology information in service health offer potency big for overcome various obstacles , incl limitations geographic, source power, and infrastructure. However, transition going to digitalization This Also give rise to question important about accountability House Sick. Issues like patient data security, privacy, and equality access become attention main. Accountability this no only related with provision effective service and efficient but Also ensure that rights patient protected in increasingly digital environment integrated. The disruption that occurred after the Covid - 19 pandemic was a fundamental change in public services (Setiyo Dewi et al., 2021). Based on Law No. 25 of 2009 concerning Public Services (hereinafter referred to as Law No. 25/2009 Public Services), in article 1 paragraph (1), it is stated that "public service" is any action or series of actions taken by an entity established based on law. -legislation to meet the needs of the general public with respect to products, services and administrative support. Article 5 paragraphs ( 2 ) and ( 3 ) states that health services are included in public services. As a response to the impact of the Covid-19

pandemic on public services including the health service system, which was also followed by the rapid development of information system technology, in its efforts to overcome the health problems that emerged after the Covid-19 pandemic, the Government of the Republic of Indonesia, through the DPR, implemented an approach omnibus law for the issuance of Law Number 17 of 2023 concerning Health (Alyam. Syofyan Y, 2023). So that Disruption in the service sector can be seen through Law No. 17 of 2023 concerning Health (hereinafter referred to as the Health Law). As is known, this law abolishes 11 laws , namely:

1. Constitution Number 419 of 1949 concerning Ordinance Drug Hard
2. Law Number 4 of 1949 concerning Outbreaks of Infectious Diseases
3. Law Number 29 of 2004 concerning Medical Practice
4. Law Number 36 of 2009 concerning Health.
5. Law Number 44 of 2009 concerning Pain
6. Law Number 20 of 2013 concerning Medical Education
7. Law Number 18 of 2014 concerning Mental Health
8. Law Number 36 of 2014 concerning Health Workers
9. Law Number 38 of 2014 concerning Nursing
10. Law Number 6 of 2018 concerning Health Quarantine
11. Law Number 4 of 2019 concerning Midwifery

With the passing of this health law, there have been several changes, both changes in terms of types of hospital services, hospital management, and the application of Health Information Technology, which previously only took the form of government regulations or Minister of Health regulations and is now being legislated. The increasing development of digital technology and health information technology in the wider community has had an impact on health services in the form of the application of digitalization in health services. There are two Minister of Health regulations regarding the scope of digitalization in health services namely: Regulations Minister Health Number 20 of 2019 Concerning Maintenance Service Telemedicine Between Facility Service Health (Permenkes Telemedicine) and Regulation Minister health Republic of Indonesia Number 24 of 2022 concerning Medical Records (hereinafter referred to as the Minister of Health's Regulation on Medical Records) states that electronic medical records are deemed necessary to be maintained with the principle of data security and data confidentiality and as a means of information. Even though there are many changes contained in Health Law No. 17/2023, this research will assess how hospitals are legally accountable for the implementation of the Health Information System and the implementation of electronic medical records, especially based on Health Law No. 17/2023 and Minister of Health Regulation No 22/2022 concerning Medical Records.

## **2. METHODOLOGY**

This study use method descriptive analytic for investigate accountability House Sick to application digitalization in maintenance service health. Approach This chosen For possible understanding deep about how digitalization implemented in practice service health And How House Sick accountable implementation the to enhancement quality service. Data is collected through review literature related regulations, policies, and studies case about digitalization in the sector health, as well interview deep with relevant stakeholders, incl management House sick, staff medical, and patient. Data analysis was carried out with identify, categorize, and evaluate information obtained for interesting conclusion about effectiveness and challenge in implementation digitalization service health. Next, research this will elaborate mechanism accountability applied by House Sick in face digital transformation, incl patient data management, security information, and suitability with standard service applicable health. This study aim for give possible recommendations support House Sick in strengthen system accountability they to digitalization service health, so can maximizing benefit technology information in increase access and quality service health, while ensure data protection and privacy patient. Through approach descriptive analytic this, research endeavor give valuable insight for taker policy, practitioner health, and public wide about accountability and challenges faced in the era of digitalization service health.

## **3. RESULTS AND DISCUSSION**

The definition of service according to the Big Indonesian Dictionary is a matter or method of service/facility provided in connection with the buying and selling of goods or services, which, if related to health, is the service a person receives in connection with the prevention, diagnosis and treatment of a particular health disorder (<https://kbbi.web.id/service> accessed 17 February 2024), According to Health Law No. 17/2023, it is any form of activity and/or series of service activities provided directly to individuals or the community to maintain and improve the level of public health in the form of promotive, preventive, curative, rehabilitative and/or palliative (article 1 number 3). Meanwhile, health service facilities relate to places and/or equipment for

providing health services and hospitals are one of the health service facilities that provide inpatient, outpatient and emergency services. (article 1 number 8). The duties and functions of hospitals are in terms of providing specialist and sub-specialist patient health services, which is also based on the fact that hospitals have an obligation to provide safe, quality, effective and non-discriminatory health services and patients have the right to receive the best possible health services. good. According to the Health Law, there are 3 things that must be done in administering health, namely :

- a. Health efforts, both individual and community health efforts aimed at realizing the highest possible level of health
- b. Health Resources are intended to support the implementation of health efforts and the Health Information System included therein (article 20 letter d)
- c. Health Management is carried out on health efforts and health resources

The use of this Health Information System is applied to the patient referral system, which, with information technology integrated with the National Health Information System, ensures that referred patients receive certainty about treatment places or health services from referral hospitals, accompanied by patient data information. A patient referral system like this is an example of implementing telehealth or telehealth. Telehealth is the use of electronic information in the form of digital images, videos or files stored in computer files and the use of telecommunications technology including smartphones, internet, streaming media, videoconferencing, which is used to treat patient health by medical personnel. Apart from telehealth, service facilities Health or hospitals can provide telemedicine services. Telemedicine is a limited service between doctors and patients using telecommunications technology so that it is possible to provide long-distance care, so that with telemedicine doctors and patients are not in the same room and are only connected via telecommunications technology. This telemedicine service can be carried out independently by health facilities/hospitals or in collaboration with registered electronic system providers (article 172). In other words, telehealth and telemedicine are possible because of the integration between health service facilities and information and communication technology. (Handayani, 2021). Apart from the Health Law, another legal basis regarding telehealth and telemedicine is the Minister of Health Regulation on Telemedicine. Forms of telemedicine services include:

1. Teleradiology: diagnostic radiology services through electronic image transmission, to provide expertise to health facilities receiving consultations provided by health facilities providing consultations
2. Teleelectrocardiography : electrocardiology expertise services provided by consultation providers to consultation recipients through the transmission of electronic electrocardiography images
3. Teleultrasonography, obstetric ultrasound service with electronic image transmission from the recipient of the consultation to the provider of the consultation to gain expertise
4. Clinical teleconsultation, long-distance clinical consultation to establish a diagnosis or suggest disease management, can be in writing, voice or video and must be recorded in the electronic medical record.
5. Other telemedicine consultation services that are in line with advances in science and technology

There are two forms of service facilities in telemedicine, namely, health facilities providing consultation services, in this case government or private hospitals, and health facilities receiving consultations, for example hospitals, level 1 health facilities (puskesmas, clinics, independent practicing doctors) and other health facilities. Both health facilities, both providers and recipients of consultation, are obliged to fulfill (Sanarta.K Getting to Know the Legal Basis for Telemedicine Regulations in Indonesia <https://rcs.hukumonline.com> accessed 18 February 2024).

1. There are health resources, consisting of doctors, specialist doctors, subspecialists, other health workers who are competent in their fields. Medical personnel must have a SIP and other health personnel must have a SIK (work permit), and informatics personnel.
2. There are facilities, infrastructure and equipment, in the form of rooms/buildings with adequate electricity and internet network facilities, as well as medical and non-medical supporting equipment to comply with quality standards and patient safety.
3. There are applications used, either developed by health facilities themselves or using telemedicine applications provided by the Ministry of Health.

Meanwhile, the duties and obligations that must be fulfilled by health facilities providing consultations are:

1. Providing and determining human resources who carry out telemedicine services
2. Create SOPs for telemedicine services through the Decree of the Director/Head of the Hospital
3. Documenting telemedicine services that have been provided in the form of medical records
4. Respond to every complaint given for telemedicine services that have been provided from the recipient/consultation requesting health facility

The duties and obligations that must be fulfilled by health facilities requesting consultation are:

1. Providing and determining human resources who carry out telemedicine services
2. Providing and determining human resources who carry out telemedicine services
3. Documenting telemedicine services that have been provided in the form of medical records
4. Providing payment for telemedicine services that have been received.

The applications of telemedicine in Indonesia can be seen in terms of health services during the pandemic, with the publication of KMK No.HK.01.07/Menkes/4829/2021 concerning Guidelines for Health Services via Telemedicine during the Corona Virus Disease 2019 (Covid-19) Pandemic (<https://detikemerging.kemkes.go.id>). The Minister of Health's decision aims to ensure that health services and monitoring of Covid-19 patients who are self-isolating can be carried out via telemedicine, by means of this online method the patient's condition can be monitored, get optimal and effective management from medical staff and health workers and make patient referrals controlled. Covid-19 to the hospital if things get worse. With the guidance and supervision carried out, Covid-19 patients receive quality management through long-distance services. Another use of telemedicine, one of which is teleconsultation. Teleconsultation was originally a means of interaction between doctors and patients using electronic devices (smartphones) with the aim of getting a diagnosis of disease and advice on management. And the use of teleconsultation as a triage method in the emergency room, reducing outpatient patient visits by monitoring conditions remotely or by conducting scheduled teleconsultations for outpatients for re-control (Telediagnostik/Telekonsultasi <https://e-malaria.wg.ugm.co.id> accessed 19 February 2024). Regarding the guidance and supervision of telemedicine, the regulations for the implementation of telemedicine also include the same arrangements as for direct/face-to-face medical practice regarding the administration of medical practice, with the existence of a registration certificate, practice permit, professional standards, SOPs, medical secrets, medical records, improving the quality and safety of patients receiving telemedicine services (Andrianto & Athira, 2022). Another digitalization in hospital services is the implementation of electronic medical records. It has become an obligation for hospitals to improve the quality of their services and prioritize patient safety. One way is to take advantage of technological developments in the field of using electronic medical records. Where electronic medical records themselves are applications for collecting, storing data, processing data and accessing data stored in a medical record (Wirajaya & Dewi, 2020a). According to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records (hereinafter referred to as Minister of Health Regulation 24/2020) in article (1), that medical records must contain patient identity data, examinations, treatment, procedures and other services that have been provided to the patient. . The benefits of medical records in general are (Andrianto.W; Simple notes for Minister of Health Regulation No. 24 of 2022 concerning Medical Records, <https://law.ui.ac.id> accessed 16 February 2024).

1. Medical records contain records of the patient's identity, anamnesis, physical examination, diagnosis and management as well as actions and services received by the patient during treatment, so that the medical record is a document about the patient
2. Medical records can be used as legal evidence in the process of resolving ethical, disciplinary and medical disputes or legal cases
3. Medical records can be the basis for determining the rates for services provided to patients
4. Medical records containing all records of the progress of the patient's illness, service and medical procedures that the patient has received can be used as material for research in the health/medical field and can be used as reference material for learning.
5. Good and complete medical records in medical practice will improve the quality of service and patient safety
6. Medical records can be used as statistical data to see trends in a disease occurring in society or to obtain data on the number of patients with certain diseases.

Minister of Health Regulation 24/2020 revokes Minister of Health Regulation Number 269/Menkes/Per/III/2008 concerning Medical Records because it is no longer in accordance with developments in science and technology, health service needs and the legal needs of society. There are new things in this Minister of Health Regulation 24/2020, namely the electronic system used for electronic medical records, activities for administering electronic medical records and the security and protection of electronic medical record data. Therefore, Article 3 of Minister of Health Regulation 24/2020 requires every health service facility to maintain an Electronic Medical Record ( hereinafter referred to as RME) And what is meant by electronic medical records are medical records created using an electronic system intended for administering medical records. This RME obligation also applies to service facilities that provide telemedicine services. So that Minister of Health Regulation 24/2020 becomes the legal umbrella for administering RME. The application of

RME in hospitals can be legal evidence for medical disputes, ethical and disciplinary violations. (Rubiyantri, 2023). The application of RME can improve health services and patient safety. And from the hospital management side, it will make it easier to manage health service problems in hospitals by providing data that is integrated and with high accuracy, which of course helps in cost efficiency, for example hospitals become paperless by reducing the cost of printing manual medical records and also reducing record storage space. medically significant (Rubiyantri, 2023; Wirajaya & Dewi, 2020). RME in hospitals is one part of the information system and must be able to be integrated with information systems outside the hospital, namely health services at the city/district, provincial and central levels, namely the Ministry of Health, or in other words, have compatibility and/or capability. or interoperability. Compatibility is the suitability of one electronic system with other electronic systems, while interoperability is the ability of different electronic systems to be able to work in an integrated manner to communicate or exchange data with one or more other electronic systems that use data exchange standards. Bridging hospital RME with the Health Social Security Guarantee Agency is one application. The RME application must contain data elements/variables and meta data that refer to the variables and meta data outlined by the Ministry of Health. Implementation of RME in hospitals starts from the time the patient is treated until the patient goes home, dies or is referred. The minimum requirements for RME activities consist of:

1. Patient registration, consisting of patient identity containing Medical Record Number, Patient Name and Employment Identification Number, and social data containing religion, employment, education and marital status
2. Filling in clinical information is carried out by medical personnel or health workers who provide services
3. Distribution of electronic medical record data is the activity of sending electronic medical record data between service units in hospitals
4. Processing electronic medical record information, including providing disease classification codes and medical procedures using the International Statistical Classification of Disease and Related Health Problems (ICD 10 and ICD 9 codes), internal and external reporting, and conducting qualitative and quantitative analysis of electronic medical record data
5. Input data for claiming treatment costs, by entering disease classification codes and actions filled in by medical personnel and health workers
6. Electronic medical record data storage must be digital and able to guarantee the security, integrity and confidentiality of electronic medical records. Storage can be with servers, cloud computing or other systems and must have data backup.
7. Quality assurance of electronic medical records must be carried out internally by the hospital through medical record review activities by the hospital's medical record review team, and can be carried out periodically. External quality assurance can be carried out by the government.
8. The transfer of the contents of electronic medical records is carried out through the patient referral system to the hospital receiving the referral, and this transfer system is through a service platform managed by the Ministry of Health.

Regarding security and protection arrangements for electronic medical record data in Minister of Health Regulation 24/2020, including ownership and content of ERM, security and protection of ERM data (including confidentiality of content, disclosure of release of content and storage period for ERM). Ownership and contents of electronic medical records contain two meanings, namely that medical record documents belong to the health service facility. Therefore, health service facilities are responsible for loss, damage, falsification, and/or use by unauthorized persons and/or entities of these medical record documents. The second meaning is that the contents of the medical record belong to the patient, and can be conveyed to the closest family or other parties after obtaining consent from the patient. The contents of electronic medical records must be kept confidential by all parties involved in health services and medical services at health service facilities (not only health workers and medical personnel, but also including students working in health service facilities, personnel related to financing health services and medical services, other parties who have access to patient health data and information in health service facilities, even though the patient has died. Regarding the opening of the contents of electronic medical records, there are two things that must be used as guidelines, namely: requests for opening the contents of medical records must be made in writing or electronically and opening the contents of medical records is limited to what is needed. Basically, opening the contents of electronic medical records must be done with the patient's consent. Opening the contents of medical records without the patient's consent must obtain approval from the Minister of Health of the Republic of Indonesia (by submitting a request through the Director General of Health Services, Ministry of Health). The approval of the Minister of Health of the Republic of Indonesia is

excluded for the disclosure of the contents of electronic medical records which is carried out on the basis of a court order. Patient. It is categorized as having waived ownership of the contents of the ERM if the patient and/or the patient's family informs the contents of the electronic medical record to the public via mass media. and the implication is that health facilities have the authority to disclose the confidential contents of electronic medical records as a right of response from health services. Electronic medical record data storage in health care facilities is carried out for a minimum of 25 years from the date of the patient's last visit. After this time period, electronic medical record data can be destroyed, except for data that is still in use or utilized.

Regarding the implementation of digitalization that must be implemented in hospitals, in this case telemedicine and electronic medical records, it is contained in Law Number 17 of 2023 concerning Health, Law No. 19 of 2016 concerning Electronic Information and Transactions, Government Regulation Number 46 of 2023. 2014 concerning Health Information Systems, Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine Services between Health Service Facilities, Minister of Health Regulation Number 24 of 2022 concerning Medical Records. Even though the legal regulations that have been presented can be used as a reference, regulations are still needed that specifically regulate telemedicine services because we are already in the era of digitalization 4.0. All aspects of telemedicine services must adapt to current developments by considering services that are more easily accessible so that they must have a clear legal basis, because in Indonesia there is no concrete legal basis regarding telemedicine. Hospitals in telemedicine services, whether hospitals as service providers or requesting services, cannot be separated from legal responsibility, especially for service providers and recipients, namely doctors and hospitals considering the many factors that must be prepared, including: examination, establishing a disease diagnosis, administration of drugs and other therapies. And if a medical dispute occurs from this telemedicine service, the hospital must be responsible and also provide protection for the hospital. Legal issues within the scope of hospitals are responding to lawsuits or lawsuits from patients who experience losses, through alternative dispute resolution through non-litigation, persuasive efforts, mediation in accordance with the Health Law, that the hospital is legally responsible for all losses incurred due to negligence. carried out by health workers in hospitals. In Indonesia there is no law that specifically regulates the use of telemedicine services, the existing regulations only cover telematics issues in general. Because there is no specific regulation regarding the application of telemedicine, this could cause problems in the future. Even though the legal basis and legislation can help law enforcement, it is not yet a solid protection for hospitals and the medical profession that provides telemedicine. Civil liability in article 1365 of the Criminal Code states that for every act that violates the law and causes loss to another person, it is the obligation of the person who caused the loss through his fault to compensate for the loss. Based on these provisions in telemedicine services, if a hospital makes a mistake and results in loss, it is required to compensate the loss. Article 1366 of the Criminal Code states that every person is responsible not only for losses caused by their actions but also for losses caused by their negligence. Based on this article, hospitals must compensate for losses if there are consequences that cause losses to telemedicine services. It is also found in Law No. 19 of 2016, it is stated that anyone can file a lawsuit against a party that operates an electronic system or uses information technology that causes losses. In terms of criminal liability in telemedicine services, doctors as one of the providers of telemedicine services in hospitals can be subject to criminal sanctions as regulated in article 48, article 51 paragraph 2, article 52 paragraph 2, 3, 4 of Law No. 19/2016 concerning Information and Transactions Electronic. Administrative responsibility is applied in accordance with the Health Law.

The implementation of electronic medical records in accordance with Minister of Health Regulation No. 24/2022 has not yet been fully implemented by hospitals throughout Indonesia. Because in its use there are many challenges and obstacles faced, at the hospital level, obstacles can occur from the management level to the implementation level. Obstacles that occur can be due to a lack of shared understanding of the concept and development of electronic medical records compared to conventional medical records. Inaccuracy in assessing the need for electronic medical records, starting from preparing the application/system to be used, data suitability between departments in the hospital, preparing hardware requirements, and readiness of resources to carry out electronic medical records. It also concerns concerns about privacy violations and if a medical dispute occurs. Several studies in 1999 have shown that one of the factors in the failure to implement electronic medical records was the lack of hospital preparation to implement electronic medical records. Electronic medical records are included in the electronic document category based on Law No. 19/2016 article 11. As electronic documents, electronic medical record data must come from an electronic system that has reliable security and can be accounted for so that it can be used as evidence. In implementing electronic medical records, the legal aspects must be carefully observed. This aspect must exist, so that it can provide clarity and legal protection for all components involved in medical services and health services in hospitals. The implementation of digitalization in health services in hospitals in Indonesia still requires a long time. The Central and Regional Governments as



stakeholders must play an active role in assisting its implementation by providing telemedicine platforms and electronic medical record applications at affordable costs and adequate wireless network infrastructure facilities. This is important to reach hospitals in remote and remote areas, so that the health data and information obtained is more complete. Through Permekes 24/2020, health facilities are required to implement electronic medical records. This legal obligation is strengthened by legal sanctions in the form of administrative sanctions, written warnings and/or recommendations for revocation and revocation of accreditation status for health service facilities that commit violations. Legal obligations accompanied by legal sanctions aim to create legal certainty, but legal certainty must take into account the benefits of the law itself. So the Ministry of Health must also consider the condition of hospitals with limited facilities and infrastructure to implement electronic medical records. Protection of personal data in Indonesia is still very weak, so it is necessary to strengthen the legal umbrella regarding personal data protection. Because telemedicine and electronic medical records use electronic personal data, they can be subject to the ITE Law if a violation occurs. So if there is a violation of telemedicine services and electronic medical records, sanctions can be imposed under the Health Law and the ITE Law.

#### 4. CONCLUSION

The application of digitalization in health services in hospitals will bring many changes. Hospital telemedicine is a hospital effort to provide broader and more affordable services to the people in the hospital's working area. Telemedicine services and the use of electronic medical records in hospitals are two interrelated modalities, which, if implemented well, will be able to significantly help health services in hospitals, as expected by the government. Health services can reach people in remote areas, supported by a qualified health data system so that they can provide the best service. Hospitals are required to have a hospital information system that is integrated with the National Health Information System (SIKN). This system mandates that all health records and data can be accessed in the SIKN system, which is an information management system that includes data storage, data management and patient information data. In accordance with Government Regulation Number 46 of 2014 concerning Health Information Systems, the national health information system is described. Every optimal effort to improve the level of public health as best as possible must be pursued with principles based on community welfare, equitable distribution of services that are non-discriminatory, participatory and ongoing. (Kesuma .S I, 2024). Enactment of Law No. 17 of 2023 with contents containing changes to health facilities which include teleconsultation services, telemedicine and the organizational structure of hospitals, is one of the efforts made to comprehensively regulate health problems in Indonesia, so it is hoped that with the enactment of this law, Indonesia's human resources will increase competitiveness and high resilience.

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