

Pembiayaan Jaminan Kesehatan Nasional untuk Layanan Telemedicine di Indonesia, Taiwan, dan Korea Selatan

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Abstract

The development of telemedicine technology in Indonesia is growing rapidly, especially during the Coronavirus Disease 2019 (COVID-19) pandemic. It can be the alternative solution to improve the quality of health services in the pandemic era without the patient and the health professional meet through offline. Several challenges arise in the application of telemedicine, one of them related to health financing. This study aims to identify potency of implementing national health insurance financing for telemedicine services in Indonesia. The research method was traditional literature review with data obtained from journal articles indexed in the Google Scholar, Research Gate, PubMed, and Scopus databases that was done between January to February 2022. The keywords used in the article search were "Telemedicine", "Universal Health Coverage", "Telemedicine", "Implementation" dan "Challenge". Data were analyzed by narrative review approach. The results show that in Indonesia not all telemedicine services was supported by National Health Insurance financing. A comparative study conducted in South Korea and Taiwan shows that the National Health Insurance (NHI) financing scheme for telemedicine services is able to cover most of the service costs received by participants by paying attention to equitable access to telemedicine services to ensure Universal Health Coverage. However, in the development of national health insurance financing policies related to telemedicine in Indonesia, specific regulations related to the implementation of telemedicine in health care facilities and appropriate financing models for the implementation of telemedicine are needed.

Keywords: *national health insurance, telemedicine, universal health coverage*

Abstrak

Perkembangan teknologi *telemedicine* di Indonesia berkembang pesat, terutama di masa pandemi *Coronavirus Disease 2019 (COVID-19)*. Hal ini bisa menjadi solusi alternatif untuk meningkatkan kualitas pelayanan kesehatan di era pandemi tanpa bertemunya pasien dan tenaga kesehatan secara *offline*. Beberapa tantangan muncul dalam penerapan *telemedicine*, salah satunya terkait pembiayaan Kesehatan. Penelitian ini bertujuan untuk mengidentifikasi potensi penerapan pembiayaan jaminan kesehatan nasional untuk layanan *telemedicine* di Indonesia. Metode penelitian adalah tinjauan *literature review* dengan data yang diperoleh dari artikel jurnal yang terindeks di database *Google Scholar*, *Research Gate*, *PubMed*, dan *Scopus* yang dilakukan antara Januari-Februari 2022. Kata kunci yang digunakan dalam pencarian artikel adalah "*Telemedicine*", "*Universal Health Coverage*", "*Telemedicine*", "*Implementation*" dan "*Challenge*". Data dianalisis dengan pendekatan *naratif review*. Hasil penelitian menunjukkan bahwa di Indonesia tidak semua layanan *telemedicine* didukung oleh pembiayaan JKN. Studi banding dilakukan di Korea Selatan dan Taiwan menunjukkan skema pembiayaan JKN untuk layanan *telemedicine* mampu menutupi sebagian besar biaya layanan yang diterima peserta dengan memperhatikan pemerataan akses layanan *telemedicine* untuk memastikan cakupan kesehatan nasional. Dari kebijakan pembiayaan jaminan kesehatan nasional terkait *telemedicine* di Indonesia, diperlukan regulasi khusus terkait penyelenggaraan *telemedicine* di fasilitas pelayanan kesehatan dan model pembiayaan yang tepat untuk penyelenggaraan *telemedicine*.

Kata Kunci: cakupan kesehatan nasional, jaminan kesehatan nasional, *telemedicine*

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1. Introduction

The optimization of healthcare services especially in facing geographic challenges in healthcare services needs many strategies. One of them is the implementation of telemedicine services that carry the concept of using communication and information technology in providing long-distance services (Indonesian Ministry of Health, 2019). The development of telemedicine by the Indonesian government known as TEMENIN was carried out in 2017 with a web base between health care facilities that provide free teleradiology, teleelectrocardiography, teleultrasonography, and teleconsultation services (Sumarsono, 2020). To support its implementation, the Indonesian government issued a regulation i.e. Minister of Health Regulation Number 20 year 2019 on Implementation of Telemedicine Services Between Health Service Facilities (Indonesian Ministry of Health, 2019). However, this regulation only regulates the implementation of telemedicine services between health care facilities and does not yet regulate between health care facilities and patients.

Based on data on February 24, 2022, there are 237 hospitals registered as users of the TEMENIN application (Telemedicine Indonesia, 2022). This achievement still does not cover 2925 hospitals in Indonesia (Indonesian Ministry of Health Dashboard, 2022). Therefore, the government continues to increase the coverage of TEMENIN users with a target of 335 health service facilities being assisted by 2024 according to the Strategic Plan of the Ministry of Health for 2020-2024 (Indonesian Ministry of Health, 2020). On the other hand, according to data from the Ministry of Health in 2019, 9,228 people have used telemedicine services, which not only use telemedicine applications provided by the government but also use telemedicine startups (Susianto, 2020). This number has increased with the Covid-19 pandemic, in which 15 million people have become users of telemedicine service applications (Indonesian Cabinet Secretariat, 2020).

A total of 11 telemedicine startup platforms have collaborated with the Indonesian government, namely Alodokter,

GetWell, Good Doctor, Halodoc, KlikDokter, KlinikGo, Healthy Link, Milvik Dokter, ProSehat, SehatQ, and YesDok (Widyawati, 2021). However, the use of telemedicine services has not been included in the BPJS Health financing scheme as a single-payer so it is not covered by the Indonesian National Health Insurance. Telemedicine technology is one of the tools to expand the coverage of Universal Health Coverage (UHC) so it must be based on a community-centered approach (Wilson *et al.*, 2021)

Several telemedicine platforms collaborate with private insurance companies so that only people who have private insurance will get financial relief in accessing telemedicine. The Indonesian Ministry of Health's strategic plan has listed regulations for telemedicine services by doctors for patients as a necessity and its preparation is targeted to be completed in 2021. However, until now these regulations have not yet regulated telemedicine financing schemes. In the current situation, there is a need to develop and include a national health insurance financing policy related to telemedicine in Indonesia as the agenda policy setting. Before it, according to the theory from Berten and Leisering (2017), it is necessary to identify problems (Berten and Leisering, 2017). Therefore, one of the steps that can be taken is to explore the potential and challenges in regulating telemedicine financing schemes in the National Health Insurance in Indonesia.

2. Method

The scope of the research includes the implementation of telemedicine in Indonesia, comparative studies of telemedicine financing with the National Health Insurance in Taiwan and Korea, as well as identification of challenges and opportunities for telemedicine financing by the National Health Insurance in Indonesia.

2.1 Collecting Data

The research method was a literature review with data obtained from journal articles published in 2010-2022 and indexed in the GoogleScholar, ResearchGate, PubMed, and Scopus databases. The keywords used in the article search were "Telemedicine" And "Implementation", "Universal Health

Coverage" And"Telemedicine" And Implementation" And"Challenge".

2.2 Data Analysis

The data obtained is then analyzed and presented in the form of a narrative. This research was conducted from January to February 2022

3. Results and Discussion

3.1 Telemedicine Implementation in Indonesia

In 2005, Indonesia participated in the signing of the APSCO (Asia-Pacific Space Cooperation Organization) Convention, which is a space cooperation organization outside the United Nations for the Asia-Pacific region initiated by the Republic of China. One of the APSCO collaborative projects is the application of communication satellites for telemedicine (Sianipar, 2020).

Since 2012, the Indonesian Ministry of Health has started a telemedicine project in collaboration with the private sector where based on the results of a study of its implementation several obstacles were found, especially in the financing element. In 2017, the Indonesian government then decided to build its own telemedicine system which became known as Telemedicine Indonesia (TEMENIN) (Sumarsono, 2020). During its implementation in 2 years, telemedicine does not yet have specific regulations as its legal basis and protection. In addition, since 2015 there are areas that have previously implemented telemedicine technology for the health services of their citizens i.e. Makassar City that have been integrated with smart-cards belongs to the whole community. The application of this technology is supported by the seriousness of the local government both in regulation, design, and financing supported by the local government budget (Indonesian Ministry of Health, 2017).

In 2017, the Government of Indonesia then issued Presidential Instruction Number 9 of 2017 concerning the Acceleration of Welfare Development in Papua Province and West Papua Province which explained that telemedicine was chosen as an effort to accelerate the improvement of access and quality of health services there (Perwitasari, 2019). In its implementation, telemedicine in

Indonesia faces constraints on resources, both in terms of quality and quantity. Some areas are not able to optimally absorb the progress of communication infrastructure so that there is a technological gap between rural and urban areas that affects the development of telemedicine.

Ardiansyah and Rusfian (2020) stated that midwives who used telemedicine with a mobile application system to connect midwives with obstetricians in Kupang Regency had problems getting a signal (Ardiansyah and Rusfian, 2020). Midwives had to travel about 12 kilometers to get a signal to access the mobile application. On the other hand, telemedicine has also been developed by the private sector since 2016 to provide facilities to improve access and health services (Wijaya, 2021; Andrianto and Rizka Fajrina, 2022). The private sector that is aggressively developing telemedicine is a startup company with a variety of applications on offer and is increasingly in demand by the public since the Covid-19 pandemic. Nevertheless, public trust in service quality, diagnosis quality, and patient legal protection for telemedicine services is still a problem (Sari and Wirman, 2021; Siboro, Surjoputro and Budiyanthi, 2021). In addition, most people want a quick response when they have health problems (Sari and Wirman, 2021).

The Regulation of the Indonesian Minister of Health Number 20 the year 2019 does not yet contain a detailed explanation of the procedure for financing telemedicine services. In addition, Law Number 40 of 2004 concerning the National Social Security System also does not regulate the existence of telemedicine financing. Even with the use of telemedicine during the Covid-19 pandemic, financial guarantees are very needed. Since the Covid-19 pandemic, government and private collaboration have been established to facilitate community needs related to consultation, monitoring, and treatment while undergoing self-isolation by offering a free service package policy (Indonesian Ministry of Health, 2021).

The service package is in the form of free consultation, assistance, and delivery of medicines. However, this policy can only be felt by people who live on the island of Java, especially the Greater Jakarta area (Jakarta,

Bogor, Depok, Tangerang, Bekasi) which is a metropolitan area (Indonesian Ministry of Health, 2022). This causes the presence of policies that have not been able to implement the Universal Health Coverage (UHC) principle for all Indonesians who are also affected by Covid-19.

3.2 Comparative Study of Financing related to National Health Insurance in Telemedicine Services in Other Countries

3.2.1 South Korea

The National Health Insurance (NHI) scheme is implemented in South Korea for its single-payer health financing system (WHO, 2015). The National Health Insurance Service (NHIS) / National Health Insurance Company and the Health Insurance Assessment and Assessment Service (HIRA) as quasi-public organizations are appointed by the Ministry of Health of South Korea to administer the NHI. NHIS plays a role in managing beneficiaries, collecting contributions, and making payments to health care facilities. South Korea's National Health Insurance incorporates preventive measures into its benefits packages, such as cancer screening and health checks. In 12 years, South Korea managed to achieve UHC by covering 97% of the population (Na, S. and Kwon, 2015; WHO, 2015).

Out-of-pocket (OOP) payments including co-payments are applied for some services covered and NHI participants still have to make payments for services that are not included in the NHI benefit package. However, participants in the financially incapable category gain freedom from the existence of this system. In addition, several protection mechanisms are provided for NHI participants, namely relief from co-payment payments for catastrophic diseases and the income of NHI participants being the threshold for cumulative OOP payments. The NHI manager has several payment systems for providers (health service providers) i.e fee for a service payment system, a prospective payment system based on Diagnosis Related Group (DRG) for the treatment of certain acute diseases, and a per-diem payment system for 17 diseases that require long-term treatment.

As the organization tasked with reviewing claims submitted by health facilities, HIRA utilizes technology to ensure accountability and transparency. The reimbursement process begins with submitting a claim from health facilities to HIRA, which then HIRA carries out a computerized review and examination process. When the process is complete, HIRA sends the results to NHIS, and then NHIS processes payments to health facilities (Na, S. and Kwon, 2015).

To improve health services and expand coverage of UHC, in the early 1990s the South Korean government carried out a telemedicine development project for patients in remote areas who had difficulty accessing health facilities (Ahn *et al.*, 2014). This project progressed until in 2008 there was a new terminology "U-health-care" (ubiquitous health-care) to show that the technology used is increasingly advanced and developing (WHO, 2015).

However, in 2002, the development of telemedicine in South Korea experienced rejection from stakeholders, even the resistance arose from Korean medical organizations who took issue with the government's unilateral policy that prioritized the commercial economic aspect rather than patient safety in the application of telemedicine (Kim and Choi, 2021).

Based on the results of the study from Ahn *et al.* (2014) found that users of telemedicine services make cost a preference in utilizing services so those cost subsidies are needed, especially from the government (Ahn *et al.*, 2014). Telemedicine services only entered the NHI during the Covid-19 era as a substitute method for conventional medical visits (Asia Pasific Medical Technology Association, 2021).

Some of the telemedicine services available to South Korean NHI participants during the Covid-19 pandemic are online consultations as a form of online medical treatment, which doctors then prescribe online by sending them via email to the patient's designated pharmacy. Reimbursement is provided by NHI at 80% of medical costs, which means that the amount of the fee set is the same as the cost for face-to-face services,

so the fees charged to patients are the same as the co-payment rates for outpatients.

This can not be separated from the opening of Korean medical organizations with the discussion of telemedicine in medical forums to answer the need for non-face-to-face services during the Covid-19 pandemic (Soo-youn, 2021). The NHI policy also includes the addition of a 30% reimbursement for telemedicine services performed at night and on holidays and when telemedicine services are provided to children. Convenience is also provided to patients who take advantage of telemedicine services at the clinic with the exemption of co-payments (Yoon, J. Shin, E.J., Chae, 2021).

3.2.2 Taiwan

Under the Taiwan National Health Insurance Law, the health financing system in Taiwan uses a centralized National Health Insurance (NHI) scheme managed by the Ministry of Health's National Health Insurance Administration (NHIA) as a single purchaser (Republic of China Government, 2011). NHI participants include all citizens who are categorized into 6 groups or categories including subsidies for the poor, temporarily unemployed, and victims of natural disasters (Cheng, 2015).

The application for NHI membership is carried out by the insurer according to the type of group or category. One example is for the insured from group 3 (members of the Farmers Association and Fisher Association), the applicant for group insurance is the Farmer's Association, the Fisher Association which is in the neighborhood where the insured lives are registered.

In addition, NHI coverage is also given to legal foreign nationals working in Taiwan. Premiums from NHI participants are collected by NHIA with a per capita premium levy and NHI participants receive NHI participant cards. NHI includes health services in the form of outpatient, inpatient, Chinese medicine, dental care, and prescription drugs. Co-payment payment system for health services (outpatient, inpatient, and side moral hazard) used by NHI participants by submitting claims by providers to NHI based on a fee for services scheme.

Taiwan government has developed technology-based medical services which eventually developed as telemedicine to address the problem of equitable distribution of health services in remote areas (Chen *et al.*, 2022). Regulatory products have also existed since 2006 in the form of regulations on telemedicine in mountains, islands, and remote areas that allow health workers to diagnose and provide treatment through telecommunications for patients in these areas and patients with special conditions (Taipei City Hospital, 2020). The NHI reimbursement system is intended for the use of telemedicine for communities in mountainous areas, islands, and remote areas so that these communities can also enjoy co-payments at low rates (Asia Pasific Medical Technology Association, 2021).

In addition, adjustments to the payment scheme were made by NHIA to provide high incentives for health workers who have served the community with these criteria. Telemedicine services are growing with the existence of telemedicine outpatient clinics in the southeastern region of Taiwan by utilizing information technology and telemedicine-based medical equipment. The era of the Covid-19 pandemic has become a challenge and opportunity in the development of telemedicine to achieve UHC in Taiwan. The existence of a single-payer system provides convenience in the use of NHI for the people of Taiwan. In dealing with Covid-19, NHI provides health insurance coverage that covers all health services for people suffering from Covid-19 (National Health Insurance Administration, 2021).

In addition, the use of telemedicine is also felt by people who are undergoing quarantine at home when they have urgent needs related to diseases other than Covid-19 symptoms. Telemedicine is carried out by the community with health workers at local health service facilities and is required to use a special network owned by the health service facility to conduct consultations. As was done in Taipei City with the availability of 18 hospitals and 92 clinics that can serve telemedicine for residents affected by Covid-19 to minimize infection and the spread of the virus. Taipei City Hospital also cooperates with health care facilities in Lianchiang

District, which is an island area with accessibility problems for the community to obtain health services, to be able to provide telemedicine services (Taipei City Hospital, 2020).

3.3 The Potency of Implementing National Health Insurance Financing in Telemedicine Services in Indonesia

Based on the comparative analysis of countries that have integrated telemedicine services into the National Health Insurance financing scheme and considering Indonesia's current situation, Indonesia can anticipate several challenges and opportunities to implement the NHI financing scheme in telemedicine services in the future. The strategic plan of the Ministry of Health for 2021 has contained draft finalization of regulations that can build a digital health ecosystem with the collaboration of the government with other sectors so that one of them can realize community-based telemedicine services.

In addition, opportunities arise from the support of Presidential Regulation Number 82 of 2018 concerning Health Insurance which explicitly mandates that BPJS can provide compensation for telemedicine service providers in areas with minimal physical facilities. This is supported by telemedicine services which are intended to accommodate Article 19 Paragraph (2) of the Regulation of the Indonesian Minister of Health Number 90 of 2015 concerning the Implementation of Health Services at Health Service Facilities in Remote and Very Remote Areas where telemedicine can bring specialist health services closer and improve the quality of health services. in health care facilities, especially remote areas through the use of information technology.

Based on the 2022 State Revenue and Expenditure Budget Plan (RAPBN), the transformation of the health system in the pillars of developing information technology and health services to improve the quality of services (including telemedicine) is one of the priorities (Indonesian Ministry of Finance, 2021). This is an opportunity to expand the coverage of telemedicine services, although it is also a challenge related to the accessibility of remote areas in utilizing telemedicine.

On the other hand, the increasing demand for telemedicine services offered by startups opens the potential for the private sector to turn telemedicine into a private service so that a capitalization climate will emerge (Handayani, 2021). This is contrary to the principle of universal health coverage. To answer this challenge, the implementation of NHI financing in telemedicine must be balanced with the provision of quality telemedicine services from the government.

When the NHI financing policy for telemedicine services will be formulated, it is appropriate to consider the benefits package covered by NHI. It also relates to the methods used to determine the effectiveness and quality of the benefits package covered. BPJS has made a breakthrough by utilizing the Health Technology Assessment method to assess the benefits package (BPJS of Health, 2022). This can be an opportunity to predict the utilization of telemedicine services. In addition, as many as 52% of hospitals in 2017 have implemented the Hospital Management Information System (Wijaya, 2021).

With this support, NHI financing for telemedicine services has the potential to be implemented. In the Covid-19 pandemic, BPJS as a single-payer has utilized technology by integrating the P-Care and TEMENIN applications, although this integration is still limited to responding to community needs regarding supporting examination information. In addition, BPJS also uses the Mobile JKN application that is developed for evaluating the performance of Primary Health Care in conducting teleconsultation (BPJS of Health, 2021).

With the various digital service breakthroughs offered by BPJS, it is also a challenge how BPJS plays its role in integrating and utilizing technology to support easy access for the public or NHI participants to obtain digital health services (including telemedicine) in terms of costs.

4. Conclusion and Suggestion

The current regulations are not sufficient to regulate telemedicine services which are expected to be one of the tools to achieve Universal Health Coverage. Although the government has issued several regulations for telemedicine services, these regulations do not

yet contain policies for financing telemedicine services that can be guaranteed by NHI. Reflecting on South Korea and Taiwan, the benefits package for telemedicine services includes online consultation and prescription with 80% of the cost guaranteed by the NHI of South Korea and the Taiwan government which enforces a reimbursement policy for remote areas to guarantee UHC. Indonesia has potency to cover the telemedicine services using National Health Insurance. It can improve the equity to reach health facilities access, especially in a remote areas. It can also reduce the monopoly of telemedicine services by the private sector so that these services can be used by all Indonesian communities. But, the challenge was the NHI financing scheme for Indonesian telemedicine requires support from various parties as a transformation in the health system. Financing schemes can be designed based on public needs with an integrated claim system.

Further research is needed regarding the expectations of telemedicine users and telemedicine providers regarding telemedicine financing using National Health Insurance

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