Knowledge E
Engaging minds

Conference Paper

Policy Analysis toward the Effectiveness of Implementation of a Referral Program on Indonesia Social Health Insurance: Lessons Learned from Depok City Hospital in Indonesia

Rakhmawati Caesaria, Wahyu Sulistiadi, Astia Dwiputri Lestari, and Fadlia Murtafia

¹Departemen Administrasi Kebijakan Kesehatan, Fakultas Kesehatan Masyarakat Universitas Indonesia, Gedung F Lantai 1 Kampus Baru UI Depok 16424, Indonesia

Abstract

Health is fundamental right of all people, and all citizens are entitled to have health care services. Indonesia is experiencing a trend change in disease, from infectious diseases to noncommunicable diseases, including chronic diseases. The increasing number of noncommunicable diseases has put a double burden on the health service. BPJS Kesehatan, a legal entity formed to organize the health insurance program, offers an effective service system in its back-referral program (BRP) for chronic disease patients who have received treatment in the hospital and whose conditions have stabilized enough for outpatient treatment in a primary health care setting. There are nine types of diseases included in this back-referral program. The study's aim was to examine the effectiveness of implementation of a BRP on Social Health Program members in Depok City Hospital. This study used a qualitative method with a case study approach using a theory conducted by Van Horn and Van Meter. There were six variables measured to determinethe the program's effectiveness. The variables were standard—policy objective; resources; communication; characteristics of implementing agencies; implementor disposition; and social, economic, and political. The results showed that according to the six variables, the implementation of the BRP in Depok City Hospital has not been effective.

Keywords: implementation, effectiveness, back-referral program, city hospital

🔓 **OPEN ACCESS**

1. INTRODUCTION

Based on Badan Penyelenggara Jaminan Sosial (BPJS) projections for 2010 to 2035, Indonesia will have a demographic bonus; the demographic dividend started in 2012

[1]. The demographic bonus will provide economic benefits due to the declining dependency ratio of a nonproductive age population resulting from a long-term fertility decline [1]. However, in facing this demographic bonus, the Indonesian people still face challenges in various fields, one of which is health [7].

During the last two decades, there has been a significant epidemiological transition; noncommunicable diseases have become a major burden, although infectious diseases are a heavy burden as well (Riskesdas, 2013). According to the World Health Organization [6], non communicable diseases cause 71 percent of deaths in Indonesia [6]. Depok City, in the West Java province, has a high degree of noncommunicable diseases. According to the health profile of Depok City in 2013, the three highest noncommunicable diseases were primary hypertension (53.9 percent), rheumatism (24.7 percent), and diabetes mellitus (11.8 percent) (Depok City Health Profile, 2013).

As one of the flagship programs to improve the quality of health services for participants, BPJS facilitates access to health services for participants with chronic diseases to optimize the implementation of the Back-Referral Program (BRP). BPJS offers the BRP to the people with chronic diseases, especially diabetes mellitus, hypertension, heart disease, asthma, chronic obstructive pulmonary disease, epilepsy, stroke, schizophrenia, and systemic lupus erythematosus. It is offered when those are already controlled/stabilized and still required long-term treatment or nursing care which can be maintained at the primary health care level [2]. This study aims to know in depth the effectiveness of BRP's implementation at Depok City Hospital in 2016.

2. METHODS

This is qualitative research using a case study method. The study reviewed the conditions on the ground and information related to BRP implementation in Depok City Hospital. To determine the program's effectiveness, this study analyzed using the theory of public policy implementation by Van Meter and Van Horn (1975). Researchers use this theory because it uses a top-down approach. According to Parson in Mulyadi's study report in 2006, a top-down approach was the idea that government policy focuses attention on whether the policy is effective or not.

To obtain information for this research, the informant was selected by observing the principles of conformity (appropriateness) and adequacy. The informants in this study were the head of medical services at Hospital Kota Depok, the head of the Management Unit of Primary Health Care BPJS Health Branch Depok City, specialist doctors, general practitioners, as well as patients in Primary Health Care.

Primary data sources used in the study were obtained through interviews and recorded observations, and secondary data sources were obtained through review of documents. Basically, the analysis of qualitative research is intended to provide meaning—confirming the data, interpreting data, or transforming data into other forms of narration. This led to findings that express propositions and scientific content (thesis) that ultimately became the final conclusions (Pawito, 2007). To validate the results of the research using triangulation source and methods.

3. RESULTS

3.1. Standards and Policy Objectives

In-depth interviews with informants on the conditions at the BRP at this time showed that there is some disagreement among informants. Three informants admitted that the back-referral program is running smoothly in the hospital. Meanwhile, four other informants acknowledged that the BRP still is not optimal and needs improvements, one of which (in terms of drug supply reconciliation) is that there is still a frequent void in some BPJS pharmacy partners. They also said that the Health Facilities Advanced Level were reluctant to refer patients with a specific reason.

3.2. Resources

During the two years of the BRP implementation, there are no any special personnels behind the reconciliation program in Depok City Hospital. In this hospital, the officer who is in charge of handling the patients who were referred back to primary health care is the BPJS's officer, not a hospital workforce. Besides, there are two specialist doctors, and nurses who support in completing the reconciliation requirements. Informants revealed an imbalance in the number of patients and hospital personnels in this hospital.

Besides the personnel issue, infrastructure in health care is one of BRP implementation problems, judging from the absence of a designated area for serving back-referral program in the hospital and the lack of drug provision in primary health care. The limited drug provision occured because the health provider did not submit the drugs requirement. Because of that matter, the patients head back to the hospital in order to continue the treatment.

3.3. Communication between Organizations

In terms of communication within the group, things are going well, but in communication between groups, researchers found an intense lack of communication and coordination. All informants coming from hospitals and primary health care settings said that the BRP itself never held a special socialization. When making observations about the data refer patients behind, researchers found that none of the officers of the complete record of patients who were referred to primary health care, both the hospital, BPJS centers, and Primary Health Care.

3.4. Characteristics of Implementing Agencies

The BRP in Depok City Local Hospital never established an organizational structure. Most informants said that Depok City Hospital's standard operating procedures for implementing the referral-back program are still missing. However, informants in the BPJS center said that the guidelines for implementing the BRP are organizing the Board of Directors Regulations Health Insurance No. 23 Year 2015 on Guidelines BRP for Insured.

3.5. Disposition Implementer

According to the in-depth interview with one of the informants, although there are no special competence standards, such as an executive officer of specialist doctors, nurses and officials at the BPJS center already do a good job. The informant admitted there are no incentives to implement the program.

3.6. Social, Economy, and Politics

Depok City Hospital has fully supported the BRP since it was enacted in early 2014. According to one informant, the hospital's director was changed in 2014, but the change had no implication whatsoever on the current program. The BPJS branch Depok is very supportive for the BRP implementation. However, such support does not make the program run smoothly. Emptiness drugs that are still going on highlight difficulties in implementing the program. Primary health care party support behind the BRP, patients who come to bring the BRP control book, rewritten prescription medication reconciliation behind it, given direction for ratification prescription, and taking medication reconciliation.

4. DISCUSSION

According to the six factors observed in Van Horn and Van Meter's implementing policies model, there are still barriers between the indicators of policy implementaion and the reality occured. Of the six factors, barriers that stand out are standard factors and policy objectives, resources, and communication with the implementing agency.

The most prominent obstacle in standard factors and policy objectives is that the number of referred patients from Depok City Hospital has yet to reach the BPJS Health Depok target (achievement rates in Depok are still 81 percent). References to the fourth most-often-committed by a major hospital in Jakarta, among others Fatmawati Hospital and Harapan Kita Hospital. Through in-depth interviews, the numbers of referral back patients from Depok City Hospital were still slightly decreased in 2016.

There are still patients refer participants turning back outpatients in Depok City Local Hospital, because the drugs patients receive from different pharmacies are not the same as the medications doctors give at the hospital. Hamzah (2015) expressed the same thing that the prescribing drugs which are from hospital does not fit with the drugs provided in the clinic. Actually, both of those are the same category drugs which documented in the National Formularium but some certain drugs are only available in hospitals. Additionally, Hamzah (2015) suggested the patient must go back to the hospital often to get the medication addequately. There is a need for rules enforcement for prescribing; trade names should be used, and patients should receive education about their prescriptions. In addition, medications are frequently unavailable due to the lack of reporting by the provider's Drug Demand Plan. BPJS Health necessary to provide a warning that not reporting the Drug Demand Plan to specialist providers to prevent the incidence of drugs being unavailable should not continue. There is no place for a referral back corner; BPJS Health has not set up a specific referral area, but this is not a problem because referrals can be made with the BPJS center that was already there.

At this time, happens to back referral Social Health Insurance patients in hospitals are still weak data collection systems. It is known that patient data referrals can be done only by turning the inputted BPJS center at Lupis program. However, such a system does not specify the origin of the referring hospital and the history behind the BRP. The need for attention from the hospital, particularly for medical records to record in full patient referrals, to facilitate evaluation of the patient, either through manual or online data collection.

It is important to improve the communications quality between BPJS Health and other health care facilities in order to hold regular meetings with groups and between hospitals and smaller primary health care providers and to conduct online meetings. The lack of coordination is one of several problems ignored by both hospital and BPJS stakeholders, it leads another problem such as patient data and the division of labor became less stricted documented. If an organization wants to organize health care and high-quality health services are consistent or inconsistent, the desire must be translated through a standard of medical care or standard operating procedure (Effendi, 2009). It is important to create a simple organizational structure for program implementation in order to improve the incorporating standard operating procedures. In addition, there are no incentives for running the program. A real incentive program shows the executing agency's appreciation; this incentive will motivate implementing agencies to work with more vigor.

All relevant stakeholders (BPJS Health, Depok City Hospital, and Primary Health Care) accepted and supported BRP implementation. Acceptance and support are indicated by an attitude that the program executor still runs in accordance with the applicable rules and directives of each party's leadership.

5. CONCLUSIONS

The BRP in Depok City Hospital has been implemented since 2014. When analyzed using Van Meter and Van Horn's theory of implementation, and Edward III theory as well, its implementation has not been effective; there are still many shortcomings. There are still low numbers of patients who were referred back to primary health care, the lack of drugs provision in the pharmacy which partnered with BPJS, and the lack of administration matters, such as the different brands of prescribed medicines in hospitals with those available at pharmacies. Additionally, the executive officer of BPJS does not have certain procedures and standard set for competence.

ACKNOWLEDGMENTS

References

[1] Adioetomo, Sri Moertiningsih, 2005.Demography Bonus : Explaining the Association between Population Growth with Economics Growth. Jakarta.

[2] BPJS Kesehatan. 2014. Panduan Praktis Program Rujuk Balik Bagi Pesrta JKN. Jakarta: BPJS Kesehatan.

[3] BPS. 2013. Proyeksi Penduduk Indonesia 2010–2035. Jakarta: BPS.

[4] Hamzah, Aries. 2015. "Analisis ImpelemEntasi Kebijakan Rujuk Balik Diabetes Mellitus di Puskesmas Pamulang Kota Tangerang Selatan." Tesis: Program Studi Magister Ilmu Kesehatan Masyarakat Program Pascasarjana Fakultas Kesehatan Masyarakat, FKM UI.

[5] `http://siteresources.worldbank.org/INTINDONESIA/Resources/Publication/280016-1235115695188/5847179-1243851359474/6164739-1260876505486/section.C.en.pdf`, diunduh Selasa 19 Februari 2016, 20.09 WIB.

[6] http://www.who.int/nmh/countries/idn_en.pdf?ua=1 diunduh Selasa19 Februari 2016, 20. 44 WIB.

[7] Jalal, Fasli. 2014. Optimalisasi Pemanfaatan Bonus Demografi (disampaikan dalam Kuliah Umum di Universitas Udayana, Bali 13 Mei 2014).

[8] Kemenkes 2013. "Riset Kesehatan Dasar." Jakarta: Badan Penelitian dan Pengembangan Kesehatan.

[9] Mulyadi, Dedi. 2015. Studi Kebijakan Publik dan Pelayanan Publik. Bandung: Penerbit Alfabeta.

[10] Wahab, Solichin A. 2015. Analisis Kebijakan. Jakarta: Bumi Aksara.

[11] Winarno, Budi. 2008. Kebijakan Publik: Teori dan Proses. Yogyakarta: Media Pressindo.