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Medical Audit In The Perspective Of Remittances For Telemedicine Practices (Evaluation Of Law In Indonesia)

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Abstract

This study is a normative legal research that focuses on evaluating the role of medical audit, telemedicine practice, and remittances in the context of digital health in Indonesia. This study uses a descriptive analytical method. Keywords: Medical Audit, Telemedicine Practice, Remittance, Health Digitalization.

method, with a philosophical and analytic approach, in understanding and evaluating the legal and practical challenges that exist in the implementation and enforcement of laws related to medical audits and telemedicine practices, as well as security and accountability in electronic money transfers. The results of the research indicate that while the existing legal framework provides a sound foundation, there

are challenges in the application and enforcement of this law. The solutions found involve collaboration and coordination between the various parties involved, including governments, healthcare providers, technology companies, and communities. This research emphasizes the importance of a collaborative and proactive approach in realizing a sustainable and effective digitization of health in Indonesia .

Keywords: Medical Audit, Telemedicine Practice, Remittance, Health Digitalization.

Introduction

The digital revolution has created a new innovation in the capacity to acquire, store, manipulate and transmit volumes of data in real time, is vast and complex. Therefore the digital revolution is often considered synonymous with the data revolution. This development has encouraged the collection of various data, no longer depending on the consideration of what data might be useful in the future (Wahyudi, 2009) . Therefore, in carrying out its duties, the government has 4 (four) main functions that must be carried out regardless of its level, namely the community service function, the development function, the protection function and the regulatory function (Muchsan, 2007) . The provision of public services by government officials to the community is an implication of the function of the state apparatus as a public servant, therefore, the position of government apparatus in public services is very strategic because it will determine the government's role in providing the best possible service to the community . This will determine the function of the state in carrying out its role properly in accordance with its founding purposes (Wahyudi, 2009) .

Health services themselves are an integral part of the code of ethics. According to Inhotep from Egypt, HiPeraturan Gocrates from Greece, Galenus from Rome, were some of the pioneers of ancient medicine who had laid the foundations for the development of a noble medical tradition. Together with all the medical figures and organizations that

appear in international forums, they then intend to base the medical tradition and discipline on the basis of a professional ethic. This ethic always prioritizes patients who seek treatment and for the safety and interests of patients. This ethic itself contains principles, namely: beneficence, non-maleficence, autonomy and justice. Medical ethics is naturally based on ethical norms that govern human relations in general, and has principles in the philosophy of society that are accepted and continuously developed. Specifically in Indonesia, that principle is Pancasila which we both recognize as a just basis and the 1945 Constitution as a structural basis (MKEKID Indonesia, 2004) .

In connection with the explanation above, in principle, the development of health services has progressed very rapidly, this is due to the Industrial Revolution 4.0, namely the use of internet technology bases and digital databases that have penetrated the field of health services. One of the uses of information technology in the health sector that is in accordance with the flow of globalization is Health Information Technology-based health services, especially the ERA of the industrial revolution 4.0 which poses real challenges in the health sector. In addition to the abundant demographic bonus, other challenges also exist in the realm of health service technology innovation.

A survey conducted by the Indonesian Internet Network Operators Association (APJII) revealed that more than half of Indonesia's population is now connected to the internet. A survey conducted throughout 2019 found that 132.7 million Indonesians were connected to the internet. Indonesia is also one of the 5 countries with the highest social media users worldwide (Khairunnisa, 2020) . This encourages a digital transformation of the health service system and long-distance medical information in the form of telemedicine. This remote health service is carried out through internet data censorship. Several service providers, namely: GetWell, Good Doctor and GrabHealth, Halodoc, KlikDokter eHealth, Talk to doctor, Tele Sehat Indonesia, KlikDOKTER, pager doctor, Detik Health, Solusi Sehat, Megle, counseling services via YouTube and so on are no strangers (Mangesti, 2019) .

The new norm change for the global healthcare sector is in fact, the digitization of health and patient data is undergoing dramatic and fundamental changes in the clinical, operational and business models of the future. This shift is being driven by an aging population and changing lifestyles; proliferation of software applications and mobile devices; innovative treatments; increased focus on the quality and value of care; and evidence-based medicine as opposed to subjective clinical decisions all aim to offer significant opportunities to support clinical decisions, improve healthcare delivery, management and policy-making, disease surveillance, side-effect monitoring, and treatment optimization for diseases affecting multiple organ systems (Abouelmehdi, Hessane, & Khalouf, 2018).

Rapid developments in health services influenced by the Industrial revolution 4.0 have changed the way health services are provided (Cardile et al., 2023). The use of internet technology and digital databases has reached the health sector (R et al., 2012), encouraging the use of Health Information Technology (Health IT) in health services (Kaplan, 2020). The industrial revolution 4.0 also poses serious challenges in the health sector, including challenges that come from the flow of technological innovation in health services (Mundi, Elfadil, Bonnes, Salonen, & Hurt, 2021).

Research conducted by the Association of Indonesian Internet Network Providers (APJII) shows that more than half of Indonesia's population is connected to the internet. These findings support digital transformation in the health care system and long-distance medical information, or telemedicine. This service is carried out through internet data sensorization, and involves various service providers, such as GetWell, Good Doctor and GrabHealth, Halodoc, KlikDokter eHealth, and others (Bakung, Muhtar, & Hadju, 2023).

The digitization of health and patient data has transformed clinical, operational and business models within the healthcare sector (Smith et al., 2020). These changes are driven by multiple factors, such as an aging population, changing lifestyles, the proliferation of mobile apps and software, an increased focus on the quality and value of care, and the

use of evidence-based medicine (Mann, Chen, Chunara, Testa, & Nov, 2020).

Analyzing the relationship between medical audit, telemedicine (Article 1 Paragraph 1 of the Minister of Health Regulation 20/2019 (Health, 2019) contains the notion of telemedicine which is defined as the provision of remote health services by health professionals using information and communication technology, including the exchange of information on diagnosis, treatment, prevention of disease and injury, research and evaluation, and continuing education of healthcare providers in the interests of improving the health of individuals and communities), and remittances, it is important to understand how evolutions in medical technology and practice affect each of these areas. In the context of remittances, medical audits play an important role in maintaining the integrity and reliability of transactions that occur within the telemedicine system. To achieve this, medical audits must be able to ensure that all fees collected for services provided are accurate and in accordance with existing rules and regulations.

For example, when a patient pays for a medical consultation or procedure via a telemedicine platform, the medical audit must be able to verify that the transaction complied with the predetermined rate and that the services provided were in accordance with the fees charged (Prakash & Bharwaj, 2011). In addition, given that telemedicine often involves the transfer of sensitive patient data, there is a need for strong security mechanisms to protect patient privacy and confidentiality (Sugiarti, 2019). Medical audits, in this regard, can play an important role in ensuring that these safety protocols are followed and that patient data is not misused or compromised (Libby & LaPallo, 2023). However, there are also challenges to be faced in implementing medical audits in the telemedicine context. For example, because telemedicine often involves healthcare providers and patients located in different locations, it can create difficulties in tracking and verifying transactions. In addition, there may be legal and regulatory hurdles that need to be overcome, including regulations on data privacy and cross-border money transfers.

Finally, it is important to remember that the primary purpose of a medical audit in this context is to ensure that telemedicine services are provided in an ethical, transparent manner, and in the best interest of the patient. To achieve this, it will be important for healthcare providers, regulators and other interested parties to work together to develop and implement standards and best practices for medical auditing in telemedicine so that a research problem is formulated about how medical auditing, telemedicine practices and remittances are linked and how legal evaluation of aspects of medical audit, in sending telemedicine practice money in realizing the digitization of Indonesian health?

Literature Review

Medical audit, as a process of evaluating the quality and efficiency of health services (Buckland & Grey, 2018), is an important component in quality control and improving health services, including telemedicine services (Wachter, 2017). Medical audit involves systematic examination and assessment of medical practices and patient care processes to ensure that they meet prescribed standards and guidelines (Smith et al., 2020). In the telemedicine context, medical audits can focus on various aspects, including quality of clinical services, accuracy of diagnosis and case handling, patient satisfaction, compliance with applicable laws and regulations, as well as transparency and accuracy of financial transactions related to the services provided. (Natural, Gagnon, Wootton, Fortin, & Zanaboni, 2017). Medical audits also ensure that patients receive sufficient and appropriate information about their health conditions, treatment options, and costs involved (Sood et al., 2007).

The theory about the importance of medical audits in telemedicine is reinforced by various studies. For example, the study by Bello et al. found that medical audits can contribute significantly to improving the quality of telemedicine services and patient satisfaction (Bello.R, Coleone, Bellei, & De Marchi, 2019). Another study by Sood showed that medical auditing in telemedicine can help reduce medical errors and malpractice (Sood et al., 2007).

Challenges in implementing medical auditing in the context of telemedicine have also been recognized by experts. For example, because telemedicine often involves healthcare providers and patients located in different locations, it can create difficulties in tracking and verifying transactions. In addition, there may be legal and regulatory hurdles that need to be overcome, such as regulations on data privacy and cross-border money transfers. Other studies suggest that the integration of information technology in medical audits can help address some of these challenges (Bello.R et al., 2019) , such as by facilitating the tracking and verification of transactions and ensuring compliance with data privacy regulations (Hollander & Carr, 2020) .

Opinions of legal experts regarding medical audits, remittances, and telemedicine practices vary. Some experts emphasize the importance of medical audits in ensuring compliance with health standards and regulations, as well as in maintaining the integrity and reliability of financial transactions in telemedicine (Patel et al., 2021) . Other legal experts have focused on the legal and ethical challenges that may arise in this context, such as data privacy and confidentiality issues, cross-border law enforcement, and patient rights protection. For example, there is research that argues that medical audits can play an important role in maintaining the integrity of telemedicine services, but also emphasizes the importance of patient data protection and transparency in financial transactions (Jin, Kim, Miller, Behari, & Correa, 2020) . Meanwhile, Martin highlighted the challenges in ensuring compliance with applicable laws and regulations in the context of telemedicine (Martin, Hartman, Washington, Catlin, & Team, 2019) , especially if the service involves health care providers and patients who are in different countries.

In Indonesia, legal experts such as Sari Dewi (Sari Dewi, 2017) have demonstrated the importance of maintaining patient data privacy and confidentiality in telemedicine services, and how medical audits can play a role in this. However, Dewi also noted that there may be obstacles in the implementation of medical audits, including legal and technical issues.

In general, there appears to be a consensus among legal experts that medical audits are an important tool for remittances in telemedicine practice, but there are challenges and legal considerations that need to be addressed. In addition, proper law enforcement and professional ethics are also seen as important factors in ensuring justice and protection for patients and healthcare providers in the context of telemedicine.

In this regard, in the aspect of payment for health services, including telemedicine services, it often involves money transfers between patients and service providers. This process can involve various payment methods, such as bank transfers, credit cards, digital wallets, or even cryptocurrencies (Nittari et al., 2020). In a legal context, remittances for telemedicine services may be affected by various regulations and laws, depending on the jurisdiction and the method of payment used. In many countries, including Indonesia, remittances are regulated by various regulations and laws to ensure transaction security and protect consumer rights (Wosik et al., 2020). For example, in Indonesia, Bank Indonesia (BI) as the monetary authority has special regulations regarding remittances involving financial institutions and payment service providers (B. Indonesia, 2016).

In the context of telemedicine, these laws and regulations can be even more complex, especially when the service involves healthcare providers and patients who are in different countries (Settlements, 2020). For example, in the case of cross-border payments, laws and regulations regarding international money transfers, currency conversion and anti-money laundering may apply (Sacco, 2020). In addition, there are also regulations and laws that specifically relate to payments for health services, including telemedicine services. In Indonesia, this is regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine in Health Services (Health, 2019).

These laws and regulations aim to protect the rights and interests of patients, ensure the transparency and accuracy of financial transactions, and ensure that telemedicine services are provided ethically and in

accordance with prescribed health standards. However, the application of these laws and regulations in the context of telemedicine can pose various challenges, including issues of compliance, data privacy, and cross-border enforcement (Keesara, Jonas, & Schulman, 2020) . For example, given that telemedicine often involves the transfer of sensitive patient data, there is a need for robust security mechanisms to protect patient privacy and confidentiality. In this regard, medical audits can play an important role in ensuring that these safety protocols are followed and that patient data is not misused or compromised.

Research methods

This study is a normative legal research that focuses on evaluating the role of medical audits in the context of telemedicine practices and remittances in Indonesia (Ishaq, 2017) . In this study, the approach used is philosophical and analytic, in which the research focus is placed on a rational, critical, and philosophical understanding of the main issues.

The main problem in this research is to understand the relationship between medical audit, telemedicine practice, and remittances and to evaluate the law that applies to these aspects in the context of digital health in Indonesia. First, this study will discuss how medical auditing, as a process of systematic and independent evaluation of medical documentation, can function in the context of telemedicine practice. Particular focus will be given to how medical audits can ensure accuracy and compliance in the remittance process that occurs in telemedicine services.

Second, this study will evaluate existing laws and regulations related to medical audits, telemedicine, and remittances in Indonesia. The aim is to assess the extent to which existing laws and regulations can support digitization of healthcare and maintain integrity and transparency in telemedicine and remittance practices. To achieve the objectives of this study, an analytical descriptive method will be used, which involves describing and analyzing applicable laws and regulations, legal theory, and law enforcement practices that are relevant to this issue (Marzuki, 2011) . The results of this study are expected to provide new insights and recommendations for improving the implementation of medical audits

in telemedicine and remittance practices in Indonesia in order to realize health digitalization.

Results and Discussion

Linkage of Medical Audit, Telemedicine Practice And Remittance

The increasing need for more efficient and accessible health services has led to the development of telemedicine as a form of innovation in the delivery of health services (KK Indonesia, 2010) . Telemedicine enables the provision of medical services through digital platforms, providing wider access and facilitating the availability of health services, especially in remote areas. Along with these developments, medical audit and remittance systems are also adapting to support this digital healthcare ecosystem. However, these changes also raise questions about legal, ethical, and security issues.

Some of the relevant legal bases in this context in Indonesia are Law Number 36 of 2009 concerning Health (Health, 2009) , regulating the national health system including health services and the quality of these services; Government Regulation Number 51 of 2008 concerning Pharmaceutical Work (Government of the Republic of Indonesia, 2008) , describes supervision and auditing in pharmaceutical services, which can also be applied to the use of telemedicine; Regulation of the Minister of Home Affairs Number 45 of 2016 concerning Guidelines for the Implementation of e-Government (Negeri, 2016) , which facilitates the use of digital technology in public services, including health services as well as Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities (Ministry of Health) Health, 2019) .

Each of these regulations has an important role in shaping the telemedicine ecosystem in Indonesia, namely Law Number 36 of 2009 concerning Health which is the legal basis that generally regulates health services in Indonesia (Kesehatan, 2009), including the standards and quality of services that must be met . obeyed. This law can be used as a general framework for the implementation and supervision of telemedicine; Government Regulation Number 51 of 2008 concerning Pharmaceutical Work provides guidelines regarding supervision and

auditing in pharmaceutical services (Government of the Republic of Indonesia, 2008) , which can be applied in the context of telemedicine, particularly in the case of online drug prescription services and pharmaceutical consultations; Minister of Home Affairs Regulation Number 45 of 2016 concerning Guidelines for the Implementation of e-Government provides direction regarding the use of digital technology in public services. Although it does not specifically address telemedicine, this regulation is important because it opens opportunities for the use of digital technology in the health sector and stipulates technical and procedural standards that must be complied with as well as Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities (Ministry of Health, 2019) is a specific regulation that regulates the implementation of telemedicine in Indonesia. This regulation provides guidelines regarding service standards, technical requirements, as well as ethics and laws that must be complied with in the implementation of telemedicine.

Each of these regulations plays an important role in ensuring that telemedicine can be administered in a safe, efficient and ethical manner. With a clear and strong legal framework, we can ensure that telemedicine provides the maximum benefit to society, while minimizing the risks and challenges that may arise. Meanwhile, with regard to remittances, this is important because many telemedicine services require financial transactions, either for direct payment for services, or for related transactions, such as buying medicine. This requires a secure, efficient and accountable transaction method.

The legal basis relating to money transfers and financial transactions is Law Number 7 of 2011 concerning Currency (Government of the Republic of Indonesia, 2011) , which regulates the use and transactions in Rupiah; Law Number 11 of 2008 concerning Electronic Transactions and Information (RI, 2008) concerning financial and non-financial transactions conducted through electronic media, including telemedicine and Bank Indonesia Regulation Number 20/6/PBI/2018 concerning Electronic Money, which regulates the use of electronic money in various transactions (B. Indonesia, 2018) .

The above regulations play a role in shaping Indonesia's telemedicine ecosystem, namely Law Number 36 of 2009 concerning Health which is the legal basis that regulates health services in Indonesia in general, including the standards and quality of services that must be complied with. This law can be used as a general framework for the implementation and supervision of telemedicine; Government Regulation Number 51 of 2008 concerning Pharmaceutical Work provides guidelines regarding supervision and auditing in pharmaceutical services, which can be applied in the context of telemedicine, particularly in the case of online drug prescription and pharmaceutical consultation services; Minister of Home Affairs Regulation Number 45 of 2016 concerning Guidelines for the Implementation of e-Government provides direction regarding the use of digital technology in public services. Although it does not specifically address telemedicine, this regulation is important because it opens opportunities for the use of digital technology in the health sector and sets technical and procedural standards that must be complied with; Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities and is a specific regulation that regulates the implementation of telemedicine in Indonesia.

Each of these regulations plays an important role in ensuring that telemedicine can be administered in a safe, efficient and ethical manner. With a clear and strong legal framework, we can ensure that telemedicine provides the maximum benefit to society, while minimizing the risks and challenges that may arise. In this context, medical audits, telemedicine practices, and remittances are interrelated and influence one another in the delivery of digital health services. They play a role in shaping and supporting more inclusive and sustainable health systems.

One of the main linkages is in the processing of payments for telemedicine services. These platforms usually require financial transactions, which are carried out through electronic money transfer systems. For example, the patient may need to pay a certain amount of money for a consultation or to buy medicine. These transactions must be

carried out in a safe and accountable manner, bearing in mind the risk of fraud and misuse of money.

The rules and regulations set by Bank Indonesia and the law on Electronic and Information Transactions provide the legal framework to ensure the security and accountability of these transactions. Medical audits could also be involved in this process, in terms of assessing and reviewing the use of funds in the context of health services. In addition, medical audits also play an important role in ensuring the quality of telemedicine services. Through the audit process, it can be ensured that the services delivered comply with widely accepted health standards and applicable regulations. This process also assists in the identification and resolution of problems in the telemedicine system, so as to provide continuous improvement and improvement to services.

In the context of telemedicine's role in modern society, it is important to consider relevant legal aspects and their ethical implications (Scott, Nerminathan, Alexander, Phelps, & Harrison, 2019) . There is no doubt that telemedicine plays an important role in facilitating access to health services (Dorsey & Topol, 2016) , but there are challenges that arise in the process. The linkages between medical audits, telemedicine practices, and remittances interact and influence one another in the context of digital health service delivery.

One of the main linkages is in the payment process for telemedicine services. For example, patients may need to pay for consultations or buy medicines through electronic transactions (Anderson, 2007) . In this context, Bank Indonesia and Electronic and Information Transaction laws provide the legal framework to ensure the security and accountability of these transactions. At the same level, medical audits can also play an important role in assuring the quality of telemedicine services and in assessing the use of funds (Cardile et al., 2023) .

There are also challenges and questions that arise with the use of this technology, especially in terms of data security and privacy, accountability, and ethics. For example, how to ensure that patient data remains safe and private in electronic transactions (Watzlaf, Zhou, DeAlmeida, & Hartman, 2017) ? How to ensure that telemedicine

services comply with medical ethical and legal standards (Kluge, 2011) ? How to ensure that the money sent for this service is used properly and not misused (Graber, Siegal, Riah, Johnston, & Kenyon, 2019) ?.

To answer these questions, there needs to be cooperation between various parties, including governments, healthcare providers, technology companies, and communities (Edirippulige & Armfield, 2017) . Each party needs to play an active role in establishing and implementing relevant rules and regulations, in educating the public about the safe use of telemedicine and electronic transactions, and in monitoring and evaluating the implementation of these services to ensure compliance and quality.

Legal Evaluation of Aspects of Medical Audit, In Remittances for Telemedicine Practices in Realizing Indonesia's Health Digitalization

The concept of digitization in the health sector or healthtech has changed the way health services are delivered in Indonesia. Advances in technology have facilitated increased access to and quality of health services, including through the use of telemedicine. In line with these developments, various regulations and laws have been enacted to guide this practice. For example, Law No. 36 of 2009 on Health, Law No. 7 of 2011 on Currency, and Law No. 8 of 2017 on Electronic and Information Transactions all provide legal frameworks for various aspects of telemedicine (Dorsey & Topol , 2016) .

In this context, it is important to evaluate how these laws apply to three important aspects of telemedicine: medical auditing, the practice of telemedicine itself, and remittances. First, Law Number 36 of 2009 concerning Health and Government Regulation Number 51 of 2008 concerning Pharmaceutical Work, both of which cover the role of medical audits in ensuring the quality of health services. They describe national health systems and oversight of pharmaceutical services, which can also be applied to the use of telemedicine.

Medical audit in the context of telemedicine has an important role in ensuring the quality of health services. Law No. 36 of 2009 concerning Health and Government Regulation No. 51 of 2008 concerning Pharmaceutical Work provide the legal framework for this audit

procedure. However, applying medical auditing to digital environments such as telemedicine requires the proper interpretation and execution of these laws.

Medical audit in telemedicine involves reviewing and evaluating patient medical records, adherence to health protocols, and the quality of health services provided. In practice, this may include virtual consultation reviews, drug prescriptions being dispensed with, and other actions performed in the context of telemedicine (Hersh et al., 2001) .

The Health Act and Pharmaceutical Government Regulations, in a broad sense, cover this medical audit. However, the interpretation and application of this law in the context of telemedicine may still require further guidance. For example, how to do a virtual consulting quality review? How to ensure that drug prescriptions issued in the context of telemedicine comply with applicable standards and regulations? How to ensure that patient data used in this audit remains secure and private ? Enforcement of laws and regulations is another challenge. Recognizing that telemedicine often involves actors and entities from multiple jurisdictions, interregional and interstate cooperation may need to be enhanced to ensure compliance and effective law enforcement.

Second, Regulation of the Minister of Home Affairs Number 45 of 2016 concerning Guidelines for the Implementation of e-Government and Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities, both of which regulate the use of digital technology in public services, including health services. They cover aspects such as quality control and assurance, as well as the roles and responsibilities of various parties in the provision of health services. The application of digital technology in public services, including health services, opens up great opportunities for increased access and efficiency. Minister of Home Affairs Regulation Number 45 of 2016 concerning Guidelines for the Implementation of e-Government and Minister of Health Regulation Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities, form the main legal framework for the use of this technology in health services

These two regulations cover various aspects, including supervision and quality assurance, as well as the roles and responsibilities of various parties in the provision of health services. This is especially important given the complexity of telemedicine, which involves multiple stakeholders such as patients, healthcare providers, technology companies and governments. However, the use of digital technology in healthcare also raises new challenges and problems. One of them is the issue of privacy and data security. Health data is highly sensitive and personal data, and protection of this data is a top priority. How this data is collected, stored, processed and shared within the telemedicine system needs to be regulated clearly and strictly by law. In addition, another issue is the quality of service. How to ensure that health services delivered through digital platforms comply with the set quality standards? How to carry out quality control and assurance in a digital environment? Although Minister of Home Affairs Regulations and Minister of Health Regulations have provided the legal framework, there may need to be more guidelines and implementing regulations to address these questions

Third, Law Number 7 of 2011 concerning Currency, Law Number 8 of 2017 concerning Electronic Transactions and Information, and Bank Indonesia Regulation Number 20/6/PBI/2018 concerning Electronic Money, all of which apply to aspects of sending money in telemedicine. They regulate the use and transactions in Rupiah, as well as financial and non-financial transactions conducted through electronic media. Law Number 7 of 2011 concerning Currency, Law Number 8 of 2017 concerning Electronic Transactions and Information, and Bank Indonesia Regulation Number 20/6/PBI/2018 concerning Electronic Money, provide the legal framework for these transactions. They regulate the use and transactions in Rupiah, as well as financial and non-financial transactions conducted through electronic media

However, as is the case with other aspects of telemedicine, the application and enforcement of these laws in the context of telemedicine requires special attention. For example, how to ensure the security of electronic transactions? How to protect consumers from fraud and other

abuse? How to ensure transparency and accountability in the use of these funds?

Another challenge is in terms of cross-border. In some cases, telemedicine services may involve transactions between entities in different jurisdictions. In this situation, which laws and regulations apply? How to resolve disputes that may arise? In this context, there needs to be better cooperation and coordination between various parties, including governments, healthcare providers, technology companies, and communities. Each party needs to play an active role in establishing and implementing relevant rules and regulations, in educating the public about secure electronic transactions, and in monitoring and evaluating the implementation of these services to ensure compliance and quality.

In this regard, the legal evaluation is related to three main aspects of telemedicine. First, in the context of medical auditing, the Health Act and Government Regulations on Pharmaceutical Occupation provide a strong legal basis for auditing and oversight within the health system. In practice, however, there may be challenges to implementation and enforcement of these laws, particularly in the context of telemedicine. For example, how audits are conducted in the context of telemedicine may require further clarification and guidance. In addition, there are also questions about how the data used in these audits is safeguarded and processed to ensure patient privacy and safety

Second, in the context of telemedicine practice itself, the Minister of Health Regulations on telemedicine and the Minister of Home Affairs Regulations on e-Government provide a legal framework for the use of digital technology in health services. However, there may be challenges in applying this law. For example, the roles and responsibilities of various parties in telemedicine need to be defined more clearly. In addition, there are questions about how this law applies in the context of cross-border transactions and how patient data is protected and safeguarded in this context⁸.

Third, in the context of remittances, the Currency Law, the Electronic Transactions and Information Act, and the BI Regulations on Electronic

Money all provide a strong legal framework for financial transactions in telemedicine. However, the main challenge may be in implementing and enforcing these laws. For example, how to ensure that these financial transactions are safe and accountable? How to ensure that the money sent for this service is used properly and not misused?

With that in mind, building a robust and effective legal framework for telemedicine is a complex, yet important task. It covers three main aspects: medical audits, the telemedicine practice itself, and remittances. For medical audits, the Health Act and Government Regulations for Pharmaceutical Occupation provide a solid legal basis. However, there may be challenges in implementing and enforcing these laws in the telemedicine context. For example, auditing methods and guidelines in the telemedicine context need to be clarified and better guided. In addition, there are also questions about how the data used in these audits is safeguarded and processed to ensure patient privacy and safety.

In terms of telemedicine practice itself, the Minister of Home Affairs Regulation on e-Government and the Minister of Health Regulation on telemedicine provide the main legal framework. However, there are challenges in implementing and enforcing these laws. For example, the roles and responsibilities of various parties in telemedicine need to be defined more clearly. In addition, there are questions about how this law applies in the context of cross-border transactions and how patient data is protected and safeguarded in this context.

Finally, in the context of remittances, the Currency Law, the Electronic Transactions and Information Act, and the BI Regulations on Electronic Money all provide a strong legal framework. However, implementation and enforcement of these laws also pose challenges. For example, how to ensure that these financial transactions are safe and accountable? How to ensure that the money sent for this service is used properly and not misused?

To address this challenge, solutions may involve increasing cooperation and coordination between the various parties involved, including governments, healthcare providers, technology companies, and

communities. Each party needs to play an active role in establishing and implementing relevant rules and regulations. In addition, public education about safe and ethical electronic transactions is also important. Finally, ongoing monitoring and evaluation of the implementation and implementation of these services is necessary to ensure compliance and quality. With this collaborative and proactive approach, telemedicine can be an effective and safe way to provide quality healthcare.

Conclusion

The linkages between medical audits, telemedicine practices, and remittances center on the successful implementation of health digitalization in Indonesia. Medical audits play an important role in ensuring the quality of healthcare services and the proper use of funds in the telemedicine context, while remittances in electronic transactions are necessary to facilitate payment for these services. The legal evaluation of these three aspects shows that existing legal frameworks, such as the Health Law, Pharmaceutical Occupation Government Regulations, Electronic and Information Transactions Law, and others, provide a solid foundation, but challenges in implementation and enforcement of these laws require solutions. collaborative. Cooperation and coordination between governments, healthcare providers, technology companies, and communities are key elements in realizing a sustainable and effective digitization of Indonesian health.

References

Abouelmehdi, K., Hessane, AB, & Khalouf, H. (2018). Big Healthcare Data: Preserving Security And Privacy. *Big Data Journal* , 5 (1), 5.

Alami, H., Gagnon, MP, Wootton, R., Fortin, JP, & Zanaboni, P. (2017). Exploring factors associated with the uneven utilization of telemedicine in Norway: a mixed methods study. *BMC Medical Informatics and Decision Making* , 17 (1), 180. <https://doi.org/10.1186/s12911-017-0576-4>

Anderson, J. . (2007). Social, ethical and legal barriers to e-health. *International Journal of Medical Informatics* , 5 (76), 480–483. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/17064955/>

Bakung, DA, Muhtar, MH, & Hadju, ZAA (2023). Health Service Law in Remote Doctor Consultation (Telemedicine). *International Journal of Arts and*

Social Science , 4 (4), 313.

Bello, R, Coleone, JD, Bellei, EA, & De Marchi, ACB (2019). Use of artificial intelligence in improving audit quality. *The Audit Financier* , 17 (2), 64.

Buckland, R., & Grey, J. (2018). Revisiting the Role of the Audit in Modern Healthcare. *The Lancet* , 392 (10161), 2358–2360.

Cardile, D., Corallo, F., Cappadona, I., Ielo, A., Bramanti, P., Lo Buono, V., ... De Cola, MC (2023). Auditing the Audits: A Systematic Review on Different Procedures in Telemedicine. *International Journal of Environmental Research and Public Health* , 20 (5), 4484.

Dorsey, E. ., & Topol, EJ (2016). State of telehealth. *New England Journal of Medicine* , 2 (375), 154–161.

Edirippulige, S., & Armfield, NR (2017). Education and training to support the use of clinical telehealth: A review of the literature. *Journal of Telemedicine and Telecare* , 23 (2), 273–282.
<https://doi.org/10.1177/1357633X16632968>

Graber, ML, Siegal, D., Riah, H., Johnston, D., & Kenyon, K. (2019). Electronic Health Record-Related Events in Medical Malpractice Claims. *Journal of Patient Safety* , 15 (2), 77–85.
<https://doi.org/10.1097/PTS.0000000000000240>

Hersh, WR, Helfand, M., Wallace, J., Kraemer, D., Patterson, P., Shapiro, S., & Greenlick, M. (2001). Clinical outcomes resulting from telemedicine interventions: a systematic review. *BMC Medical Informatics and Decision Making* , 1 , 5. <https://doi.org/10.1186/1472-6947-1-5>

Hollander, JE, & Carr, BG (2020). Virtually Perfect? Telemedicine for Covid-19. *The New England Journal of Medicine* , 382 (18), 1679–1681.
<https://doi.org/10.1056/NEJMmp2003539>

Indonesia, B. Bank Indonesia Regulation No. 18/40/PBI/2016 concerning Implementation of Payment Transaction Processing ., (2016).

Indonesia, B. Bank Indonesia Regulation Number 20/6/PBI/2018 concerning Electronic Money ., (2018).

Indonesia, COW National Guidelines for Hospital Patient Safety ., (2010).

Indonesia, MKEID (2004). Indonesian Code of Medical Ethics and Guidelines for Implementing the Indonesian Medical Code of Ethics. In USU Faculty of Medicine (p. 9). University of Northern Sumatra.

Ishaq. (2017). Legal Research Methods and Thesis Writing, Theses, and Dissertations . Bandung: Alphabet.

Jin, MX, Kim, SY, Miller, LJ, Behari, G., & Correa, R. (2020, August). Telemedicine: Current Impact on the Future. *Cureus* , Vol. 12, p. e9891.
<https://doi.org/10.7759/cureus.9891>

Kaplan, B. (2020). Revisiting Health Information Technology Ethical, Legal, And Social Issues And Evaluation: Telehealth/Telemedicine and Covid-19. *International Journal of Medical Informatics* , 143 (1), 88.

Keesara, S., Jonas, A., & Schulman, K. (2020). Covid-19 and Health Care's Digital Revolution. *New England Journal of Medicine* , 382 (23), e82. <https://doi.org/10.1056/NEJMp2005835>

Ministry of Health. Regulation of the Minister of Health Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities . , (2019).

Health, K. Law Number 36 of 2009 concerning Health . , (2009).

Health, K. Regulation of the Minister of Health Number 20 of 2019. Implementation of Telemedicine Services Between Health Service Facilities . , (2019).

Khairunnisa, M. and NF (2020). The Nature of Article 27 the Law on Information and Electronic Transactions in Indonesia Practice. *Policy & Globalization Journal* , 47 (1), 36.

Kluge, E.-HW (2011). Ethical and legal challenges for health telematics in a global world: telehealth and the technological imperative. *International Journal of Medical Informatics* , 80 (2), e1-5. <https://doi.org/10.1016/j.ijmedinf.2010.10.002>

Libby, JF, & LaPallo, FJ (2023). Telehealth: Regulation, Compliance, Audit and Investigation .

Mangesti, YES (2019). Legal Construction of Telemedicine Digital Transformation in the Health Industry Sector Based on Pancasila Values. In Proceedings of the National Seminar on Transcendental Law 2019 Doctoral Program in Law, Muhammadiyah University, Surakarta .

Mann, DM, Chen, J., Chunara, R., Testa, PA, & Nov, O. (2020). COVID-19 transforms health care through telemedicine: Evidence from the field. *Journal of the American Medical Informatics Association : JAMIA* , 27 (7), 1132–1135. <https://doi.org/10.1093/jamia/ocaa072>

Martin, AB, Hartman, M., Washington, B., Catlin, A., & Team, , The National Health Expenditure Accounts. (2019). National Health Care Spending In 2017: Growth Slows To Post-Great Recession Rates; Share Of GDP Stabilizes. *Health Affairs* , 38 (1), 10.1377/hlthaff.2018.05085. <https://doi.org/10.1377/hlthaff.2018.05085>

Marzuki, PM (2011). Legal Research . Jakarta: Kencana Prenada Media Group.

Muchsani. (2007). Supervision System for the Actions of Government Officials and State Administrative Courts in Indonesia . Yogyakarta: Liberty.

Mundi, MS, Elfadil, OM, Bonnes, SL, Salonen, BR, & Hurt, RT (2021). Use of

telehealth in home nutrition support: Challenges and advantages. *Nutrition in Clinical Practice* , 36 , 775.

Affairs, KD Minister of Home Affairs Regulation Number 45 of 2016 concerning Guidelines for Implementing e-Government . , (2016).

Nittari, G., Khuman, R., Baldoni, S., Pallotta, G., Battineni, G., Sirignano, A., ... Ricci, G. (2020). Telemedicine Practice: Review of the Current Ethical and Legal Challenges. *Telemedicine Journal and E-Health : The Official Journal of the American Telemedicine Association* , 26 (12), 1427–1437. <https://doi.org/10.1089/tmj.2019.0158>

Patel, SY, Mehrotra, A., Huskamp, HA, Uscher-Pines, L., Ganguli, I., & Barnett, ML (2021). Trends in Outpatient Care Delivery and Telemedicine During the COVID-19 Pandemic in the US. *JAMA Internal Medicine* , 181 (3), 388–391. <https://doi.org/10.1001/jamainternmed.2020.5928>

The Government of the Republic of Indonesia. Government Regulation Number 51 of 2008 concerning Pharmaceutical Work . , (2008).

The Government of the Republic of Indonesia. Law Number 7 of 2011 concerning Currency . , (2011).

Prakash, A., & Bharwaj, D. (2011). Medical audits. 2nd ed. India: Jaypee Brothers Medical Publishers.

PS, A. P., Muhtar, M. H., Kamba, S. N. M., nur Supriadi, Y., Kasim, N. M., & Jaya, B. P. M. (2023). Beyond Rhetoric: A Critical Examination Of Social Justice Theory In Development. *Journal of Namibian Studies: History Politics Culture*, 33, 2601-2617.

R, W., A, G., K, J., C, K., DA, P., A, V., ... M, Z. (2012). Long-running Telemedicine Networks Delivering Humanitarian Services: Experience, performance and scientific output. *Bull World Health Organs* , 90 , 341.

RI, P. Law Number 11 of 2008 concerning Information and Electronic Transactions . , (2008).

Sacco, DS (2020). Cybersecurity law and regulation in the EU: the digital and legal challenges of the European Union. *International Journal of Cybersecurity Intelligence and Cybercrime* , 3 (1), 33.

Sari Dewi, NK (2017). Legal Protection for Patients in Telemedicine Practices in Indonesia. *Law Platform* , 29 (3), 52.

Scott, K. ., Nerminathan, A., Alexander, S., Phelps, M., & Harrison, A. (2019). Telemedicine: a digital revolution in health care. *Journal of Mobile Technology in Medicine* , 8 (1), 1–6.

Settlements, B. for I. (2020). Payment aspects of financial inclusion in the fintech era. *BIS Papers No. 110* .

Smith, AC, Thomas, E., Snoswell, CL, Haydon, H., Mehrotra, A., Clemensen, J., &

Caffery, LJ (2020). Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Journal of Telemedicine and Telecare*, 26 (5), 309–313.

Sood, S., Mbarika, V., Jugoo, S., Dookhy, R., Doarn, CR, Prakash, N., & Merrell, RC (2007). What is telemedicine? A collection of 104 peer-reviewed perspectives and theoretical underpinnings. *Telemedicine Journal and E-Health : The Official Journal of the American Telemedicine Association*, 13 (5), 573–590. <https://doi.org/10.1089/tmj.2006.0073>

Sugiarti, I. (2019). Legal Protection of Patient Rights to Completeness and Confidentiality in Management of Medical Record Documents, *Advances in Health Sciences Research. Bakti Tunas Husada-Health Science International Conference (BTH-HSIC)*, 26 (2), 179–190.

Suryani, I., Muhtar, M. H., Rahman, Y. M., Jaya, B. P. M., & Al Khalaf, A. (2023). Integration of Islamic Law in Regional Development in Indonesia. *JURIS (Jurnal Ilmiah Syariah)*, 22(1), 1-11

Watcher, R. (2017). *The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age*. New York: McGraw Hill.

Wahyudi. (2009). Personal Data Protection Law in Indonesia: Landscape, Urgency and Need for Update. Paper presented as material in a public lecture "Legal Challenges in the Era of Big Data Analysis." Gadjah Mada University, Yogyakarta.

Watzlaf, V. ., Zhou, L., DeAlmeida, D. ., & Hartman, LM (2017). The importance of following the health insurance portability and accountability act (HIPAA) and its relation to telemedicine. *International Journal of Telerehabilitation*, 9 (2), 73–78.

Wosik, J., Fudim, M., Cameron, B., Gellad, ZF, Cho, A., Phinney, D., ... Tcheng, J. (2020). Telehealth transformation: COVID-19 and the rise of virtual care. *Journal of the American Medical Informatics Association : JAMIA*, 27 (6), 957–962. <https://doi.org/10.1093/jamia/ocaa067>