

Arsitektur Infrastruktur Satu Data Kesehatan Nasional. Studi Kasus: Kementerian Kesehatan Republik Indonesia = The Infrastructure Architecture of the One National Health Data. Case Study: Ministry of Health of The Republic of Indonesia

Alex Budiyanto, author

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Abstrak

Kementerian Kesehatan Republik Indonesia memiliki rencana besar untuk mewujudkan Satu Data Kesehatan Nasional di Indonesia. Agar bisa mewujudkan hal tersebut, diperlukan sebuah penelitian untuk menentukan arsitektur infrastruktur Satu Data Kesehatan Nasional agar bisa menyimpan dan mengelola data rekam medis seluruh masyarakat Indonesia. Penelitian ini dilakukan dengan melakukan studi pustaka terkait rencana implementasi Satu Data Kesehatan Nasional dari berbagai regulasi dan penelitian sebelumnya. Selain itu, penelitian kualitatif juga dilakukan dengan wawancara dan focus group discussion (FGD) untuk menemukan berbagai tantangan dalam rencana implementasi Satu Data Kesehatan Nasional. Hasil dari penelitian ini adalah arsitektur infrastruktur Satu Data Kesehatan Nasional idealnya terdesentralisasi di fasilitas kesehatan, dimana data rekam medis elektronik disimpan dan dikelola oleh fasilitas kesehatan dan diintegrasikan dengan platform Indonesia Health Service (IHS). Namun karena masih banyak fasilitas kesehatan di Indonesia yang belum mampu mengelola dan menyimpan data rekam medis elektroniknya sendiri, maka muncul beberapa alternatif skenario arsitektur yang melibatkan pemerintah kabupaten/kota, pemerintah provinsi hingga pemerintah pusat untuk mengelola dan menyimpan rekam medis elektronik.

.....The Ministry of Health of the Republic of Indonesia has big plans to realize One National Health Data in Indonesia. In order to achieve this, a study is needed to determine the infrastructure architecture of One National Health Data so that it can store and manage medical record data for all Indonesian people. This research was conducted by conducting a literature study related to the implementation plan of One National Health Data from various regulations and previous research. In addition, qualitative research was also conducted through interviews and focus group discussions (FGD) on finding various challenges in the plan to implement the One National Health Data. The result of this research is that the infrastructure architecture of One National Health Data is ideally decentralized in health facilities, where electronic medical record data is stored and managed by health facilities and integrated with the platform Indonesia Health Service (IHS). However, because there are still many health facilities in Indonesia that have not been able to manage and store their own electronic medical record data, several alternative architectural scenarios have emerged that involve district/city governments, provincial governments to the central government to manage and store electronic medical records.