

Client Alert

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Updates on Telemedicine Services in Indonesia

Background

We are living in a digital era where things happen rapidly. Because of the internet, we are literally just a few "clicks" away from almost everything. Right now, the healthcare sector is also affected greatly by the internet.

Remote healthcare services— these words sum up what telemedicine means. Telemedicine uses technology to bring health services to patients wherever they are. Using everyday devices (e.g., laptops, desktops, smartphones), doctors can administer patient evaluations, treatments and follow-ups over the internet, eliminating the need for most in-person office visits.

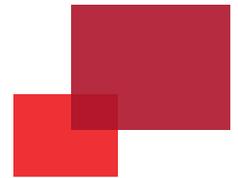
Recently, the Ministry of Health (**MOH**) issued Regulation Number 20 of 2019 on Implementation of Telemedicine Services between Health Services Facilities ("**MOH Regulation 20**"), as the implementing regulation of MOH Regulation No. 90 of 2015 on Provision of Healthcare Services in Remote and Very Remote Areas.

Content and implications

Many healthcare professionals believe telemedicine helps them do their jobs efficiently. It lets them monitor patients' health without office visits and deliver care in less time. However, there have been no official directions from the MOH on whether healthcare professionals may provide their services through telemedicine or if there are limitations regarding this.

With MOH Regulation 20, healthcare professionals will have more clarity on the following matters relating to telemedicine:

- (a) scope of telemedicine
- (b) requirements
- (c) rights and obligations
- (d) cost
- (e) funding
- (f) supervision



Unfortunately, it seems that the regulation only addresses the telemedicine interaction between healthcare facilities (i.e., it is not an overarching telemedicine regulation). It remains to be seen whether this means that this is the only form of telemedicine service that is recognized or allowed by the MOH. It does not seem that the requirements under the regulation would also be applicable to healthcare professionals providing consultation services to patients directly using the internet (e.g., through chat or video call feature or through smartphone application).

All business actors must adjust to the provisions of MOH Regulation 20 within six months after the regulation was enacted.

Key provisions

1. Scope of telemedicine

Definitions

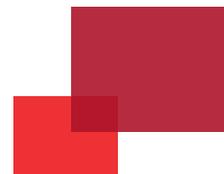
In Article 1 (1) of MOH Regulation 20, "telemedicine" is defined as follows:

"Pemberian pelayanan kesehatan jarak jauh oleh profesional kesehatan dengan menggunakan teknologi informasi dan komunikasi, meliputi pertukaran informasi diagnosis, pengobatan, pencegahan penyakit dan cedera, penelitian dan evaluasi, dan pendidikan berkelanjutan penyedia layanan kesehatan untuk kepentingan peningkatan kesehatan individu dan masyarakat."

In English:

"Delivery of long distance healthcare services by health professionals using information technology and communication, including the exchange of diagnostic information, medication consultation services, illness and injury prevention support, research and evaluation, and continuing education of healthcare service providers for the improvement of individual and community health."

Further, MOH Regulation 20 also puts a limit on the understanding of "telemedicine services" as discussed under the regulation. In Article 1 (2) of MOH Regulation 20, "telemedicine services" is defined as telemedicine that is done between healthcare facilities in the form of consultation for the purpose of concluding a diagnosis, therapy and/or illness prevention. Accordingly, it seems that the scope of the regulation does not cover direct provision of healthcare services to patients.



Parties involved

MOH Regulation 20 divides healthcare facilities into two: (i) healthcare facilities that receive requests and provide telemedicine consultation services ("**Consultant HCF**"); and (ii) healthcare facilities that send the requests for telemedicine consultation ("**Receiver HCF**"). Consultant HCF is in the form of hospitals (either state-owned or privately owned). Receiver HCF is in the form of hospitals, first-tier healthcare facilities and other healthcare facilities.

Only healthcare professionals who hold a practice permit at the relevant healthcare facility (i.e., Consultant HCF or Receiver HCF) could provide telemedicine services.

Scope of services

The scope of the abovementioned telemedicine services are as follows:

- (a) Tele-radiology
- (b) Tele-electrocardiography
- (c) Tele-ultrasonography
- (d) Clinical teleconsultation
- (e) Other telemedicine consulting services in accordance with the development of science and technology

Each Consultant HCF and Receiver HCF must log the telemedicine services that they provide/receive (as relevant) into medical records.

In clinical teleconsultation, the Consultant HCF will give its medical analysis (e.g., verification) via the internet or electronically to the Receiver HCF on the action that the latter has taken with regard to the treatment of its patient. Therefore, it is the Receiver HCF who is being consulted electronically by the Consultant HCF, and there is no direct telemedicine interaction between healthcare professionals and patients in these services.

2. Requirements

Prior to performing telemedicine services, the Consultant HCF and the Receiver HCF must be registered at the Ministry of Health and comply with the following requirements:

a. Human resources

This covers requirements on doctors, specialist/subspecialist doctors, other health professionals, and other competent personnel in the field of information technology.



b. Facilities, infrastructures and equipment

This covers electricity and sufficient internet network. Other infrastructure, medical and non-medical devices that support telemedicine services must also be available to meet facilities, infrastructure and equipment requirements.

c. Applications

This means a software application for telemedicine with an adequate data security and safety system in accordance with the prevailing laws and regulations. The MOH **will provide** this application, so the application mentioned under MOH Regulation 20 is not referring to the ordinary day-to-day smartphone telemedicine application that we usually encounter in receiving medical treatment.

Regulation 20 allows the use of "independently developed applications" (e.g., smartphone telemedicine applications). However, those applications must be integrated with the MOH for the purpose of interoperability of data (i.e., data aggregating), both automatically and in real time.

Registration

Both Consultant HCFs and Receiver HCFs that utilize telemedicine services must be registered at the MOH through the Directorate General of Healthcare Services (**DGHS**).

Consultation and expertise

Consultant HCFs must provide consultation and/or issue "expertise" to the Receiver HCF. For context, "expertise" means the result of analysis and conclusions by specialist/subspecialist doctors and/or other experts related to the reading of pictures, images or photos originating from medical support examinations, and documents of other examination results used to support the patient's diagnosis.

The consultation and/or expertise must at least contain the name of the doctor who requested the consultation, specialist/subspecialist doctor or any other experts who are involved in preparing the expertise, patient identity data, and any other required information. The consultation and/or expertise must be printable and is integral to the patient's medical record.



3. Rights and obligations

Name of Party	Rights	Obligations
Consultant HCF	<ul style="list-style-type: none">• Receive medical information in the form of good images, images, texts, signals, videos and/or sounds using electronic transmissions to prepare responses to consultation and/or provide expertise• Receive compensation for telemedicine services	<ul style="list-style-type: none">• Deliver results of consultations and/or provide expertise according to the prevailing standards• Keep the confidentiality of patients' data• Provide true, clear, accountable and honest information about the results of the consultation and/or expertise• Provide 24/7 service services
Receiver HCF	<ul style="list-style-type: none">• Obtain consultation results and/or receive expertise according to standard• Receive true, clear, accountable and honest information about the results of consultations and/or expertise	<ul style="list-style-type: none">• Deliver medical information in the form of pictures, images, texts, signals, videos and/or sounds using electronic transmissions according to quality standards to request consultation results and/or obtain expertise• Keep the confidentiality of patients' data• Provide true, clear, accountable and honest information about the results of consultations and/or expertise to patients



4. Costs

The costs for telemedicine services will be borne by the HCF Receiver. This means that the HCF Receiver must compensate the Consultant HCF for the costs of providing the telemedicine services (**read:** fee).

The HCF Consultant and HCF Receiver can determine the amount of compensation for the telemedicine services through a mutual agreement. However, the MOH will set the amount of the compensation for both parties if the amount will be reimbursed through national healthcare coverage (*Jaminan Kesehatan Nasional* or JKN). The claim for telemedicine services compensation can be done through the telemedicine software application.

5. Funding

Central and regional governments may assist with the financing of a telemedicine service based on their relevant authorities. The source of funding could be taken from:

- (a) State income and expenditure budget
- (b) Regional income and expenditure budget
- (c) Other non-binding sources, as long as they are in accordance with prevailing laws and regulations

Conclusion

Although the government has finally issued a regulation that governs telemedicine services, this regulation does not seem to confer the long-awaited government permission on provision of direct healthcare services from healthcare professionals to patients through the use of telemedicine and electronic media. In the absence of a clearer regulation, all healthcare services provided through web or software applications must be performed with due care. We recommend that any communication with patients using any form of electronic media should be followed with a caveat and a suggestion that the patient seek medical attention at a hospital or healthcare facility.



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