

THE QUALITY OF SERVICES OF THE NATIONAL HEALTH INSURANCE (JKN) AND ITS CONSTRAINS: CASE STUDY AT BHINEKA BAKTI HUSADA HOSPITAL PAMULANG

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Abstract

The National Health Insurance (Jaminan Kesehatan Nasional) Program, which is organized by BPJS Health has been implemented for more than three years since launched in January 2014. People have so far acknowledged the program as a great policy because it is very helpful in providing healthcare services. People feel much easier to get health services compared to the past which healthcare services was very expensive. Beside its success, the program still frequently receives critics from patients, which do not get any satisfied services like limited health facilities, unqualified drugs, hospital rejection, late treatment, very bureaucratic, and etc. Therefore, the author is curious to know more about the quality of program JKN services especially at Bhineka Bakti Husada Hospital in Pamulang which is one of private hospitals in South Tangerang which has started as a provider JKN since July 2014 and also its constraints. The research used qualitative research approach and used descriptive analytic using interview technique, literature study, and observation. My findings were based on the quality of public services in terms of five dimensions of public services, which are Reliability, Responsiveness, Assurance, Empathy, Tangible and that the hospital has a good reliability and responsiveness in giving JKN services. In fact, the hospital needs to improve assurance, empathy and tangible dimension. Constrains of the implementation the program mainly caused by internal factors that are conflict interest and mismanagement. As a result, the hospital has suffered significant loss and has given up and finally intended to sell the hospital.

Keywords: *Public Services, Quality of Public Services, National Health Insurance, BPJS Health, Health Insurance.*

INTRODUCTION

Indonesian citizen should be grateful since 1 January 2014 we have the National Social Security System (SJSN) that includes health insurance, accident insurance, pension plan and life insurance organized by different agencies as mandated by Law Number 40 of 2004. Indonesian National Health Insurance (JKN) is organized by Social Security Administration Agency (BPJS) for Health. It is a comprehensive healthcare system which covers promotive, preventive, curative and rehabilitative services for all citizen with affordable cost through the insurance system.

In order to extend the JKN services, BPJS for health keeps improving the JKN program all the time. In fact, some people consider JKN program is not good in delivery services because there are a lot of patients who are not satisfied with the services. Common issues relate to not satisfied JKN services are drugs (additional costs, not effective), limited facilities (PICU, ICU, HCU, Ct. Scan), rejection of the hospitals, lack of empathy of the staff, malpractice, etc.

Bhineka Bakti Husada hospital is one of private hospitals in South Tangerang started collaboration with BPJS since very beginning of JKN program, July 2014. The hospital has lots of patients of JKN program in the midst of its limitation. This research aims to describe the quality of JKN services using reliability, responsiveness, assurance, empathy, and tangible dimensions. This research also intend to figure constrains out in giving services either internal or external factors.

Public Service

Definition of public service is any service activities carried out by public service providers as an effort to fulfil the needs of service recipients as well as the implementation of the provisions of legislation (Number 63/KEP/M.PAN/ 7/2003). Meanwhile, according to Farnham and Norton, in (Asmawi 1999: 3), the public services are broadly defined as the major public sectors of the organization and the capital market.

Standards of Public Services

Standard public service is a benchmark that is used as guidelines for the implementation of services and guidance assessment of service quality as a commitment of the provision of services to the community to provide quality services. The benefits of public service standards are to ensure the provision of quality services by public service providers, public service standards providing direction of action for public service providers. Public service standards can also serve as a motivational tool to always improve the quality of service.

The scope of public service standards are: a) Service procedure; b) Completion time; c) Service fee; d) Service products; e) Facilities and infrastructure; f) Competence of service provider officers

Quality of Public Services

Quality of service is defined as services provided to the customer community in accordance with the demands of society needs that have been standardized in the provision of services. To measure the quality of public services or services, especially health services, it used the concept of service dimensions. Kotler (1994) in (Asmawi 2005: 77) mentions that there are five dimensions of service quality:

Reliability, is the ability to provide services quickly and correctly that has been promised to consumers or customers. This dimension is relevant for both clinical and non-clinical services. Lack of health/technical competence may vary from minor deviations from standard operating procedures to correct errors that will decrease the effectiveness of healing and harm the patient.

Responsiveness is an awareness or desire to help consumers and provide services that are fast and responsive, effective and efficient. In responsiveness or responsiveness points, community service organizations can be divided into three types:

1. Organizations that are not responsive. There is an impersonal bureaucratic mentality that is more appreciative of the standard command structure in the organization than by meeting the needs of society.
2. Organization that is sometimes responsive. The desire of the leadership of the organization to encourage members to include their complaints, opinions, or input, but the desire is not serious. Even tend to be just a formality.
3. A highly responsive and comprehensive organization. Full institutional commitment to the needs and satisfaction of the recipient community. Also characterized by the continued accessibility, without discrimination.

Assurance (assurance, security assurance); the knowledge or insight and ability of the service providers to generate confidence and assurance of consumer safety / service use. Certainty of service includes cost certainty, certainty / clarity of service information and certainty / timeliness of service.

Emphaty (caring, empathy); the willingness to provide services through personal relations approach, providing protection and trying to know what the consumers want and need.

Tangible (visible); the appearance of the employees, appearance and comfortable facilities and infrastructure services and display equipment or equipment that support services.

National Health Insurance (JKN) and Social Security Administering Body (BPJS) Health

BPJS is a legal entity formed to organize social security program. Social security is one form of social protection to ensure all people in order to meet basic needs of a decent life. While BPJS Health is a public legal entity that provides health insurance.

There is a tariff system used by BPJS, the INA CBGS system. The CBG's is a patient classification system that has four main characteristics, namely 1) regular collection of out-patient patient data (especially data on patient characteristics, services, and service providers) which are used to classify patients into (2) patient groups (INA-CBG's Code), which (3) are clinically significant and (4) economically homogeneous or consume relatively large resources. (<http://kesehatan.kompasiana.com/medis>)

In addition to facilitating the planning and budget allocation of the JKN program, this payment system also facilitates the hospital in terms of planning, management, output measurement and benchmarking. The implementation of INA-CBG's system can also encourage the hospital to be able to perform health services effectively, efficiently, and in accordance with its competence.

INA-CBG's tariff in JKN program is based on data costing 137 Government and Private Hospital hospitals and coding data of 6 million cases of diseases. There are a number of aspects that affect the cost of INA-CBG's, the main diagnosis, the presence of secondary diagnosis of comorbidity or complication, severity, intervention, and patient age.

INA-CBG's tariff is paid per episode of health service, which is a series of patient treatments to complete. With the INA-CBG's pattern, the payment package includes: 1) doctor's consultation, 2) investigation, such as laboratory, radiology (Rontgen), etc. 3) National Formulary drugs (Fornas) as well as non-Fornas medicines 4) consumables, 5) accommodation or treatment rooms, 6) other costs associated with the patient's health services. The cost components that are included in the INA-CBG's package are not charged to the patient.

METHOD

This study aims to describe the National Health Insurance program BPJS Health in Bhineka Bakti Husada Hospital and its constraints. Therefore, this research uses qualitative approach with analytic descriptive research type. Informant selection technique is in accordance with the information sought, which are: Board of Directors Bhineka Bakti Husada Hospital, Employees BPJS Bhineka Bakti Husada Hospital, Hospital Health Officer Bhineka Bakti Husada and Patient Participants JKN BPJS Health who ever treated by using JKN card. Data collection techniques in this study consisted of three kinds: literature study, in-depth interview and observation. After the data is collected, the data is analyzed by 3 stages: data reduction, data display, and verification.

Quality of Service of National Health Insurance Program

Standard Operational Procedures or SOP is an important part in implementation of public policy. In this case, SOP JKN program service is the Law of the Republic of Indonesia number 12 of 2013 on Health Insurance. The law contains general provisions, participants and membership, participant registration and changes in membership data, fees, health insurance benefits, benefit co-ordination, health service delivery, health facilities and quality control, health insurance, complaint handling and settlement costs dispute.

Bhineka Bakti Husada Hospital has its own SOP to manage the implementation of JKN in the hospital. This SOP was created by combining the concept of SOP JKN with the hospital rules which is called "Related Conditions of Patient Services BPJS" being as a guide the hospital in providing JKN services. As a result, it would make services to be relevant with management's hospital.

SOP also means to explain the quality of JKN services in the hospital. Whether the implementation of JKN is in compliance with the applicable SOP or there are many irregularities. Quality of service will affect patient satisfaction. To make it easier to explain the quality of service, this research used 5 dimensions of quality services: *reliability, responsiveness, assurance, empathy, and tangible*.

Reliability (trustworthy)

Reliability dimension is the ability of the hospital to provide accurate services from the first time without making any mistakes and delivering its services according to a certain time. Hospital reliability can be seen from three aspects: skilled officers, completeness of facility and accuracy of practice time. So, the reliability of the hospital will be related to the level of patient confidence in the hospital service.

First, the officer's skills. In order to prepare the skills of the officer, this hospital actively involves the employees in the training, especially about the determination of BPJS tariff, INA CBGs. In addition, the hospital also formed *kesmik* team to manage medical record issues, coding book, IT, and medical diagnosis.

Second, completeness of infrastructure facilities. This hospital is categorized as type C. It is equipped with 24-hour UGD, Outpatient, Inpatient, Surgery, ICU, and HCU. The hospital also has supporting facilities of Clinical Pathology Laboratory, 3 Dimension & 4 dimensional Ultrasound Radiology, ECG, Neurosurgery, Pharmacy, Physiotherapy, Ct. scan 16 Slice, Hemodialysis, ESWL. Plus polyclinic specialist doctors are quite complete, namely: Surgery, Obstetrics & Gynecology, Internist, ENT, Eyes, Neurology, *Skin & Genitals, Heart, and Orthopedic*.

Third, the timeliness of practice. Mostly all doctors come to the hospital on time except they have emergency business. If they are absent, the staff of the hospital will inform to patients.

Responsiveness (Quick Response)

Responsiveness is an awareness or desire to help consumers and provide services that are quick and responsive, effective and efficient.

Based on the leader's statement that the hospital has a strong commitment to handle patients with a quick response in all services, especially in emergency room (UGD). The hospital does not want anyone dying in the UGD just because it's late in handling it. So, there is a doctor and nurse who always standby in UGD to help patients directly.

Similarly to the patient experiences, patient (T) who has a chronic appendicitis problem suddenly at night. He was previously refused by some hospitals and made them disappointed to look for other hospitals. Finally, he tried to bring his child to Bhineka Bakti Husada hospital. Fortunately, he got very quick JKN services immediately even his JKN card member was not with him.

Another patient also got JKN services quickly, patient (H) who has internal disease. After he went to first health facility (PPK1), Makmur Jaya Clinic then he got a referral to the second health facility (PPK2) to Sari Asih hospital but he couldn't get any services directly, he just was being put in the waiting list until few days. Then, he changed his mind and went to Bhineka Bakti Husada hospital, he got very fast services, after registering he could go to polyclinic directly.

Likewise the mother of patient (E) who gave birth her baby in this hospital. According to him, JKN service here is quick and responsive either doctor or nurse. For example, when he rang the bell, the nurse arrived immediately and gave some medicine to baby.

Based on the description above, it can be concluded that the aspect of responsiveness of JKN services in this hospital is very good. The doctors, nurses, and administrative staff work quickly and precisely. There is no evidence that they are slow in giving a respond to the patients.

Assurance

Assurance is knowledge or insight and the ability of service providers to generate confidence and assurance of consumer security or service user. Certainty of service includes cost certainty, certainty clarity of service information and certainty of service time.

First, the certainty of cost. Cost uncertainty was experienced by some patients I interviewed. It comes from story of outpatient mother (S). She was very surprised when she had to pay in pharmacies to redeem drugs worth Rp 250.000, -. She thought all of JKN's services were free including all the medications prescribed by the doctor of the hospital.

The uncertainty of costs was also experienced by inpatients suffering from hernia (M). His father said that there was no certainty of the amount of money he had to spend. The nurse only

informed that there will be additional cost of services due to limitations of BPJS services, without mentioning the number. The nominal then was known later after going home from the hospital.

Second, the certainty of service information. Not all information about JKN services is known and understood by JKN patients. For example, many patients of JKN do not know about the limits of services they can get. Bhineka Bakti Husada is second facility (ppk2) type C. The hospital has ct. scan facility but cannot be used by JKN member. Ct. Scan can only be obtained in higher hospital, type B. Another example is the use of VIP room facilities. In SOP of JKN there is no facility for VIP room. So, if patients intend to stay in VIP room, they do not only have to pay the gap of the price of the room, but also the fee that is charged based on the service package system.

Third, the timeliness of service. For the doctor's service time, the hospital establishes a schedule of doctor's practice that can be accessed by all patients. If the doctor is unable to attend, the hospital will announce immediately to the patients. For inpatient, the service is adjusted to the patient's health condition. But based on JKN rules, hospitalization cannot be more than 4 days. Assuming that the patient will recover within 4 days. Unfortunately, according to the leader's statement that there are some doctors who provide hospitalization more than 4 days.

From the above explanation, the assurance dimension in this hospital is very weak. There are two factors cause uncertainty. *First*, the system of INA-CBGs (Indonesia Case Based Group). The principle of INA-CBGs system work is (i) the cost of INA-CBG's is influenced by many aspects, namely the main diagnosis, the presence of a secondary diagnosis of comorbidity or complication, severity, intervention, and patient age; (ii) INA-CBG's tariff is paid per episode of health service, which is a series of patient care to completion. With the INA-CBG's pattern, the payment package includes: 1) doctor's consultation, 2) investigation, such as laboratory, radiologo (rontgen), etc. 3) National Formulary drugs (Fornas) as well as non-Fornas medicines 4) consumables, 5) accommodation or treatment rooms, 6) other costs associated with the patient's health services. Another problem that causes this uncertainty is the RS status. Bhineka Bakti Husada registered in BPJS as type D hospital. Whereas by referring to Permenkes No.59 year 2014, this hospital has fulfilled category type C. The difference of this type of influence to tariff provided by BPJS. The higher the level of the hospital the greater the tariff given by BPJS. Because the registered type is still D, then the health-care service is also automatically only standard D-type facilities. So often the patient assumes all the facilities in this hospital can be given to the patient and cause the hospital to have a dilemma when the patient needs facilities in the hospital this but cannot be claimed to BPJS.

Empathy

Empathy (caring) is the willingness to provide services through personal relations approach, provide protection and seek to know the consumers want and need.

Based on the experience of JKN patients in this hospital, there is a positive opinion and also negative. The positive one, e.g. the story experienced by the mother (N) stating that the attitude and service of doctors and nurses are good and friendly. They do not discriminate between general patients and JKN patients. Based on his experience there is no change when he used to being a general patient last time with now he is using JKN card. The same opinion was expressed by a mother (E). She states that the doctors here are kind, considerate, and friendly. She has been controlling her obstetrician almost every month to find out the attitude and service of the doctor. The nurses were kind, friendly and quick to come when called.

The negative perception came from the child's mother (A). She said the doctor was unfriendly because he was more concerned with his own affairs than the patient because at that time the doctor was rushed because there were guests in his house. Complaint also came from other patients who stated that the doctor is not friendly because he is not communicative.

The difference of perceptions about empathy of the medical staff is more about the difference personality of everybody. There is a character people who are friendly, open-minded, extrovert-introvert, quite-cheerful, etc. Nevertheless, as a professional health worker, they should work in accordance with professional code of ethics in which empathy is a prerequisite in providing services to patients.

Tangible

Tangible (real feels) is the appearance of employees, appearance and comfort facilities and infrastructure services and display equipment or equipment that support the service.

First, the appearance of the employees. Based on observations by researchers, the appearance of the employees in this hospital is like a general hospital that uses hospital uniforms, not fancy but also not bad. What characterizes the appearance of employees is the use of hijab for women's health workers because the hospital is an Islamic nuanced.

Second, the appearance and the comfort of facilities and infrastructure. From the aspect of facilities and infrastructure, this hospital is quite adequate, including 24-hour UGD, Outpatient, Inpatient, Surgery, ICU, HCU, and polyclinic. This hospital also has a fairly complete polyclinic services: Medical checkup, general practitioners, and specialists including are Children, Surgery, Obstetrics & Gynecology, Internist, ENT, Eyes, Neurology, Skin & Sex, Heart, and Orthopedic.

Besides that, there are some things that make hospital is not comfortable: the narrowness of the registration room so that often there is accumulation of patients, especially at 9:00 to 11:00 hours and 17:00 to 19:00; a new building for polyclinic services that is separate from the old building so that it looks united with registration and hospitalization; the appearance of the hospital from the outside looks old, not neatly arranged and less attractive.

Nevertheless, interviewed patients gave a positive comment on the facilities and infrastructure of the hospital such as good rooms, and meet hospital standards, but some are unattached to the convenience of facilities and infrastructure because they prefer professional treatment.

Third, the display of equipment or equipment that support the service. This hospital support services as type C is very complete and functioning optimally. Existing supporting equipment are: Clinical Pathology Laboratory, Radiology, US 3 Dimensions & 4 dimensions, ECG, Neurosurgery, Pharmacy, Physiotherapy, Ct. Scan 16 Slice, Hemodialysis, and ESWL.

It can be concluded from the tangible aspect that this hospital has the appearance of a simple and Islamic employee, a complete means of infrastructure although from the outside it looks a bit old and not tidy, as well as complete supporting equipment. However, due to limitations of the ceiling BPJS, not all facilities in this hospital can be accessed by all participants BPJS by free of charge.

Constrains of JKN Services at Bhineka Bakti Husada Hospital

As mentioned above, the hospital recently has a significant loss, almost collapse and then intend to sell it. Based on interviews with hospital management, the causes of this big issues are due to conflict interests and mismanagement. Here are the causes: 1) Conflicts of interest between the owners because the owners are family; 2) conflicts of interest between the owner and the board of directors of the hospital; 3) Conflicts of interest between senior doctors and hospital manager. For example senior doctors are not allowed to add specialist doctors because they are worried his patients will be reduced; 4) Doctors do not consistently implement the clinical pathway as guidelines in their treatment.

Meanwhile constrains come from external factors are: 1) The INA-CBGs are relatively still new system in providing healthcare in Indonesia. It might need to be improved all the time; 2) low education to JKN members so they could not understand well about JKN services; 3) lack of maximum service of JKN in PPK1. The existence of ppk1 not only gives signatures and stamps, but it plays a role in the care of patients with 140 diagnoses established by BPJS; 4) limited verifier from BPJS Center. So, it causes delay of claim and fee from BPJS.

To solve those problems, it is urgent to undertake these strategies. *First*, enhancing hospital management, medical professional and staff's understanding of concept of INA-CBG's and improving services to be patient-oriented. *Secondly*, increasing cost-efficiency of health services by: obey clinical pathway and standard operating procedures of the hospital; priorities using fornas and compendium in giving drugs and medical tools; enhancing efficiency in input, process and output levels of services by increasing capacity building of stakeholders. *Third*, conducting post-claim review. In addition, the hospital is also expected to improve the quality of coding by improving the quality and compliance of recording and completeness of medical records, as well as increasing the competence of medical recorder. (<http://kesehatan.kompasiana.com>).

CONCLUSION

The quality of JKN in Bhineka Bakti Husada hospital has good services in reliability and responsiveness dimension. However, the empathy, the assurance and the tangible aspects need to be enhanced. The last but not least, the hospital urgently has to reform the management of the hospital to avoid bankrupt.

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