

LAMPIRAN

Lampiran 1. Ekstraksi ke-12 artikel

Artikel 1

Judul	Pengaruh <i>Digital Marketing</i> , Kualitas Layanan, Dan Brand Image Terhadap Keputusan Pembelian Produk <i>Telemedicine</i>
Jurnal	<i>Syntax Idea</i> (Vol. 4 (2))
Penulis	Assidiq <i>et al</i> , 2022
Abstrak	<p>Indonesia menempati posisi terendah kedua pada rasio dokter di Asia Tenggara dengan rasio 0,4 dibanding 1.000 penduduk menjadi permasalahan yang harus diselesaikan. Keadaan darurat Covid-19 membuat keterbatasan dan mengubah perilaku masyarakat dalam pemenuhan kebutuhan khususnya pelayanan kesehatan. Digitalisasi telah mengubah perilaku konsumen dalam mendapatkan pelayanan kesehatan dari cara konvensional menjadi digital. Telemedis diciptakan agar pasien bisa berkonsultasi jarak jauh dengan dokter, pembelian obat online dan sebagainya. Penelitian ini bertujuan untuk mengetahui pengaruh digital marketing, kualitas layanan, dan brand image terhadap keputusan pembelian produk telemedis di Halodoc. Penelitian ini memiliki fokus pada pengguna Halodoc yang berdomisili di Jabodetabek rentang umur 18-65 tahun. Teknik pengambilan sampel menggunakan purposive sampling dan di dapat 170 orang responden. Analisis data dengan analisa statistik menggunakan SPSS 22. Hasil dari penelitian ini menunjukkan digital marketing, kualitas layanan, brand image baik itu secara parsial maupun simultan berpengaruh positif dan signifikan terhadap keputusan pembelian produk telemedis pada konsumen Halodoc di Jabodetabek.</p> <p>Kata Kunci: <i>digital marketing</i>; kualitas layanan; <i>brand image</i>; keputusan pembelian; <i>halodoc</i></p>
Topik	-
Topik 2	-
Topik 3	√
Metodologi	Teknik purposive sampling dari responden
Kesimpulan	Melalui digitalisasi masyarakat bisa melakukan pemeriksaan dan konsultasi dengan dokter melalui <i>virtual online</i> , karena dapat mengurangi kerumunan akibat antrian panjang dan tentunya lebih efisien.

Artikel 2

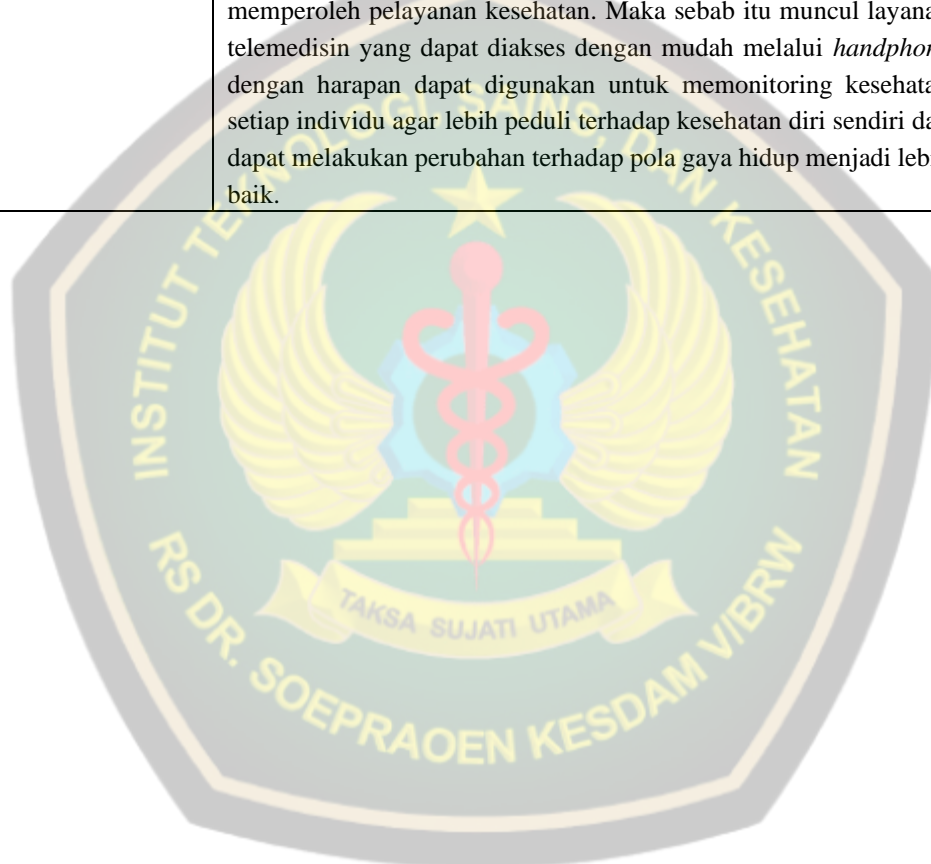
Judul	<i>Healthcare stakeholders' perceptions and experiences of factors affecting the implementation of critical care Telemedicine (CCT): Qualitative evidence synthesis (Review)</i>
Jurnal	<i>Cochrane Library Cochrane (issue 2)</i>
Penulis	Xyrichis et al, 2021
Abstrak	<p><i>Background Critical care telemedicine (CCT) has long been advocated for enabling access to scarce critical care expertise in geographically-distant areas. Additional advantages of CCT include the potential for reduced variability in treatment and care through clinical decision support enabled by the analysis of large data sets and the use of predictive tools. Evidence points to health systems investing in telemedicine appearing better prepared to respond to sudden increases in demand, such as during pandemics. However, challenges with how new technologies such as CCT are implemented still remain, and must be carefully considered.</i></p> <p><i>Objectives This synthesis links to and complements another Cochrane Review assessing the effects of interactive telemedicine in healthcare, by examining the implementation of telemedicine specifically in critical care. Our aim was to identify, appraise and synthesise qualitative research evidence on healthcare stakeholders' perceptions and experiences of factors affecting the implementation of CCT, and to identify factors that are more likely to ensure successful implementation of CCT for subsequent consideration and assessment in telemedicine effectiveness reviews.</i></p> <p><i>Search methods We searched MEDLINE, Embase, CINAHL, and Web of Science for eligible studies from inception to 14 October 2019; alongside 'grey' and other literature searches. There were no language, date or geographic restrictions.</i></p> <p><i>Selection criteria We included studies that used qualitative methods for data collection and analysis. Studies included views from healthcare stakeholders including bedside and CCT hub critical care personnel, as well as administrative, technical, information technology, and managerial staff, and family members.</i></p>
Topik 1	-
Topik 2	√
Topik 3	-
Metodologi	Koleksi data analisis
Kesimpulan	Implementasi telemedisin memiliki banyak keuntungan salah satunya yaitu dapat melayani pemeriksaan ataupun pengobatan bagi masyarakat yang tinggal di wilayah pelosok sehingga sulit untuk dijangkau, oleh karena itu penggunaan telemedisin bisa dijadikan solusi karena dapat memudahkan pasien untuk melakukan pemeriksaan atau konsultasi kesehatan dengan tenaga ahli kesehatan tanpa terkendala oleh jarak.

Artikel 3

Judul	<i>The Effectiveness of Smartphone Apps for Lifestyle Improvement in Noncommunicable Diseases: Systematic Review and Meta-Analyses</i>
Jurnal	<i>Journal of medical Internet research</i> (Vol. 20 (5))
Penulis	Lunde <i>et al</i> , 2018
Abstrak	<p><i>Background: Noncommunicable diseases (NCDs) account for 70% of all deaths in a year globally. The four main NCDs are cardiovascular diseases, cancers, chronic pulmonary diseases, and diabetes mellitus. Fifty percent of persons with NCD do not adhere to prescribed treatment; in fact, adherence to lifestyle interventions is especially considered as a major challenge. Smartphone apps permit structured monitoring of health parameters, as well as the opportunity to receive feedback.</i></p> <p><i>Objective: The aim of this study was to review and assess the effectiveness of app-based interventions, lasting at least 3 months, to promote lifestyle changes in patients with NCDs.</i></p> <p><i>Methods: In February 2017, a literature search in five databases (EMBASE, MEDLINE, CINAHL, Academic Research Premier, and Cochrane Reviews and Trials) was conducted. Inclusion criteria was quantitative study designs including randomized and nonrandomized controlled trials that included patients aged 18 years and older diagnosed with any of the four main NCDs. Lifestyle outcomes were physical activity, physical fitness, modification of dietary habits, and quality of life. All included studies were assessed for risk of bias using the Cochrane Collaboration's risk of bias tool. Meta-analyses were conducted for one of the outcomes (glycated hemoglobin, HbA1c) by using the estimate of effect of mean post treatment with SD or CI. Heterogeneity was tested using the I² test. All studies included in the meta-analyses were graded.</i></p> <p><i>Results: Of the 1588 records examined, 9 met the predefined criteria. Seven studies included diabetes patients only, one study included heart patients only, and another study included both diabetes and heart patients. Statistical significant effect was shown in HbA1c in 5 of 8 studies, as well in body weight in one of 5 studies and in waist circumference in one of 3 studies evaluating these outcomes. Seven of the included studies were included in the meta-analyses and demonstrated significantly overall effect on HbA1c on a short term (3-6 months; $P=.02$) with low heterogeneity ($I^2=41\%$). In the long term (10-12 months), the overall effect on HbA1c was statistical significant ($P=.009$) and without heterogeneity ($I^2=0\%$). The quality of evidence according to Grading of Recommendations Assessment, Development and Evaluation was low for short term and moderate for long term.</i></p>

Conclusions: Our review demonstrated limited research of the use of smartphone apps for NCDs other than diabetes with a follow-up of at least 3 months. For diabetes, the use of apps seems to improve lifestyle factors, especially to decrease HbA1c. More research with long-term follow-up should be performed to assess the effect of smartphone apps for NCDs other than diabetes

Topik 1	√
Topik 2	-
Topik 3	-
Metodologi	Uji klinis acak dan non acak terhadap pasien DM
Kesimpulan	Hasil rata-rata penyebab kematian pada seseorang adalah dari ketidakpedulian seseorang terhadap kondisi kesehatan yang di alami dan pada kenyataannya masih banyak masyarakat yang belum mendapatkan hak yang seharusnya mereka peroleh yaitu memperoleh pelayanan kesehatan. Maka sebab itu muncul layanan telemedisin yang dapat diakses dengan mudah melalui <i>handphone</i> dengan harapan dapat digunakan untuk memonitoring kesehatan setiap individu agar lebih peduli terhadap kesehatan diri sendiri dan dapat melakukan perubahan terhadap pola gaya hidup menjadi lebih baik.



Artikel 4

Judul	<i>Smart Government</i>
Jurnal	PPP-UBD Press – Palembang
Penulis	Edi Surya, 2021
Abstrak	-
Topik 1	√
Topik 2	-
Topik 3	-
Metodologi	SDM, Kualitas pelayanan dan pembiayaan
Kesimpulan	Pelayanan kesehatan sangat membutuhkan fasilitas yang cukup baik seperti adanya kolaborasi teknologi <i>digital</i> dan telemedisin karena dapat meningkatkan kualitas dan mutu dari proses layanan kesehatan yang diberikan kepada setiap pasien yang melakukan pengobatan, tentunya dengan model penggunaan gampang serta dapat diakses oleh siapa saja dan murah biaya tanpa harus menunggu antrian panjang. Adanya telemedisin pengobatan menjadi lebih efektif dan dapat menambah peluang besar untuk bisa memajukan pelayanan kesehatan melalui inovasi baru



Artikel 5

Judul	<i>Survey Paper ; Future Service in Industry 5.0</i>
Jurnal	Jurnal Sistem Cerdas (Vol 02 (01))
Penulis	Umar Al Faruqi, 2019
Abstrak	<p><i>With the rapid development of technology in the digitalization era, the Industry 4.0 became a terminology that became a reference for research and development in the field of technology in various sectors. This continues to trigger all people to develop technology to enable better utilization in facilitating human life. Society 5.0 is an idea that explains the revolution in people's lives with the development of the fourth industrial revolution. The concept that wants to be presented is how there is a revolution in society that both utilizing technology and also considering humanities aspects. Some sectors of work and needs are beginning to enter digitalization that utilizes Artificial Intelligence, Big Data, Robotics, Automation, Machine Learning, and the Internet of Things.</i></p> <p><i>Keywords—Industry 4.0, Society 5.0, Future Services, Data, Internet of Things</i></p>
Topik 1	-
Topik 2	-
Topik 3	√
Metodologi	Teknik purposive sampling dari responden
Kesimpulan	Di era 4.0 dimana secara keseluruhan sudah berubah menjadi serba digitalisasi, oleh sebab itu pemeriksaan kesehatan melalui situs web menjadi upaya yang dilakukan agar pemberian layanan kesehatan di Indonesia bisa merata hingga ke bagian wilayah yang sulit dijangkau, kemudian hasil yang didapat lebih akurat, dan dapat dijadikan layanan masa depan karena jejak digitalisasi tidak akan hilang.

Artikel 6

Judul	Efek <i>telemedicine</i> pada masyarakat (Kajian Hukum Media McLuhan: Tetrad)
Jurnal	Jurnal Ilmu dan Komunikasi (Vol. 9 (2))
Penulis	Leila Mona Ganiem, 2020
Abstrak	<p><i>Telemedicine is 'healing at a distance' uses information and communication technology in healthcare. The user and the provider of telemedicine increase sharply especially during covid-19. To understand the effect of media to the society, McLuhan created the Laws of Media or tetrad. The objective of this study is to analyse the effects of telemedicine on society by extracting McLuhan law of media or tetrad: enhancement, obsolescence, flip/reverse, and retrieve. This research method uses a qualitative descriptive by reviewing 23 relevant international journals discussing telemedicine, tetrad, or health services published from 2015-2020. The result, telemedicine enhance accessibility, flexibility, different types of communication devices, lower costs, management planning prior to patient movement, time saving. Telemedicine make obsolescence on face-to-face doctor-patient interaction, limited verbal nonverbal communication, clinic or hospital, face-to-face replaced with online peer to peer mentoring, potential reduce on confidentiality and privacy. Telemedicine reverse appears to provide equal opportunities for everyone to get health services but when pushed to the limit of its potential, telemedicine can only have an optimal impact on good communicator, digital divide, and financial capability. Telemedicine retrieve the presence of doctor at home virtually, allow virtual waiting room.</i></p> <p><i>Keyword: Effect of media, Law of media, Telemedicine</i></p>
Topik 1	√
Topik 2	-
Topik 3	-
Metodologi	Pendekatan deskriptif kualitatif
Kesimpulan	Perkembangan teknologi komunikasi sangat berperan untuk memudahkan seseorang dalam menyelesaikan pekerjaan dengan mudah, seperti berkembangnya telemedisin dalam bidang Kesehatan dimana semua orang bisa melakukan konsultasi dengan dokter spesialis dengan mudah dan bisa dilakukan jarak jauh tanpa harus tatap muka di rumah sakit.

Artikel 7

Judul	<i>Preliminary Review of the Effect of Electronic Medical Administration Records (eMAR) and Electronic Doctor Order Entry (CPOE) on Patient Safety Culture in the Era of Universal Health Services</i>
Jurnal	Soepra Jurnal Hukum Kesehatan (Vol.5 (2))
Penulis	Rahmat Santoso; Stefanus Nova, 2019
Abstrak	<p><i>In the era of universal health service [UHC], medicine was always used as part of curative, preventive, and promotive. Following pharmaceutical service standards in hospitals, health centers, and pharmacies, that medicines must be managed properly, including in their use. Medication errors are a leading cause of death in many parts of the world. The factors causing the increase in medication errors related to individuals, such as heavy workload on health care facilities and pharmaceutical service facilities, are often experienced by medical staff (General Practitioners and Specialists) and pharmaceutical personnel (Pharmacists and Pharmaceutical Technical Personnel / TTK), or organizational-related factors, such as inadequate facilities and infrastructure to document medication administration records and the entry of physician orders electronically. The study was conducted cross-sectionally retrospectively, by sharing the results of an initial literature review on the impact of electronic medication administration records (eMAR) and doctor's order entry (CPOE) on patient safety. Using PubMed and Google Scholar, we search for the following terms: "eMAR", "CPOE", "medication error", and "patient safety". Our initial findings reveal that eMAR and CPOE can have an impact on the pharmaceutical workflow, and reduce medication errors, thereby increasing patient safety. Based on the initial review, eMAR and CPOE influence the insight of pharmaceutical personnel, pharmaceutical workflows and impact on patient safety. On the other hand, there is a regulatory direction which is still in the form of a Regulation of the Minister of Health Regulation on Providers of Electronic Pharmaceutical Facilities (PSEF), but it is unfortunate that "eMAR" and "CPOE" have not become clauses governed by the government. Our plan for future research is to conduct a systematic review study to further study the impact of eMAR and CPOE on patient safety.</i></p> <p><i>Keywords: Electronic Medical Administration Notes (eMAR), CPOE, PSEF, Medication Errors; Patient safety</i></p>
Topik 1	-
Topik 2	√
Topik 3	-
Metodologi	Retrospektif cross, sectional

Kesimpulan	Di era pelayanan Kesehatan universal (UHC) mempunyai kelebihan tersendiri terutama dalam bidang pencatatan kefarmasian karena pada dasarnya obat adalah perantara untuk mempercepat proses penyembuhan, jika dalam pemberian dosis tidak sesuai akan berakibat fatal bagi pasien sendiri. Oleh sebab itu adanya kemajuan saat ini dapat mencegah terjadinya medication error yang langsung terhubung pada fasilitas pelayanan Kesehatan.
------------	--

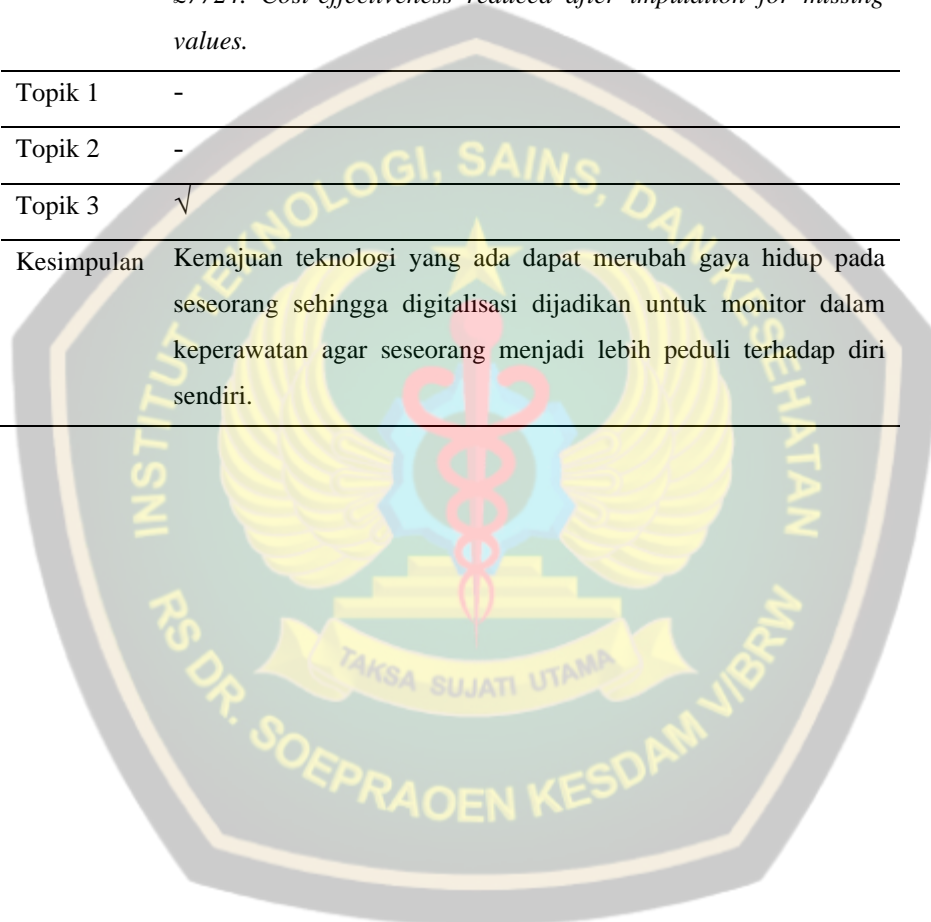


Artikel 8

Judul	<i>Therapist telephone - delivered CBT and web – based CBT compared with treatment as usual in refractory irritable bowel syndrome: the ACTIB three-arm RCT</i>
Jurnal	<i>Health technology assessment (Vol. 23 (17))</i>
Penulis	Everitt <i>et al</i> , 2019
Abstrak	<p><i>Background: Irritable bowel syndrome (IBS) affects 10–22% of people in the UK. Abdominal pain, bloating and altered bowel habits affect quality of life and can lead to time off work. Current treatment relies on a positive diagnosis, reassurance, lifestyle advice and drug therapies, but many people suffer ongoing symptoms. Cognitive–behavioural therapy (CBT) is recommended in guidelines for patients with ongoing symptoms but its availability is limited. Objectives: To determine the clinical effectiveness and cost-effectiveness of therapist telephone-delivered CBT (TCBT) and web-based CBT (WCBT) with minimal therapist support compared with treatment as usual (TAU) in refractory IBS.</i></p> <p><i>Design: This was a three-arm randomised controlled trial.</i></p> <p><i>Setting: This trial took place in UK primary and secondary care.</i></p> <p><i>Participants: Adults with refractory IBS (clinically significant symptoms for 12 months despite first-line therapies) were recruited from 74 general practices and three gastroenterology centres from May 2014 to March 2016.</i></p> <p><i>Interventions: TCBT – patient CBT self-management manual, six 60-minute telephone sessions over 9 weeks and two 60-minute booster sessions at 4 and 8 months (8 hours' therapist time). WCBT – interactive, tailored web-based CBT, three 30-minute telephone sessions over 9 weeks and two 30-minute boosters at 4 and 8 months (2.5 hours' therapist time).</i></p> <p><i>Main outcome measures: Primary outcomes – IBS symptom severity score (IBS SSS) and Work and Social Adjustment Scale (WSAS) at 12 months. Cost-effectiveness [quality-adjusted life-years (QALYs) and health-care costs].</i></p> <p><i>Results: In total, 558 out of 1452 patients (38.4%) screened for eligibility were recruited – 186 were randomised to TCBT, 185 were randomised to WCBT and 187 were randomised to TAU. The mean baseline Irritable Bowel Syndrome Symptom Severity Score (IBS SSS) was 265.0. An intention-to-treat analysis with multiple imputation was carried out at 12 months; IBS SSS were 61.6 points lower in the TCBT arm [95% confidence interval (CI) 89.5 to 33.8; $p < 0.001$] and 35.2 points lower in the WCBT arm (95% CI 57.8 to 12.6; $p = 0.002$) than in the TAU arm (IBS SSS of 205.6). The mean WSAS score at 12 months was 10.8 in the TAU arm, 3.5 points lower in the TCBT arm (95% CI 5.1 to 1.9; $p < 0.001$) and 3.0</i></p>

points lower in the WCBT arm (95% CI 4.6 to 1.3; $p = 0.001$). For the secondary outcomes, the Subject's Global Assessment showed an improvement in symptoms at 12 months (responders) in 84.8% of the TCBT arm compared with 41.7% of the TAU arm [odds ratio (OR) 6.1, 95% CI 2.5 to 15.0; $p < 0.001$] and 75.0% of the WCBT arm (OR 3.6, 95% CI 2.0 to 6.3; $p < 0.001$). Patient enablement was 78.3% (responders) for TCBT, 23.5% for TAU (OR 9.3, 95% CI 4.5 to 19.3; $p < 0.001$) and 54.8% for WCBT (OR 3.5, 95% CI 2.0 to 5.9; $p < 0.001$). Adverse events were similar between the trial arms. The incremental cost-effectiveness ratio (ICER) (QALY) for TCBT versus TAU was £22,284 and for WCBT versus TAU was £7724. Cost-effectiveness reduced after imputation for missing values.

Topik 1	-
Topik 2	-
Topik 3	√
Kesimpulan	Kemajuan teknologi yang ada dapat merubah gaya hidup pada seseorang sehingga digitalisasi dijadikan untuk monitor dalam keperawatan agar seseorang menjadi lebih peduli terhadap diri sendiri.



Artikel 9

Judul	<i>Barriers and Facilitators to Interventions Improving Retention in HIV Care: A Qualitative Evidence Meta-Synthesis</i>
Jurnal	<i>HHS Public Access Author manuscript AIDS Behav (Vol. 2 (6))</i>
Penulis	Brian et al, 2017
Abstrak	<p><i>Retention in HIV care is vital to the HIV care continuum. The current review aimed to synthesize qualitative research to identify facilitators and barriers to HIV retention in care interventions. A qualitative evidence meta-synthesis utilizing thematic analysis. Prospective review registration was made in PROSPERO and review procedures adhered to PRISMA guidelines. Nineteen databases were searched to identify qualitative research conducted with individuals living with HIV and their caregivers. Quality assessment was conducted using CASP and the certainty of the evidence was evaluated using CERQual. A total of 4419 citations were evaluated and 11 were included in the final meta-synthesis. Two studies were from high-income countries, 3 from middle-income countries, and 6 from low-income countries. A total of eight themes were identified as facilitators or barriers for retention in HIV care intervention: (1) Stigma and discrimination, (2) Fear of HIV status disclosure, (3) task shifting to lay health workers, (4) Human resource and institutional challenges, (5) Mobile Health (mHealth), (6) Family and friend support, (7) Intensive case management, and, (8) Relationships with caregivers. The current review suggests that task shifting interventions with lay health workers were feasible and acceptable. mHealth interventions and stigma reduction interventions appear to be promising interventions aimed at improving retention in HIV care. Future studies should focus on improving the evidence base for these interventions. Additional research is needed among women and adolescents who were under-represented in retention interventions.</i></p> <p><i>Keywords HIV; Retention; Care continuum; Meta-synthesis; ARV</i></p>
Topik 1	-
Topik 2	√
Topik 3	-
Metodologi	Koleksi data dan analisis, wawancara individu
Kesimpulan	<i>Mobile health</i> adalah solusi tepat bagi pasien yang akan berobat terutama pada pasien HIV melalui <i>Mobile health</i> pasien dapat melakukan pengobatan ataupun menanyakan tentang kondisi yang dialami tanpa harus keluar rumah, karena pada umumnya orang yang terkena HIV pasti dianggap buruk oleh masyarakat akibatnya pasien tidak percaya diri setres hingga kondisinya menurun drastis.

Artikel 10

Judul	Digitalisasi dalam Perawatan Kesehatan :
Jurnal	Widina bhakti persada Bandung
Penulis	Rachmawati <i>et al</i> , 2020
Abstrak	-
Topik 1	√
Topik 2	-
Topik 3	-
Metodologi	Kombinasi pendekatan perawatan kesehatan konvensional dan teknologi digital
Kesimpulan	Peran digitalisasi mempunyai pengaruh baik pada pelayanan Kesehatan, dengan digitalisasi dapat memberikan kemudahan untuk masyarakat yang memerlukan perawatan. Kemajuan digitalisasi dapat menciptakan hal baru salah satunya telemedisin yang memiliki tujuan agar pelayanan Kesehatan menjadi lebih efisien dan memiliki jangka panjang.



Artikel 11

Judul	<i>Effectiveness of Disease-Specific mHealth Apps in Patients With Diabetes Mellitus: Scoping Review</i>
Jurnal	<i>Jmir mhealth and uhealth</i> (Vol. 9 (2))
Penulis	Eberle <i>et al</i> , 2021
Abstrak	<p><i>Background:</i> According to the World Health Organization, the worldwide prevalence of diabetes mellitus (DM) is increasing dramatically and DM comprises a large part of the global burden of disease. At the same time, the ongoing digitalization that is occurring in society today offers novel possibilities to deal with this challenge, such as the creation of mobile health (mHealth) apps. However, while a great variety of DM-specific mHealth apps exist, the evidence in terms of their clinical effectiveness is still limited. <i>Objective:</i> The objective of this review was to evaluate the clinical effectiveness of mHealth apps in DM management by analyzing health-related outcomes in patients diagnosed with type 1 DM (T1DM), type 2 DM (T2DM), and gestational DM.</p> <p><i>Methods:</i> A scoping review was performed. A systematic literature search was conducted in MEDLINE (PubMed), Cochrane Library, EMBASE, CINAHL, and Web of Science Core Collection databases for studies published between January 2008 and October 2020. The studies were categorized by outcomes and type of DM. In addition, we carried out a meta-analysis to determine the impact of DM-specific mHealth apps on the management of glycated hemoglobin (HbA1c).</p> <p><i>Results:</i> In total, 27 studies comprising 2887 patients were included. We analyzed 19 randomized controlled trials, 1 randomized crossover trial, 1 exploratory study, 1 observational study, and 5 pre-post design studies. Overall, there was a clear improvement in HbA1c values in patients diagnosed with T1DM and T2DM. In addition, positive tendencies toward improved self-care and self-efficacy as a result of mHealth app use were found. The meta-analysis revealed an effect size, compared with usual care, of a mean difference of -0.54% (95% CI -0.8 to -0.28) for T2DM and -0.63% (95% CI -0.93 to -0.32) for T1DM.</p> <p><i>Conclusions:</i> DM-specific mHealth apps improved the glycemic control by significantly reducing HbA1c values in patients with T1DM and T2DM patients. In general, mHealth apps effectively enhanced DM management. However, further research in terms of clinical effectiveness needs to be done in greater detail.</p> <p>KEYWORDS diabetes mellitus; mobile apps; mHealth apps; medical apps</p>
Topik 1	-
Topik 2	√

Topik 3	-
Metodologi	Sesuai kategori dari hasil dan jenis DM
Kesimpulan	Telemedisin adalah salah satu situs aplikasi yang digunakan oleh pasien penderita DM, melalui telemedisin pasien penderita DM dapat melakukan monitoring Kesehatannya seperti mengontrol kadar gula. Menurut hasil penelitian penggunaan telemedisin. memberikan kecenderungan positif karena dapat meningkatkan perawatan pasien DM untuk hidup lebih sehat

Artikel 12

Judul	<i>Digital Health Strategies for Cervical Cancer Control in Low- and Middle- Income Countries: Systematic Review of Current Implementations and Gaps in Research</i>
Jurnal	<i>Journal of medical internet research</i> (Vol. 23 (5))
Penulis	Rossmann <i>et al</i> , 2021
Abstrak	<p><i>Background: Nearly 90% of deaths due to cervical cancer occur in low- and middle-income countries (LMICs). In recent years, many digital health strategies have been implemented in LMICs to ameliorate patient-, provider-, and health system-level challenges in cervical cancer control. However, there are limited efforts to systematically review the effectiveness and current landscape of digital health strategies for cervical cancer control in LMICs.</i></p> <p><i>Objective: We aim to conduct a systematic review of digital health strategies for cervical cancer control in LMICs to assess their effectiveness, describe the range of strategies used, and summarize challenges in their implementation.</i></p> <p><i>Methods: A systematic search was conducted to identify publications describing digital health strategies for cervical cancer control in LMICs from 5 academic databases and Google Scholar. The review excluded digital strategies associated with improving vaccination coverage against human papillomavirus. Titles and abstracts were screened, and full texts were reviewed for eligibility. A structured data extraction template was used to summarize the information from the included studies. The risk of bias and data reporting guidelines for mobile health were assessed for each study. A meta-analysis of effectiveness was planned along with a narrative review of digital health strategies, implementation challenges, and opportunities for future research. Results: In the 27 included studies, interventions for cervical cancer control focused on secondary prevention (ie, screening and treatment of precancerous lesions) and digital health strategies to facilitate patient education, digital cervicography, health worker training,</i></p>

and data quality. Most of the included studies were conducted in sub-Saharan Africa, with fewer studies in other LMIC settings in Asia or South America. A low risk of bias was found in 2 studies, and a moderate risk of bias was found in 4 studies, while the remaining 21 studies had a high risk of bias. A meta-analysis of effectiveness was not conducted because of insufficient studies with robust study designs and matched outcomes or interventions.

Conclusions: Current evidence on the effectiveness of digital health strategies for cervical cancer control is limited and, in most cases, is associated with a high risk of bias. Further studies are recommended to expand the investigation of digital health strategies for cervical cancer using robust study designs, explore other LMIC settings with a high burden of cervical cancer (eg, South America), and test a greater diversity of digital strategies.

KEYWORDS cervical cancer; digital health; mobile phones; low- and middle-income countries; colposcopy; uterine cervical neoplasms; telemedicine or mobile apps; cell phones; developing countries

Topik 1	√
Topik 2	-
Topik 3	-
Metodologi	Teknik purposive sampling dari responden
Kesimpulan	Strategi Kesehatan digital yang ada pada telemedisin merupakan fasilitas layanan Kesehatan terbaru karena dapat menjadi penyedia pelayanan kesehatan terbaik untuk masyarakat dan pelayanan Kesehatan yang diterima setiap pasien lebih efektif dan efisien.

Lampiran 2. Hasil *screenshot* pencarian database Pubmed

challenge and telemedicine or ehealth and digital era

Search

Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 6 results Page 1 of 1

RESULTS BY YEAR

Filters applied: Free full text, Full text, Associated data, Books and Documents, Meta-Analysis. Clear all

Abstract

Free full text

Full text

Effectiveness of Disease-Specific mHealth Apps in Patients With Diabetes Mellitus: Scoping Review.

1

Cite Eberle C, Löhnert M, Stiehling S. JMIR Mhealth Uhealth. 2021 Feb 15;9(2):e23477. doi: 10.2196/23477. PMID: 33587045 Free PMC article. Review.

BACKGROUND: According to the World Health Organization, the worldwide prevalence of diabetes mellitus (DM) is increasing dramatically and DM comprises a large part of the global burden of disease. At the same time, the ongoing digitalization that is occurring in society to ...

The Effectiveness of Smartphone Apps for Lifestyle Improvement in Noncommunicable Diseases: Systematic Review and Meta-Analyses.

2

Cite Lunde P, Nilsson BB, Bergland A, Kvaerner KJ, Bye A. Med Internet Res. 2019 May 13;19(5):e191463. doi: 10.2196/191463.

barriers implemen...pdf

Failed - Virus scan failed

PMCS291866.nbib

summary-33970123.txt

Ketik di sini untuk mencari

Hujan sekarang

ENG

14:30

11/11/2022

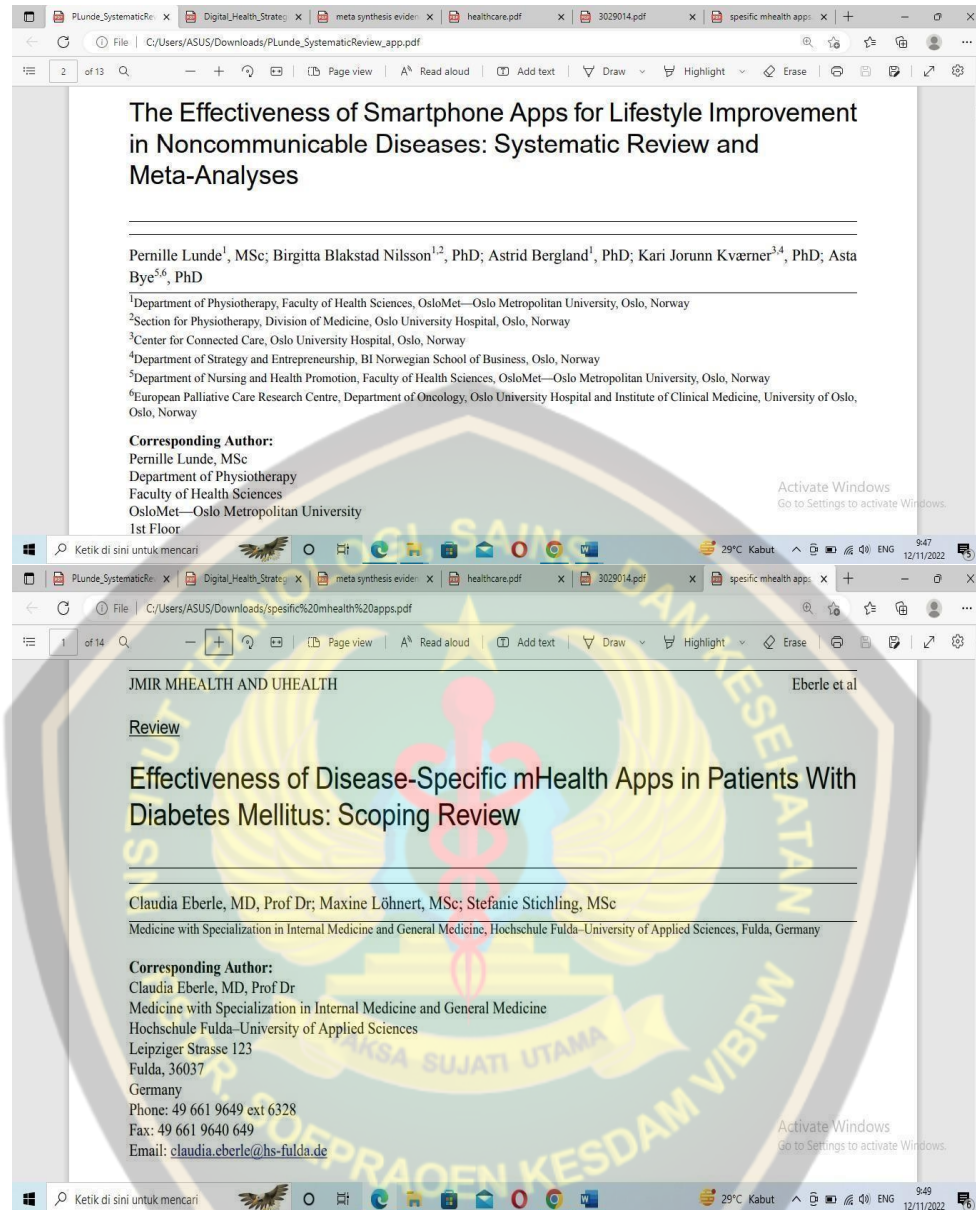
Lampiran 3. Hasil *screenshot* pencarian database google scholar

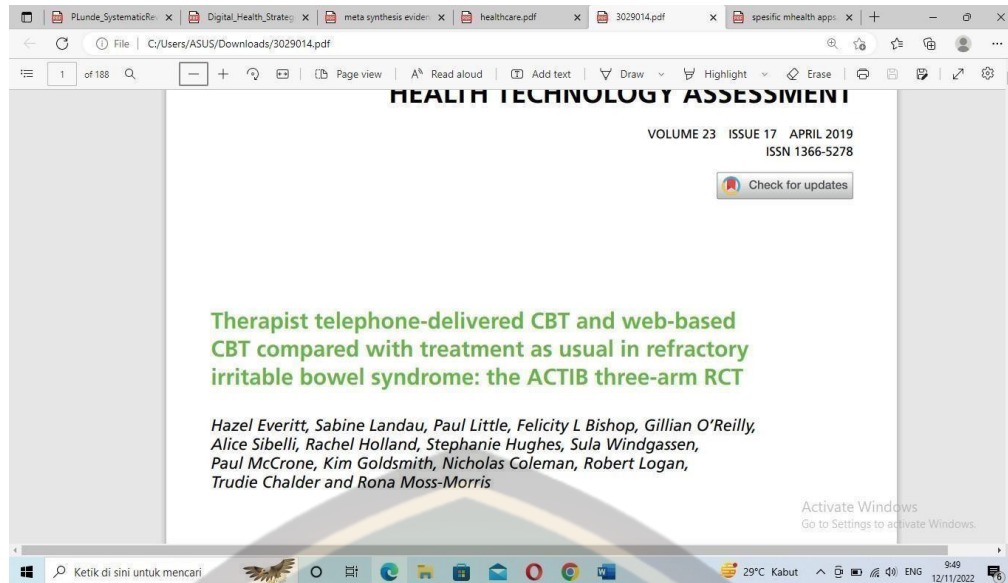
The screenshot shows a Google Scholar search interface. The search bar contains the query "tantangan and telemedisin or layanan kesehatan and digitalisasi". The results are filtered to "Artikel" (Articles) and show approximately 115 results. The first three results are displayed:

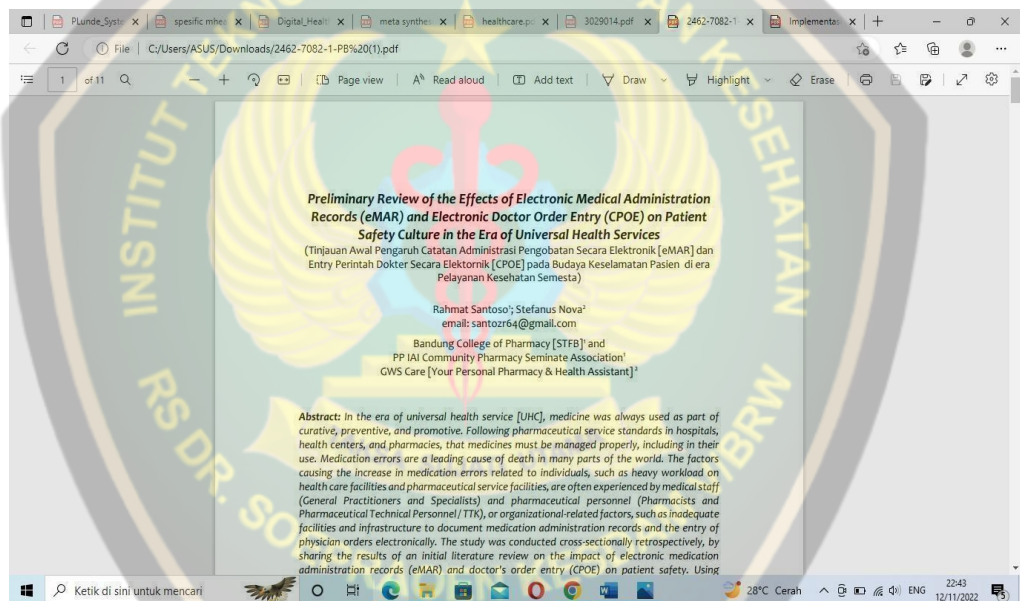
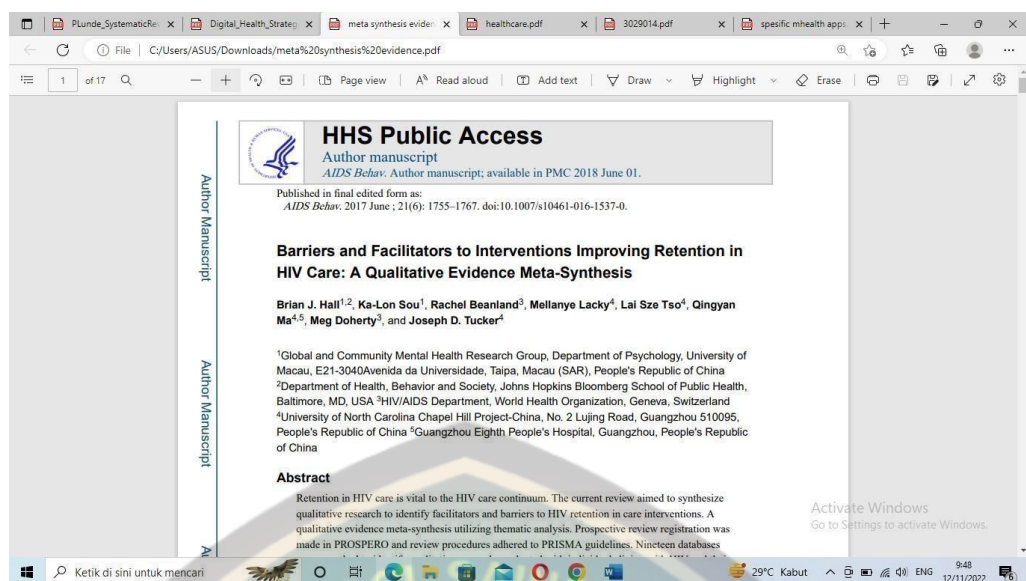
- Digitalisasi dalam Perawatan Kesehatan** by YA Sihombing, I Septiyani, KM Putri, C Widia... - repository.penerbitwidina.com. Abstract: "... mendukung tujuan kesehatan global, seperti telemedicine, ... Akankah ke depan digitalisasi kesehatan menjadi peluang ... tantangan apa saja yang akan dihadapi layanan kesehatan ...".
- POLA ISOMORPHISME INSTITUSI DIGITAL PADA PENYEDIA PELAYANAN KESEHATAN DI MASA PANDEMI COVID-19** by IW Kardita - Prosiding SInasPPM, 2022 - prosiding.unirow.ac.id. Abstract: "... umumnya platform ini memberikan pelayanan teknologi digital atau digitalisasi pelayanan ... tantangan dalam penerapan telemedicine bagi pelaku industri. Dari sisi etis, telemedicine ...".
- Pengaruh Digital Marketing, Kualitas Layanan, dan Brand Image terhadap Keputusan Pembelian Produk Telemedicine** by AM Assidiq, D Oktaviani, RA Sandhi - Syntax Idea, 2022 - jurnal.syntax-idea.co.id. Abstract: "... pelayanan kesehatan. Digitalisasi telah mengubah perilaku konsumen dalam mendapatkan ... Sektor kesehatan Indonesia yang cukup banyak memiliki tantangan seperti yang dijelaskan ...".

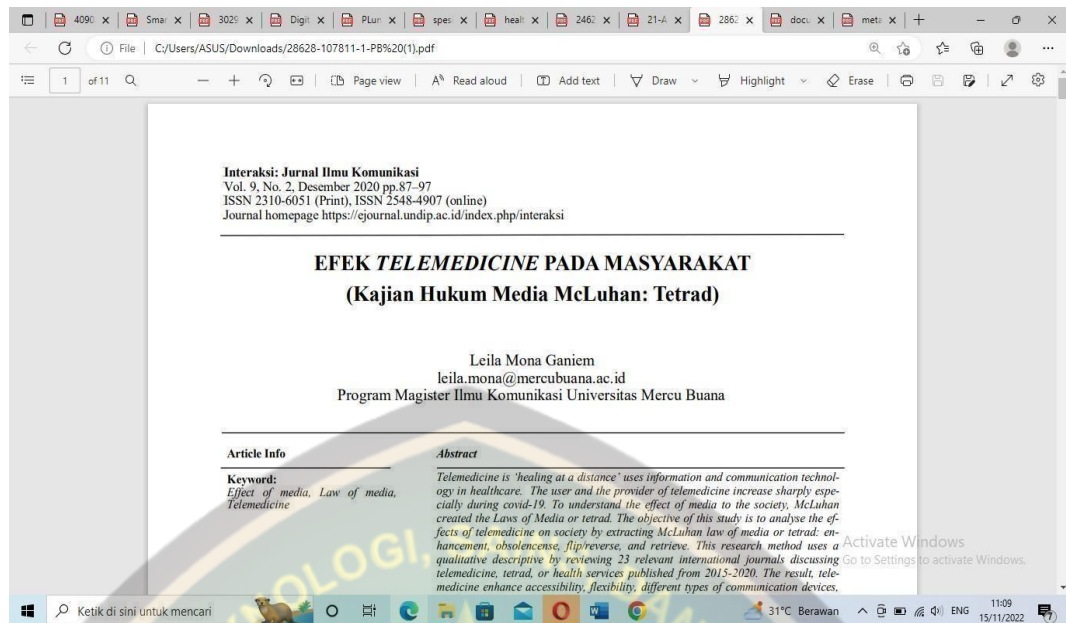
The background of the screenshot features a large, semi-transparent watermark of the logo of RS DR. SOEPRAOEN KESDAM VIBRW, which includes a caduceus and the text "TAKSA SUJATI UTAMA".

Lampiran 4. Hasil screenshot referensi ke-12 jurnal

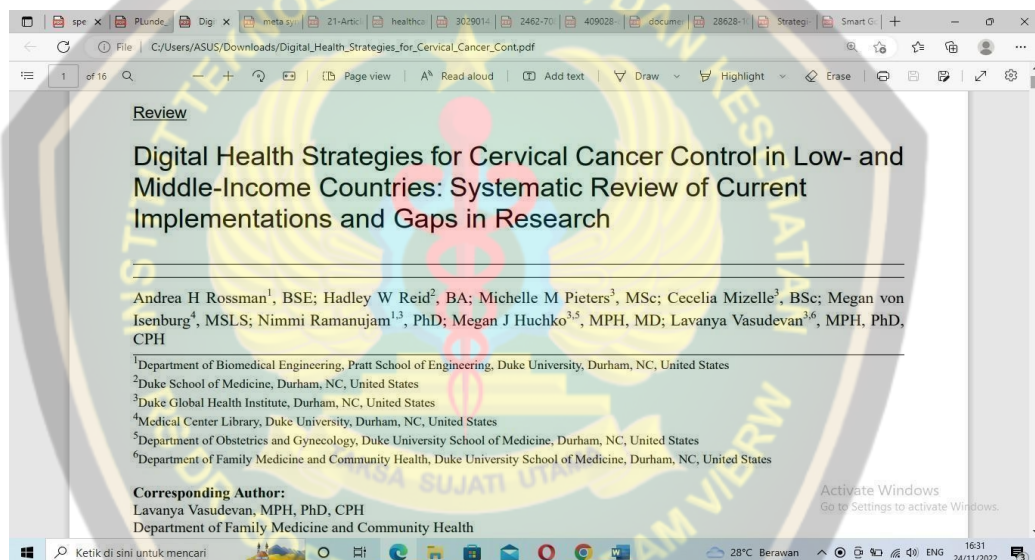
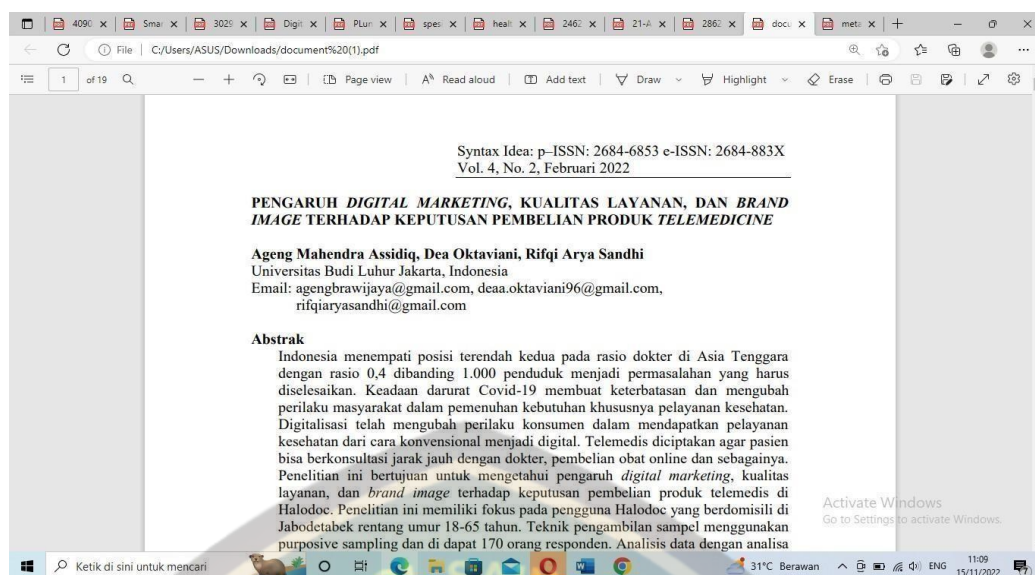












YAYASAN WAHANA BHAKTI KARYA HUSADA
INSTITUT TEKNOLOGI SAINS DAN KESEHATAN
RS dr. SOEPHRAEN
PROGRAM STUDI D-III REKAM MEDIS DAN INFORMASI KESEHATAN
Jalan Sudirman Segelundi nomor 22 Malang 65147 Telp. (0341) 351275 Fax. (0341) 351310
Website : www.sts-hs.com E-mail : sts-hs@sts-hs.com

Nama : Khoemat Fauziah
 NIM : 205012
 Dosen Pembimbing : 1. B. Lilik Ajiyah, SE, M.Ker
 2. P. Atir Angriani, S.Psi, MMRs
 Judul Karya Tulis Ilmiah
"Literature Review Tatalaksanaan Pelayanan Telemedicine
saat Era Smart Hospital"

No	Materi Bimbingan	Tanggal	Paraf
1.	Konsultasi proposal KTI	09-10-2023	<i>[Signature]</i>
2.	Konsultasi proposal KTI bab 1 & 2 Acc	10-10-2023	<i>[Signature]</i>
3.	Konsultasi proposal KTI bab 1 & 2 Acc	10-10-2023	<i>[Signature]</i>
4.	Revisi bab 1 & 2 Acc.	10-10-22	<i>[Signature]</i>
5.	Pengajuan Bab I & II Acc	18-10-22	<i>[Signature]</i>
6.	Pengajuan Revisi Bab I, II	12-10-22	<i>[Signature]</i>
7.	Pengajuan Revisi bab I, II.	13-10-22.	<i>[Signature]</i>
8.	Acc Bab I (Revisi) bab 2 Cagar Bab III	13/10/22	<i>[Signature]</i>
9.	Konsultasi Revisi I (Prakerin)	08-11-22	<i>[Signature]</i>
10.	Konsultasi Revisi I (Bul. HTR)	08-11-22	<i>[Signature]</i>
11.	Konsultasi Revisi I (Pak. Jodari)	08-11-22	<i>[Signature]</i>

No	Materi Himpunan	Tanggal	Paraf
11.	Konsultasi Revisi II (Pak Jaelani)	14-11-22	<i>[Signature]</i>
12.	Konsultasi Revisi III (Bu Etik)	15-11-22	<i>[Signature]</i>
13.	Konsultasi Revisi III (Pak anis)	15-11-22	
14.	Konsultasi Revisi III (Pak Jaelani)	15-11-22	<i>[Signature]</i>
15.	Konsultasi Revisi IV (Pak Jaelani)	16-11-22	<i>[Signature]</i>
	ACC Revisi Sempro		
16.	Konsultasi Revisi IV (Pak Anis)	17-11-22	
	ACC Revisi Sempro		
17.	Konsultasi Revisi IV (Bu Etik)	21-11-22	<i>[Signature]</i>
	ACC Revisi Sempro		
18.	Konsultasi Bab 3 (Bu Etik)	09-12-22	<i>[Signature]</i>
19	Konsultasi Bab III & Bab IV Revisi kes-ya/Bar	24-2-23	<i>[Signature]</i>
20	ACC Kesimpul & Saran	28-2-23	<i>[Signature]</i>
21.	Revisi kesimpulan & saran	24-3-23	<i>[Signature]</i>
22.	Kontrol revisi seminar (Bu Etik)	24-3-23	<i>[Signature]</i>
23.	Konsul revisi seminar (Pak Anis)	27-3-23	<i>[Signature]</i>
24.	Konsul Revisi seminar (Pak Jaelani)	10-4-23	<i>[Signature]</i>
	ACC		

