Telehealth Practice Policies need to be Strengthened to Achieve Better Quality and Accessibility of Care in the Post COVID-19 Pandemic: A Rapid Review

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ABSTRACT

Digital health services in healthcare facilities have been escalated during the COVID-19 pandemic. Telehealth has become one of the fastest adopted information and communication technologies (ICT) and is projected as a future solution to provide better healthcare services. In Indonesia, the implementation of telehealth had been initiated before the COVID-19 pandemic but did not explicitly mention specific healthcare professionals. This situation has led to unclear boundaries for telehealth practice among healthcare professionals while the implementation of telehealth is still encouraged. Therefore, our aim was to identify alternatives to strengthen the policies that support the implementation, quality, and accessibility of telehealth in Indonesia. We conducted a rapid review of articles related to telehealth implementation and policies that had been published on Portal Garuda, EBSCOHost, Pubmed, and Google Scholar. We also considered articles with an MMAT score >80 as eligible articles that could be included in the synthesis. Our findings have been crystallized into several ideas, one of which is that the implementation of telehealth must be supported by three aspects: organizational support, equity, and legal support. We recommend some alternatives such as training, policy and guideline strengthening, data security improvement, and funding to accelerate telehealth implementation in Indonesia. In conclusion, although some policies have been implemented to support telehealth in Indonesia after the COVID-19 pandemic, these policies are still weak in protecting other healthcare professionals' practice through telehealth, except for doctors. Specific guidelines and stronger policies are needed.

KEYWORDS
Telehealth, Practice Policy, Post COVID-19 Pandemic

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INTRODUCTION

Healthcare services in Indonesia have undergone significant changes in the aftermath of the COVID-19 pandemic (Sarasnita et al., 2021). This transformation not only encompasses strengthening early disaster warning systems but also emphasizes the vital role of information technology in service delivery. The Indonesian Ministry of Health (MoH) has initiated a healthcare system transformation, with a particular focus on leveraging technology to enhance healthcare services. This includes the integration and development of health data systems, healthcare application systems, and the overall healthcare technology ecosystem. Notably, the expansion of telehealth services has become a pivotal aspect of this transformation (Kementerian Kesehatan Republik Indonesia, 2021).

Supportive policies for post-pandemic COVID-19 healthcare have been introduced, building on previous health policies, albeit without specific emphasis on strengthening post-disaster healthcare systems. The Indonesian Medical Council (KKI) has issued Regulation Number 74 of 2020 or Peraturan Konsil Kedokteran Indonesia Nomor 74 Tahun 2020 Tentang Kewenangan Klinis Dan Praktik Kedokteran Melalui Telemedicine as a basis for doctors to practice telemedicine during the pandemic. The
acceleration of technology-based healthcare services has been a preventive measure to curb COVID-19 transmission, implemented by healthcare stakeholders and professionals (Santy & Anulus, 2020). Non-emergency patient visits to healthcare facilities have been deferred in favor of virtual consultations through telemedicine. Telemedicine has proven to effectively address continuous healthcare needs during the ongoing pandemic. Furthermore, telemedicine and telehealth services are expected to remain integral components of healthcare facilities' offerings moving forward (Almathami et al., 2020).

This policy also serves as a framework for the significantly increased practice of telemedicine (Atmojo et al., 2020). The utilization of telemedicine has experienced a substantial surge of up to 1.5 times during the COVID-19 pandemic (Oxford Business Group, 2023). However, the adoption of telemedicine has sometimes placed additional burdens on users, leading to increased work-related stress. Additionally, there are still uncertainties and ambiguities regarding the boundaries of telemedicine practice (Betancourt et al., 2020). The use of telemedicine still presents challenges that need to be addressed for its smooth implementation (Mawuntu & Limato, 2020).

In terminology, there is still an overlap in the use of terms such as telemedicine, telehealth, and other remote healthcare services. Telemedicine primarily refers to healthcare services provided to patients, where critical aspects like information exchange, communication, diagnosis, treatment, disease prevention, and health education are considered. On the other hand, telehealth is a broader term encompassing remote healthcare services that utilize information technology, and it is a subset of e-health, covering not only clinical services but also healthcare management. The concept of telehealth is seen as more expansive, encompassing remote healthcare practices from other professions such as nursing, midwifery, pharmacy, and others (Nittari et al., 2020). To cover the wider aspects of remote care using ICT, we used the term 'telehealth' in this paper.

The need for telehealth practice protection for each healthcare profession is essential to maintain the quality of care and ensure the safety of both patients and healthcare professionals themselves. However, in Indonesia, specific policies to protect telehealth practice for all healthcare professionals still rely on older regulations, such as the Minister of Health Regulation Number 20 of 2019 on the Implementation of Telemedicine Services among Healthcare Facilities (Kemenkes RI, 2019). This stands in contrast to the United States, where telehealth is well-regulated, and each profession has specific guidelines for providing telehealth services by American Technology Association (ATA). Furthermore, healthcare practices
involving telehealth in the United States require special licensure for healthcare professionals to offer remote services (Andrianto & Rizka Fajrina, 2022).

Strengthening policies ex ante is needed as a response to the lingering challenges of previous policies. Ex ante policy analysis involves a systematic examination of technical and economic feasibility, political conditions of alternative policies, implementation strategies, and the consequences of adopting these alternative policies (Patton et al., 2016). Such analysis is necessary to provide policy recommendations for stakeholders in enhancing healthcare services quality, particularly regarding the implementation of telehealth in Indonesia. The findings from this analysis are expected to contribute to policy strengthening and utilization of telehealth services. Additionally, with stronger implementation of telehealth, it is anticipated that the quality and accessibility of telehealth services provided by healthcare facilities will improve for post-COVID-19 pandemic patients. Therefore, a specific study is required to address how the reinforcement of telehealth implementation can enhance service quality and patient accessibility after the COVID-19 pandemic in Indonesia.

METHOD
This research was a rapid review, a study that systematically identifies and critically assesses previous studies related to practice and policy issues (Grant & Booth, 2009). The aim of the rapid review was considered most suitable for examining the strengthening of telehealth practices as it explores the implementation policies of telemedicine or telehealth in Indonesia, along with the challenges faced by healthcare facilities. This rapid review study was not registered in PROSPERO as it does not require specific registration according to the guidelines.

The rapid review began by defining the research problem and questions related to the strengthening of telehealth implementation in Indonesia (Dobbins, 2017). Next, the researchers conducted a systematic search for articles in several credible research databases, including Portal Garuda, EBSCOHost, PubMed, and Google Scholar, published between 2020 and 2023. The search was conducted systematically using a combination of keywords, such as “pandemic OR COVID-19 OR post-pandemic”, “telehealth OR telemedicine”, “policy”, “barrier OR accessibility”.

The articles retrieved were then screened based on titles and abstracts using the Rayyan.ai tool by researcher 1 and researcher 2. The articles that pass the initial screening were reviewed for their content by researcher 3. The next step was to critically appraise the articles using the Mixed Method Appraisal Tools (MMAT) instrument, conducted by researcher 1 and researcher 3. Articles with a score >80% are
categorized as eligible (Hong, 2021; Hong et al., 2018). In case of disagreement between researcher 1 and researcher 3 regarding a particular article, they decided whether the article should be included in the rapid review or not through discussion (Dobbins, 2017).

The final step involved synthesizing the findings from the selected articles. The policy discussions used the six steps of policy analysis by Patton et al. (2016), as depicted in figure 1. Each step in this method was interrelated and must be carried out gradually. Methods used for data collection include data identification and collection, literature review, interviews, surveys, analysis of basic data, and communicating the analysis.

Figure 1. Policy Analysis Process by Patton et al. (2016)

RESULTS AND DISCUSSIONS

Results of the article search revealed a total of 242 articles that met the research criteria for this review. Subsequently, out of the 242 articles, 28 underwent screening as described in the previous stages, resulting in 28 articles with content related to

Figure 2. Screening Process of the Articles
telehealth or telemedicine in Indonesia. The identification using MMAT eliminated 15 articles that did not meet the criteria, leaving 13 research articles eligible for the rapid review. Figure 2 illustrates the process of screening the obtained articles.

After screening process, we gathered 10 eligible articles according to the MMAT score. All eligible articles had been mapped in the table 1. Majority of telehealth that was discussed in our findings were telemedicine. We also identified another healthcare providers who used telehealth, such as nurse; midwife; and general. Three major topics which must be addressed as a strategy to improve telehealth implementation were aspect of medical coverage and service financing, legality and data security, and socio-technical which will be discussed in this paper. In our review also portrayed the utilization of telehealth across Indonesia, however not all districts or cities were captured. The implementation of telehealth was started before COVID-19 pandemic. In this review, telehealth evaluation conducted during and after COVID-19 pandemic which might provide useful information to strengthen telehealth implementation in post COVID-19 pandemic.

Verification, Definition, and Issues in Telemedicine-based Medical Practice During Post COVID-19 Pandemic

Policy issue formulation was a fundamental and challenging task due to the discrepancies between the goals set by stakeholders and those established during conflict situations. These differences might also arise among stakeholders and policy analysts. In formulating and defining the issue, relevant information and data synthesis were required. Methods in this step included back-of-the-envelope calculations, rapid decision analysis, creating valid operational definitions, political analysis, and issue paper analysis (Patton et al., 2016).

Problem Definition: The suboptimal implementation of telehealth in post-COVID-19 pandemic Indonesia. The use of telehealth has become increasingly prevalent as an equitable and remote healthcare service, aiming to minimize transmission of infectious diseases in Indonesia, especially between healthcare professionals and patients, and vice versa. There were three aspects of challenges regarding the utilization of telehealth amidst the pandemic in Indonesia:

Aspects of Medical Coverage and Service Financing

Not all medical cases can be handled through telehealth. Emergency situations are not part of this electronic service (Kemenkes RI, 2019). In emergency conditions, a triage system should be considered as a telehealth service for emergencies. The accuracy of patient data sent
is feared to not meet quality standards, which may affect the diagnosis process and treatment determination. The precision of a doctor's diagnosis and the interventions provided by other healthcare personnel may also differ when conducting direct examinations compared to remote consultations. The severity of a patient's signs and symptoms may become vague due to the introduction of patient or healthcare providers' subjectivity, ultimately affecting treatment decisions (Kuntardjo, 2020).

The financing system for telehealth services is still not uniform for all types of telehealth (9). Although Article 15 of Minister of Health Regulation Number 20 of 2019 regulates the financing of telemedicine services, it has not been explicitly explained whether consultations conducted 24/7 will receive appropriate incentives. The newest policy from National Health Insurance (Jaminan Kesehatan Nasional/JKN) had been supported the financing system for telemedicine implementation by the doctors (Salesika et al., 2023), but still, it is still unclear for another healthcare professionals, such as nurses, midwives, and pharmacists. The certainty of this financing mechanism has not been further specified.

This is related to the possibility of increased workload through remote consultations in the future, and only doctors are mandated to conduct telemedicine according to the decision of the Indonesian Medical Council while another healthcare profession is still struggling.

**Aspects of Legality and Data Security**

Unclear policies regarding the use of digital formats for services remain a challenge (9). Some healthcare vendors were still not using the e-health platforms specified in Minister of Health Regulation Number HK.01.07/Menkes/1423/2022. The current trend is the use of private teleconsultations through non-standard communication platforms like WhatsApp, Line, and others. Authentication, privacy, and data security cannot be fully guaranteed. By using non-standard e-health platforms, patient data and conversations may be disseminated without proper protection.

Furthermore, from a legal perspective, the practice of doctors, as regulated in Law Number 39 of 2004 Article 37 concerning Medical Practice, stated that a doctor's practice permit (Surat Izin Praktik or SIP) can only be granted for a maximum of 3 locations and is valid for only 1 location. If a doctor possesses 3 SIPs and still engages in telemedicine practice, it means the doctor has committed malpractice, which can be subject to Article 76 of this law as a violation with a fine penalty of IDR 100,000,000 (±USD 66,200). Policies regarding other professions are very likely to have variations in regulations and scope, considering that the legal framework
<table>
<thead>
<tr>
<th>Authors</th>
<th>Years of publication</th>
<th>Study Design</th>
<th>Type of telehealth</th>
<th>Region</th>
<th>Users (Healthcare providers)</th>
<th>Population target</th>
<th>Findings</th>
<th>Recommendations</th>
<th>MMAT Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parlindungan et al.</td>
<td>2023</td>
<td>Cross-sectional study</td>
<td>Telemedicine</td>
<td>National</td>
<td>Doctors</td>
<td>Rheumatology patients</td>
<td>- Weakening the patients’ adherent to medication during pandemic</td>
<td>- Telemedicine can be a good alternative to cope the barriers and access of rheumatology patients to health care services</td>
<td>80</td>
</tr>
<tr>
<td>Sari et al.</td>
<td>2023</td>
<td>Quasy-experimental study</td>
<td>Telehealth</td>
<td>Do not specifically mentioned</td>
<td>Doctors</td>
<td>Older adult with dementia</td>
<td>- Medical consultation improved</td>
<td>- Telehealth for exercise program was safe</td>
<td>100</td>
</tr>
<tr>
<td>Setianingsih</td>
<td>2023</td>
<td>Qualitative study</td>
<td>Telehealth</td>
<td>Bekasi city</td>
<td>Doctors and nurses</td>
<td>General</td>
<td>During telehealth home-based exercise program, physical activity level, function and disability, health related benefit of treatment, enjoyment and quality of life patients improved</td>
<td>- Telehealth for exercise program was safe</td>
<td>80</td>
</tr>
<tr>
<td>Freska et al.</td>
<td>2023</td>
<td>Qualitative study</td>
<td>Telehealth</td>
<td>Padang city</td>
<td>Public Health Center nurses</td>
<td>General rural</td>
<td>Utilization of telehealth in post COVID-19 patients was still low</td>
<td>- Telehealth must to designed properly and supported with good infrastructures</td>
<td>80</td>
</tr>
<tr>
<td>Helmyati et al.</td>
<td>2022</td>
<td>Implementation research</td>
<td>Telemedicine</td>
<td>National</td>
<td>Healthcare providers</td>
<td>Mother and child</td>
<td>- Telehealth implementation in rural area had several challenges, which were long-distance communication ethics, communication collaboration, and communication interactions in health services</td>
<td>- Telehealth implementation must to accompanied by a proper capability of nurses to optimize care</td>
<td>80</td>
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<tr>
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<th>Findings</th>
<th>Recommendations</th>
<th>MMAT Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nawarini et al.</td>
<td>2022</td>
<td>Quantitative</td>
<td>Telemedicine</td>
<td>National</td>
<td>Doctors</td>
<td>General</td>
<td>The acceptance of users to telemedicine was significant</td>
<td>Adoption of telemedicine may be improved to achieve better diagnosis and treatment from remote</td>
<td>80</td>
</tr>
<tr>
<td>Algiftonita et al.</td>
<td>2022</td>
<td>Qualitative</td>
<td>Telehealth</td>
<td>Surabaya city</td>
<td>Midwives</td>
<td>Mother and child</td>
<td>The evaluation revealed 2 major themes, which were utilization of telehealth and impact of telehealth to midwife's practices</td>
<td>Telehealth in midwife practice can be an alternative to provide distance care</td>
<td>80</td>
</tr>
<tr>
<td>Wahab et al.,</td>
<td>2021</td>
<td>Descriptive Qualitative</td>
<td>Telemedicine</td>
<td>3T regions</td>
<td>Doctors</td>
<td>General</td>
<td>There were still found several problems regarding telemedicine implementation in 3T regions, which was:</td>
<td>Developing friendly telemedicine in the restricted areas - Build the electricity alternative sources - Improving legality of implementation and healthcare data security - Provide training - Integrating the policies with regional stakeholders</td>
<td>100</td>
</tr>
<tr>
<td>Mappangara et al.</td>
<td>2020</td>
<td>Cross-sectional</td>
<td>Tele-ECG</td>
<td>Makassar City</td>
<td>Doctors</td>
<td>Patients with ECG detection</td>
<td>- Tele-ECG was used as consultation and improved patients' satisfaction - Referral rate during tele-ECG implementation could be better (within 48 h)</td>
<td>- Tele-ECG might assist GP’s to do triage in the limited resource areas and resulting early intervention for suspected patients</td>
<td>100</td>
</tr>
<tr>
<td>Indria et al.</td>
<td>2020</td>
<td>Mixed method</td>
<td>Telemedicine</td>
<td>Makassar City</td>
<td>Doctors</td>
<td>General</td>
<td>Both patients and clinicians were satisfied with telemedicine due to its capability to accelerate diagnosing and treatment - Internet connectivity and infrastructure were the major obstacles</td>
<td>Infrastructure improvement is needed to support telemedicine implementation</td>
<td>100</td>
</tr>
<tr>
<td>Pinzon et al.</td>
<td>2020</td>
<td>Cross-sectional</td>
<td>Telemedicine</td>
<td>Yogyakarta city</td>
<td>Do not specifically mentioned</td>
<td>Neurological patients</td>
<td>Telemedicine regulation was relevant with the needs of practice Patients felt satisfied and suggest improvement on medications and services</td>
<td>Payment regulations, structure, licensing and credentialing of hospital is needed to deliver telemedicine services</td>
<td>80</td>
</tr>
</tbody>
</table>
governing them has not extensively addressed telehealth practices by other professions.

Socio-technological Aspects
The development of infrastructure and internet networks was inadequate, especially in remote areas. There is an imbalance between technological advancement in urban and rural areas. This was exacerbated by the fact that the procurement of hardware and software still requires relatively high costs. Moreover, there was a scarcity of human resources, and their competence was limited (Kuntardjo, 2020). The distribution of healthcare professionals still followed a decentralized approach. For example, the distribution of doctors remains concentrated on the Java Island (961-4,376 doctors) compared to the peripheral islands (3T regions or frontier, outmost, and underdeveloped regions) as many as 81-454 doctors. This distribution pattern was also observed in other healthcare professions, such as nurses, pharmacists, nutritionists, and other healthcare professionals (PKMK UGM, 2019). The use of telehealth also increases the workload for healthcare professionals, leading to anxiety among users (Chang et al., 2020). This response was driven by some healthcare professionals who were not yet familiar with information technology, such as telehealth, in providing services to patients.

Criteria for Evaluating Telehealth in Post COVID-19 Pandemic

Determining evaluation criteria requires comparison, measurement, and selection of policy alternatives to be considered. Generally, assessments are made across four groups: technical feasibility, economic and financial feasibility, political sustainability, and administrative operability. Each of these aspects is further divided into more specific indicators (Patton et al., 2016). In this study, aspects of financing, effectiveness, equity, and legality served as evaluation criteria to determine possible policy alternatives for addressing the issues.

Organizational Support
Organizational support falls under the aspect of administrative operability. This criterion was essential due to the adequacy of authority for policy implementation and the commitment of members. It was related to the adequacy of equipment, physical facilities, and other support services (8). This support was manifested in the provision of infrastructure and training for healthcare providers who still faced challenges in applying telehealth as a practical alternative in clinical practice.

Equity
Equity pertained to the distribution of goods and services among individuals and subgroups in society. It was related to the status quo or the distribution of a proposed policy or procedure. Equity is divided into horizontal and vertical equity (Patton et al., 2016). Ensuring equity
across all regions will increase the coverage of telehealth. Additionally, this equity should encompass every economic level in society. Implementation of telehealth must to address the challenges in the 3T regions (frontier, outmost, and underdeveloped) in Indonesia. As mentioned before that the distribution of healthcare workers and infrastructure development in Indonesia was still decentralized. Therefore, equity becomes one of big challenge due to the scope of this challenge which quite varied across Indonesia regions.

Legality

Legal criteria were categorized under the political criteria as they can be created and altered through political actions. Legal practices were essential in the healthcare domain to prevent malpractice (Patton et al., 2016). This issue was essential for all healthcare providers who will provide telehealth as their practices is under a specific health regulation. Legality must protects both patients and healthcare providers during health care services, including services through the ICTs.

Identifying Alternative Policies

The process of identifying alternative policies involved assigning a number of alternatives considered suitable for the problem formulation. This process also related to the variation and various possibilities of alternatives being considered. Methods that can be used to identify alternatives include research analysis, no-action analysis, rapid surveys, literature reviews, comparison with real-world experiences, classification and passive collection, typology development, analogies, metaphors, and synectics, brainstorming, comparison with an ideal situation, manipulation, and modifying existing solutions (Patton et al., 2016).

Improvement of healthcare capability in using telehealth through training

Alternative policies that can be implemented to address the issues of telehealth practice in the post COVID-19 pandemic include training healthcare professionals in telehealth-related aspects. Training can address technical challenges faced by healthcare professionals in using telehealth, such as software issues, digital data interpretation that may impact diagnosis, teleconsultation training, and more. This aims to minimize medical errors that may occur due to the limited direct interaction between doctors and patients (Hikmahwati & Sulistiadi, 2020; WHO, 2017).

Strengthening Policies for Healthcare Practice Using Telehealth, especially e-Prescribing

Policies used as a foundation for healthcare providers’ telehealth practice during the
pandemic should be clear and detailed. Overlapping regulations should be further discussed as an agenda item. Electronic prescribing (e-prescribing) has not received much attention as the information is provided virtually, allowing for multiple interpretations by patients. Policies should clearly outline the role of pharmacies as working partners with doctors to ensure the accuracy of drug prescriptions (Busse et al., 2021).

This practice strengthening also requires the formulation of practice guidelines for healthcare professionals related to telehealth. These guidelines serve as a reference for healthcare professionals to conduct quality and equitable telehealth practices.

**Strengthening Patient Data Security**

Telehealth service providers should prepare and regulate supporting systems such as internet connections and data networks to ensure that system issues do not affect other institutions. Data security can be maximized by providing informed consent that documents patients, healthcare professionals, credentials, the type of telehealth used (synchronous or asynchronous), healthcare professional statements regarding patients, and other administrative security measures (Kruse et al., 2017).

**Government Fund Allocation for Telehealth Infrastructure in Regions**

Technological capabilities are closely related to government support for the development of healthcare services through telehealth. Government funding allocation should not only focus on providing internet access in remote or rural areas but should also ensure the implementation of telehealth when direct meetings between healthcare professionals and patients are not possible during the pandemic. Providing free internet for telehealth services would greatly assist in facilitating access to healthcare services for both doctors and patients (Hikmahwati & Sulistiadi, 2020).

**Policy Alternative Evaluation**

In this stage, the policies established as alternatives are assessed based on the evaluation criteria set in the second step. Evaluation can be divided into two methods: forecasting and prediction outcome evaluation. Forecasting methods include extrapolation, theoretical forecasting, and intuitive forecasting, while prediction outcome evaluation methods include trimming, sensitivity analysis, formula allocation, rapid decision analysis, political feasibility analysis, implementation analysis, and scenario writing (Patton et al., 2016).

In this study, only the extrapolation method will be explained as a policy evaluation method. Extrapolation is a technique that
serves multiple functions. This method is relatively inexpensive to use and often more accurate than other methods. The underlying assumption is that patterns that occurred in the past will occur in the future. Phenomena were described as events that can be measured with numerical data that can be forecasted through calculations. The key to extrapolation is the creation of data plots, followed by visual verification and calculation of achievements in the following years (Patton et al., 2016).

**Displaying and Comparing Each Policy Alternative**

Displaying and comparing each alternative is an effort to present the final result of the selection of alternatives that have been ranked with the evaluation criteria. Pairwise comparison, satisfaction, lexicographic ordering, non-dominated alternative method, equivalent alternative method, standard alternative method, sister display matrix, and scenario writing are used for comparisons (Patton et al., 2016). In this case, technical information, resources, and economics are key points in choosing an alternative. The evaluation criteria in the organizational support, equity, and legality sectors are crucial issues related to these three points in determining the alternatives. Training of healthcare human resources, equitable provision of facilities and infrastructure, data security enhancement, and clear legality of practices not only concerning technical aspects will strengthen telehealth practices for healthcare professionals (Hikmahwati & Sulistiadi, 2020).

**Monitoring Policy Implementation**

Monitoring is used to comprehensively observe the impact/effects/influence of a policy that has been established. Pre and post comparisons, comparisons with and without policies, actual-versus-planned performance, experimental models, quasi-experimental models, and cost-based approaches are used for monitoring (Patton et al., 2016). In this study, a pre and post comparison can be proposed as a method to evaluate policy implementation.

The expected achievements in policy implementation included clarity in payment for telehealth services, clarity in the coverage of cases and practices for each healthcare profession using telehealth, vertical and horizontal equity, and the availability of competent healthcare human resources as benchmarks for the success of alternative policies.

**CONCLUSIONS**

During the pandemic, healthcare professionals' use of telehealth was supported by the Indonesian Medical Council Regulation Number 74 of 2020. Although there was a significant increase in telehealth practice, it still faced challenges in terms of equity, utilization, data security, and healthcare resources. These challenges were particularly
evident in the unequal distribution of roles, duties, and authorities among healthcare professionals. The implementation policy of telehealth in Indonesia mainly focused on medical services, leaving other healthcare professions to explore further the competencies and schemes that could be adopted. Implementing alternative policies would enhance the capabilities of telehealth policies and improve healthcare professionals' practices related to telehealth after the pandemic, making them more equitable and secure.

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muncul tiga masalah baru.

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