

Implementation of BPJS, Impact on Private Non BPJS Provider Hospital: A Case Study in Indonesia

Achmad Zani Pitoyo¹, Indah Winarni², Tita Hariyanti³

¹Politeknik Kesehatan Kementerian Kesehatan RI - Malang

^{2,3}Magister Manajemen Rumah Sakit Fakultas Kedokteran Universitas Brawijaya Malang

Abstract: *Indonesia's determination to become a developed country faces two challenges, namely the limited access to education and health. The government imposed National Health Insurance 2014 as a solution to the problem of access to health. The enactment of National Health Insurance through National Agency for Social Insurance in Health (BPJS) institution brings the impact felt by health service actors such as public and private hospitals. For the hospital Government, an increase in profits, as well as private hospitals BPJS. It's different between providers on non premium private hospitals and non BPJS providers. The purpose of this study were 1) to obtain a picture of the condition of the hospital in the period prior to the enactment of National Health Insurance up to now; (2) exploring the views and attitude of Hospital X to BPJS; (3) exploration of hospital management strategy in response to National Health Insurance / BPJS policy. The method used is qualitative research method with case study approach. Data were collected by interviewing 5 informants. Data processing uses data reduction steps, data presentation, and interpretation. The study found that 1). Imposition of National Health Insurance / BPJS and inadequate internal condition, bringing impact of crisis which never happened since hospital X stands, 2). Nevertheless hospital X considers the enforcement of BPJS / National Health Insurance is not a total of threats.3). The strategy does is principled independent and optimistic, applying the concept of quality as perceived patient experience, targeting the lower middle and cost leadership. Suggestions of research is the application of crisis management, limit the level of optimism, understanding the specific patient satisfaction hospital X, expand the target and effectiveness channels, and re-positioning.*

Keywords: National Health Insurance, BPJS, management, hospital, case study

1. Introduction

The Indonesian government is determined to be a developed country. This is reflected in Indonesia's Vision 2025 i.e. to become an independent, progressive, just and prosperous. The vision is pursued through 8 national development missions, among others, is to realize equitable development and equality. This mission faces challenges. The challenge of achieving this vision one of them is the quality of human resources in the field of education and health. Especially health, the challenges faced are: the number and distribution of health personnel inadequate; Public health status gaps and access to interregional health services, socioeconomic status, and gender; And challenges to improve access to health facilities. Associated with health factors, the government has increased access to health care with the issuance of Law No. 40 of 2004 on National Social Security System and Law No. 24 of 2011 of the Social Security Agency. The issuance of the Law on the National Social Security System are the basis of the government to provide the National Security Program Type which is a form of social protection to ensure that all people in order to meet their basic needs adequately. Type the National Security Program is one of them is health insurance cover by organizing National Agency of Social Insurance (BPJS) in Health. Long before BPJS imposed that until 2011 the population of Indonesia who participated in health insurance by 63% (76.4 million) and in early 2014 the target is 86 million people are covered insurance. BPJS kepersertaan 2014 targets as much as 121.6 million and reached 133.4 million or Terca pies at 109.72% of the target. The target in 2015 is 170 million kepersertaan and achieved as much 156.79.287. Target of BPJS membership is that in 2019 the total Indonesian population covered in this *universal health coverage*. The consequence is that the

government should get support and trust from health providers: primary doctors and private hospitals. Currently not all hospitals join the BPJS. Recorded until January 1st 2016 September 2015 the number of health facilities that have collaborated with BPJS reached 1,752 hospitals, 4,441 private physicians, 95 main clinic, 10 hospitals class D, 1,148 dentists, 3,280 clinics, 9,799 health centers, 72 0 military clinics, 571 Police clinics, 1,894 pharmacies and 921 optical. Indonesia has a total of 1611 private hospitals with details of 1156 public hospitals, and 455 special hospitals. Data on December 1, 2015 participants increased. The government continues to push as many as 800 hospitals that have not joined the BPJS. Irfan Humaidi, Director General of Public Relations BPJS concluded in *Kompas* that the involvement of private hospitals is very important to anticipate the continuous increase in the number of patients who are participating BPJS program. Ministry of Health data shows that of 2,360 hospitals in Indonesia, there are 733 private nonprofit hospitals, 701 private hospitals profit, and 66 private hospitals of state enterprises. The 860 government hospital are obliged to cooperate with BPJS. The adoption of this new policy has had a significant impact on hospitals, both state-owned and private hospitals. The impact on government hospitals is quite encouraging. D isimpulkan that 13 government hospitals were evaluated on average have a profit of BPJS system. Likewise, private hospitals now benefit from BPJS, because the payment system via capitation and INA CBGs.. Aida stated that the main obstacle internal private hospital grade D and C in the era BPJS INA tariff-CBG is incompatible with the *unit cost* of service. This is due to changes in rates on hospital class, and the calculation of INA CBGs not based on the *unit cost* of service for each disease. This approach makes the *margin share* decreased hospital so that managers often feel concern that the RS will die if it does not serve the patient

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participants BPJS because of the switch to the *provider* BPJS RS (12). Few studies describing the phenomenon of hospitals in the face of health financing policy changes by the government and then adapt to it. An explorative study on this topic is necessary to understand the strategic decision process undertaken. A detailed and academically accountable description is needed to record how hospitals adapt to BPJS policies. The results can be used for other healthcare business by learning from what other hospitals do. Policymakers also get a full and detailed picture of the situation on the ground that they can not get just by looking at the data in the form of figures about the situation on the ground. The focus is the adaptation of hospital due to changes in the health financing system BPJS / National Health Insurance hospital X Malang. The objectives of the study included (1) obtaining a description of the condition of the hospital in the period prior to the enactment of BPJS / National Health Insurance and after the enactment of BPJS / National Health Insurance (2) exploration of hospital outlook X on changes in the new government health financing system ie BPJS / National Health Insurance 2014 on sustainability of RS, 3) exploration of hospital management strategy X in response to National Health Insurance policy (BPJS).

2. Method

The research was conducted using qualitative method with case study approach, conducted in one hospital in Malang regency. Data were collected through interviews and document study, carried out of the Month January 2016 to June 2016. Five (# 5) the informant made up of directors, management and staff of the hospital X. relevant secondary data comes from the mass media and local statistics central body . The process of data processing through the data reduction phase, display data, and interpretation. Data collection tools are unstructured interview guidelines.

3. Result

Hospital X originated from a clinic that was founded in 2005, which set up for their *demand* to serve the elderly patients out of hours GP practice limited time services. After opening with a capacity of 3 bed, visits patients who require hospitalization increased so it needs to adjust to capacity. Until the year 2011 then the air capacity up to 24 beds. In 2011 turned into a hospital with the issuance of operating licenses while RS. BPJS venture into the provider has done 2 times as an outpatient provider BPJS (PPK I / Employer Health Care Level I) and as a *provider* BPJS- KDP II (the Health Security Agency Employer Health Care Level II). Roses P is stopped due to various considerations

The results are categorized into 3 categories of description of hospital conditions; Categories of evaluations, attitudes, and actions; And categories of Hospital policies and strategies. Hospital X Conditions 3 periods to be presented because it describes the situation as a result of changes in the external environment, particularly changes in the health financing system BPJS / National Health Insurance (National Health Insurance) by the government.

Furthermore, served on the evaluation Hospital X to BPJS. This needs to be served because it implies that the size of the sense BPJS / National Health Insurance for Hospital X. Similarly, was the evaluation of RS X on consumer behavior. The categories of consumer behavior are grouped into 2 ie consumer behavior which is an opportunity for RS X, and consumer behavior which is a threat to RS X. Next is description of informant evaluation to BPJS. The presentation of this theme is then followed by a presentation of attitude and action of RS X on the implementation of BPJS.

The last item is a theme related to hospital policies, actions and tactics as a business organization. This dish consists of policies, external assessment of, *segmenting-targetting-positioning*, channel promotion, and how RS X prepares to BPJS provider. This theme answers the second purpose of this study.

1) Hospital X condition

Prior to the BPJS era, the condition of Hospital X was relatively strong. The Hospital RS robust condition of deterring other hospital managers that Hospital X which is a competitor.

The informant testimony is consistent with the data on the number of outpatient visits and hospitalization, and the capacity of the beds were always show improvement. It can be seen on Figure 1 and Figure 2, Hospital X from 2005 to 2013 which showed a sharp increase in each year. In 2011 there was a decline but followed by a sharper increase than in previous years, meaning that the trend is still a strong increase.

Likewise, the bed capacity, an increase start a standing start in 2005 consisted of three bed, then in 2006 increased to 8 beds, in 2008 increased to 12 beds, in 2010 to 13 beds, and in 2011 became 24 . On average each year require increased capacity of 3 bed.

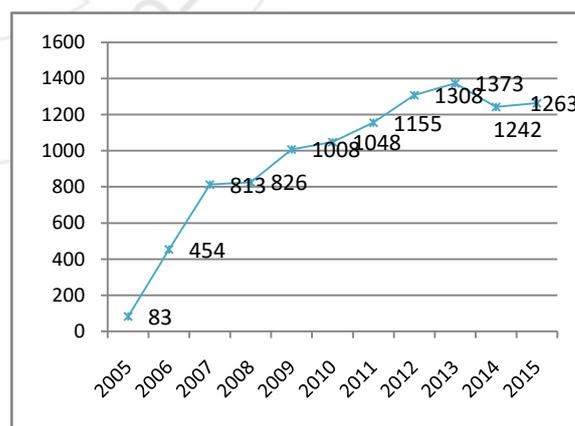


Figure 1: Trend of Outpatient Visitors

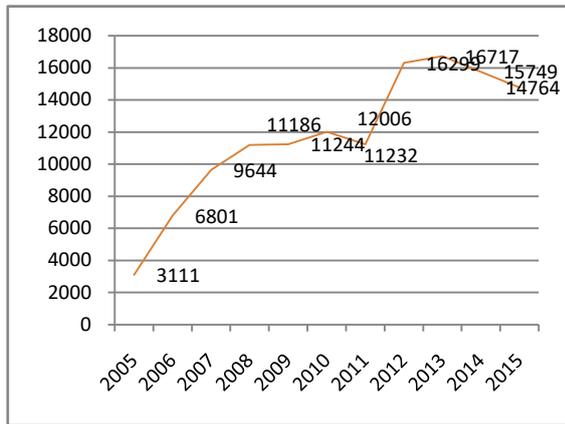


Figure 2: Trend of Inpatient Visitors

In BPJS era in 2014 till 2015 the condition of Hospital X is in crisis. The crisis in question is a state of unstable and difficult conditions. This crisis situation described by the informant 2 as weak, faint, nearly collapsed [5]. The above circumstances are taken into heavy with manpower-related situation.. The crisis situation is reinforced by the traffic data of inpatients and outpatients which were down dramatically in 2014 (shown in Figure 1 and 2). In addition to BPJS Health and internal conditions, the decline occurred because of the competitor of BPJS provider.

At the time of the study which was 2016 condition. The Hospital was robust as described by the informant as a "surplus", "quite strong", many visits by patients with non BPJS, nor BPJS that do not use the card guarantee, which concluded the informant as a sign of mistrust of society to BPJS. The narrative is consistent with the data increase the BOR RS 2015 (from 44.1% to 52.98% in 2015) and

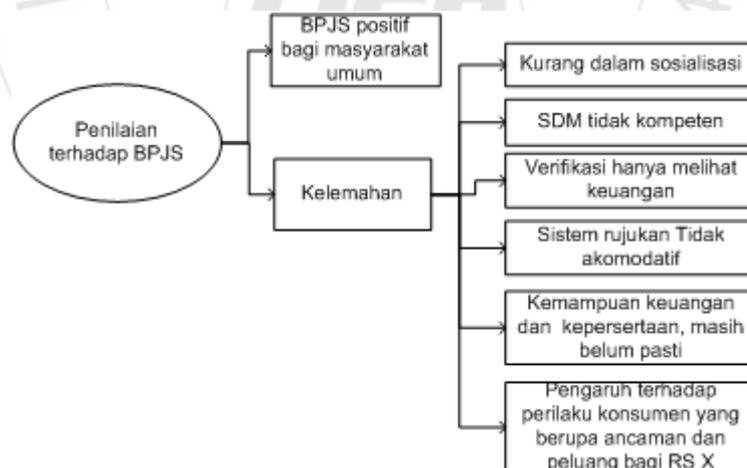


Figure 3: The idea of Hospital X quality

Patient interaction experience need to be created from multiple variables. Doctor-related variables, atmosphere, and spirit of openness. Doctors ideally there every time, friendly, and ready to serve the questions direct patient so that the patient and family well-bet ul satisfied. The atmosphere is Hospital atmosphere that creates the feel of a comfortable dwelling place, which raised a physical hospital element and interaction between hospital and the patient. Openness means sincerity, spirit to open late, and quick response to dissatisfaction, annoyance, complaints and criticisms, so it is an input for improvement.

inpatient hospital visits data for 2015 increased compared to 2014 (from 1242 into 1262 in 2015).

2) Evaluation, Attitude, and Action

Evaluation of Hospital X was related to the external environment that is BPJS, other hospitals and related BPJS and customer behavior. Description from Informant of Hospital X about BPJS was that: 1) BPJS less socialization, 2) verifier incompetent, 3) The referral system is not accommodating, and 4) BPJS uncertain about the ability to finance and ability to embrace membership 5) the impact BPJS on community / consumer behavior

The lack of socialization perceived by Hospital X is consistent with what the public perception by media. Verifikator has been seen by Hospital X as incompetent. The incompetence of the verifier officers is particularly strongly associated with non-doctoral education and educational background.

3) Policy (Quality Concept, Principles of Management, and Strategy)

Understanding the "policy" in the results of this study is a general guidance that guides in managing Hospital X. The results of data processing found the policy category there are two of the principles of management and the concept of the ideal hospital. The following will present the principles of management and the ideal concept in question. Policies consist of the concept of quality, management principles, Quality is how the satisfaction felt by consumers derived from the interaction of experience in Hospital X.

Principles of Management

The principle of management is the basic guideline of mental attitude as the basis for the use of organizing and running the organization. Informants convey the things that seem to be the principle of management in running RS X that is their own strength, independent, and optimistic. The management principle, equipped with a condition that is believed to Hospital X prevent the possible *collapse* in BPJS era, including improving quality of service, friendliness, cleanliness, etc.

4. Discussion

The crisis experienced by Hospital X is the impact of internal human resource problems, and the problem of non-willingness to face changes that occur in communities initiated by policymakers. Government as policy-makers have been socialized to be the enactment BPJS / National Health Insurance with the publication of the National Social Security System Law (Navigation) No. 40 of 2004 and Law No. 24 of 2011 on BPJS. Issuance of this Act has been widely known by the offender health services, so they can prepare clicking anticipate changes well in advance. There are 2 kinds of unplanned and planned changes. Unplanned changes are changes den gan cause unexpected. Unexpected causes of action are unplanned reactions and are not based on in-depth study of possible options. Meanwhile the planned change is a change in which deliberate decisions within the organization. Organizations use of changes are planned among other things to deal with problems, to adapt to external changes in the environment, and to improve performance as well as for survival.

Any organization tends to react to changes. The problem is, the strategy is simple but its implementation heavy. There is an estimated 70% failure rate of organizational change efforts. Organizations that fail to adapt or respond to changes at the right time can experience a loss of markets, loss of key employees, jeopardize *shareholder* benefits, and the possibility of death / cap. Failure to change, when external change occurs, is a crisis that affects individual interactions within the organization or in this case, the hospital.

According to Lagadec as quoted in Lin, the crisis situation if not handled properly can jeopardize the survival of the organization. The crisis affecting the stress of individuals within the organization, the relationship a ntar individuals, and between sections. . Other expert opinions are also aligned. According to Das, crisis causes stress which affects the performance, the process of perception, goal orientation, and the change in style of decision making and communication systems.

Despite anticipating efforts, but Hospital X does not seem ready with crisis management. This is understandable because of crisis management is a relatively new field that is less m emperoleh attention, and most organizations do not do a good preparation to face what happened. Even organizations that have a crisis preparedness plan, often fail when faced with a crisis actually occurs. Not many organizations are preparing a crisis plan, but regardless of the type and degree of severity, the crisis has the potential to cause financial loss. Potential financial losses should be anticipated by preparing. The organization will be ready with the crisis, if there is a plan of crisis management.

5. Conclusion

National Health Insurance financing system changes / BPJS impact of the crisis on Hospital X. Hospital X crisis is also related to the condition of human resources. Although the cause of the crisis, Hospital X looked enforcement is not a threat to the sustainability of non BPJS provider hospital

and it changed to continuously improve quality . Hospital X pursues a strategy of improving the quality of human resources and other strategies which is relatively the same as it was before the era of BPJS.

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