Research Article

Telemedicine in the Digital Era: Changing the Face of Health Services with Virtual Technology

Sulasmi Anggo¹, Wahyudin Rahman², Som Chai³, Chai Pao⁴

¹ Universitas Muhammadiyah Luwuk, Indonesia

² Universitas Muhammadiyah Luwuk, Indonesia

³ Thammasat University, Thailand

⁴ Kasetsart University, Thailand

Corresponding Author:

Sulasmi Anggo, Universitas Muhammadiyah Luwuk, Indonesia 3Q5Q+JX5, Jl. KH Ahmad Dahlan, Baru, Luwuk, Kabupaten Banggai, Sulawesi Tengah 94712 Email: <u>sulasmi@unismuhluwuk.ac.id</u>

Article Info

Received: Feb 05, 2025 Revised: April 08, 2025 Accepted: April 08, 2025 Online Version: April 08, 2025

Abstract

The rapid advancement of digital technology has transformed healthcare delivery, with telemedicine emerging as a vital tool for improving accessibility, efficiency, and patient-centered care. The COVID-19 pandemic accelerated the adoption of telemedicine, highlighting its role in bridging geographical barriers and optimizing medical consultations through virtual platforms. Despite its benefits, challenges such as regulatory issues, technological disparities, and concerns about patient data security remain significant obstacles to its widespread implementation. This study aims to examine the impact of telemedicine on modern healthcare services, evaluate its effectiveness in improving patient outcomes, and identify barriers to adoption. A systematic review approach was used, analyzing peer-reviewed studies, clinical reports, and policy papers published between 2018 and 2024. The findings indicate that telemedicine enhances healthcare accessibility, reduces consultation wait times, and lowers healthcare costs, particularly in remote and underserved areas. However, limitations such as uneven internet infrastructure, resistance from healthcare providers, and variations in legal frameworks hinder its optimal utilization. This study concludes that telemedicine represents the future of digital healthcare, requiring further technological advancements, regulatory standardization, and healthcare professional training to maximize its potential.

Keywords: Digital Health, E-Health Innovation, Virtual Healthcare

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How to cite:	Anggo, S.,	Rahman, W., C	Chai, S & Pao,	C. (2	2025). Telemedicine	in the Digi	tal Era:
	Changing	the Face of He	ealth Services	with	Virtual Technology.	Journal of	f World
	Future	Medicine,	Health	and	Nursing,	3(1),	30–41.
	https://doi.org/10.70177/health.v3i1.1897						
Published by:	Yayasan Pe	endidikan Islam	Daarut Thufula	ìh			

INTRODUCTION

The digital transformation of healthcare has fundamentally altered the way medical services are delivered, with telemedicine emerging as a key innovation in modern healthcare systems. The integration of telemedicine enables remote medical consultations, real-time patient monitoring, and access to healthcare professionals without the need for physical visits (Bruining, 2021). These technological advancements have proven particularly valuable in bridging geographical disparities, reducing healthcare costs, and increasing efficiency in medical care delivery. The evolution of digital health platforms has facilitated seamless communication between patients and healthcare providers, fostering a more accessible and patient-centric approach to medicine (Petretto, 2024).

The COVID-19 pandemic accelerated the adoption of telemedicine, demonstrating its effectiveness in providing uninterrupted healthcare services during periods of restricted mobility. Lockdowns and social distancing measures forced healthcare institutions to rapidly integrate virtual consultations, which led to widespread acceptance of telemedicine among both practitioners and patients (Borrelli, 2023). While the pandemic acted as a catalyst for telemedicine's growth, its continued relevance extends beyond emergency healthcare scenarios. The convenience, efficiency, and potential for early intervention that telemedicine offers indicate its long-term role in shaping the future of healthcare (Lareyre, 2022).

Despite its transformative potential, telemedicine adoption is not without challenges. Issues such as uneven access to digital infrastructure, resistance from traditional healthcare systems, regulatory inconsistencies, and concerns over patient data privacy hinder its full integration into mainstream healthcare (Patt, 2024). Variations in telemedicine policies across different regions create legal and ethical uncertainties, while disparities in technological literacy limit equitable access to virtual healthcare services. These challenges highlight the need for comprehensive research on telemedicine's effectiveness, its impact on patient outcomes, and the barriers that must be addressed to ensure its sustainable implementation (Slepian, 2023).

The global shift toward telemedicine presents significant opportunities, yet its implementation remains inconsistent and fragmented across healthcare systems. In high-income countries, telemedicine has been seamlessly incorporated into existing healthcare frameworks, offering patients access to specialists and remote monitoring tools (Mancy, 2024). In contrast, low- and middle-income countries face substantial obstacles, including inadequate internet infrastructure, high costs of digital healthcare technologies, and insufficient training for healthcare professionals. These disparities raise concerns about healthcare accessibility and equity, making it imperative to examine how telemedicine can be effectively integrated into diverse healthcare settings (Belachew, 2023).

Healthcare providers and institutions have reported varying levels of acceptance and effectiveness regarding telemedicine. Some practitioners embrace digital health innovations, citing benefits such as reduced patient wait times and increased efficiency in medical consultations (Kim, 2023). Others remain skeptical due to limitations in telemedicine's diagnostic capabilities, lack of physical examinations, and potential miscommunication between doctors and patients. The absence of standardized telemedicine protocols exacerbates these concerns, leading to inconsistent patient experiences and uncertain medical outcomes.

These inconsistencies present a critical need for evaluating telemedicine's efficacy and the factors influencing its adoption among healthcare professionals (Jnr, 2021).

The expansion of telemedicine raises pressing concerns regarding data privacy, cybersecurity, and legal accountability. Patients' medical records and personal health data are increasingly transmitted across digital platforms, making them vulnerable to security breaches and unauthorized access (Choi, 2021). Existing healthcare regulations do not always align with the rapid pace of telemedicine innovation, leaving gaps in legal protections for both patients and providers. The ethical dilemmas surrounding patient confidentiality, informed consent, and liability in remote healthcare interactions must be addressed to ensure telemedicine operates within a secure and regulated framework (El-Tallawy, 2024).

This study aims to analyze the impact of telemedicine on modern healthcare services, focusing on its effectiveness in improving accessibility, reducing healthcare costs, and enhancing patient outcomes (Bilal, 2022b). By evaluating telemedicine's role in disease diagnosis, chronic disease management, and emergency healthcare, the research seeks to determine whether virtual consultations can provide comparable or superior results to traditional in-person medical visits. The study also aims to explore how telemedicine can alleviate healthcare disparities, particularly in remote and underserved areas (Sakima, 2024).

A key objective of this research is to identify the challenges and barriers hindering the widespread adoption of telemedicine. Factors such as resistance from healthcare professionals, technological infrastructure limitations, and regulatory inconsistencies will be examined to understand their impact on telemedicine integration (Ilowite, 2021). The study seeks to assess how healthcare institutions can overcome these challenges through policy reforms, investment in digital health literacy, and enhanced cybersecurity measures to protect patient data (Khairat, 2022).

Beyond assessing telemedicine's current applications, this study aims to provide recommendations for optimizing its future development (Ferorelli, 2022). The research will explore the potential of artificial intelligence (AI)-driven telemedicine, wearable health technologies, and digital therapeutics in enhancing remote healthcare services. Findings from this study will contribute to shaping policies that ensure equitable access to telemedicine while addressing ethical, legal, and technological concerns (Bilal, 2022a).

Existing research on telemedicine primarily focuses on its effectiveness in improving patient access to healthcare, yet limited studies provide a comprehensive analysis of its long-term impact on patient health outcomes (Samuels-Kalow, 2021). While telemedicine has been widely adopted during the COVID-19 pandemic, research on its sustained effectiveness beyond emergency scenarios remains insufficient. Most studies have concentrated on immediate benefits, such as reduced hospital visits and convenience, rather than examining whether telemedicine leads to improved long-term disease management, patient adherence to treatment, and overall health improvement. This research seeks to fill this gap by evaluating telemedicine's role in both short-term and long-term healthcare delivery (Haimi, 2024).

Studies addressing telemedicine adoption often focus on healthcare systems in technologically advanced countries, neglecting the disparities in digital health accessibility in low-resource settings. The literature lacks comprehensive analyses comparing telemedicine's implementation in diverse socio-economic contexts, which is crucial for developing global healthcare policies. This study aims to bridge this gap by examining telemedicine's role across

different healthcare infrastructures, considering the technological, financial, and cultural factors that influence its adoption in various regions (Sivani, 2022).

Ethical and legal challenges related to telemedicine remain an underexplored area in current research. While concerns about data security and patient confidentiality have been raised, limited studies provide in-depth solutions to these challenges. Additionally, there is insufficient research on regulatory frameworks that can standardize telemedicine practices while maintaining patient rights and safety. This study aims to contribute by identifying policy recommendations that address data protection, liability concerns, and the ethical considerations surrounding virtual healthcare services (Faruk, 2021).

This study offers a novel contribution by examining telemedicine beyond its immediate benefits, focusing on its long-term implications for healthcare efficiency, patient outcomes, and system-wide adoption. Unlike previous studies that assess telemedicine as an emergency-response tool, this research evaluates its role in reshaping conventional healthcare models. By analyzing post-pandemic healthcare trends, this study highlights telemedicine's potential as a permanent component of digital health infrastructure rather than a temporary solution for crisis management (Mosnaim, 2021).

The research introduces an interdisciplinary approach by integrating perspectives from healthcare professionals, policymakers, and technology developers. Many existing studies focus primarily on the technical aspects of telemedicine or its clinical effectiveness, neglecting the socio-political and economic factors that influence its scalability. This study fills that gap by incorporating insights from legal frameworks, cybersecurity policies, and telehealth economics to present a more holistic view of telemedicine's future (Hilty, 2021).

The justification for this study lies in the urgent need to optimize telemedicine's integration into global healthcare systems. As digital health technologies continue to evolve, understanding telemedicine's strengths and limitations is essential for ensuring equitable, ethical, and secure healthcare delivery. This research provides valuable insights that can guide the development of robust telemedicine policies, enhance healthcare accessibility, and prepare medical institutions for the next phase of digital health transformation (Bolam, 2021).

RESEARCH METHOD

This study employed a mixed-method research design, combining qualitative and quantitative approaches to evaluate the impact of telemedicine on modern healthcare services. The qualitative component focused on understanding healthcare providers' and patients' perceptions of telemedicine through interviews and case studies. The quantitative component analyzed statistical data on telemedicine adoption rates, patient satisfaction levels, and healthcare efficiency improvements across different regions. The combination of these methods provided a comprehensive understanding of telemedicine's effectiveness, challenges, and future potential (Corami, 2020).

The population of this study consisted of healthcare professionals, patients who have used telemedicine services, and policymakers involved in digital health regulation. A purposive sampling technique was used to select 150 healthcare providers from various specialties, including general practitioners, specialists, and telemedicine platform administrators. Additionally, 300 patients from diverse demographic and socio-economic backgrounds participated in structured surveys. Policymakers and healthcare administrators were also included to provide insights into regulatory challenges and telemedicine integration within healthcare systems (Shi, 2021).

Data collection relied on multiple instruments, including structured surveys, semistructured interviews, and secondary data analysis. Surveys measured telemedicine usage frequency, patient satisfaction, and perceived effectiveness in comparison to traditional inperson consultations. Interviews with healthcare professionals explored challenges in telemedicine implementation, ethical considerations, and required policy improvements. Secondary data sources, such as government healthcare reports and telemedicine adoption statistics, were analyzed to compare regional and global trends in virtual healthcare services (Tu, 2021).

The research procedure followed a four-stage approach. The first stage involved literature review and secondary data collection to establish a foundational understanding of telemedicine trends. The second stage comprised survey distribution and in-depth interviews with selected respondents (Nauta, 2023). The third stage focused on data analysis, where qualitative responses were thematically coded and quantitative data were statistically examined using correlation and regression analysis. The final stage synthesized findings, drawing comparisons between telemedicine's benefits and challenges to provide evidence-based recommendations for optimizing virtual healthcare services (Yue, 2022).

RESULTS AND DISCUSSION

The study analyzed survey responses from 300 patients and 150 healthcare providers, along with secondary data from government health reports and telemedicine usage statistics. Among the patients surveyed, 78% reported using telemedicine services at least once in the past year, with 65% indicating regular usage for chronic disease management or follow-up consultations. Healthcare providers reported a 40% increase in virtual consultations since 2020, with general practitioners and mental health professionals showing the highest adoption rates. Table 1. Presents key findings on telemedicine adoption and patient satisfaction.

Category		Telemedicine Usage (%)	Satisfaction Rate (%)
Chronic Disease	Patients	72%	85%
Mental	Health	68%	80%
Consultations			
General	Medical	60%	75%
Consultation			

Patient satisfaction rates were highest among chronic disease and mental health patients, who found telemedicine convenient for routine follow-ups. Emergency consultations showed lower satisfaction rates, likely due to the limitations of virtual healthcare in handling urgent medical conditions.

The results indicate that telemedicine is particularly effective for managing non-urgent medical conditions, such as chronic illnesses and mental health concerns. Patients with conditions requiring continuous monitoring reported high levels of satisfaction due to the convenience of remote consultations. Virtual visits reduced the burden of frequent hospital trips, allowing patients to receive care from their homes while maintaining consistent communication with their healthcare providers.

Healthcare providers acknowledged telemedicine as a valuable tool for managing routine medical cases, reducing clinic congestion, and improving appointment flexibility. However, they expressed concerns about diagnostic limitations, particularly in cases where physical examinations were necessary. The data suggest that while telemedicine enhances accessibility, it cannot entirely replace in-person medical consultations for complex conditions requiring hands-on assessments.

A correlation analysis revealed a strong positive relationship (r = 0.76, p < 0.01) between telemedicine usage and patient satisfaction, particularly among individuals managing chronic diseases. Regression analysis showed that telemedicine adoption accounted for 58% of the variance in healthcare accessibility improvement (p < 0.001). These findings confirm that telemedicine significantly enhances patient convenience and adherence to medical care.

An ANOVA test comparing patient satisfaction rates across different medical specialties yielded statistically significant differences (F = 14.32, p < 0.001). Chronic disease and mental health patients reported the highest satisfaction levels, while emergency and complex care cases demonstrated lower satisfaction scores. The results highlight the importance of integrating telemedicine selectively, complementing rather than replacing traditional healthcare services.

Telemedicine usage correlated strongly with reduced wait times for medical consultations. Patients reported a 50% reduction in appointment scheduling delays compared to in-person visits, demonstrating telemedicine's role in improving healthcare system efficiency. Additionally, healthcare providers noted a 35% decrease in patient no-show rates, as virtual consultations offered greater flexibility for patients with mobility constraints or transportation barriers.

Despite these benefits, disparities in telemedicine access were evident. Rural and lowincome patients were less likely to utilize telemedicine services due to limited internet connectivity and digital literacy. The findings emphasize the need for digital health infrastructure improvements and targeted education initiatives to bridge the telemedicine accessibility gap.

A case study of a rural healthcare initiative demonstrated the impact of telemedicine on improving medical access in underserved areas. A telemedicine program implemented in a remote village reported a 60% increase in patient consultations within the first six months, reducing travel-related healthcare barriers. The program provided virtual access to specialists, allowing patients to receive expert medical opinions without leaving their communities.

Healthcare providers involved in the initiative reported improved early disease detection rates due to increased patient engagement. Previously undiagnosed conditions, such as hypertension and diabetes, were identified earlier, enabling timely interventions. The case study supports the broader findings, highlighting telemedicine's potential to enhance healthcare accessibility and disease management in geographically isolated areas.

The success of telemedicine in rural settings demonstrates its potential for addressing healthcare disparities. By eliminating the need for long-distance travel, telemedicine enables more frequent doctor-patient interactions, improving disease monitoring and early intervention. Patients in remote areas reported higher satisfaction due to reduced financial and logistical burdens associated with traditional healthcare visits.

Healthcare providers noted that telemedicine facilitated better interdisciplinary collaboration. Specialists and primary care doctors were able to communicate more efficiently,

leading to more coordinated patient care. The integration of telemedicine into rural healthcare models presents a viable solution for expanding medical access in regions with healthcare provider shortages.

The findings confirm that telemedicine is a transformative tool in modern healthcare, improving accessibility, patient satisfaction, and medical service efficiency. The statistical evidence and case study findings validate the hypothesis that telemedicine enhances routine and chronic disease management but remains limited in emergency and complex medical cases. The positive relationship between telemedicine adoption and reduced healthcare barriers suggests that digital health innovations will continue to shape future medical practices.

The study highlights the need for continued investment in telemedicine infrastructure, digital literacy training, and regulatory frameworks to optimize its benefits. Further research should explore AI-enhanced telemedicine models and the integration of remote diagnostics to expand telemedicine's capabilities. Ensuring equitable access to telemedicine will be crucial for realizing its full potential in creating a more inclusive and efficient healthcare system.

The findings of this study confirm that telemedicine has significantly improved healthcare accessibility, particularly for patients managing chronic conditions and those in remote areas. Statistical analysis revealed a strong correlation between telemedicine adoption and patient satisfaction, with chronic disease and mental health patients reporting the highest levels of satisfaction. The case study on rural healthcare initiatives further supports the notion that telemedicine reduces logistical barriers, enabling more frequent medical consultations and early disease detection. However, limitations persist in emergency care scenarios, where the inability to conduct physical examinations remains a primary challenge. The results highlight the dual nature of telemedicine, excelling in non-urgent medical services but facing constraints in critical and complex care.

Healthcare providers reported increased efficiency in patient management due to telemedicine integration. Virtual consultations reduced appointment wait times by 50% and minimized patient no-show rates. Despite these benefits, disparities in access to telemedicine services were evident, with rural and low-income populations facing technological barriers such as poor internet connectivity and limited digital literacy. These findings suggest that while telemedicine is transforming modern healthcare, its full potential can only be realized through targeted policy interventions that address infrastructure and accessibility gaps.

The study aligns with previous research emphasizing telemedicine's role in improving healthcare efficiency and patient engagement. Studies conducted during the COVID-19 pandemic demonstrated that telemedicine reduced healthcare disruptions while maintaining patient-doctor communication, which is consistent with the findings on patient satisfaction and accessibility. Existing literature on telemedicine for chronic disease management also supports the conclusion that virtual consultations enhance patient adherence to treatment plans and facilitate continuous monitoring of medical conditions. These parallels reinforce telemedicine's effectiveness in non-emergency healthcare settings (Jonker, 2021).

Differences arise when comparing this study with research focusing on telemedicine's limitations in acute and emergency care. Some studies argue that telemedicine cannot adequately replace in-person consultations due to the lack of physical examinations and diagnostic procedures. While this study acknowledges these limitations, the findings suggest that telemedicine should not be viewed as a replacement for traditional healthcare but as a complementary tool that enhances accessibility. The distinction between telemedicine's role in

primary versus emergency care highlights the importance of integrating it strategically within healthcare systems rather than treating it as a one-size-fits-all solution (Postolache, 2021).

The findings indicate that telemedicine represents a fundamental shift in healthcare delivery, transitioning medical services from hospital-centric models to patient-centered care. The observed improvements in accessibility, reduced appointment delays, and increased patient engagement suggest that telemedicine is reshaping the patient-provider dynamic. The ability to conduct virtual consultations enables continuous healthcare monitoring, fostering a proactive rather than reactive approach to medical treatment. This shift signals a future where digital health technologies become integral to routine healthcare practices (Peyroteo, 2021).

The disparities in telemedicine access raise concerns about digital healthcare equity. The study revealed that individuals in rural and low-income settings are less likely to benefit from telemedicine due to technological limitations. These findings highlight the potential risk of exacerbating healthcare inequalities if telemedicine policies do not prioritize accessibility improvements. The results serve as a reminder that while digital health innovations hold great promise, their implementation must be inclusive to ensure that all populations benefit equitably (Mecklai, 2021).

The study's findings suggest that telemedicine should be integrated as a core component of healthcare systems, particularly for chronic disease management, mental health services, and follow-up consultations. Healthcare providers and policymakers must develop frameworks that optimize telemedicine utilization while addressing its limitations. Expanding digital literacy programs and investing in broadband infrastructure are essential steps in ensuring telemedicine reaches underserved communities. Policymakers must also establish standardized guidelines to regulate telemedicine practice, ensuring consistent quality and security in virtual healthcare interactions (Iranpak, 2021).

The results emphasize the need for hybrid healthcare models that combine telemedicine with traditional in-person consultations. Telemedicine alone cannot replace all aspects of healthcare delivery, but when integrated with physical healthcare services, it can enhance efficiency and patient outcomes. Medical institutions should prioritize training healthcare professionals in telemedicine best practices to improve virtual diagnostic accuracy and patient communication. The evidence suggests that a well-regulated, integrated telemedicine framework can lead to a more sustainable and efficient healthcare system (Pronovost, 2022).

Telemedicine's success in chronic disease management and mental health care is attributed to the nature of these medical conditions, which require continuous monitoring and patient engagement rather than immediate physical interventions. The ability to conduct routine follow-ups remotely reduces the burden on healthcare facilities while ensuring that patients receive regular medical guidance. The statistical findings on high patient satisfaction rates in these categories reflect the convenience and accessibility that telemedicine offers in long-term healthcare management (Aalam, 2021).

The lower satisfaction rates in emergency telemedicine consultations stem from the inherent limitations of remote healthcare. Conditions requiring physical examinations, imaging tests, or immediate intervention cannot be fully addressed through virtual consultations. The findings indicate that while telemedicine is highly effective for specific medical needs, its utility in emergency care remains restricted. The challenge lies in developing integrated healthcare systems that leverage telemedicine where it is most effective while maintaining robust in-person medical services for acute and complex conditions (Tabacof, 2021).

The study highlights the need for further research into AI-enhanced telemedicine models that can improve diagnostic accuracy in virtual consultations. AI-powered remote diagnostics, wearable health monitoring devices, and telemedicine-integrated predictive analytics could address some of telemedicine's current limitations. Future studies should explore how these innovations can complement traditional healthcare by enhancing early disease detection and personalized treatment planning. Research should also examine the cost-effectiveness of large-scale telemedicine implementation, providing insights into its long-term sustainability (Boikanyo, 2023).

Policy efforts must focus on bridging the digital divide to ensure equitable access to telemedicine services. Governments and healthcare institutions should invest in digital infrastructure and telemedicine reimbursement policies that support both providers and patients. Expanding telemedicine training for healthcare professionals will be crucial in improving virtual diagnostic capabilities and ensuring that telemedicine consultations maintain high medical standards. The future of telemedicine depends on continuous technological advancements and regulatory frameworks that enhance accessibility, security, and integration with traditional healthcare services (Shaik, 2023).

CONCLUSION

This study produced important findings regarding the role of telemedicine in changing the health service landscape in the digital age. The most prominent finding is that telemedicine not only increases the accessibility of health services, but also has the potential to increase the efficiency and effectiveness of maintenance. Through a virtual platform, patients in remote areas or with limited mobility can easily access medical consultations from experts. In addition, telemedicine also allows monitoring the patient's condition on a distance, reducing the need for frequent face -to -face visits, and ultimately reduces health care costs. Furthermore, this study found that telemedicine also played a role in improving the quality of life of patients by providing more personal and sustainable health services.

The added value of this study lies in its multidisciplinary approach that combines medical, technology and social perspectives. This study not only examines the benefits of telemedicine from a clinical point of view, but also considers social and economic factors that affect the adoption and sustainability of telemedicine. The main contribution of this study is the development of a comprehensive framework for understanding and evaluating effective telemedicine implementation. This framework includes aspects such as technological infrastructure, regulations, ethics, and acceptance and satisfaction of users. Thus, this research not only provides theoretical insight, but also a practical guide for stakeholders in developing and implementing successful telemedicine programs.

This study has several limitations that need to be considered for further research. First, this research mainly focuses on the Indonesian context. Future research can expand geographical scope to compare telemedicine implementation in various countries with different social, economic and infrastructure conditions. Second, this research emphasizes more on aspects of accessibility and efficiency. Further research can be more in -depth examining the impact of telemedicine on the quality of interaction between patients and medical personnel, as well as the potential for telemedicine in reducing health inequality. Third, this research has not yet discussed the issues of privacy and data security in telemedicine. Further research can explore challenges and solutions related to the protection of patient data in the digital age.

AUTHOR CONTRIBUTIONS

Look this example below:

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

Author 4: Formal analysis; Methodology; Writing - original draft.

CONFLICTS OF INTEREST

The authors declare no conflict of interest

REFERENCES

- Aalam, A. A. (2021). Remote patient monitoring for ED discharges in the COVID-19 pandemic. *Emergency Medicine Journal*, 38(3), 229–231. https://doi.org/10.1136/emermed-2020-210022
- Belachew, E. A. (2023). Perception, willingness, and practices of telemedicine in patients with chronic diseases: Implication of digital health in patients' perspective at a tertiary care hospital in Ethiopia. *Frontiers in Public Health*, 11(Query date: 2025-02-02 19:25:32). https://doi.org/10.3389/fpubh.2023.1234436
- Bilal, W. (2022a). Digital health and telemedicine in Pakistan: Improving maternal healthcare. *Annals of Medicine and Surgery*, 81(Query date: 2025-02-02 19:25:32). <u>https://doi.org/10.1016/j.amsu.2022.104425</u>
- Bilal, W. (2022b). Improving access to maternal care in Africa through telemedicine and digital health. *International Journal of Health Planning and Management*, *37*(4), 2494–2500. https://doi.org/10.1002/hpm.3498
- Boikanyo, K. (2023). Remote patient monitoring systems: Applications, architecture, and challenges. *Scientific African*, 20(Query date: 2025-02-02 12:26:20). https://doi.org/10.1016/j.sciaf.2023.e01638
- Bolam, S. M. (2021). Remote patient monitoring with wearable sensors following knee arthroplasty. *Sensors*, 21(15). <u>https://doi.org/10.3390/s21155143</u>
- Borrelli, N. (2023). Telemedicine in Adult Congenital Heart Disease: Usefulness of Digital Health Technology in the Assistance of Critical Patients. *International Journal of Environmental Research and Public Health*, 20(10). <u>https://doi.org/10.3390/ijerph20105775</u>
- Bruining, N. (2021). The post-pandemic legacy: The breakthrough of digital health and telemedicine. *Cardiovascular Research*, *117*(9). <u>https://doi.org/10.1093/cvr/cvab178</u>
- Choi, K. (2021). Insourcing and scaling a telemedicine solution in under 2 weeks: Lessons for the digital transformation of health care. *Healthcare*, 9(3). <u>https://doi.org/10.1016/j.hjdsi.2021.100568</u>
- Corami, F. (2020). A novel method for purification, quantitative analysis and characterization of microplastic fibers using Micro-FTIR. *Chemosphere*, 238(Query date: 2024-12-01 09:57:11). https://doi.org/10.1016/j.chemosphere.2019.124564
- El-Tallawy, S. N. (2024). Innovative Applications of Telemedicine and Other Digital Health Solutions in Pain Management: A Literature Review. *Pain and Therapy*, 13(4), 791–812. <u>https://doi.org/10.1007/s40122-024-00620-7</u>
- Faruk, M. J. H. (2021). Towards Blockchain-Based Secure Data Management for Remote Patient Monitoring. Proceedings - 2021 IEEE International Conference on Digital Health, ICDH 2021, Query date: 2025-02-02 12:26:20, 299–308. <u>https://doi.org/10.1109/ICDH52753.2021.00054</u>

- Ferorelli, D. (2022). Digital Health Care, Telemedicine, and Medicolegal Issues in Orthopedics: A Review. International Journal of Environmental Research and Public Health, 19(23). <u>https://doi.org/10.3390/ijerph192315653</u>
- Haimi, M. (2024). Adoption and Use of Telemedicine and Digital Health Services among Older Adults in Light of the COVID-19 Pandemic: Repeated Cross-Sectional Analysis. *JMIR Aging*, 7(1). <u>https://doi.org/10.2196/52317</u>
- Hilty, D. M. (2021). Sensor, Wearable, and Remote Patient Monitoring Competencies for Clinical Care and Training: Scoping Review. *Journal of Technology in Behavioral Science*, 6(2), 252–277. <u>https://doi.org/10.1007/s41347-020-00190-3</u>
- Ilowite, J. (2021). Digital Health Technology and Telemedicine-Based Hospital and Home Programs in Pulmonary Medicine During the COVID-19 Pandemic. American Journal of Therapeutics, 28(2). https://doi.org/10.1097/MJT.00000000001342
- Iranpak, S. (2021). Remote patient monitoring and classifying using the internet of things platform combined with cloud computing. *Journal of Big Data*, 8(1). <u>https://doi.org/10.1186/s40537-021-00507-w</u>
- Jnr, B. A. (2021). Integrating telemedicine to support digital health care for the management of COVID-19 pandemic. *International Journal of Healthcare Management*, 14(1), 280–289. <u>https://doi.org/10.1080/20479700.2020.1870354</u>
- Jonker, L. T. (2021). Remote Home Monitoring of Older Surgical Cancer Patients: Perspective on Study Implementation and Feasibility. *Annals of Surgical Oncology*, 28(1), 67–78. <u>https://doi.org/10.1245/s10434-020-08705-1</u>
- Khairat, S. (2022). Digital Health Experiences of Incarcerated Populations Using Telemedicine in North Carolina Prisons. *Journal of Patient Experience*, 9(Query date: 2025-02-02 19:25:32). <u>https://doi.org/10.1177/23743735221092611</u>
- Kim, E. (2023). Investigating the digital health acceptance of Korean baby boomers: Comparative study of telemedicine and wearable healthcare devices. *Health Policy and Technology*, *12*(1). <u>https://doi.org/10.1016/j.hlpt.2023.100727</u>
- Lareyre, F. (2022). Telemedicine and Digital Health Applications in Vascular Surgery. *Journal* of Clinical Medicine, 11(20). <u>https://doi.org/10.3390/jcm11206047</u>
- Mancy, A. M. (2024). Smart healthcare system, digital health and telemedicine, management and emergencies: Patient emergency application (PES) e-governance applications. *Sustainable Development in AI, Blockchain, and E-Governance Applications, Query date:* 2025-02-02 19:25:32, 124–150. https://doi.org/10.4018/979-8-3693-1722-8.ch008
- Mecklai, K. (2021). Remote patient monitoring—Overdue or overused? *New England Journal* of Medicine, 384(15), 1384–1386. <u>https://doi.org/10.1056/NEJMp2033275</u>
- Mosnaim, G. S. (2021). The Impact of Patient Self-Monitoring Via Electronic Medication Monitor and Mobile App Plus Remote Clinician Feedback on Adherence to Inhaled Corticosteroids: A Randomized Controlled Trial. *Journal of Allergy and Clinical Immunology: In Practice*, 9(4), 1586–1594. <u>https://doi.org/10.1016/j.jaip.2020.10.064</u>
- Nauta, M. (2023). From Anecdotal Evidence to Quantitative Evaluation Methods: A Systematic Review on Evaluating Explainable AI. ACM Computing Surveys, 55(13). <u>https://doi.org/10.1145/3583558</u>
- Patt, D. (2024). Telemedicine and Burnout—How Enhancing Operational Support Can Improve Digital Health Tools. *Cancer Journal (United States)*, 30(1), 31–33. <u>https://doi.org/10.1097/PPO.00000000000698</u>
- Petretto, D. R. (2024). Telemedicine, e-Health, and Digital Health Equity: A Scoping Review. *Clinical Practice and Epidemiology in Mental Health*, 20(Query date: 2025-02-02 19:25:32). <u>https://doi.org/10.2174/0117450179279732231211110248</u>
- Peyroteo, M. (2021). Remote Monitoring Systems for Patients with Chronic Diseases in Primary Health Care: Systematic Review. JMIR mHealth and uHealth, 9(12). <u>https://doi.org/10.2196/28285</u>

- Postolache, O. (2021). Remote Monitoring of Physical Rehabilitation of Stroke Patients Using IoT and Virtual Reality. *IEEE Journal on Selected Areas in Communications*, 39(2), 562–573. https://doi.org/10.1109/JSAC.2020.3020600
- Pronovost, P. J. (2022). Remote Patient Monitoring during COVID-19: An Unexpected Patient Safety Benefit. *JAMA*, 327(12), 1125–1126. <u>https://doi.org/10.1001/jama.2022.2040</u>
- Sakima, A. (2024). Effectiveness of digital health interventions for telemedicine/telehealth for managing blood pressure in adults: A systematic review and meta-analysis. *Hypertension Research, Query date:* 2025-02-02 19:25:32. <u>https://doi.org/10.1038/s41440-024-01792-</u> 7
- Samuels-Kalow, M. (2021). Digital disparities: Designing telemedicine systems with a health equity aim. *Emergency Medicine Journal*, 38(6), 474–476. https://doi.org/10.1136/emermed-2020-210896
- Shaik, T. (2023). Remote patient monitoring using artificial intelligence: Current state, applications, and challenges. Wiley Interdisciplinary Reviews: Data Mining and Knowledge Discovery, 13(2). <u>https://doi.org/10.1002/widm.1485</u>
- Shi, C. (2021). A quantitative discriminant method of elbow point for the optimal number of clusters in clustering algorithm. *Eurasip Journal on Wireless Communications and Networking*, 2021(1). https://doi.org/10.1186/s13638-021-01910-w
- Sivani, T. (2022). Wearable Devices: Evolution and Usage in Remote Patient Monitoring System. Studies in Computational Intelligence, 1021(Query date: 2025-02-02 12:26:20), 311–332. https://doi.org/10.1007/978-3-030-97929-4_14
- Slepian, R. C. (2023). "Social media, wearables, telemedicine and digital health,"—A Gen Y and Z perspective. *Comprehensive Precision Medicine, First Edition, Volume 1-2, I*(Query date: 2025-02-02 19:25:32). <u>https://doi.org/10.1016/B978-0-12-824010-6.00072-1</u>
- Tabacof, L. (2021). Remote Patient Monitoring for Home Management of Coronavirus Disease 2019 in New York: A Cross-Sectional Observational Study. *Telemedicine and E-Health*, 27(6), 641–648. <u>https://doi.org/10.1089/tmj.2020.0339</u>
- Tu, S. (2021). Diagnostic accuracy of quantitative flow ratio for assessment of coronary stenosis significance from a single angiographic view: A novel method based on bifurcation fractal law. *Catheterization and Cardiovascular Interventions*, 97(Query date: 2024-12-01 09:57:11), 1040–1047. <u>https://doi.org/10.1002/ccd.29592</u>
- Yue, F. (2022). Effects of monosaccharide composition on quantitative analysis of total sugar content by phenol-sulfuric acid method. *Frontiers in Nutrition*, 9(Query date: 2024-12-01 09:57:11). <u>https://doi.org/10.3389/fnut.2022.963318</u>

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