



Model Problem the Effectiveness of National Health Insurance Agency in General Hospital Public Service Regional Bahteramas Province of Southeast Sulawesi, Indonesia

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Abstract

To overcome the problem of health care in Indonesia, since January 2014 the government implemented the National Health Insurance (HNI) applicable for all Indonesian people. Through the NHI program, expected no more people, especially the poor, who do not go to health care facilities because they do not have a cost. This study aimed to analyze the effectiveness of the implementation of the NHI from the aspect of the health care system at the Hospital Regional Public Service Bahteramas Southeast Sulawesi province, developing the model problems and solutions to the problems of health care effectiveness of NHI. Types of Research Survey, using quantitative methods qualitative Mix. Samples of outpatients as many as 354. The informant patients and hospital personnel. Collecting data using questionnaires, in-depth interviews and review documents.

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The results show general implementation of aspects of the NHI Health Care, Service Satisfaction and Effectiveness Services from the perspective of the patient is said to have been adequate, effective and patient satisfaction. But there are still many problems in the implementation of both aspects of the regulation, service management, behavior and readiness officer service resources. Ineffectiveness and dissatisfaction services include service mechanism complicated, difficult conditions of service, imprecision of service, waiting time of services, facilities, amenities, medical devices and drugs are not available, officials are limited, the patient is still the cost of medicines, and there are types of services not covered by NHI. The conclusion shows that the implementation of the NHI Hospital has been carried out effectively and in patient satisfaction, but still many problems in the implementation, including aspects of policy issues, service management, personnel behavior and readiness resources, hence the need to improve policy and service management. Recommendation; The need to make improvements Hospital policy, improvement of service management, education and training for officers, and fulfillment service resources.

Keywords: National Health Insurance; Health Services; Effectiveness.

1. Introduction

"Health is a Fundamental Human Right" is the concept of the World Health Organization (WHO) to ensure that everyone can live a healthy life to produce. Ownership rights by such person obviously reflects two absolute obligation for every person or institution seeking and provide health services that nourish the sick and maintain healthy. So that by itself the duty of every country in the world to guarantee those rights can be met and accepted by the whole population [1].

The Indonesian government since 1 January 2014 has been implementing the NHI for all its people gradually until January 1, 2019. Through the implementation of the National Health Insurance (NHI), expected no more Indonesian people, especially the poor who do not go to health care facilities in time sick because they do not have a cost. This guarantee is called the NHI for all residents of Indonesia shall be insured people managed by the Social Security Agency (SSA) including foreigners who have worked for a minimum of six months in Indonesia and has paid his dues, Kemenkes R.I [2].

Follow-up of the mandate of the constitution mandates the transformation of the organizing body of the organizing body which has been existing for a SSA Health and Employment SSA, Shihab [3]. The importance of commitment and seriousness of the Government in organizing social security for all people and at the same time shaping legislation and regulatory policy as an umbrella law and the legal basis to implement Zaelani [4].

In terms of health services, there are several problems in the Hospital Services Agency the Regional Bahteramas Southeast Sulawesi province, including the patient complained of a queue number, the missing file, service outlets are limited, the payment of a drug, the drug is not available, waiting time of service, length of service personnel, the doctor is not timely, limited facilities, many types of drugs are not covered by NHI, the length of time queuing services, hospital facilities are inadequate, the number of officers is inadequate both in number and quality, and a lack of understanding of the clerk of NHI services.

The results of the evaluation of the Ministry of Health obtained some participants complained that the NHI is still burdened drug purchases. Also some participants complained only given medication for 3-5 days in the case of chronic disease. Whereas the program before the NHI, the drug is administered for 30 days, BPJS RI [5]. This is consistent with the results of the evaluation of the health ministry despite improving quality of service to participants and health facilities, but not all of the Hospital to do so, there are still many patients who complain of the cost of hospital services, although they have become participants of the NHI, Kemenkes RI [6].

The aim of research to analyze the effectiveness and create a model for the implementation of the NHI issues from the aspect of the health care system at the Hospital Regional Public Service Bahteramas Southeast Sulawesi Province.

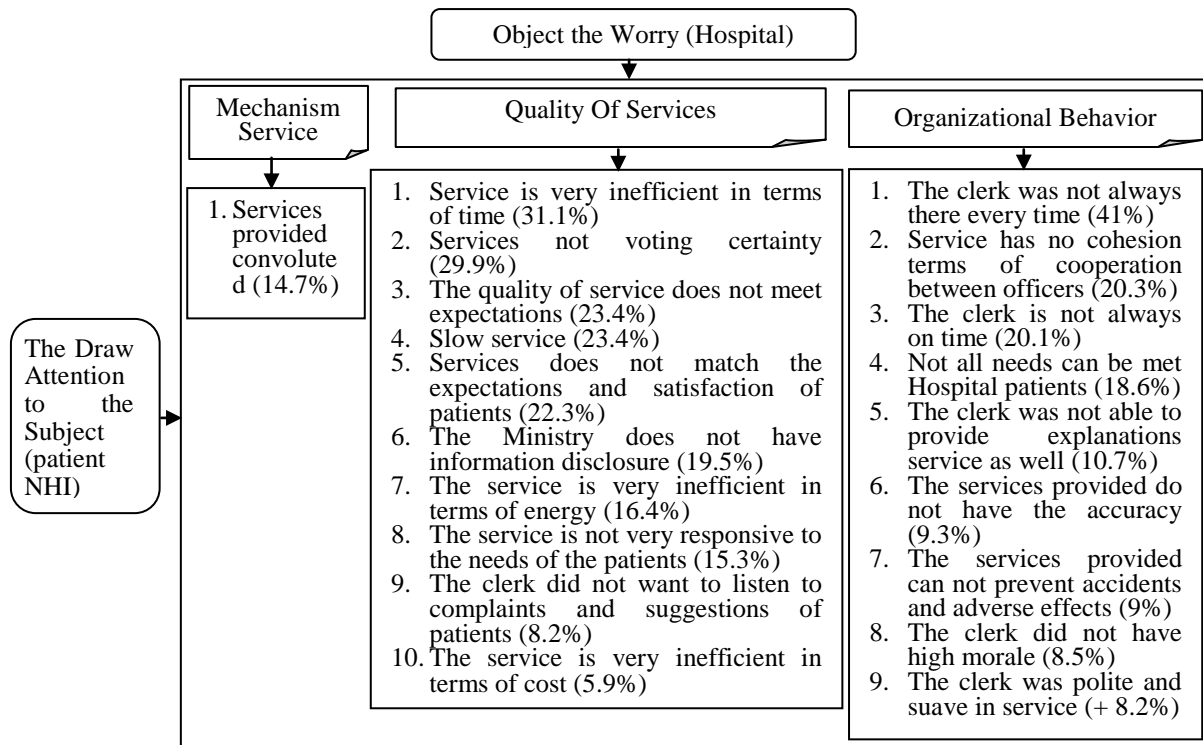
2. Materials and Methods

Type of survey research, using qualitative and quantitative methods with cross sectional study. The research sample of outpatients as many as 354 patients. Selection of informants by using purposive sampling technique. Informants patient and attendant Hospital. Collecting data using questionnaires, observation, in-depth interviews and review documents. Quantitative data analysis using SPSS statistical test [7]. Analysis of qualitative data to analyze problems descriptively, a greater emphasis on the process of concluding its analysis of the dynamics between the observed phenomena, using logic and formal ways of thinking and argumentative [8]. The study was conducted in 2016, at the Hospital Regional Public Service Bahteramas Southeast Sulawesi Province.

3. Results

The results showed that the implementation of the National Health Insurance Hospital Regional Public Service Board Bahteramas Southeast Sulawesi province, respondents expressed more effective to say the health care system performed adequately (86.4%) than those who said inadequate (55.9%), while respondents who declared ineffective by the implementation of the National Health Insurance more say health care systems do not adequately (44.1%) compared with that said adequate (13.6%). Results obtained chi square test $p = 0.000$ ($p < 0.05$) means that H_0 refused. This shows that there is a relationship with the health care system effective implementation of the National Health Insurance.

The results showed that health services in the hospital public service agency Bahteramas area of Southeast Sulawesi province, respondents said they were satisfied more say the health care system performed adequately (72.9%) compared with that said inadequate (53.1%), while respondents were not satisfied with the ministry officials said more health care systems do not adequately (46.9%) compared with that said adequate (27.1%). Results obtained chi square test $p = 0.000$ ($p < 0.05$) means that H_0 refused. This shows that there is a relationship with the health care system of health service satisfaction. In terms of the effectiveness of the model problems of health care at the Hospital depicted in chart 1:



**Figure 1: Model Effectiveness Issues Health Care Hospital Regional Public Service Board
Bahteramas Southeast Sulawesi Province**

4. Discussion

The health care system is an integral part of all elements of the existing health care system, plays an important role in the continuity of service of the Hospital. The health care system has been linked to the effectiveness of the service that has been generated and it is becoming one of the measures to see the success of existing services seen from the patient's perception and officers.

Causes of ineffectiveness of Hospital Services

The result showed that respondents who expressed no effectiveness in the implementation of the NHI more say health care systems do not adequately (44.1%) compared with that said adequate (13.6%), while the causes of the ineffectiveness of health services for various problems faced by the patients during the servicing of which they rejected on the patient due to the requirements of the file is incomplete, no explanation attendant on the process / service flow, Hospital Bahteramas not easily accessible, does not agree with the process / service flow, ministry convoluted, requirements service is felt not easy, the service attendant did not match expectations, the slow service, the inappropriateness of services, long waiting times, means, facilities, medical equipment and medicines are lacking, the cross-section of service is difficult to achieve, number of officers are limited, difficult service information , the patient is still the cost of medicines or medical devices, there are services not covered by the NHI, there is no attempt officers overcome the problem of the patient.

This is consistent with the results of research Konli [9] obstacles in the face in the form of facilities, health

workers is limited, and the location is quite remote services. Benombo [10] facilities and medical equipment is limited. Suharmiati [11] the availability of infrastructure and patterns of health care health center in the border area is not optimal. Fauziah Abdullah Ali G. D Kandou J. M.L [12] the availability of medicines and consumables frequent drug stock vacancy, the availability of medical facilities and medical equipment of health care facilities is still minimal. Nurhayati [13] the absence of medical personnel such as doctors and the lack of facilities and infrastructure. Sumantri [14] employees who are less conscientious and lack of discipline, lack of technical training and lack of awareness of abiding by their employees in working hours. Riswardani [15] limited facilities related to satisfaction. Margaretha Triana [16] The drug plan has not gone well, because it is not supported by the ability of officers. Suharmiati [11] the availability of facilities and infrastructure is not optimal. Saerang [17] constraints in the health service because patients do not carry files, the registration booth is limited, inadequate space, limited personnel, waiting time service. Lestari [18] administrative services assessed complicated, convoluted, and lack of information. Haeruddin [19] in the service of the administrative procedural constraints, and human resources are limited. Naz Khan [20] the attention they deserve from the government, the provision of infrastructure and proper medical equipment, will reduce the problems that exist at the hospital. Wangari, Anyango [21] the low capacity of the employee, the low adoption of technology, communication channels are not effective and funds are not enough to affect the quality of services in the public health sector. Ofori-Okyere and Kumadey [22] client in the hospital complaining clean environment, the lack of qualified personnel (specialists), lack of modern equipment and medicines.

The health care system as a major component of health care in hospitals. Carrying capacity of the existing system played a role in the strategic viability and success of such services. Hospitals as health care objects, it is necessary to improve the quality and service satisfaction, so patients can fulfill their needs and desires as well.

Causes of Discontent Hospital Services

The result showed that the respondents were not satisfied with the ministry officials said more health care systems do not adequately (46.9%) compared with that said adequate (27.1%). Whereas the causes of dissatisfaction with health care because there is still denial of the patient because of the requirements of the file is incomplete, no explanation attendant on the process / service flow, hospitals Bahteramas not easily accessible, does not agree with the process / service flow, ministry convoluted, service requirements perceived not easy, the service attendant did not match expectations, the slow service, the inappropriateness of services, long waiting times, means, facilities, medical equipment and medicines are lacking, the cross-section of service is difficult to achieve, number of officers are limited, the difficulty of information services, the patient is still the cost of medicines or medical devices, there are services not covered by SSA, no effort officers overcome the problem of the patient.

In terms of service satisfaction it is in line with the results Benombo [10] and the quality of health care services has not been satisfactory patient. Riswardani [15] the cost of hospitalization, and the promotion of both partially and simultaneously influence patient satisfaction. And Mai Cong [23] the impact of the three-dimensional quality of service ('tangibles', 'access to health care', and 'attitude and medical ethics') to patient satisfaction.

Problems Effectiveness Hospital Services

From chart 1, that the effectiveness of the model of health care problems include: 1. Mechanisms of service. Conditions of health services provided convoluted (14.7%), it shows that in terms of service mechanisms they found the problem, therefore, the need for hospital improvement of service management by composing / shaping simplicity and ease of service making it easier for health care services to patients and can prevent delays in service. 2. Quality of service. Still the complaints of patients in terms of the effectiveness of services in the form of service is not efficient in terms of time (31.1%), not having an assurance service (29.9%), quality of service does not meet expectations (23.4%), the slow service (23, 4%), the service is not in line with expectations and satisfaction (22.3%), the service does not have the disclosure of information (19.5%), the service is very inefficient in terms of energy (16.4%), service was not responsive (15.3%), the clerk did not want to listen to complaints and suggestions of patients (8.2%) and the service is very inefficient in terms of cost (5.9%), this suggests that the effectiveness of the service is still a problem for the patient, therefore, the need to improve the management of services by the hospital through training of service management and monitoring services to ensure that service has been running good and satisfactory for the community, so that the various barriers of service in the future does not happen again. 3.

Organizational Behavior. Still the complaints of patients in the form of personnel conduct officers are not always there every time service (41%), the services provided do not have cohesiveness case of cooperation between officers (20.3%), the clerk is not always on time (20.1%) , not entire hospital care needs met (18.6%), the clerk was not able to provide explanations service as well (10.7%), the services provided do not have the accuracy (9.3%), services provided cannot prevent accidents and adverse effects (9%), the officer did not have high morale in services (8.5%) and the clerk was not courteous and suave in service (8.2%), this suggests that in terms of the behavior of officers is still a problem for patients, hence the need for the management to make improvements SSA officer behavior through training and supervision for services provided can be received well and fun for the community. Limitations of this study are some of the respondents and informants have a limited time to provide detailed information at the time of the interview.

5. Conclusions and Recommendation

National Health Insurance Program as a solution to overcome the problems of health care in Indonesia due to the inability of patients to seek health care because they do not have a cost. Implementation of the National Health Insurance Hospital has effectively done and even in patient satisfaction when viewed from the aspect of health care, but the implementation still face many problems including the problem aspects of policy implementation, service management, behavior and readiness resources officer.

5.1 Recommendation:

The need to make improvements Hospital policy, improvement of service management, education and training for officers, and fulfillment service resources.

Conflict of Interest

Authors declare no conflict interest.

References

- [1]. Maidin, A., *Ekonomi dan Pembiayaan Sektor Kesehatan*. 2013, Makassar Masagena Press.
- [2]. Kemenkes R.I, *Buku Saku FAK Badan Penyelenggara Jaminan Sosial Kesehatan*. 2013, Jakarta: Sekretariat Jenderal.
- [3]. Shihab, A.N., *Hadirnya Negara di Tengah Rakyatnya Pasca Lahirnya Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial*. *Jurnal Legislasi Indonesia* 2012. **Vol. 9 No. 2**: p. 175 - 190.
- [4]. Zaelani, *Komitmen Pemerintah dalam Penyelenggaraan Jaminan Sosial Nasional* *Jurnal Legislasi Indonesia* 2012. **Vol. 9 No. 2**: p. 191 - 206.
- [5]. BPJS RI, *Evaluasi Pelaksanaan JKN di pelayanan Kesehatan*, BPJS, Editor. 2014, Badan Penyelenggara Jaminan Sosial: Jakarta.
- [6]. Kemenkes RI, *Evaluasi Pelaksanaan JKN, K.K.R. Indonesia*, Editor. 2014, Kemenkes: Jakarta.
- [7]. Dahlan, M.S., *Statistik Untuk Kedokteran dan Kesehatan*. Vol. Edisi Ke 5. 2013, Jakarta: Penerbit Salemba Medika.
- [8]. Consuelo, S.G., *Pengantar Metodologi Penelitian*. 1997, Jakarta: Penerbit Universitas Indonesia.
- [9]. Konli, S., *Pelayanan Kesehatan Masyarakat Di Puskesmas Desa Gunawan Kecamatan Sesayap Kabupaten Tana Tidung* *eJournal Ilmu Pemerintahan*, 2014. **Volume 2, Nomor 1, 2014**: p. Hal : 1925-1936.
- [10]. Benombo, M.K., *Studi Tentang Kualitas Pelayanan Puskesmas Di Kecamatan Sekolaq Darat Kabupaten Kutai Barat* *eJournal Pemerintahan Integratif*, 2015. **Vol 3, Nomor 1 tahun 2015**: p. hal; 237-251.
- [11]. Suharmiati, a.d.l., wahyu dwi astuti, *Review kebijakan tentang pelayanan kesehatan puskesmas di daerah terpencil perbatasan (policy review on health services in primary health center in the border and remote area)*. *Buletin Penelitian Sistem Kesehatan*, 2013. **Vol 16 No. 2 April 2013**: p. Hal : 109–116.
- [12]. Fauziah Abdullah Ali G. D Kandou J. M.L, U., *Analisis Pelaksanaan Rujukan Rawat Jalan Tingkat Pertama Peserta Program Jaminan Kesehatan Nasional (JKN) Di Puskesmas Siko Dan Puskesmas Kalumata Kota Ternate Tahun 2014*. *Jurnal JIKMU*, 2014. **Vol. 5, No. 2, April 2015**: p. Hal 221-237.

- [13]. Nurhayati, M., peran tenaga medis dalam pelayanan kesehatan masyarakat di Puskesmas Pembantu Linggang Amer Kecamatan Linggang Bigung Kabupaten Kutai Barat. *ejournal Administrasi Negara* 2016. **Volume 4 Nomor 1 2016** p. Hal : 2127 – 2140.
- [14]. Sumantri, I.H., Kinerja Pegawai Puskesmas Dalam Pelayanan Kesehatan Masyarakat Di Puskesmas Rawat Inap Kelurahan Makroman Kecamatan Sambutan Kota Samarinda. *eJournal Ilmu Pemerintahan*, 2015. **Vol 3, Nomor 1, 2015** p. Hal : 201-211.
- [15]. Riswardani, Y.T.S., Pengaruh Fasilitas, Biaya Dan Promosi Terhadap Kepuasan Pasien Rawat Inap. *Jurnal Ekonomi Manajemen Sumber Daya* 2013. **Vol. 14, No. 2, Desember 2013**.
- [16]. Margaretha Triana, C.S., Ayun Sriyatmi 2, Evaluasi Perencanaan Obat Pelayanan Kesehatan Dasar (PKD) di Gudang Farmasi Kabupaten Gunung Mas Provinsi Kalimantan Tengah. *Jurnal Manajemen Kesehatan Indonesia*, 2014. **Volume 02 No. 01 April 2014**.
- [17]. Saerang, N.M.B.A.J.R.J.S.M., Analisis lama waktu tunggu pelayanan pasien rawat jalan di balai kesehatan mata masyarakat Propinsi sulawesi utara *Jurnal e-Biomedik (eBm)*, 2015. **Volume 3, Nomor 3, September-Desember 2015** p. Hal 872-883.
- [18]. Lestari, T.R.P., Pelayanan Rumah Sakit bagi Masyarakat Miskin (Studi Kasus di Enam Wilayah Indonesia) *Hospital Services for The Poor (Case Study in Six Areas of Indonesia)*. *Jurnal Kesehatan Masyarakat Nasional* 2010. **Vol. 5, No. 1, Agustus 2010**: p. hal 9-16.
- [19]. Haeruddin, Jaminan Pemeliharaan Kesehatan Bagi Masyarakat Miskin Kota Yogyakarta. *Jurnal Demokrasi* 2010. **Vol. IX No. 2 TH. 2010**: p. Hal 149 -100.
- [20]. Naz, A., et al., An analytical study of patients' health problems in Public hospitals of Khyber pakhtunkhwa Pakistan. *International Journal of Business and Social Science*, 2012. **3(5)**.
- [21]. Wangari, M.B., D.M.O. Anyango, and K. Wanjau, Factors affecting provision of service quality in the public health sector: A case of Kenyatta national hospital. *Prime Journal of Business Administration and Management (BAM)*, 2012. **3(8)**: p. 1146-1160.
- [22]. Ofori-Okyere, I. and G. Kumadey, An assessment of Service Failures and Customer Complaints Management in the delivery of Health Care in the Municipal Hospitals in Ghana. *International Journal of Business and Marketing Management*, 2015. **3(1)**: p. 31-42.
- [23]. Cong, N.T. and N.T.T. Mai, Service Quality and Its Impact on Patient Satisfaction: An Investigation in Vietnamese Public Hospitals. *Journal of Emerging Economies and Islamic Research*, 2014. **2(1)**.