

Evaluation of Telemedicine Access with Health Insurance: A Systematic Review

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Abstract

Introduction: Telemedicine transforms healthcare through electronic Communication technologies and offers high-quality medical treatments from a distance. The COVID-19 pandemic is accelerating the adoption of telemedicine, making its integration with insurance financing a strategic step to increase access to healthcare, reduce the financial strain on patients, and ensure continuity of service. Some nations have extended the coverage of private insurance companies and health insurance programs like Medicare and Medicaid to include telemedicine services. **Objectives:** Assess the impact of implementing telemedicine technology in the context of insurance financing and formulate policy recommendations to improve the accessibility and effectiveness of health services. **Methods:** Following PRISMA guidelines, a comprehensive search was conducted in Scopus, ScienceDirect, and PubMed, covering studies from 2015 to 2024. The inclusion criteria described telemedicine or telehealth financed by health insurance written in English. Based on the inclusion criteria, seven articles were reviewed in this article. We then assessed the studies' quality using different research evaluation tools based on the research methods. **Results:** Health insurance-backed telemedicine has been shown to increase access to healthcare, lessen individuals' financial burdens, and enhance the standard of medical care. However, several issues, including inadequate infrastructure, low digital literacy, and unclear regulations, continue to impede the use of telemedicine in conjunction with health insurance programs. Adapting to telemedicine presents challenges for elderly populations and people with physical disabilities. Policies, training for healthcare professionals, and technical advancements are required for these services to be inclusive and sustainable. **Conclusion:** Health insurance-backed telemedicine can improve access and efficiency of care and reduce patients' financial burdens. By implementing corrective measures, as some countries have successfully done, health systems can maximise the benefits of telemedicine and create more inclusive, efficient, and sustainable health services.

Keywords: Telemedicine, mHealth, Health Insurance, Healthcare Access

1. INTRODUCTION

Telemedicine has revolutionised healthcare access by integrating digital Communication technologies, especially after the COVID-19 pandemic, which accelerated its adoption globally [1–3]. It utilises platforms such as video consultations, mobile health (mHealth) applications, and remote monitoring to enable patient evaluation, diagnosis, treatment, and follow-up without a face-to-face meeting with medical personnel [4,5]. This is achieved while overcoming geographical, economic, and disease transmission risk barriers [6]. One key benefit is the reduction of travel expenses and patient waiting times, which significantly improves the efficiency of the healthcare system [4]. Telemedicine facilitates better care coordination between healthcare teams, reaches populations in remote areas, and addresses health infrastructure limitations in resource-poor regions [6]. Clinically, telemedicine is essential for tracking each patient's health. With mHealth apps, patients can independently monitor their vital signs, medication compliance, and other health metrics [7]. This data will be integrated with electronic medical records, enabling medical personnel to analyse it in real time for faster and more accurate interventions [8].

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Integrating telemedicine with insurance financing is a strategic move to improve the accessibility of healthcare services, reduce patients' financial burden, and ensure continuity of medical care [9]. Several public and commercial health insurance plans now cover telemedicine services. Different policy specifics are available for telemedicine insurance from health insurers like UnitedHealthcare, Blue Cross Blue Shield, and Aetna [10]. Medicare and Medicaid offer expanded telehealth services, including consultations for medical problems, therapy, and preventive health screenings [2,6].

However, the adoption of these services still faces complex challenges. Inconsistent insurance policies, such as variations in service coverage and cost-sharing mechanisms (e.g., copayments and deductibles), often limit patient access [7]. For example, studies indicate that a \$4 copayment for outpatient services reduces telemedicine utilization by 17% in low-income Medicaid recipients [11]. Other challenges include digital literacy gaps among elderly patients or vulnerable populations and limited access to technology in rural areas [12].

Based on the preceding, this paper will systematically evaluate the impact of telemedicine technology adoption in health insurance financing and make policy recommendations to increase service accessibility and effectiveness.

2. METHODS

2.1. Study design

The systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards [13]. The research was conducted to collect and evaluate research related to the use of telemedicine with health insurance financing. The research step of a systematic review involves several steps: (1) defining the objectives; (2) searching the literature; (3) assessing the study; (4) combining the results; and (5) determining the results.

2.2. Search strategy

We used three databases to perform a literature search to guarantee thorough coverage. Among them were Scopus, ScienceDirect, and PubMed. We selected the timeframe to search for articles published between 2019 and 2024. A systematic search approach was used to find all pertinent research on perceptions of the use of telemedicine with health insurance financing. We utilized terms such as "barriers to telemedicine," "perception," "telehealth," "insurance," "Medicaid," and "Medicare".

2.3. Eligibility criteria

Studies were eligible for review if they (1) performed telemedicine or telehealth, (2) were financed with health insurance, and (3) were written in English. The review excluded studies that (1) could not access full text; (2) were guidelines, reviews, or conference abstracts; (3) did not display the respondents' sociodemographic data; and (4) did not include the results of public perceptions of telemedicine.

2.4. Data extraction

A structured Microsoft Excel form was used to extract data from the included studies. This form included information about the author and year of publication, the location, the data collected, the study design, the number of subjects, the type of insurance, the type of telemedicine, the sociodemographic respondent (sex and age), the types of cases to consult, and the perception of telemedicine use.

2.5. Quality assessment

The Mixed-Methods Appraisal Tool (MMAT) for mixed-methods studies [14], The Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist for qualitative studies [15], The AXIS tool for cross-sectional and prospective studies was used to thoroughly evaluate the selected full-text articles [16].

Since an overall MMAT score is discouraged, mixed-methods studies were deemed outstanding as long as all seven appraisal items were satisfactorily addressed [17]. Using the COREQ scores, we did a qualitative analysis to divide the study's quality into four groups: good (if at least 25 items were completed), moderate (17–24), bad (9–16), and very low (≤ 8) [18]. The cross-sectional study's quality is based on AXIS scores: good (if more than 15 questions were answered), poor (5–9), destitute (≤ 4), and intermediate (10–15) [19].

3. RESULTS AND DISCUSSION

During our literature search, 363 studies were found. Following deduplication, 316 distinct studies were found and vetted using their abstract and title (Fig. 1). After excluding 18 studies from the initial screening, we conducted a full-text review of the remaining papers. Seven studies were found to be eligible following the full-text review and elimination.

Risk of bias in the included studies: Three had good adherence to AXIS tools, while one had intermediate adherence. The studies were tested with the COREQ tool, and both were of good quality. The quality of the mixed Method analysis is good. The appendix contains comprehensive details on crucial assessments.

Following data extraction from the seven articles, we collected data from various countries, including the Netherlands, the United States, Rwanda, Germany, Australia, and China. We conducted most of the studies using online surveys and interviews. The research design was a prospective study (1), a cross-sectional study (2), a prospective cohort study (1), a mixed-methods study (1), a qualitative study (1) and a qualitative descriptive study (1). This systematic study included 13,166 participants. Table 1 summarises the study's conclusions and sample attributes.

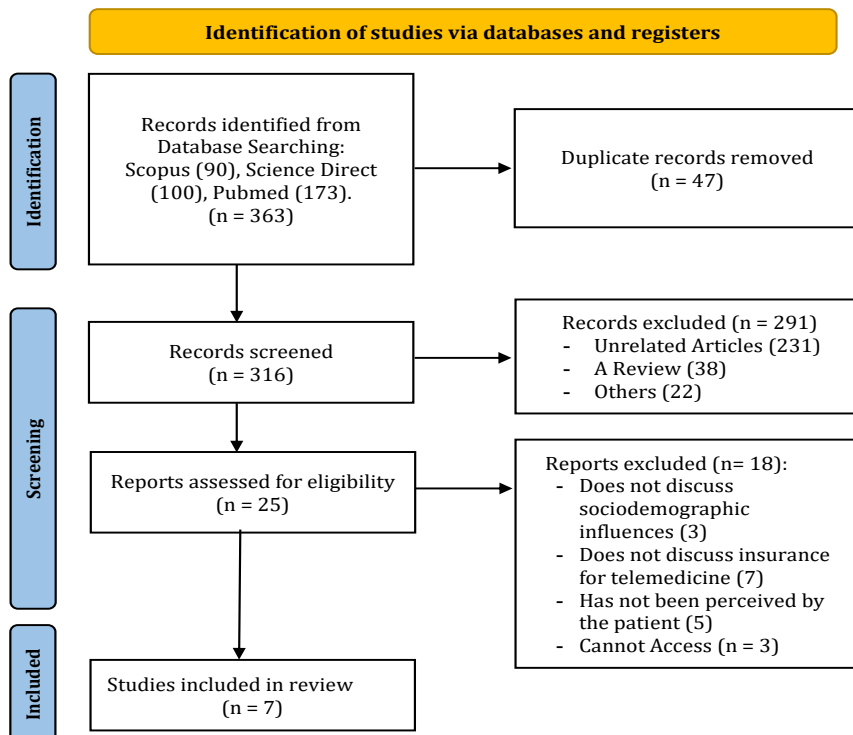


Figure 1. PRISMA flow diagram for study selection

The data extraction results revealed that respondents under 40 were predominantly female. The respondents consulted on various cases, including postoperative consultations, disease management, health monitoring, prognosis, psychological complaints, recovery behavior, and consultation for chronic conditions. Additionally, they consulted on postoperative follow-up, disease detection, Monitoring, treatment, mitigation, physiotherapy,

online pharmacies, health information, and medical laboratory results. Health insurance-financed telemedicine leaves both positive and negative.

Table 1. The papers' attributes that were part of the systematic review (n=7)

No Article	Author, year	Location (country)	Data Collection	Study Design	No of subject
1	Al-Madabhushi et al. 2023	United States	Paper Survey	Prospective Study	138
2	Muller et al. 2023	The Netherlands	Online Survey	Cross-Sectional Study	315
3	Alhussein et al. 2023	United States	Online Survey	Cross-Sectional Study	10.592
4	Nkurunziza T, et al. 2022	Rwanda	Interviews	Prospective Cohort Study	787
5	Dahlhausen et al. 2021	Germany	Interviews and Online Survey	Mixed Methods Study	1308
6	Filbay S, et al. 2022	Australia	Telephone Interviews	Qualitative study	12
7	Zhou L, et al. 2024	China	Interviews	Qualitative descriptive study	14

impressions on its users. Implementing health insurance in telemedicine can potentially reduce health inequalities in rural populations and the burden of health financing on patients. However, it poses significant challenges for the elderly population. Another result said that telemedicine services that adopt health insurance are proven to reduce the financial burden of participants and can improve the quality of health services, which ultimately supports improving the quality and access to health services for the community. Children and disabled patients also struggle with using telemedicine. Table 2 displays the results of telemedicine access perception data extraction.

Telemedicine is an essential innovation in healthcare, primarily when supported by health insurance financing. This support can expand access to healthcare, reduce patients' financial burden, and improve healthcare quality.

Table 2. Identified perception to telemedicine adoption health insurance financing (n=7)

No Article	Type of Insurance (n)	Type of telemedicine (n)	Sociodemographic		Types of cases to consult	Perception of telemedicine adoption health insurance financing
			Age/years (n)	Sex (n)		
1	Commercial (65) Medicare (40) Medicaid (30) Others (3)	Smartphone (122) Video messaging (109) Phone reception (106)	<65 (119) ≥65 (19)	Female (67) Male (71)	Post-operative Consultation, Benign and Malignant Disease Management, Chronic Disease Management	When telehealth is used, people are more satisfied and have easier access to medical care. Additionally, telemedicine has decreased medical expenses and time.
2	Insurance Physicians (IPs)	eHealth Application	<40 (98) ≥40 (217)	Female (151) Male (164)	Monitoring of health, Prognosis, Psychological complaints, Recovery behaviour, Cognitive complaints.	The public sees telehealth as a solution to improve access, efficiency, and satisfaction of healthcare services, despite concerns about data privacy and the Lack of

human interaction, especially among older people.

3	Medicaid	Telephone (1146) Video (327) Both (3241)	65-74 (3919) >75 (5266)	Female (5143) Male (4042)	Consultation for Chronic conditions	Copayments for telemedicine services hinder access, especially for low-income people. With the Medicaid program, people feel the accessibility and utilization of services without incurring significant medical costs.
4	Community-based health insurance (CBHI) (742) Private Insurance (39) No Insurance (6)	Whatsapp	≤20 (126) 21-30 (429) >30 (232)	All Female	Postoperative Follow-Up	100% of the patients were willing to participate, which indicates that the frequency is considered comfortable enough or appropriate for them
5	Statutory Health Insurance (70) Private Health Insurance (10) Both (1171)	DiGA Application	<26 (1) >26-35 (49) 36-45 (233) 46-55 (415) 56-65 (477) >65 (120)	Female (682) Male (611) Diverse (2)	Detection, Monitoring, Treatment, Mitigation, and Compensation of Disease, Injury, and Disability	According to 77.0% of respondents (997/1294), the most frequently mentioned benefits for patients were better therapy adherence, enhanced health competence (842/1294, 65.0%), better disease management (783/1294, 60.5%), direct health benefits from using DiGA (733/1295, 56.7%), and better access to care (705/1294, 54.4%).
6	National Disability Insurance	Telehealth allied healthcare	<14 (6) >14 (6)	Female (6) Male (6)	Therapy, Physiology, Physiotherapy	Most users are satisfied with telemedicine's safety and effectiveness, but some consider it less than optimal than direct consultations. Around 50% are reluctant to continue telemedicine post-pandemic, mainly due to the difficulty of building trust,

						limitations of direct observation, and Communication barriers. Children and people with disabilities face adaptation challenges, behavioral disorders, and dependency on caregivers.
7	New rural cooperative medical insurance (12) Urban residents' basic medical insurance (2)	Telehealth Application	30-39 (1) 40-49 (2) 50-59 (8) 60-69 (3)	Female (3) Male (11)	medical laboratory results, online pharmacies, consultations, and health information	Patients think telehealth services could be a different way to deal with their medical and care needs, and it's essential to optimize some factors, including cost-effectiveness, technological concerns, and user interface design.

The United States shows that insurance programs such as Medicare and Medicaid play a crucial role in expanding the reach of telemedicine, especially during the COVID-19 pandemic [20]. Similarly, another study in China revealed that insurance coverage allows more patients to utilize services without worrying about additional costs [21]. Health insurance support has been shown to influence significantly patients' ability to access telemedicine services effectively.

Telemedicine, which has been integrated into the system for financing health insurance, does provide many benefits. However, telemedicine itself still faces various challenges, such as infrastructure limitations, Lack of digital literacy, regulatory barriers, and data security that make people hesitant to use the service.

One of the main challenges is limited infrastructure and access to technology, especially in remote areas. A study in the United States stated that 40% of Medicaid patients still have difficulty using telemedicine through video calls and can only make telephone calls [22]. This study indicates that telemedicine is ineffective and hinders treatment due to limited infrastructure and technology access. In contrast, in Germany, integrating Digital Health Applications (DiGA) with the health insurance system increased therapy compliance by 77% and patient health competence by 65% [23]. These findings emphasize the importance of a strong digital infrastructure to support the successful implementation of telemedicine.

In addition to infrastructure, the Lack of training of healthcare workers and patients' digital literacy are significant barriers to using unfamiliar applications and systems. A European study found that 60% of healthcare workers struggled with using telemedicine applications. The difficulty occurred because the applications used were unfamiliar, and there was no adequate training in telemedicine platforms, hindering the adoption of these services [24]. Similar barriers are also felt in China; many patients in rural areas have difficulty using telehealth services due to a Lack of digital literacy. This barrier is especially touched by older people, who have limitations in understanding digital interfaces and online registration and consultation processes [25]. In contrast, Rwanda increased telemedicine participation by 100% for postoperative patients through WhatsApp-based trainers and community mentoring [26]. Other countries can adapt specialized training and familiar applications to strengthen the digital skills of medical personnel and patients and optimize the adoption of telemedicine, especially with health insurance schemes.

Regulations, particularly in financing, have not received optimal support, which presents another obstacle. In some countries, insurance companies charge additional fees for telemedicine services, which is an obstacle for

low-income patients. In the United States, removing regulations related to extra costs for telemedicine in the Medicaid program during the pandemic has proven to increase service utilization [20]. In Australia, 80% of National Disability Insurance Scheme (NDIS) users expressed satisfaction with telemedicine services after the government covered consultation fees [27]. The study suggests that more flexible policies supporting telemedicine financing, such as subsidies for telemedicine services for vulnerable groups, equalizing claim rates for virtual and face-to-face services, and strengthening public-private partnerships in developing telemedicine services, can significantly increase its use.

In addition to regulatory challenges, privacy and data security are significant concerns in implementing telemedicine. A study in the Netherlands stated that 51% of respondents had concerns about data security in telehealth use [28]. A similar problem was found in Europe; 30% of patients were reluctant to use telemedicine services due to fears of data leakage [29]. To guarantee patient data protection, the Health Insurance Portability and Accountability Act (HIPAA) in the US and the General Data Protection Regulation (GDPR) in the EU must be implemented. Stricter security standards and certification for telemedicine service providers can increase public confidence in this system.

The positive impact of telemedicine integrated with health insurance has been seen in various countries. For example, Medicaid patients in the United States reported saving up to 40% in transportation expenses and waiting times through telemedicine [22]. In Rwanda, 100% of post-operative patients prefer follow-up via WhatsApp due to time efficiency [26]. In addition, 61% of eHealth Use Facilitators believe that eHealth can make their work more effective and efficient, and 66% agree that eHealth can improve the quality of disability patient assessment [28].

Lessons learned from different countries can inspire others to develop a more inclusive telemedicine ecosystem. Integrating telemedicine with health insurance has enormous potential to improve access to health services and reduce geographical inequality. With extensive insurance coverage, telemedicine can provide medical services to people in remote areas and become a key instrument in realizing a more inclusive, efficient, and sustainable health system [30,31].

4. CONCLUSION

The implementation of telemedicine, supported by health insurance coverage, has proven to positively impact access to healthcare services and cost efficiency. However, various challenges still hinder the optimization of telemedicine, including limited digital infrastructure, technology literacy gaps among health workers and patients, regulation of telemedicine implementation into the insurance system, and concerns about data privacy and security. The results of this study confirm that overcoming these obstacles requires a comprehensive approach, such as the expansion of digital infrastructure, training programs for health workers, and strict regulations to protect patient data.

This systematic review shows that countries with well-structured insurance policies, like those that reimburse for telemedicine services and eliminate surcharges, saw a significant rise in using these services. In addition, integration with digital health platforms and remote patient monitoring improved care coordination and patient adherence to therapy.

By implementing corrective measures, as some countries have successfully done, health systems can maximize the benefits of telemedicine and create more inclusive, efficient, and sustainable healthcare services.

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REFERENCES

1. Haleem A, Javaid M, Singh RP, Suman R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sens Int* [Internet]. 2021 [cited 2024 Nov 21];2:100117. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8590973/>
2. Bajowala SS, Milosch J, Bansal C. Telemedicine Pays: Billing and Coding Update. *Curr Allergy Asthma Rep* [Internet]. 2020 Jul 27 [cited 2025 Mar 2];20(10):60. Available from:

- <https://doi.org/10.1007/s11882-020-00956-y>
3. Wu J, Yang Y, Sun T, He S. Inequalities in unmet health care needs under universal health insurance coverage in China. *Health Econ Rev* [Internet]. 2024 Jan 2 [cited 2025 Mar 2];14(1):2. Available from: <https://doi.org/10.1186/s13561-023-00473-4>
 4. Stoltzfus M, Kaur A, Chawla A, Gupta V, Anamika FNU, Jain R. The role of telemedicine in healthcare: an overview and update. *Egypt J Intern Med* [Internet]. 2023 Jun 30 [cited 2025 Mar 2];35(1):49. Available from: <https://doi.org/10.1186/s43162-023-00234-z>
 5. Carpio-Delgado FD, Bernedo-Moreira DH, Espiritu-Martinez AP, Aguilar-Cruzado JL, Joo-García CE, Mamani-Laura MR, et al. Telemedicine and eHealth Solutions in Clinical Practice. *EAI Endorsed Trans Pervasive Health Technol* [Internet]. 2023 Oct 30 [cited 2025 Mar 10];9. Available from: <https://publications.eai.eu/index.php/phat/article/view/4272>
 6. Su Z, Li C, Fu H, Wang L, Wu M, Feng X. Development and prospect of telemedicine. *Intell Med* [Internet]. 2024 Feb [cited 2024 Dec 18];4(1):1–9. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2667102622000791>
 7. Ray KN, Mehrotra A, Yabes JG, Kahn JM. Telemedicine and Outpatient Subspecialty Visits Among Pediatric Medicaid Beneficiaries. *Acad Pediatr* [Internet]. 2020 Jul [cited 2025 Mar 2];20(5):642–51. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1876285920301649>
 8. Castillo VS, Cano CAG, Gonzalez-Argote J. Telemedicine and mHealth Applications for Health Monitoring in Rural Communities in Colombia: A Systematic Review. *EAI Endorsed Trans Pervasive Health Technol* [Internet]. 2023 May 29 [cited 2024 Nov 24];9(1). Available from: <https://eudl.eu/doi/10.4108/eetph.9.3400>
 9. Pundziene A, Gerulaitiene N, Bez SM, Georgescu I, Mathieu C, Carrabina-Bordoll J, et al. Value capture and embeddedness in social-purpose-driven ecosystems. A multiple-case study of European digital healthcare platforms. *Technovation* [Internet]. 2023 Jun 1 [cited 2024 Dec 18];124:102748. Available from: <https://www.sciencedirect.com/science/article/pii/S0166497223000597>
 10. Are Health Insurance Companies Covering Telemedicine? - Alliance Health [Internet]. 2020 [cited 2024 Nov 21]. Available from: <https://www.alliancehealth.com/agency-insight/are-health-insurance-companies-covering-telemedicine/>
 11. Lazić A, Tilford JM, Davis VP, Brown CC. Association of copayments with healthcare utilization and expenditures among Medicaid enrollees with a substance use disorder. *J Subst Use Addict Treat* [Internet]. 2024 Jun [cited 2025 Mar 2];161:209314. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2949875924000262>
 12. Zhang B, Fang Z, Nian K, Sun B, Ji B. The effects of telemedicine on Rotator cuff-related shoulder function and pain symptoms: a meta-analysis of randomized clinical trials. *J Orthop Surg* [Internet]. 2024 Aug 14 [cited 2025 Mar 2];19(1):478. Available from: <https://doi.org/10.1186/s13018-024-04986-4>
 13. PRISMA statement [Internet]. [cited 2024 Nov 24]. PRISMA 2020 flow diagram. Available from: <https://www.prisma-statement.org/prisma-2020-flow-diagram>
 14. Hong QN, Pluye P, Pierre S, Bartlett G, Boardman F, Cargo M, et al. Mixed Methods Appraisal Tool (MMAT) Version 2018 [Internet]. McGill University; 2018. Available from: http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/attach/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf
 15. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care* [Internet]. 2007 Sep 16 [cited 2024 Nov 24];19(6):349–57. Available from: <https://academic.oup.com/intqhc/article-lookup/doi/10.1093/intqhc/mzm042>
 16. Downes MJ, Brennan ML, Williams HC, Dean RS. Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). *BMJ Open*. 2016 Dec 8;6(12):e011458.
 17. The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers [Internet]. [cited 2024 Nov 24]. Available from: <https://journals.sagepub.com/doi/epub/10.3233/EFI-180221>
 18. Al-Moghrabi D, Tsihklaki A, Alkadi S, Fleming PS. How well are dental qualitative studies involving interviews and focus groups reported? *J Dent* [Internet]. 2019 May [cited 2025 Mar 2];84:44–8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0300571219300429>
 19. Bull C, Teede H, Carrandi L, Rigney A, Cusack S, Callander E. Evaluating the development, woman-centricity and psychometric properties of maternity patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs): A systematic review protocol. *BMJ Open* [Internet]. 2022 Feb 1 [cited 2025 Mar 2];12(2):e058952. Available from: <https://bmjopen.bmj.com/content/12/2/e058952>
 20. Madabhushi V, McLouth CJ, King R, Bhakta A, Beck S, Patel JA. Age and Medicare Insurance are Barriers

- to Telemedicine Access-A Quality Improvement Project. *Am Surg*. 2023 May;89(5):1643–9.
21. Ye J, He L, Beestrum M. Implications for implementation and adoption of telehealth in developing countries: a systematic review of China’s practices and experiences. *Npj Digit Med* [Internet]. 2023 Sep 18 [cited 2025 Mar 2];6(1):1–14. Available from: <https://www.nature.com/articles/s41746-023-00908-6>
 22. Alhussein M, Patel B, Liu X. Closing the gap: Technology access and telehealth use among older adults in the U.S. Medicare beneficiaries. *Telemat Inform Rep* [Internet]. 2023 Dec 1 [cited 2024 Nov 21];12:100103. Available from: <https://www.sciencedirect.com/science/article/pii/S2772503023000634>
 23. Dahlhausen F, Zinner M, Bieske L, Ehlers JP, Boehme P, Fehring L. Physicians’ Attitudes Toward Prescribable mHealth Apps and Implications for Adoption in Germany: Mixed Methods Study. *JMIR MHealth UHealth* [Internet]. 2021 Nov 23 [cited 2024 Nov 21];9(11):e33012. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8663495/>
 24. Folker AP, Mathiasen K, Lauridsen SM, Stenderup E, Dozeman E, Folker MP. Implementing internet-delivered cognitive behavior therapy for common mental health disorders: A comparative case study of implementation challenges perceived by therapists and managers in five European internet services. *Internet Interv* [Internet]. 2018 Mar 1 [cited 2024 Dec 18];11:60–70. Available from: <https://www.sciencedirect.com/science/article/pii/S2214782917301203>
 25. Zhou L, Li Y, Zhang Y, Chen X, Zhang S, Hu X. Perceptions of Telehealth Services Among Rural Lung Cancer Patients in China: A Qualitative Study Using the Technology Acceptance Model. *Semin Oncol Nurs* [Internet]. 2024 Oct [cited 2024 Nov 21];40(5):151710. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0749208124001827>
 26. Nkurunziza T, Williams W, Kateera F, Riviello R, Niyigena A, Miranda E, et al. mHealth-community health worker telemedicine intervention for surgical site infection diagnosis: a prospective study among women delivering via caesarean section in rural Rwanda. *BMJ Glob Health* [Internet]. 2022 Jul 28 [cited 2024 Nov 21];7(7):e009365. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9341172/>
 27. Filbay S, Bennell KL, Morello R, Smith L, Hinman RS, Lawford BJ. Exploring experiences with telehealth-delivered allied healthcare services for people with permanent and significant disabilities funded through a national insurance scheme: a qualitative study examining challenges and suggestions to improve services. *BMJ Open* [Internet]. 2022 Sep 14 [cited 2024 Nov 21];12(9):e065600. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9476117/>
 28. Muller E, Huysmans MA, van Rijssen HJ, Anema JR. Needs, expectations, facilitators, and barriers among insurance physicians related to the use of eHealth in their work: results of a survey. *Disabil Rehabil* [Internet]. 2023 May 25 [cited 2024 Nov 21];46(11):2374–84. Available from: <https://doi.org/10.1080/09638288.2023.2224083>
 29. Schmitt T, Haarmann A. Financing health promotion, prevention and innovation despite the rising healthcare costs: How can the new German government square the circle? *Z Für Evidenz Fortbild Qual Im Gesundheitswesen* [Internet]. 2023 Apr 1 [cited 2024 Dec 18];177:95–103. Available from: [https://www.zefq-journal.com/article/S1865-9217\(22\)00180-5/fulltext](https://www.zefq-journal.com/article/S1865-9217(22)00180-5/fulltext)
 30. Pratiwi AS, Lestari YE, Primadiamanti A. The Relationship of Risk Factors for Medication Error in the Electronic Prescription Prescribing Phase in the Outpatient Pharmacy Installation of Hospital X. *JURNAL FARMASIMED (JFM)*. 2025 Nov 13;8(1):173-83.
 31. Abas SN, Surono S, Dania H, Darmawan E. Profile of Pulmonary Tuberculosis Patients with dan without Diabetes at Prof. Dr. H. Aloei Saboe Regional General Hospital Gorontalo City. *JURNAL FARMASIMED (JFM)*. 2025 Nov 13;8(1):207-12.