Conference Paper

The National Health Insurance Implementation: Socialization and the Readiness of Health Facility in South Konawe Regency 2014

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Abstract

The National Health Insurance (NHI) in Indonesia has been starting from 1st of January 2014 to gradually achieve Universal Health Coverage (UHC) through Executor Agency of Social Assurance (BPJS) as mandated by the Act to facilitate public access to quality health services. Society needs to know NHI to utilize the appropriate rights and obligations. This research was to find out implementation NHI in South Konawe. Qualitative research method through in-depth interviews with five key informants and eight regular informants, observation and searching of documents related to the implementation of health institutions NHI. Research instruments were in the form of a list of questions, the voice recorder — primary data collected through interviews and secondary data in documents. Then carried Editing and Coding on the results of the interview transcript. Conclusion and validity of the data with a method of triangulation. By using content analysis. Dissemination has been carried out by government officials and health workers in the community directly and indirectly through print media such as posters and brochures and electronic media throughout the health centers in South Konawe. BPJS has worked with 23 community health centers and a hospital unit. The number of Participants NHI in South Konawe 2014 as many as 58.42% of 280.086 inhabitants. The facilities and health personnel were generally adequate. Implementation NHI in South Konawe still in the stage of stabilization towards UHC.

Keywords: National Health Insurance; readiness of health facility; socialization

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Received: 26 December 2018
Accepted: 23 February 2019
Published: 7 March 2019

Publishing services provided by Knowledge E

Selection and Peer-review under the responsibility of the 2nd International Meeting of Public Health 2016 Conference Committee.

1. Introduction

The Constitution of the World Health Organization (WHO) in 1948 has asserted that ”obtaining the highest degree of health is a fundamental right for every person.” Based on the constitution that seeks health for all, the WHO is committed to developing a health system in which all people have access to unnecessary healthcare services without

cost prohibitive (WHO 2011). The health system is known as the Universal Health Coverage (UHC) (Adisasmito 2014). Changes financing system to achieve Universal Coverage must adapt to the existing system in Indonesia, so it issued Law No.40 of the National Social Security System (Navigation) which further mandates that the compulsory social security to the entire population including JKN through a Social Security Agency (BPJS) (Kemenkes 2013).

The National Health Insurance in Indonesia was starting from 1 January 2014 to achieve Universal Health Coverage as mandated by Law gradually. The purpose of the National Health Insurance (JKN) generally to facilitate public accessing quality health services for JKN significantly affect public health degree Considered amenable to health care; Among Reviews those groups least particularly Likely to have been insured Previously (Lee 2010). Application of JKN is still new in the community, ensuring the Government's efforts did the introduction of the program through socialization, so that the problem of how information can be accessed by the public extensively. Socialization of BPJS Health Program of the health service has been carried out, but the intensity of its implementation was lacking, so that given the impact on the community knowledge toward the service of BPJS of Health (Defri 2013).

The number of Participants JKN in South Konawe in 2014 has registered 163.623 people or 58.42% of the total population of 280.086 (BPJS Kendari 2014). The means that over half of the people entitled to utilize health services by insurance BPJS, especially over time the demand will increase because of the core of the applications the use of insurance JKN with the utilization of health facilities in health centers and hospitals (Santoso 2013).

The issue of readiness of health facilities in the era of JKN is serving the public demand for universal and optimal need to know the condition of the existing resources in a region. The readiness of facilities becomes a particular challenge in the application of JKN, lest the state of availability of health personnel and infrastructure can affect the quality of health services. The successful implementation of JKN not only the achievement of some participants by 100% target but whether health facilities are ready to provide quality health care for every participant NHI.

2. Methods

The was qualitative research methods through in-depth interviews by a phenomenological approach to 5 key informants and eight regular informants, observation and searching of documents related to the implementation of health institutions NHI. Primary Data collected through interviews, and secondary data is in materials. Carried then Editing

and Coding on the results of the interview transcript. Conclusion and validity of the data are with a method of triangulation by using content analysis. This study conducted in November 2014in South Konawe.

Table 1: Characteristics of informants in the Implementation NHI.

Informant	Function	Note
Key Informants	Lead, supervise, coordinate and	R1
Head of membership unit BPJS-Branch office Kendari	control activities in service delivery	
Head of Sub-section BPJS Financing Health	plenary to public health in community service activities based on NHI	
Department of South Konawe		
BPJS Management Section of the General		
Hospital of South Konawe		
Head of Health Center in Moreno		
Head of Health Center in Palanga		
Regular Informants	Providing complete health services to the people working in the health center area in community service activities based on NHI	R2
Treasurer of Health Center in Moramo		
Treasurer of Health Center in Palangga		
Staf of Health Center in Moramo		
Staf of Health Center in Palangga		
Regular Informants	The user or utilizer health services based on NHI	R3
2 Community in health center area of		
Moramo		
2 Community in health center area of		
Palangga		

3. Results and Discussion

3.1. Socialization

Forms of socialization in South Konawe divide socialization form, directly and indirectly, the following excerpt of the interview :

> *"There is two information provision, directly or indirectly, directly it means face to face with the public, community leaders, the Organization and indirectly through leaflets, through print or electronic media such as LCD. We also*

> *provide a website, facebook, twitter. Sometimes there is broadcast information whether this has become the information needs of the community or how that society had a role important*". (R1)

Socialization done directly and indirectly, directly is face to face with people and indirectly through print or electronic media. BPJS also took great care to provide accounts on social media, so people who could not receive information directly but can access by social media accounts such as through facebook, twitter, etc. The importance of the expansion of health insurance coverage is an initiative to reduce these gaps through the development of the scope of information to facilitate access to health services for the community (Chou et al. 2010). Similar Dissemination in Health Care, socialization is given orally and in writing, the following quotation:

> *"There are two forms, either through written or oral delivery through brochures, oral delivery can be done outreach to the community, or face to face directly, the second in a physical form through leaflets, posters, etc*.," (R1)

The is supported by the person who has followed the socialization of NHI through activities such as *pre-postnatal health care* following informant quotation:

> *"I ever got info BPJS of pre-postnatal health care and ever invited in the village hall for a meeting regarding the Registration of participants BPJS*" (R3).

However, in the socialization stage we can not confirm that the activities are going according to plan as the quote following informant :

> *"If we invite the community was not all that came so others rather less understanding when we dispatch staff to the field, so we need time to socialize in the community equally even now BPJS Mandiri has only one participant cannot be registered must be one family*"(R2).

Stakeholder Coordination is also needed to support the implementation of the program to achieve a comprehensive understanding and awareness of the system NHI (Onoka 2014). Socialization should be done in two major phases, namely Phase dissemination to stakeholders and all public. (DJSN 2012) The is also supported by the informant information the following:

> "*Socialization there is before and after January 1 usually at a meeting of cross-sector, in public as well, at the health center, there is also the distribution of leaflets, brochures".* (R3)

The socialization can conclude that in general the obstacles that occurred a fraction of the people associated with their consciousness to access program information NHI this, time necessity, then differences between the public perception that it becomes one factor that makes a community to participate register as a participant BPJS. Apart from the knowledge and awareness, economic factors as well as a barrier to the success of this socialization. The supported by studies (Lestari 2010). Some of the obstacles in the implementation of Poor Health Insurance Program is communication both internal and external to the organization, the capabilities of the resources. In this case the understanding and awareness. Other factors that affect the success of being the People's Health Insurance Program are as follows: commitment (disposition), time (resources), supervision, socio-economic conditions.

Dissemination is done in various forms both the delivery of oral and writing, oral transmission by submitting information about NHI directly to the public using electronic media such as LCD or other print media on society by giving leaflets, posters. It has involved Society, Community leaders, religious figures, the health center/hospital/BPJS, local governments, organizations, communities. The timing of socializing before and after the enactment BPJS on January 1, 2014.

3.2. The readiness of health facility

The following informant confirmed the existence of a feasibility test :

> *"Before we cooperate with BPJS, there is the field survey called credentialing, so we are also not easy in cooperation with the examination stage BPJS so there is infrastructure and there is a questionnaire."* (R1, R2)

ThE is reinforced by the Head of Puskesmas Palangga that a special team of BPJS to survey the readiness of health facilities in collaboration with BPJS although not all buildings have a health center waiting room large enough to serve the community much like the following his explanation:

> *"There is credentialing, it means the team BPJS out into the field assess whether the clinic is feasible or not based criteria, availability of general practitioners, dentists, midwives, nurses, administration, waiting room, the oxygen of all items means of health according to SPM, in health centers Palangga been working with BPJS include internet network as an online membership management system BPJS, just less waiting room".* (R1)

Credentialing conducted to determine the capacity and quality of health facilities that will work with BPJS so that participants can serve and health development goals can

achieve. Credentialing policies provide quality assurance services are relatively similar to the Indonesian people (TNP2K 2013). Limitations of the building facilities such as the lounge are one of the obstacles in the process of public services in health centers as important readiness of nonbuilding facilities appropriate radiological tool that enables procurement planning tools, in accordance informant affirmation follows:

> *"In general workforce sufficiently complete but there has been no radiological tool because it does not afford the electricity if there is a patient in the first reconciliation, but we're working to make the tool quickly there is, ICU, NICU already exist, including the means Waste Water Treatment Plant is already running."* (R2)

The readiness of health facilities such as facilities and infrastructure of the health service in the era pursued NHI can experience improvements and changes gradually. The informant also reinforces it:

> *"At the beginning I think, is still far from this but there is now a learning readiness as human resources of the PPK was already beginning to realize their roles and responsibilities in NHI they truly serve the community not-for-profit, I think the better, be surveyed compare from January until now for example the people who put on the JAMKESMAS card rejected at the Hospital that means tasks and functions they have understood in NHI is the willingness of doctors, nurses, the friendliness of our officers see the existing facilities in hospitals and health centers gradually progress".* (R1)

BPJS has worked with all The number of health care facilities in South Konawe which provided 1 unit hospitals, 23 health centers. The number of workforce based health centers in South Konawe already provided 19 doctors, and 14 dentists, many health centers that do not have power General Practitioners and Dentists like especially health center no care among other health centers Tumbu-Tumbu Jaya, Andrology Main, Bima Maroa, and Baito (BPJS 2014). Based on observation and review of documents, facilities and health worker not properly distributed yet. Then, according to the results of interviews by the PPK namely infrastructure, both of the building, the health worker, in this case, its human resources, medical equipment, treatment rooms can be considered still less to implement this NHI Program. Some Health Facility primary which is still minimal as a health center building Palangga for waiting room is not available and again pursued by the head of the health center to propose to local governments to be made. Neither Hospital South Konawe, regarding Health workers already complete only the unavailability of Radiology for the photo so that the hospitals roentgen South Konawe also are working to make health facilities more fitted again. Good health services to the community health

center are required readiness of the infrastructure as well as all parties, especially those who served in the health center so that later can manifestNHI effective and efficient (Agatha 2014).

In addition to extending of end-of-life care, the National Health Insurance program, also take steps to guarantee the quality of care provided. Previous studies and current monitoring systems have focused on structural level aspects such as equipment and personnel qualifications and training. Further standardized quality of indicators and processes should develop and implement (Rhee 2015).

4. Conclusions

The socialization of the program NHI in South Konawe already performing well evenly, based somewhere research has been done that socialization has carried out with the involvement of local authorities and figures community. The readiness of facilities in South Konawe of the operation NHI program, in general, is good because all health centers and hospitals there have been qualified to work with BPJS although some areas still inadequate health facilities. That is way can be concluded that the implementation of NHI in South Konawe even in a consolidation phase regarding both the system and of the existing resources.

Acknowledgments

The authors are grateful for the constructive and valuable comments provided by to Mr. La Ode Ali Imran, Mr. Ambo Sakka and reviewer for direction and insights are strongly supported of research and preparation of this article.

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