# 36. Evaluation of the health policy implementation of Indonesian social insurance

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# Evaluation of the Health Policy Implementation of Indonesian Social Insurance Administration Organization in Primary Health Care Facilities

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## ABSTRACT

**Background:** This study discusses the evaluation of BPJS policy implementation regarding aspects of perception, resources, and implementation of the National Health Insurance program for the quality of primary health care facilities services. BPJS stands *for Badan Penyelenggara Jaminan Sosial* (Social Insurance Administration Organization) administering the Indonesian national health insurance (*Jaminan Kesehatan Nasional* ) or JKN for short.

**Method:** This study uses a descriptive study using a qualitative approach. Subjects in this study are those involved in policy implementation of BPJS in JKN program conducting in primary health care facilities (*Fasilitas Kesehatan Tingkat Pertama*) or FKTP for short.

**Results:** The study showed stakeholders feel the benefits of BPJS policy. However, there is also the perception that BPJS policy may hurt some parties. Analysis of resources towards the implementation of BPJS policies at primary health care facilities indicates the unbalanced proportion of the health workers with the number of JKN participants. JKN program implementation and analysis of policy implementation of BPJS at primary health care facilities reveal some obstacles in the execution.

**Conclusion:** BPJS policy implementation at primary health care facilities have been perceived beneficial by society and health care providers, but the shortcomings are still there.

***Keywords:*** *Evaluation, Implementation, BPJS, JKN, FKTP*

## INTRODUCTION

Health financing is a way to fulfill one's medical needs. Everyone has the responsibility for financing personal health services they need to live healthy and productive. However, in reality, most people are not able to spend money to meet all the medical needs when experiencing pain severe enough due to the nature of health services which are sometimes hard to identify which cost to cover. To overcome these problems, then there are two methods applied, i.e., entirely financed by the government and partially funding[(1)].

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To realize the commitment that everyone has equal rights in obtaining access rights to resources in the field of health and health services that are safe, quality and affordable, the government of Indonesia runs a National Health Insurance called BPJS or *Badan Penyelenggara Jaminan Sosial* (Social Insurance Administration Organization). However, this effort is still fragmented so that health care costs and quality of service become uncontrollable.

In most cases, the problems of BPJS implementation are with primary health care facilities or *Fasilitas Kesehatan Tingkat Pertama* (FKTP) especially first-class clinic among that will not admit participants of JKN not listed in the application of *P-Care*. Besides, a clinic that has no pharmacist should cooperate with a pharmacy in networks making it difficult for patients because they have to take the drug on the outside.

Further many clinical systems are not willing to pay the JKN fare, so there is still the cost of services imposed on patients.

The various obstacles in the implementation of JKN require an evaluation study on BPJS policy implementation through analysis of perception, resources, and program implementation of services JKN in primary health care facilities. Therefore, this study discusses the evaluation of BPJS policy implementation regardin g perception, resources, and implementation of the National Health Insurance program for the quality of primary health care facilities services.

## METHODOLOGY

This study uses a descriptive study using a qualitative approach. The study was conducted by taking steps of data collection, classification, processing or analyzing data, making inferences, and reports.

Subjects in this study are those involved in policy implementation BPJS in the program JKN in terms of primary health care, the community of users/participants of BPJS, facilities manager of primary healthcare services in collaboration with health BPJS, doctors and other health workers as a force providing health care, health policymakers at the district/city, JKN manager of the district/city.

The research location is a primary health care facility that includes family physicians, health centers, and primary clinics cooperating with BPJS located in Central Java and East Java. The three main areas of analysis are the perception of stakeholders, availability of resources, and implementation of JKN against BPJS policy.

## RESULTS AND DISCUSSIONS

1. **Perception Analysis Related of Stakeholder to the Implementation of BPJS Health Policy:** Stakeholders' perception analysis was conducted through questionnaires to related five parties, namely: JKN or national health insurance participant, doctors and health officer, leader of primary health care facilities, health BPJS or Social Insurance Administration Organization leadership, and leader of the health department.

120 participants of JKN were asked to state their level of satisfaction towards primary health care facilities. Through JKN people feel very relieved to get quality health care. The percentage of very satisfied by 25% are found on tangible dimensions, 75% expressed satisfaction at aspects of responsiveness, and 15% expressed dissatisfaction with the dimensions of responsiveness, reliability, and empathy. The percentage of patient dissatisfaction is the greatest on the aspects of responsiveness, reliability, and empathy.

Problems faced by respondents waiting in line long enough to get service when children are sick. The respondents hope to be able to get services more efficiently and notification to them when their membership payment is due to as late fees will make the patient cannot perform health checks using BPJS before settling the amount.

Interviews with doctors who serve patients in health facilities indicate the capitation rate policy in FKTP or primary health care facilities is still relatively small. Moreover, the uneven distribution of participants by the number of JKN membership resulted in FKTP feel overwhelmed in caring for patients.

Perceptions of FKTP leadership in policy evaluation BPJS can be concluded that there has been no equalization amount of participation JKN program between FKTP with each other. This has an impact on the quality of health care provided to patients, especially in FKTP, the over-representation of JKN health service to patients is not optimal. Besides, the capitation rates in FKTP is relatively too small for the activities of healthcare to patients, so FKTP has to work hard to be able to provide services to patients as effectively and efficiently as possible to continue to promote the quality of healthcare to patients.

In Health BPJS leadership, the organization will address any problems that arise with issuing new policies as a solution to these problems. Monitoring and evaluation activities are regularly conducted. Payment of claims relating to the amount of BPJS to health care can be exactly where the entire administrative provisions must be submitted or reported at the end of the month. The ability of healthcare facilities needs to show the dimensions

of the primary services can give confidence to the community. Problems of membership were felt by the whole society on the level of understanding of BPJS participation. The level of knowledge of the health insurance system with BPJS was found in a variety of factors, especially the level of awareness, education, income and level of socialization that cannot be accepted throughout society.

Health Department has a function as a watchdog against JKN program implementation. Any problems that arise will be assessed and will be formulated policies to overcome it. Inhibiting factor in participation is the level of payment capability in poor communities themselves. Networking for the poor and displaced were done in coordination with the social department office to be made under the observation and evaluation reports from the various programs.

Capitation payment is a way to control health care costs by putting the health facility in a position to bear the risk, in whole or in part, by receiving bulk payments [(2)]. In the implementation of capitation is a physician who will obey oath, then it will not sacrifice medical services to participants. Incentives received the desired surplus will be carried out by the individual preventive effort to allow participants who registered will remain healthy. However, a doctor who does not obey will reduce costs by paying attention to the health of the participants. Depending on the amount of capitation (precise equivalent dosing in therapy), capitation payment can encourage a positive reaction and adverse reaction. A positive response would occur if the capitation worthy and fair with utilization conducted openly. Adverse reactions quickly occur if the capitation is too low.

2. **Resource Analysis to BPJS Policy Implementation:** The results of interviews with respondents obtained information that related resources towards the implementation of BPJS policy in primary health care, among others, are the lack of supporting facilities for services to participants such as the lack of parking spaces, narrow waiting room , less extensive examination room, lack of available boards and directional information to facilitate the patient, as well as the limited number of available health workers.

Interviews with doctors obtained information that the resource constraints in the implementation of JKN are the lack of human resources in FKTP, infrastructure is still limited, and the capitation rates are still inadequate.

Interviews in FKTP obtained information that resources are still lacking is capitation rates are still relatively small for the public service activities impacting on service conditions. Results of interviews in BPJS received news that the problem is the limited resources of health personnel in serving patients. The number of doctors is limited while the number of patients helped a lot. Also unequal distribution of the number of participants and the number of health JKN employees making the accumulation of participants of JKN in some FKTP, while in some FKTP the participants are less.

3. **Implementation of JKN Program against BPJS Health Policy:** With the enactment of JKN program managed by BPJS[(3)], JKN participants feel the benefits of having this program as at any time of health problems they can quickly obtain health care without the need for health care costs. JKN implementation encourages doctors to improve the quality of service by providing health services effectively and efficiently. JKN impact on the optimization of the variety of health services is to create efficient and adequate health care. In the implementation of this program, BPJS role is to make every effort to provide a quality health care to participants of JKN and to establish a good cooperation with the healthcare provider. A sound concept in the draft of Social Security Law has been set [(4)], but only in the implementation, several things distort the design. Some proposals below are the solution to achieve the reputation of Indonesia in the application of JKN:

1. Setting the higher wage limits.
2. Transferring the setting of rates or payments to a health facility.
3. Setting the rates on capitation payments to be more realistic to encourage primary care to serve better.
4. In line with the nature of the disease, the milder cases are handled in a lower level of health care.
5. There should not be any limitation of jurisdiction in referral services.

6. Improving the operational research and development research/medical technology on JKN.
7. Until recently, the majority of policymakers still have not received a guarantee of medical services abroad/in neighboring countries. JKN benefits are supposed to be applicable elsewhere as long as overseas doctors are willing to accept payment determined.
8. One of the potential problems and bureaucracy in the solvency problem is the separation of liquid assets of BPJS and DJS or *Dana Jaminan Sosial* (Social Security Fund). The concept of separation of the two assets is provided for in the Act of BPJS [5]. However, the separation is conceptually inconsistent with the principle of a non-profit organization where holdings from contributions and investment results are used for the higher interests of the participants.
9. Disclosure of information/data for clinical research, development management, JKN impact evaluation, and development of human health resources must be the principle of openness of BPJS.
10. The public needs to encourage the government to increase the use of cigarette tax funds (and other health hazardous materials) for strengthening the program of healing people and subsidizing poor people and the self-employed.
11. The public needs to encourage the transfer of some allocation of subsidies and fuel tax for strengthening JKN.
12. It is urgent to strengthen the National Social Security Council of Indonesia to monitor and control and supervision of the Indonesia Social Security System, especially JKN.
13. Strengthening the public health program by the Ministry of Health and the District Health Office should be a reliable companion of JKN.

## CONCLUSION

1. The results of the analysis of the perception of the parties relating to the implementation of BPJS policies at primary health care facilities are stakeholders feel the benefits of health BPJS policy. However, there is also the perception that BPJS policy can lead dissatisfaction to some parties.
2. Results of analysis of policy implementation of BPJS resources at primary health care facilities is that there is no maximal equitable distribution of the health workers with the number of JKN participants.
3. Analysis on JKN program implementation in BPJS policy implementation at primary health care facilities indicates some obstacles in the implementation of JKN.

**Conflict of Interest:** The authors have no conflict of interests related to the conduct and reporting of this research.

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**Ethical Clearance:** Before conducting the study, written permission was obtained from Politeknik Kesehatan Kementrian Kesehatan Semarang, Indonesia.

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