Legal Analysis of Patient Data Management Through Electronic Medical Records (RME) in Anugerah Medical Laboratory: Desires and Reality

Edisa Putra Ginting[1]
[1]Program Study Magister Hukum Kesehatan, Pascasarjana UNPAB, Indonesia
Email: [1]edisaginting80@gmail.com

Abstract

This research aims to analyze the legal aspects related to managing patient data through the Electronic Medical Record (RME) system at the Anugerah Medical Laboratory, with a focus on the gap between the ideals of implementing the RME system and the reality that occurs in the field. The approach used in this research is sociological juridical, which allows researchers to not only understand the applicable legal regulations but also observe the real application of these regulations in the practice of managing patient data at the Anugerah Medical Laboratory. Research methods include literature studies related to regulations and standards for managing electronic medical records in Indonesia, as well as analysis of the implementation of the RME system by the Anugerah Medical Laboratory, especially collaboration with the Byosis vendor which has not been registered as an integrated system provider partner with SATUSEHAT. The research results show that there is a discrepancy between the regulatory standards set by the Ministry of Health and the practice of managing patient data through RME in the laboratory. The conclusions of this study emphasize the importance of compliance with legal regulations to ensure the security, confidentiality and integrity of patient data. It is recommended that the Anugerah Medical Laboratory evaluate and adjust the RME system used, including considering collaboration with vendors who are registered and integrated with SATU SEHAT, to achieve an integrated and efficient health system. This research provides insight into the importance of integration and compliance with legal standards in managing electronic medical records, as well as highlighting the challenges faced by health facilities in implementing information technology in the health sector.

Keywords: Electronic Medical Records, Patient Data Management, Legal Regulations, Anugerah Medical Laboratory, SATU SEHAT

1. INTRODUCTION

Based on the Guidelines for the Implementation and Procedures of Medical Records in Indonesia, Revision II of 2006, the purpose of medical records is to support the achievement of orderly administration in the context of efforts to improve health services in hospitals. Without the support of a good and correct medical record management system, orderly hospital administration will not be created as expected. Meanwhile, administrative order is one of the determining factors in health service efforts in hospitals. In the Guidebook for Health Information Management in health service facilities written by Gemala R. Hatta in 2012, two large groups of uses for health records are mentioned. First, those that are directly related to patient care (primary). Second, those that are related to the environment surrounding patient care but are not directly related specifically (secondary). Pabila refers to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records Article. In this Ministerial Regulation what is meant by: (1) Medical records are documents that contain patient identity data, examinations, treatment, procedures and other services that have been provided to patients (2) Electronic Medical Records are Medical Records created using an electronic system intended for the maintenance of Medical Records. As mentioned above, Electronic Medical Records (RME) is a documentation system that stores patient health records throughout their lives in digital format. This system includes a variety of health information collected by one or more health professionals during interactions with patients. The main goal of RME is to facilitate the provision of more efficient and integrated health

services, enabling access to patient health data via computers in a network. Thus, RME becomes a vital instrument in improving the quality of care and health services. According to Indradi, RME is described as a medical record storage system in electronic format that integrates patient personal, demographic, social and clinical/medical data, as well as a chronology of clinical events from the beginning to the end of the service process. This system is designed to support medical decision making by providing fast access to patient data and information from various sources, including multimedia. The implementation of RME, with the support of computerized technology, is significant in increasing the efficiency and effectiveness of processing patient medical data. This system allows for faster, more accurate and up-to-date management of health information, thereby helping health service agencies improve the quality and coverage of health services provided to patients. As such, RME plays a critical role in the transformation of healthcare towards more informed and evidence-based practice, ensuring that every medical decision made is based on the most accurate and up-to-date data. The usefulness of Electronic Medical Records (RME) is not only limited to improving the efficiency and effectiveness of health services, but also has significant legal implications. From a legal perspective, RME plays a crucial role in ensuring compliance with standards for data security, patient privacy, and confidentiality of medical information. Legal experts recognize that managing health data through RME requires a strong legal framework to protect patient rights while facilitating the provision of quality health services. In a legal context, RME is considered an important tool for ensuring compliance with regulations such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States, which establishes national standards for the protection of privacy and security of health data. In Indonesia, similar regulations are represented by Law Number 36 of 2009 concerning Health, which emphasizes the protection of patient data and health information. From a practical standpoint, health law experts highlight the importance of RME in accurately and completely documenting the patient care process. This not only makes it easier to make evidence-based medical decisions but also provides important legal documents in the case of medical disputes or lawsuits. The presence of detailed and timely electronic medical records can be critical evidence in resolving legal cases related to medical malpractice or negligence. So, regarding the management of electronic medical records, is it in accordance with the ideals of these regulations, Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records and Law Number 17 of 2023 concerning Health. After approximately 2 years the Ministerial Regulation was issued. Specifically the research carried out at the Anugerah Clinic Laboratory which is located on Jalan Selamat Ketaren, Ruko LR Munthe Blok B No 13/14 Kabanjahe.

2. METHODOLOGY

This research adopts a normative juridical method, which focuses on analysis of statutory regulations, policy documents, and legal literature relevant to Electronic Medical Records (EMR) and related legal protection. This approach was chosen to explore the legal framework governing EMR, evaluate compliance with existing legal norms, and identify legal challenges that arise in its implementation in hospitals. Analysis was carried out through secondary data collection sourced from statutory regulations, jurisprudence, government policy documents, scientific journal articles, books and other sources related to the research subject. This approach allows researchers to understand and interpret the legal framework comprehensively, as well as analyze its implications for the practice of implementing EMR in health care facilities. In this research, researchers will also use comparative analysis to compare regulations and EMR implementation practices between Indonesia and other countries that may have similar or different legal systems and challenges. This aims to identify best practices and lessons that can be adapted to overcome legal challenges in implementing EMR in Indonesia. This comparative analysis will be carried out by considering aspects such as data security, patient privacy, system interoperability, as well as monitoring and law enforcement mechanisms. Through normative juridical methods and comparative analysis, it is hoped that this research can provide evidence-based recommendations to strengthen legal protection and overcome challenges in implementing EMR in hospitals, while supporting improvements in the quality of health services.

3. RESULTS AND DISCUSSION

Theoretical Study of Medical Records According to Minister of Health Regulation no. 24 2022

Article 1 Number 1 RI Minister of Health Regulation No. 24 of 2022 concerning Medical Records states that medical records are, "documents containing patient identity data, examinations, treatment, actions." As for electronic medical records (RME) according to Article 1 Number 2 Minister of Health Regulation No. 24 of 2022 concerning Medical Records, namely Medical Records created through an electronic system intended for managing Medical Records. These provisions are also formulated in Article 46 Paragraph 1 of Law no. 29 of 2004 concerning Medical Practice. Minister of Health Regulation No. 749a/Menkes/Per/XII/1989 concerning medical records also defines medical records as files that include notes and documents related to patients ranging

from identity, actions, examination history, as well as treatment and other services in health care facilities. The conclusion from these three definitions is that electronic medical records have very broad implications. This definition is not only described as an ordinary note but contains all patient information for the initial determination of further action towards the patient. Apart from that, RME and manual medical records have the same legal status under the new regulation, namely Minister of Health Regulation No. 24 of 2022 concerning Medical Records.

Electronic medical records are included in the category of electronic documents based on Law no. 19 of 2016 concerning Information and Electronic Transactions Article 11. As electronic documents, electronic medical record data must come from an electronic system that has electronic systems that have security reliability and can be accounted for so that they can be used as evidence. In implementing medical records, legal aspects must be considered, whether manual or electronic medical records. This aspect must be enforced so that clarity and legal protection for all components involved in medical services or health services in hospitals can be guaranteed. The function of medical records according to Minister of Health Regulation Number 24 of 2022 is to improve the quality of health services, provide legal certainty in the administration and management of medical records, guarantee the security, confidentiality, integrity and availability of medical record data, and realize the administration and management of digital-based medical records and integrated. Apart from that, other functions also include patient billing, electronic ordering for investigations and receiving investigation results, electronic prescribing, recording clinical information and in some cases, decision support software. The broad capabilities of RME have led to its recognition as an important tool for improving patient safety and quality of care, especially by promoting evidence-based medicine. Electronic medical records also have several benefits. Among other things, RME can reduce paper use, maximize patient documentation, improve communication of information among doctors and other staff, increase access to patient medical information, guarantee errors, optimize billing and make it easier to change services, make it easier to access data for research, and improve quality. Despite the benefits of RMEs, and the potential for quality improvements, overall acceptance rates are quite low and they face several challenges. For example, this method is different from the normal work style of doctors, advances in information technology in a region, and the need for greater capabilities in terms of computerization which costs quite a lot of money. Finally, in this discussion, the activities of maintaining medical records cover at least several things.

Article 13

Activities for administering Electronic Medical Records consist of at least:

a. Patient registration;
b. distribution of Electronic Medical Record data;
c. filling in clinical information;
d. Electronic Medical Record information processing;
e. Inputting data for financing claims;
f. Electronic medical record storage;
g. Quality assurance of Electronic Medical Records; And

h. Transfer the contents of the Electronic Medical Record.

Management of Electronic Medical Records (RME) in the Anugerah Clinical Laboratory: Ideals and Reality

One use of Information Technology (IT) in the health sector that is becoming a trend in health services globally is electronic medical records. In Indonesia, this is known as Electronic Medical Records (RME). Electronic medical records are medical records created using an electronic system. This system becomes a warehouse for storing electronic information containing the health status and health services received by the patient throughout his life. This digital system will certainly help staff, doctors and health workers to manage patient data more easily. Apart from that, patients can also access their health data, so that when needed, patients don't need to be confused about asking for physical data or providing medical history again. Patient medical records began to switch to electronic based with the issuance of Minister of Health Regulation (PMK) number 24 of 2022 concerning Medical Records. Through this policy, health service facilities (fasyankes) are required to run an electronic patient medical history recording system. The transition process will be carried out until 31 December 2023 at the latest. The PMK in question is a supporting regulatory framework for the implementation of health technology transformation which is part of the 6th pillar of Health Transformation. This policy comes as an update to the previous regulation, namely PMK Number 269 of 2008, which was updated to suit science and technology, service needs, policies and laws in society. Reporting from persi.or.id, a survey conducted by the Indonesian Hospital Association (PERSI) in March 2022 found that of the 3,000 hospitals in Indonesia, only 50% had implemented an electronic medical record system. Of this percentage, only 16% have properly maintained electronic medical records. This fact shows that many hospitals still need to switch to electronic systems, as well as optimize the electronic systems that have been implemented. Regarding the Anugerah Medical Laboratory which the author researched, it was found that the Anugerah Medical Laboratory which is located on Jalan Selamat Ketaren, Komp Ruko LR Munthe Blok B No 13/14, Kabanjahe, has adopted the RME system through a vendor called Byosis. The use of information technology in managing patient data is a step forward in efforts to improve the efficiency and quality of health services. RME systems enable rapid and accurate access to patient data, facilitate evidence-based clinical decision making, and improve care coordination between healthcare professionals.

However, further research revealed that the Byosis vendor, selected by Anugerah Clinical Laboratory to provide the RME system, had not been registered as a partner provider of an electronic medical record system integrated with SATU SEHAT, a national platform developed by the Ministry of Health of the Republic of Indonesia. Integration with SATUSEHAT is an important aspect that ensures health data interoperability, enabling the safe and efficient exchange of health information between various health service providers. The non-registration of the Byosis vendor raises questions regarding the ability of the RME system used by the Anugerah Clinical Laboratory to achieve interoperability and data security standards set by the government. This situation shows that there is a gap between the ideals of managing patient data through integrated RME and the reality of its implementation in the field. Although Anugerah Clinical Laboratory has taken progressive steps by adopting RME, its non-integration with SATU SEHAT highlights the challenges in achieving a fully connected and integrated health system. This analysis opens up space for further evaluation of health facilities' choice of RME vendors and its implications for compliance with national regulations, as well as its potential impact on the quality of health services provided to patients. Every change definitely has its own challenges, including the implementation of electronic medical records. There are various preparations and challenges that must be faced in order to make the transformation from manual to digital systems a success, as well as its operations in providing hospital health services. The following explains the main challenges that must be faced by management when deciding to start implementing an electronic medical record system.

Lack of human resources

Implementing an electronic medical record system will involve the installation of various digital technologies. In its management, HR knowledge and skills in the field of information technology are very much needed. Unfortunately, currently there are still many health facilities that are still not supported by information technology experts or specialized personnel in the field of medical record archiving. This raises challenges for the implementation of electronic medical record systems. Medical record management must be optimal so that the information can be used appropriately, well and correctly. Without the support of human resources with competence in the field of information technology, the implementation of electronic medical records will not run functionally. Apart from that, if there are technical obstacles that require problem solving , they cannot be resolved immediately due to limited knowledge.

Implementation Budget

When hospitals have decided to switch to an electronic system, they must be ready to carry out infrastructure procurement, installation and operational management. To carry this all out, a special budget is needed to be allocated for the implementation of electronic medical records. Even though procuring infrastructure to support an electronic medical record system requires a fairly large budget. Not all health facilities are prepared to address this need. Not only that, operational costs and procurement of expert human resources to support the implementation of electronic systems are also additional expenses for hospitals. That is why readiness and planning are very important.To avoid various problems that could hinder the implementation of electronic medical records, careful implementation budget planning must be carried out. By carrying out careful calculations and calculations, hospital management can adapt the electronic system used to the financial conditions of each hospital.

Technology Adaptation

Managing medical records electronically has several differences from managing them manually (in printed form). To a greater or lesser extent, hospital staff must understand the applications and information systems used. Limited knowledge and skills in the field of digital technology create challenges for each hospital staff to adapt in an effort to optimize their functions.

Application of SIMRS

To support operational optimization of integrated electronic medical records, ideally hospitals have implemented SIMRS first as a basic system. Unfortunately, there are still many hospitals that don't even know SIMRS. Based on the 2020 Government Agency Performance Accountability (LAKIP) report uploaded on the e-renggar.kemkes.go.id site, only 20% of hospitals have implemented integrated electronic medical records such as SIMRS. Implementing SIMRS is a challenge in itself in efforts to realize the optimization of an integrated hospital electronic medical record system.

4. CONCLUSION

Research on "Legal Analysis of Patient Data Management through Electronic Medical Records (RME) in the Anugerah Medical Laboratory: Ideals and Reality" reveals the complex dynamics between aspirations for the use of information technology in health services and the reality of its implementation, especially in the context of regulation and system integration. It was found that the Anugerah Medical Laboratory had adopted RME with the aim of improving efficiency and quality of service to patients. However, challenges arise from the non-registration of the RME system vendor, Byosis, as an integrated system provider partner with SATU SEHAT, a government initiative to provide a national electronic medical record platform. This conclusion highlights the importance of compliance with regulations set by the Ministry of Health, not only to ensure the security and confidentiality of patient data, but also to enable data interoperability between healthcare providers. The non-registration of the Byosis vendor indicates the need for further evaluation and adjustments by Anugerah Medical Laboratory to meet applicable standards and regulations. This also shows the importance of selecting vendors who have been verified and officially registered in order to support the vision of integrated health and digitalization of health services in Indonesia.

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