



The Future of Patient Care: Advancing Healthcare Through Technology

Setiaji, ST., M.Si

Expert Staff to the Minister for Health Technology,
Chief - Digital Transformation Office (DTO)
Ministry of Health, Indonesia

Challenges in Health Data and Systems

Digital Technology problem disturbs Services Efficiency

1. Primary Healthcare



Health workers in Puskesmas must operate and data input into more than **70 Apps / Systems**

2. Secondary Healthcare



Hospital officer must operate and data input into more than **50 apps / Systems**

3. Pharmaceutical and Medical Devices



There's no standard code for company, product, materials for pharmaceutical and medical tools

4. Health Resilience



Surveillance system **is not real time and integrated yet**

5. Health Human Capital



Health human capital data is **not integrated, duplicated, or even unregistered at all**

6. Health Financing



Existing health finance data is **not precise and haven't fulfill** the information and analytical needs

7. Health Innovation Ecosystem



Emerging health innovations need to be **regulated and encouraged** for collaboration to occur.

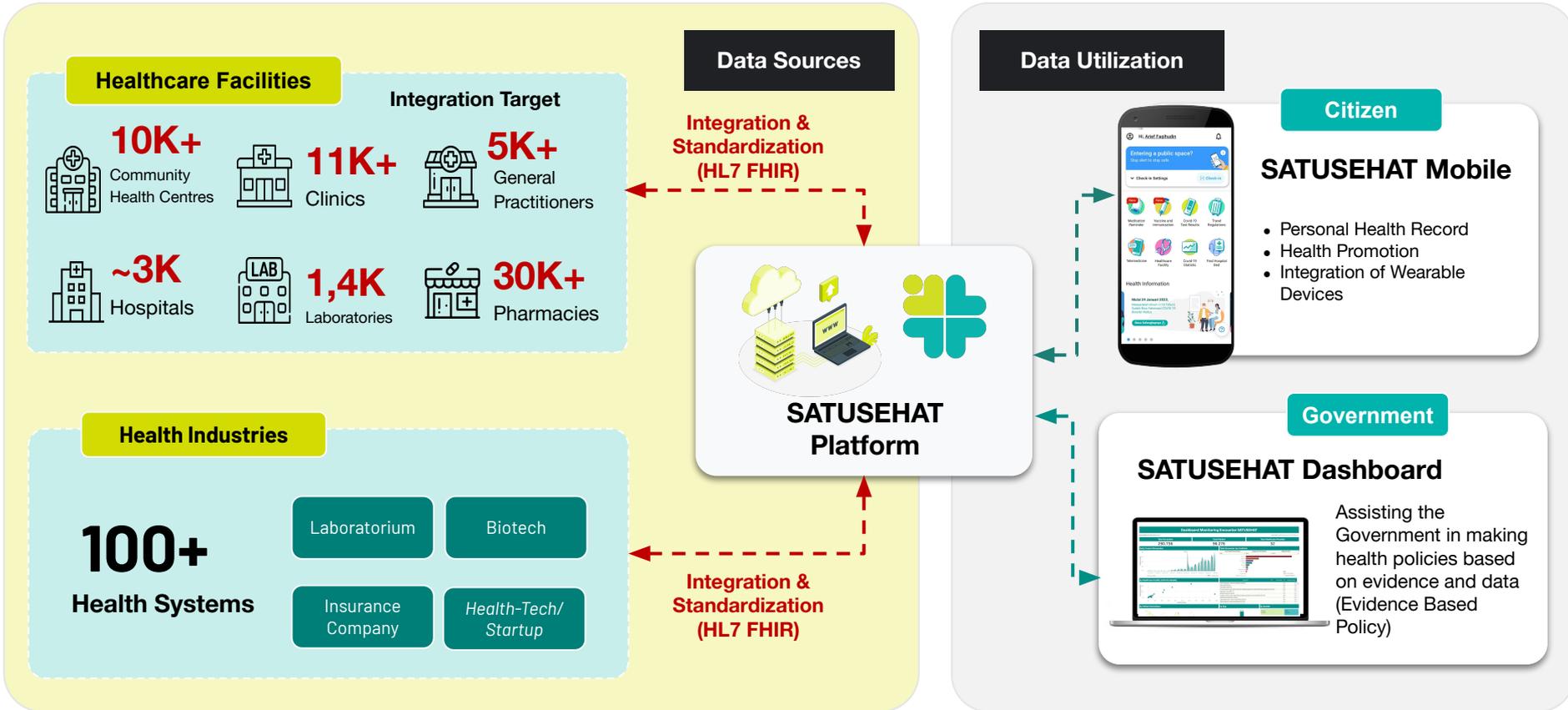
8. Biotechnology



Biotechnology product **downstream and genome data governance** for future need to be enhanced

SATUSEHAT : Health Data Interoperability Platform

Linking and empowering all health data providers and users

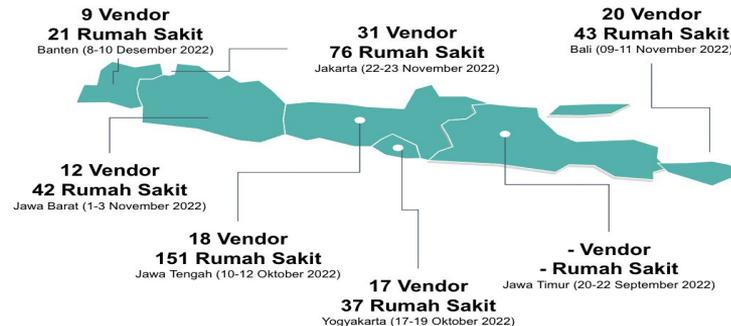


Progress Achievements 2022

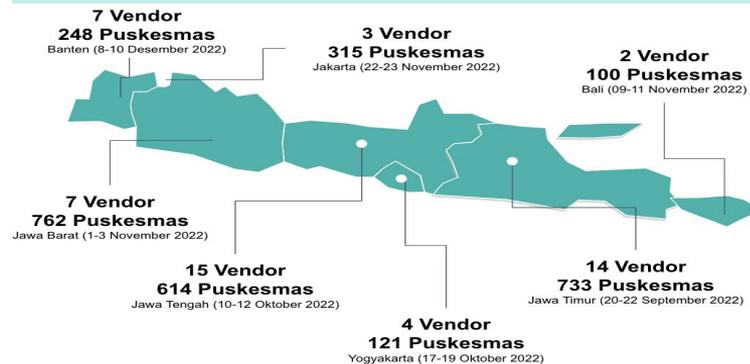
Implementation and Roll out of SATUSEHAT Platform



Hospitals



Community Health Centers



> 11,000 Health Service Facilities
ready to be integrated in Java-Bali



Health Technology Transformation Targets 2023

SATUSEHAT Platform Implementation and Roll out outside Java-Bali



Clinics and
Community Health
Centers



Hospitals

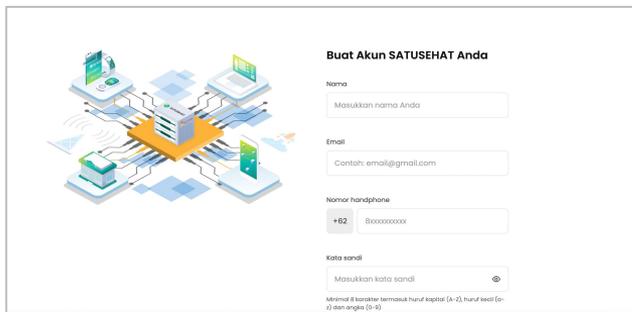
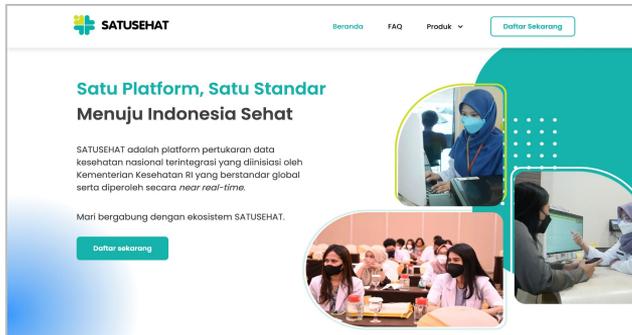


Lab

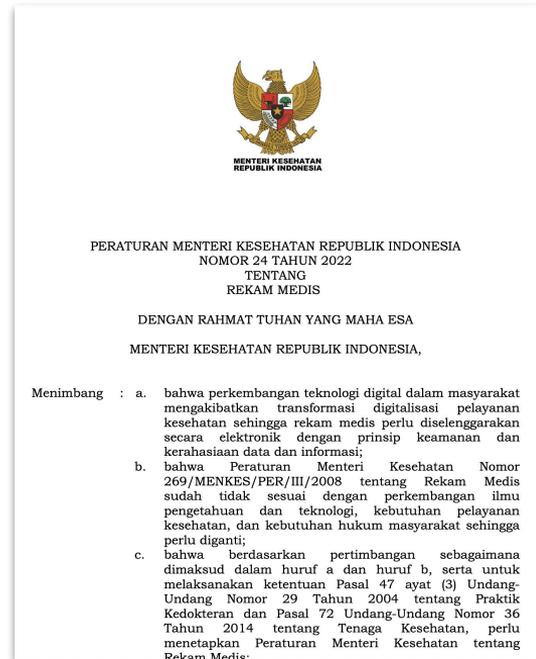


Pharmacies

Target integration of the SATUSEHAT platform in 2023, focusing on all regions of Indonesia with a target of 30,000 Health Facilities (Cumulatively)



Access SATUSEHAT integration and technical information via :
<https://SATUSEHAT.kemkes.go.id/>



Implementation of MoH Regulation 24 of 2022

EMR must be held by all health facilities and integrated into SATUSEHAT
no later than December 31, 2023

Transforming PeduliLindungi into SATUSEHAT Mobile

Realizing individual-based and personalized health data

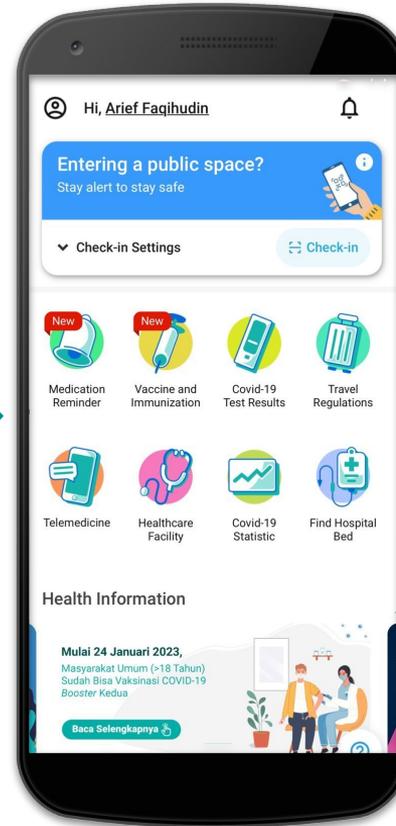
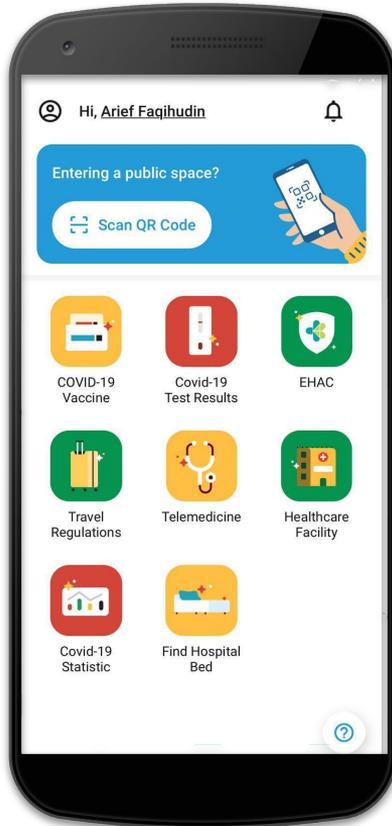
PeduliLindungi

Application of individual health services related to COVID-19 and **proven** in handling COVID-19

> 105 Mio
Total of users

8 Mio
Average daily users during the peak of COVID-19

- 1 Digital Tracing
- 2 COVID-19 Testing
- 3 Self-Isolated Telemedicine
- 4 Integrated Vaccination System



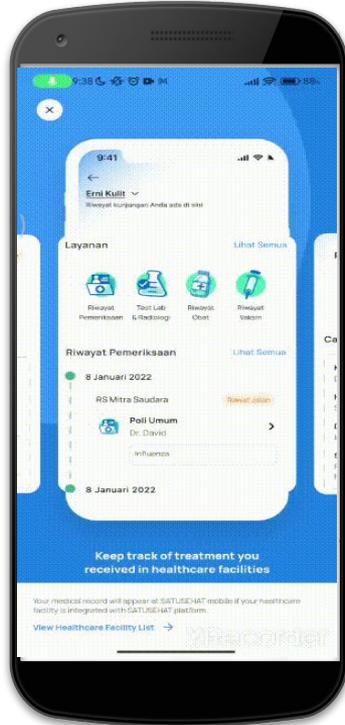
SATUSEHAT Mobile

Developed as a Personal Health Service application for the community for broader functions.

- 1 Medical Record
- 2 Health Promotion
- 3 Medication Profile
- 4 Health Diary
- 5 Hospital Bed Availability
- 6 Early Warning System
- 7 Tracing & Testing
- 8 Integrated Telemedicine
- 9 Personalized Health Education

Launching Soon : Lab Test Results and an Electronic Medical Record

SATUSEHAT Mobile will be integrated with the SATUSEHAT Platform.



Electronic Medical Record

With the consent of the user as the data owner, the user can access digital medical resumes via SATUSEHAT Mobile. **Treatment becomes more efficient**, because you no longer need to carry physical documents when moving clinics/hospitals.



Integrated Lab Result

Through this feature, the user's lab examination results will appear on SATUSEHAT Mobile in near real-time. It's easier for users **to know their health status and more precise in managing their lifestyle**.

“

Collaboration is very important in order to accelerate Health Transformation in Indonesia. Let's together we can build a stronger and healthier Indonesia.

”

#SATUSEHATSemuaSehat



@DTOkemkes

Stunting merupakan masalah gizi kronis, sehingga dapat dicegah jika ditangani dengan tepat dan cepat

Provinsi	Prevalensi Stunting	Prevalensi Gizi Buruk	Prevalensi Obesitas
Sumatera Utara	21,1%	10,1%	1,1%
Sulawesi Selatan	19,8%	9,8%	1,0%
Jawa Barat	18,5%	8,5%	0,9%
Sumatera Barat	17,2%	7,2%	0,8%
Jawa Tengah	16,9%	6,9%	0,7%
DIY	15,3%	5,3%	0,6%
Jawa Timur	14,7%	4,7%	0,5%
Bali	13,8%	3,8%	0,4%
Sumatera Barat	12,9%	2,9%	0,3%
Sumatera Utara	12,1%	2,1%	0,2%
Sumatera Barat	11,5%	1,5%	0,1%
Sumatera Barat	10,8%	0,8%	0,0%
Sumatera Barat	10,2%	0,2%	0,0%
Sumatera Barat	9,6%	0,1%	0,0%
Sumatera Barat	9,0%	0,0%	0,0%
Sumatera Barat	8,4%	0,0%	0,0%
Sumatera Barat	7,8%	0,0%	0,0%
Sumatera Barat	7,2%	0,0%	0,0%
Sumatera Barat	6,6%	0,0%	0,0%
Sumatera Barat	6,0%	0,0%	0,0%
Sumatera Barat	5,4%	0,0%	0,0%
Sumatera Barat	4,8%	0,0%	0,0%
Sumatera Barat	4,2%	0,0%	0,0%
Sumatera Barat	3,6%	0,0%	0,0%
Sumatera Barat	3,0%	0,0%	0,0%
Sumatera Barat	2,4%	0,0%	0,0%
Sumatera Barat	1,8%	0,0%	0,0%
Sumatera Barat	1,2%	0,0%	0,0%
Sumatera Barat	0,6%	0,0%	0,0%
Sumatera Barat	0,0%	0,0%	0,0%

- Semua pihak termasuk pemerintah daerah, mitra pembangunan, civil society organization, dll dapat terlibat dalam mendukung intervensi spesifik untuk mengatasi stunting.
- Kab/Kota dengan kapasitas fiskal yang tinggi harus mengalokasikan anggaran untuk penanganan masalah gizi untuk memisahkan stunting.
- Untuk menadecheka dan menanganai masalah gizi dibutuhkan koordinasi dan sinkronisasi yang ketat. Pastikan kader terlatih antropometri standar dan tenaga psikotesmak terpernubi.



