

IMPLEMENTATION OF POLICY ON BPJS HEALTH SERVICES: A PRELIMINARY QUALITATIVE STUDY IN OUTPATIENT UNIT OF THE GENERAL HOSPITAL OF ANUTAPURA, PALU

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ABSTRACT

Background: BPJS Health is a National health insurance to to administer health care benefits for all Indonesian people. Understanding the implementation of the policy on BPJS health is necessary.

Objective: This study aims to explore the implementation of BPJS health policy in the outpatient unit of the general hospital of Anutapura Palu.

Methods: This was a preliminary qualitative study. The informants consisted of Director of Hospital Services, Clinical nurses, BPJS staffs, and BPJS patients. Content analysis was used to analyze the data. Data were collected between March and April 2015

Results: Findings of this study were described in several themes, namely no local regulation on BPJS implementation, lack of communication, inadequate human resource, good disposition, and good bureaucracy structure.

Conclusion: There were strengths and weaknesses in the implementation of Policy on BPJS health. It is suggested that the General Hospital of Anutapura Palu needs to propose the local regulation on BPJS, manage and facilitate good communication, and develop human resource management strategy.

Key words: Policy, BPJS Health, Insurance, hospital

INTRODUCTION

Implementation of public policy is a process of administrative activities conducted after the policy is defined and approved.¹ This activity is situated between policy formulation and policy evaluation.² Implementation of policies

contains top-down logic, which means to lower or interpret alternatives that are still abstract or macro to be an alternative that is concrete or micro.³

Health care is an organized effort alone or together in an organization to maintain and improve health, prevent and

cure diseases and restore good health of the individual, family, group, or community.⁴ One of the agencies that administer health care is a public hospital of Anutapura Palu. The hospital functions to perform basic health measures, health care referrals, and support service efforts. Anutapura hospital has a major task with a vision, namely the realization of high quality and affordable health care in 2010. In addition, this hospital also has a mission to assist the government in the health sector through: 1) providing infrastructures hospital representative, 2) providing professional health services, friendly, ethical, and responsible, (3) improving and developing human resources through education and training, (4) becoming a referral hospital for all health institutions in the city of Palu and surrounding areas.

BPJS Health (Social Security Agency of Health) is a State-Owned Enterprises that are specially commissioned by the government to administer health care benefits for all Indonesian people, especially for Civil Servants, Pension Recipients civil servants, and TNI / Police, Veterans, Independence Pioneers and their families, and other business entities or commoner. BPJS together with BPJS Employment (formerly Social Security: Jamsostek) is a government program in the unity of the National Health Insurance (JKN), which was inaugurated on December 31, 2013. BPJS Health began operations on January 1, 2014. BPJS was previously named as ASKES (Health Insurance), which managed by PT Askes Indonesia (Persero), but in accordance with Law No. 24 of 2011 on BPJS, PT. Askes Indonesia turned into BPJS since January 1, 2014.⁵

Report of the payment status of BPJS patients in Anutapura hospital in 2014 was 9466 patients in October, 9436 patients in November, and 8951 patients in December. This number shows that there was a

decline in the number of outpatient visits. Based on researcher observation, patients of BPJS Health in this hospital felt that the transfer of health insurance from ASKES into this BPJS experienced many problems, which the patients felt that ASKES services were much easier in comparison with the service of BPJS. They thought that BPJS referral system was ineffective and inefficient. There are many people still cannot reach this health services, which the public's understanding about the flow of referrals BPJS are also still so low that they do not get the service as it should be. They consider the system of BPJS has a complicated bureaucracy.

On the other hand, the preliminary picture of BPJS system in Anutapura hospital is less good, for instance, observation at the time in the registration system of BPJS still found the difficulty to get a quick response from health workers in the registration counter. In addition, the process was too long and complicated. This condition is also similar with the condition in the outpatient services due to the process of socialization from old building to new building, so many people still do not know the location of the services.

Communication is a very important thing from an organization.⁶ But oftenly the communication cannot be channeled properly or miscommunication problems arise. This happened in the Anutapura hospital Palu where there is miscommunication in implementing the policy. However, this miscommunication was occurred only in the implementation, which is only among employees as well as among health personnel. Beside, although this hospital has had the good resources and competent employees in their respective fields. However, the support facilities (infrastructure) are still not good enough in the eyes of some employees and health professionals.

In line with that, tendencies or disposition is one factor that has important consequences for the implementation of effective policies. Lack of discipline of the policy implementers might have a bad effect on the organizational performance. Additionally, majority of the employees are not satisfied with their incentives, while some of them also do not have the same way with the new policy in the hospital. However, because the phenomenon was only based on the observation the researcher, therefore, this study aims to explore more about the implementation of the policy on BPJS Health services at Anutapura Public Hospital, Palu.

METHODS

This was a qualitative study conducted at the Public Hospital of Anutapura Palu on March and April 2015. Purposive sampling was used to recruit the key informants that consisted of three kinds of informants, namely: 1) The Deputy Director of Hospital Services of Anutapura Palu, 2) One clinical nurse, and one BPJS staff of Anutapura hospital Palu, and 3) Two BPJS patients.

Data were collected after obtaining permission from Public Hospital of Anutapura Palu. Semi-structured interview was performed to explore the implementation of the policy on BPJS Health services at Anutapura Public Hospital, Palu. Data were analyzed by content analysis model using four cognitive processes: comprehending, synthesizing, theorizing, and re-contextualizing.⁷ There is no internal member checking in this study. Only peer checking, using a panel of experts or an experienced colleague to reanalyze some of the data as ways of ensuring that the researcher has analyzed the data correctly,⁸ and notes that documented all methodological issues and decisions.

RESULTS AND DISCUSSION

The results of this study were described in five themes: No local regulation on BPJS regulation, communication, resource, disposition, and bureaucracy structure. Those themes are illustrated below with exemplars from the participants' stories using pseudonyms for the participants.

No local regulation on BPJS Implementation

Informants said that the implementation of BPJS policies in this hospital is according to the regulation of ministry of health /Decree No 27 and 28. There is no local regulation to arrange the policy. This was explained in the following statement: *"Our BPJS is based on PERMENKES number 27, 28. We do not have the regulation in Palu to deal with BPJS"* (April, 11, 2015)

In this case, Decree No. 27 of 2014 is about the regulation the technical instructions System Indonesian Case Base Groups (INA-CBG's), and Decree No. 28 of 2014 is about guidelines for the implementation of the national health insurance program, while BPJS health services is referring to the rule of BPJS No. 1 year 2014, and Law No. 40 Year 2014 regarding the National Social Security System (Navigation). It could be said that there is no local regulation to arrange the BPJS implementation in this hospital, which might impact on the commitment in the implementation. The guideline in the regional level is much needed to identify problem and solution, structural way of the implementation, and goals.⁶

Lack of Communication

Communication is one of the important variables that affect public policy implementation. It determines the success of the objectives of public policy implementation. Effective implementation will be done if the decision makers know about what they would do.⁹ In Public Hospital of Anutapura Palu, there are three

indicators used to measure the success of communication in the implementation of BPJS health, namely: communication transmission, communication consistency, and clarity of communication.

Interview result showed that the communication transmission between policy makers is good enough, but it still needs improvement in term of consistency and clarity. The communication transmission is good based on the statement of the informant who said, "*our communication is not that bad because when we have problem or miscommunication, the hospital will just deal with the problem*". However, the consistency of communication between the hospital directors and the employees is not good enough, which could be seen from the result of the interview that showed difference perspectives between director and the staffs. The director said that there were no changes on the policies, and staffs did their good jobs; but the staffs said that there were changes on policies every 5 years. So, top-down communication needs an improvement to deal with inconsistency information between the director and staffs.

On the other hand, the communication between policy makers and implementers were also not running well. Policy makers said that the clarity of communication was clear and their staffs understands; while the policy implementers said there are hiding regulations and informations from hospital in the implementation of BPJS health services.

Inadequate Human Resource

The major resource in the implementation of policy is human resource. Interview results showed that the human resource in the Anutapura Public Hospital remained inadequate. There were 6 staffs (3 hospital staffs, and 3 BPJS staffs) were hired for the

the implementation of BPJS. But, although the hospital said that the number of staffs was enough and competent in their fields, but BPJS site said a different way, which the number of staffs was lack and less competent. There were some kind of jobs that staffs could not do although they did the same jobs every day. This was explained in the following statements:

Informant said, "*BPJS staffs have been working with good criteria*" (April 10, 2015), while another informant said, "*All staffs are not competent, it's our problem*" (April 16, 2015).

In this regard, BPJS and the hospital need to work together and corporated each other in staffing and human resource management to deal with BPJ services. They need to ensure that the services have enough number of staff and high competent.¹⁰

Good Disposition

Disposition or attitude of the executor will pose real barriers against the implementation of the policy when the existing personnel do not carry out the desired policy by Top officials. Therefore, the appointment and the selection of implementing personnel policies must be people who have a dedication on a predefined policy, more specifically in the interests of the citizens.¹¹

Interview results indicated that disposition had been performed well, which the designation of the managing staffs of the BPJS performed by the head of the Health Service Management Referral (MPKR) of BPJS health, and appointment carried out by the Director of the Anutapura Public Hospital Palu. In addition almost all staffs working in BPJS Health in the Outpatient units of Anutapura Public Hospital Palu get incentives. This proved that the concept of disposition in the implementation of policies for BPJS in Palu has been already well enough.

Incentives are received based on the number of patients served each day. This is described in the following statement:

"For the managing staffs of BPJS here are selected by BPJS site. There is a staff for online system, data input, and verification. All of them are appointed by Director of hospital" (April, 11, 2015).

"We are all getting insentives, which is called as medical service incentive, but it depends on the number of patients. If we have many patients, we get more incentives". (16 April 2015).

Good Bureaucracy Structure

According to Ripley and Franklin, bureaucracy is created as an instrument to address public needs, thus the implementation of policies is very complex and need the cooperation of many parties.¹² A strong authority in the implementation of policies is one of indicators of success. Lack of authority will fail the specific functionality into the bureaucracy or the body. Each agency has its own authority in conducting the implementation of policies that will be overlooked, it is because of the many bureaucratic agendas that are owned by the respective bureaucracies.¹³

The strongest authority in Anutapura Public Hospital Palu is the Director of the hospital as well as policy makers for the services of the hospital. The bureaucratic structure in the implementation of the policy on BPJS in the outpatient unit of Anutapura Hospital Palu was good. It could be seen from the all policies that set up directly by the Director of the hospital, and its implementation assisted by the deputy director of the hospital.

"Director has the higher authority here, including the decision making. However, the implementation is assisted by the deputy director of hospital" (11 April 2015). In addition, informants also said that if there is a problem with patients, we

directly handle the problem with simple bureaucracy.

CONCLUSION

There were strengths and weaknesses in the implementation of policy on BPJS. Strengths include the good disposition and bureaucracy structure, while the weaknesses include lack of communication and inadequate human resources. It is suggested for the general hospital of Anutapura Palu to propose the local regulation on BPJS, manage and facilitate good communication, and develop human resource management strategy.

REFERENCES

1. Tachjan H. Implementasi Kebijakan Publik. *Abstrak*. 2006.
2. Ingraham PW. TOWARD MORE SYSTEMATIC CONSIDERATION OF POLICY DESIGN¹. *Policy Studies Journal*. 1987;15(4):611-628.
3. Weimer DL. The current state of design craft: Borrowing, tinkering, and problem solving. *Public Administration Review*. 1993:110-120.
4. Lindblom CE. *The intelligence of democracy: Decision making through mutual adjustment*: JSTOR; 1965.
5. Aspinall E. Health care and democratization in Indonesia. *Democratization*. 2014;21(5):803-823.
6. Allison GT, Zelikow P. *Essence of decision: Explaining the Cuban missile crisis*. Vol 2: Longman New York; 1999.
7. Irfani TH, Gunawan J, Tosepu R, Nuru H. Experiences of being co-assistant: a pilot study. 2015.
8. Gunawan J. Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal*. 2015;1(1):10-11.

9. Agustino L. Dasar-dasar kebijakan publik: Bandung: Alfabeta; 2008.
10. Winarno B. *Teori dan proses kebijakan publik*: Media Pressindo; 2002.
11. Winarno B. Kebijakan Publik: Teori dan Proses. *Yogyakarta: Media Pressindo*. 2007.
12. Widodo J. *Good governance: telaah dari dimensi akuntabilitas dan kontrol birokrasi pada era desentralisasi dan otonomi daerah*: Insan Cendekia; 2001.
13. Tjiptono F. Service Management: Mewujudkan Layanan Prima-2/E. 2012.

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